CRITICAL ACCESS HOSPITALS

CLINICAL RECORDS

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Does your hospital have a system with written, current policies and procedures that assures:					
a. timely processing, easy retrieval, readily accessible medical records?	❑	❑	❑		
b. confidentiality of medical information?	❑	❑	❑		
c. compiling and retrieval of data for quality assurance activities?	❑	❑	❑		
d. authentication and security of patient records?	❑	❑	❑		
e. assuring patients direct access to his/her entire medical record except for information reasonably likely to cause substantial harm to the individual or another person as determined by the patient's physician and the patient's representative?	❑	❑	❑		
f. the use of authentication systems including appropriate sanctions for the unauthorized or improper use of computer codes?	❑	❑	❑		
g. that a written authorization of the patient or legal representative is required for access to, or for the release of information, copies or excerpts to persons not otherwise permitted to receive this information?	❑	❑	❑		
h. that medical records may only be removed from the hospital premises by court order, subpoena, or for off-site storage approved by the governing body?	❑	❑	❑		
i. circumstances in which incomplete medical records may be permanently filed by order of the medical record committee?	❑	❑	❑		
j. should the hospital cease to be licensed, arrangements have been made for the disposition of the patient medical records with nearby hospitals, the patient's physician or a reliable storage company and notify DHSS of disposition? release of records policies are enforced?patient records are not left unsecured or unattended in hallways, patient rooms, nurse's stations etc.?	❑	❑	❑		
k. only authorized persons are permitted access to records?	❑	❑	❑		
l. Is accessible to staff 24/7	❑	❑	❑		
C-1102 COP §485.638(a)(1) C-1118 COP §485.638(a)(4)(iv) C-1120 COP §485.638(b)(1) C-1122 COP §485.638(b)(2)					

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C-1124 COP §485.638(b)(3)					
Do you employ adequate personnel to ensure prompt completion, filing and retrieval of records as demonstrated by staffing schedules? C-1102 COP §485.638(a)(1)	❑	❑	❑		
Is the designated member of the professional staff responsible for maintain recordss: a. Adequate personnel to keep the records safe, organized and accessible? - appointed by the governing body or authorized representative? b. responsible for all inpatient and outpatient records? C-1106 COP §485.638(a)(3)	❑ ❑				
Are records maintained: a. for all inpatient and outpatient encounters? b. so that inpatient and outpatient records can be cross-referenced? c. at least 10 years or until a minor reaches his/her 20th birthday or 10 years whichever occurs later? Note: CoPs specify a minimum of six years. d. in their original, microfilm or electronic form? e. so as to safeguard them against loss, defacement, tampering, altering, unauthorized access and damage from fire and/or water? C-1102 COP §485.638(a)(1) C-1126 COP §485.638(c) 19 CSR 30-20.015(17)	❑ ❑ ❑ ❑ ❑	❑ ❑ ❑ ❑ ❑	❑ ❑ ❑ ❑ ❑		
Are medical records only released for patient care evaluation, utilization review, treatment, quality assurance, in-house educational purposes or as dictated federal or state law or by hospital policy? C-1120 COP §485.638(b)(1)	q	❑	❑		
Does your hospital: a. specify the methods by which medical records may be authenticated? (Medical records maybe authenticated by: initials; written signatures, computer-generated signature codes.) b. maintain a current list of authenticated signatures, written initials and computer codes for authentication verification?	❑ ❑	❑ ❑	❑ ❑		

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c. have sanction in place for unauthorized or improper use of computer code signatures? C-1118 COP §485.638(a)(4)(iv)	❑	❑	❑		
When parts of the medical record which are the responsibility of the physician are delegated to a non-physician, are they reviewed, timed, dated and authenticated by the responsible physician? C-1118 COP §485.638(a)(4)(iv)	❑	❑	❑		
Are verbal orders authenticated by the practitioner responsible for the care of the patient as soon as possible and according to policies adopted by the CAH? C-1049 COP §485.635(d)(3)	❑	❑	❑		
Does the hospital have a written policy that includes abbreviations, symbols, acronyms and dose designations approved by the medical staff for use or prohibited for use? C-1016 COP §485.635(a)(3)	❑	❑	❑		
Do all medical records contain the following: a. unique identifying record numbers and pertinent, identifying personal data? b. Complete information regarding medical history, assessment of health status, and health care needs? c. reports of consultation, complications, hospital-acquired infections and unfavorable reactions to drugs and anesthesia? d. properly executed consent forms for procedures and treatments specified by the medical staff or federal or state law requiring written patient consent? Note: Properly executed consent forms include the name and signature of patient or legal guardian if appropriate, hospital name, procedure, practitioner(s), date and time consent obtained, statement that procedure was explained to patient or guardian and signature of the professional person witnessing the consent and name/signature of person who explained the procedure to the patient or guardian. e. history and physical including family history, completed by a physician (or delegated to other practitioners and reviewed, signed and approved by the physician) no more than thirty days before or 24 hours after admission or registration but prior to surgery or	❑ ❑ ❑ ❑ ❑	❑ ❑ ❑ ❑ ❑	❑ ❑ ❑ ❑ ❑		

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procedure requiring anesthesia services except in emergencies? Note: A H&P completed in the last 30 days may be used if a physician re-assesses the patient and makes a note in the chart regarding the reassessment and any changes.) f. timed and dated practitioners' orders and progress notes, nursing notes, treatment reports, medication records, (if applicable, radiology, laboratory, ECGs, surgical procedures, therapy, anesthesia, pathology and autopsy reports) vital signs and other information necessary to monitor the patient's condition, justify admission and continued hospitalization, support the diagnosis, and describe the patient's progress and response to medications and services? g. discharge summary with outcome of hospitalization, disposition and provisions for follow-up care? h. final diagnosis with completion of medical records within 30 days of discharge? C-1104 COP §485.638(a)(2) C-1110 COP §485.638(a)(4) C-1114 COP §485.638(a)(4)(ii) C-1116 COP §485.638(a)(4)(iii)	❑ ❑ ❑	❑ ❑ ❑	❑ ❑ ❑		
Is a certificate each child born alive prepared by the physician or other person in attendance and forwarded to the local registrar within five days after delivery date? (If the physician or other person in attendance does not complete within five days, the person in charge of the institution may complete and sign the certificate.) See also 19 CSR 10-10.040 Filing a Certificate of Live Birth. 19 CSR 30-20.015(13)	❑	❑	❑		
For each dead fetus that is delivered, is a certificate prepared by the person in charge of the institution or his/her designated representative and forwarded to the local registrar within seven days after delivery? See also 19 CSR 10-10.060 Report of Fetal Death. 19 CSR 30-20.015(14)	❑	❑	❑		
Does the medical record contain evidence that the mother was given options for the disposition of	❑	❑	❑		

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the fetal remains in accordance with 194.384 RSMo?					
Do medical records of deceased patients contain the date and time of death, autopsy permit if granted, disposition of the body by whom and when? 19 CSR 30-20.015(15)	❑	❑	❑		
Is the state anatomical board notified of unclaimed dead bodies and a record of this notification maintained? 19 CSR 30-20.015(16)	❑	❑	❑		

Key Resources and Links

- COP §485.635(d)(3)
- COP §485.638(a)(b)
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