

This policy applies to: <i>Stanford Health Care Tri-Valley</i>	Last Approval Date: April 2025
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I. PURPOSE:

The purpose of this policy is to establish the requirements for completion of inpatient, observation, and ambulatory surgery records.

II. POLICY:

It is the policy of Stanford Health Care Tri-Valley to suspend LIP/APPs from certain privileges for failure to complete their delinquent medical records. In accordance with the Medical Staff Policy and Procedure for Medical Records, if a LIP/APP does not complete deficiencies within 4 months, they are considered to have voluntarily resigned from the medical staff.

III. DEFINITIONS:

- A. Administrative Suspension: An administrative Health Information Management Services (HIMS) status in which a LIP/APP with one or more delinquent medical records may be barred from scheduling elective admissions or elective procedural interventions until completion of delinquent charts.
- B. Advanced Practice Providers (APP): include but not limited to physician assistants (PA), certified registered nurse anesthetists (CRNAs), certified nurse-midwife (CNM), nurse practitioner (NP), and clinical nurse specialist (CNS) who can provide care and services under the supervision of a LIP.
- C. Deficient Medical Record: A medical record (encounter) that is missing the required documentation, dictation(s), and /or signature(s).
- D. Delinquent Medical Record: A deficient medical record that is greater than 14 days post discharge/service date.
- E. Encounter Type: The type of patient visit: Inpatient, Outpatient/Ambulatory Surgery, Observation, or Emergency.
- F. Health Information Management Services (HIMS) Department: The department that tracks and manages the LIP/APP notification and suspension process for chart completion.
- G. HIMS Status: An LIP/APP status, granted by the Health Information Management Services Department, which indicates either: Good (non-delinquent) or Suspended (delinquent). This status is dependent on an LIP/APP's completion of charts within dictated timelines according to hospital, local, State, and Federal guidelines, and regulations.
- H. Licensed Independent Practitioner (LIP): Any practitioner permitted by law and the organization to provide care and services, without direction or supervision, within the scope of the practitioner license and consistent with individually assigned clinical responsibilities and can perform within their scope of practice; and/or
- I. Override Suspension: Lifting a LIP/APP's suspension status, allowed by the Chief of Staff for emergency cases only.
- J. Suspension Letter: A letter is emailed to a delinquent LIP/APP on suspension day (Thursdays) by the HIMS Department-on behalf of Stanford Health Care Tri-Valley's Chief

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of Staff and Department Chair/Service Chief informing of their suspension status until completion of their delinquent chart(s). See Appendix B.

Suspension Warning Letter (SWL): An automated letter is sent to LIP/APP's Epic In Basket with a listing of deficient charts needing action. This letter is automatically scheduled to be sent every Tuesday, the week prior to suspension date. A phone call is also placed to the LIP/APP prior to the day of suspension if they have not completed their records. See Appendix A. An email is also sent to community LIP/APPs, residents, and fellows.

IV. PROVISIONS:

- A. All Epic generated documents and transcribed reports must be signed electronically through the Epic in-basket module.
- B. The Stanford Health Care Tri-Valley LIP/APP notification cycle shall be designed to facilitate regulatory compliance while also recognizing Stanford Health Care Tri-Valley obligations to give notice and process LIP/APP responses.
 1. Medical records with deficiencies are considered incomplete from the day of discharge/service date.
 2. California State law (Title 22) states that a medical record deficiency is considered delinquent if it is greater than 14 days post discharge/service date.
- C. LIP/APPs shall be promptly notified of any incomplete or medical records.
- D. Administrative suspension of LIP/APPs from elective admissions and/or procedures is implemented via approval from the Chief of Staff.
- E. Clearance from administrative suspension and reinstatement of privileges is secured through the completion of delinquent charts and confirmed by the HIMS Department management team.

V. PROCEDURE:

- A. Each LIP/APP will be notified of incomplete medical records through:
 1. A weekly, automated Epic In Basket message, called the Suspension Warning letter (SWL) and/or,
 2. An email from the HIMS team.
- B. Any LIP/APP at risk for an administrative suspension will receive an SWL. LIP/APPs shall receive an SWL if medical record deficiencies are not completed within 7 days of the record discharge date/service date.
 1. The staff in HIMS will generate reports and review deficiency work queues from Epic identifying all LIP/APPs with qualifying incomplete medical record documentation. Qualifying incomplete medical record documentation would be any document missing or requiring signature by the LIP/APP, in which the patient has been discharged a minimum of seven (7) days prior to the generation of the report.
 2. An SWL will be sent to LIP/APP(s) who face administrative suspension if the incomplete medical records are not completed by the next suspension period. See Appendix A for template.

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- C. Any LIP/APP that qualifies for administrative suspension will receive a Suspension Notification letter. LIP/APPs who have not completed their medical record deficiencies 7 days after receiving the SWL shall be placed on administrative suspension.
 - 1. The Suspension Notification letter will be sent to LIP/APPs who have a minimum of one (1) delinquent medical record that is not complete within fourteen (14) days of discharge/service date. See Appendix B for template.
 - 2. The Chief of Staff, Department Chiefs (when involving their department), Patient Admitting, Operating Room (OR) Scheduling Office, Medical Staff Services Department (MSSD), and other designated staff will receive a listing of all administratively suspended LIP/APPs via a weekly email.
 - 3. LIP/APPs placed on administrative suspension may not be allowed to electively admit patients or schedule elective procedural interventions until they have completed medical records that were delinquent at the time of administrative suspension per the decision of the Chief of Staff.
- D. LIP/APPs who have been placed on administrative suspension:
 - 1. If an LIP/APP feels they have been erroneously assigned a medical record deficiency, they can “Decline” the allocation in their Epic in-basket with a comment or reason for declining. The staff in HIMS will assess the rejection and reassign as needed.
 - 2. After receiving the Suspension Notification letter, LIP/APPs will be contacted regularly by HIMS staff until all delinquent charts have been completed.
 - 3. Administratively suspended LIP/APPs must notify HIMS staff when their delinquencies have been completed.
 - 4. At the time that all delinquencies have been completed, staff in HIMS will remove the LIP/APP’s name from the daily suspension report. This will serve as notification to the Chief of Staff, Department Chiefs, Patient Admitting, OR Schedulers, MSSD and other designated staff to reinstate admitting and surgery scheduling privileges.
- E. The Chief of Staff may temporarily override the administrative suspension for any LIP/APP in case of an emergency.
 - 1. Chief of Staff or designee overrides administrative suspension allowing and admission or to schedule a surgery by notifying HIMS.
 - 2. Chief of Staff or designee informs the administratively suspended LIP/APP that the override is specific to the emergency case only; however, the LIP/APP will remain on administrative suspension until all delinquent records have been completed.
- F. Information pertaining to LIP/APPs who are recurrently placed on suspension will be sent to the Chief of Staff annually.

VI. COMPLIANCE:

- A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at Stanford Health Care Tri-Valley are responsible for ensuring that individuals comply with this policy.

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- B. Violations of this policy will be reported to the Department Manager and any other appropriate Department as determined by the Department Manager or in accordance with Stanford Health Care Tri-Valley policy. Violations will be investigated to determine the nature, extent, and potential risk to Stanford Health Care Tri-Valley. Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

VII. RELATED DOCUMENTS/PROCEDURES:

- A. Medical Staff Bylaws
- B. Medical Staff Policy and Procedure for Medical Records

VIII. DOCUMENT INFORMATION:

- A. Legal References / Regulatory Requirements:
 - 1. The Joint Commission Hospital Accreditation Manual 2022
 - 2. CMS Conditions of Participation - Interpretive Guidelines Section A - 0469
 - 3. Title 22, California Code of Regulations, Section 70751(g)
- B. Original Document:
 - 1. Leslie LaStofka Author and date: November 2024
 - 2. Matthew Reed November 2024
 - 3. Weihan Chu, MD, HIMS Committee Chair
- C. Stored in: HIMS Manual Online
- D. Review and Renewal Requirements:
 - 1. This policy will be reviewed and/or revised every three years or as required by change of law or practice.
- E. Review and Revision History:
 - 1. HIMS Committee August 2024
 - 2. Credentials Committee - December 2024, 4/25
 - 3. MEC – December 2024, 4/25
 - 4. Board – December 2024, 4/25

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**Appendix A
Suspension Warning Letter**

MM/DD/YY

Subject: SHC-TV WARNING NOTIFICATION – Incomplete Medical Records

****This is system generated during a nightly process and may include deficiencies that were just completed. If already completed, please disregard this notification.**

Dear [LIP/APP NAME],

Our records indicate that you have incomplete medical records at Stanford Health Care Tri-Valley requiring completion as reflected on the listing below. A list of these incomplete medical records may also be found in your Epic In-Basket. Please note that the list may include incomplete medical record deficiencies related to patients who are currently hospitalized.

The California Department of Public Health requires that all patients' records be completed within 14 days of discharge. To ensure compliance with state regulations Medical Staff Policy and Procedure for Medical Records stipulate that admitting privileges will be suspended, following a warning notification, if records are not completed within the specified time.

For residents and fellows, timely completion of medical records, including verbal orders, is a component of "professionalism", one of the core competencies for trainee evaluation. While suspension of admitting privileges does not apply, your supervising attending, and program director will be notified if records are not completed within the specified time.

Please log on to Epic, access your In-Basket and complete your medical records promptly.

If you are unable to access your Epic In-Basket, please contact the Help Desk at 650-723-3333. The Help Desk can also assist you with setting up remote access, if needed.

If you have already completed your outstanding medical records, please disregard this notification. If there is any reason you are unable to complete these records (vacation, illness, etc.) or have questions, please call HIMS at 925-416-3682 or 925-373-8041.

Thank you in advance for your timely attention to this. Your cooperation is most appreciated!

Very Sincerely Yours,

Kirsteena Schierburg

Assistant Manager – Health Information Management Services

Stanford Health Care Tri-Valley
1111 E. Stanley Blvd
Livermore, CA 94550
Tel: 925-416-3682
Cell: 925-453-9678
kschierburg@stanfordhealthcare.org

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**Appendix B
Suspension Letter**

MM/DD/YY

Dear Dr. [LIP/APP Name]

You have exceeded the California Department of Public Health requirement that all patients' records be completed within 14 days of discharge.

A warning notice was sent to you last week explaining that your medical record deficiencies were available in your Epic In Basket "Chart Completion" folder, and offering any necessary assistance in completing your records:
If you are an attending LIP/APP, please note that in accordance with the Medical Staff Office policy and procedure for medical records, you have been placed on suspension effective immediately. While on suspension, you may continue to care for patients who have been admitted. However, you may not admit new patients or schedule new surgeries.

You will be removed from suspension as soon as the records are completed.

If you are a resident or fellow, please note that timely completion of medical records is a component of professionalism, one of the core competencies of trainee evaluation. Though suspension of privileges does not apply, prompt completion of medical records is expected and your supervising attending, and program director will be notified that you have received this notice.

Please complete your records as soon as possible and contact HIMS at 925-416-3682 or 925-373-8041 when they are done, or if you need assistance.

Sincerely,

+ signature

Chief of Staff
Department Chair/Service Chief Stanford Health Care Tri-Valley