The Legal Health Record: Managing in a Decentralized Environment

Webinar
January 13, 2009

Practical Tools for Seminar Learning
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Mary Beth Haugen, MS, RHIA

Mary Beth Haugen is president of the Haugen Consulting Group based in Denver, CO, which specializes in the integration of electronic health records. Previously, Ms. Haugen was the director of information services and HIM at Denver Health, implementing the electronic health record, financial and clinical applications. She currently serves on AHIMA’s Board of Directors, and is adjunct faculty at Regis University and the University of Cincinnati.

Keith Olenik, MA, RHIA, CHP

Keith Olenik is principal of the Olenik Consulting Group in Kansas City, MO. Mr. Olenik has over 20 years of experience in a variety of healthcare settings, and is a visiting professor for the University of Cincinnati Health Information Management Program. He is also an author and frequent speaker on topics including HIPAA, project management, HIM functions, and electronic health records.
Why are we here today?

Need to understand the various types of information that can comprise the legal health record and how to coordinate this activity.

Basic Principles

What is a legal health record?
- “generated at or for a healthcare organization as its business record and is the record that would be released upon request.”

What is a business record?
- “is a record made or received in conjunction with a business purpose and preserved as evidence or because the information has value.”
Why is it important to define the legal health record?

- Support the decisions made in a patient’s care.
- Support the revenue sought from third-party payers.
- Document the services provided as legal testimony regarding the patient’s illness or injury, response to treatment, and caregiver decisions.
**Why is this so hard?**

**How do we figure this out?**

- **Decentralized**
  - Electronic and electronic
  - Paper and Paper
  - Electronic and Paper
**Polling Question #1**

Do you have you a clear definition of your legal medical record content regardless of the current format?

a) Yes  
b) No

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**Tools**

- AHIMA provides a matrix for the legal health record  
- Provide a tool to identify the locations of all medical record documents  
- The sooner you start the easier it will be!
## Legal Health Record Matrix

<table>
<thead>
<tr>
<th>Type of Document</th>
<th>LHR Media Type</th>
<th>Primary Source System Application (non-paper)</th>
<th>Source of the Legal Health Record</th>
<th>Electronic Storage Start Date</th>
<th>Stop Printing Start Date</th>
<th>Fully Electronic Record (drill down composition)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EKG</td>
<td>P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Includes Scanned Images

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### Completing the Matrix

- **Identify all the applications**
  - Lab
  - Radiology
  - Cardiology
  - Nursing notes
Completing the Matrix

- Where is the final document?
- What format do you receive it in?
  - Paper or Electronic

What can we do?

- Have people gone crazy?
  - Educate other departments including IT on the medical record and your role
- It’s electronic, so have the rules changed?
Polling Question #2

Can you print everything you need to out of an electronic record application?

a) Yes
b) No

Output

- Printed
- Decentralized
  - Release of Information
  - Duplicate, Fraud or incorrect information
  - Retention
  - Access
  - Training
  - Reviewers, regulatory agencies
What can we do going forward?

- Monitor and update the matrix
  - Incorporate into standing committees
- Identify and update policies and procedures
  - Legal health record
  - Retention
  - Forms Committee – electronic forms
  - Electronic order-sets

Managing going forward

- Be involved
- Manage Changes and Updates
- Release of Information
- Chart Completion
- e-Discovery
- Staff training
Special Considerations

- Versioning
- Corrections
- Electronic Signatures
- Late entries
- Amendments

Maintaining the Legal EHR

<table>
<thead>
<tr>
<th>Report/Document Type</th>
<th>Audit</th>
<th>Authentication</th>
<th>Authorship</th>
<th>Copy/Paste</th>
<th>Amend</th>
<th>Correct</th>
<th>Clarify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encounter History</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>X*</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Encounter Physical</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical History</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*O – Allowed & Monitored - based on reported and randomized audits to determine adherence to P&P for accurate, timely, and complete documentation principles.

*X – Prohibited & Monitored - based on reported and randomized audits to determine prohibited use of copy and past, pull forward, etc.
Polling Question #3

If you have electronic documentation, were you involved with the development of policies about it’s use?
   a) Yes
   b) No

Short-term Strategy

- Policies and Procedures
  - Legal Health Record - develop a policy that reflects your current state and update as needed.
Short-term Strategy

- Policies and Procedures
  - Release of Information – develop policies that can be used by anyone performing release of information within your organization.
    - Create check-list of all applications.
    - Provide guidelines on printing or other export functionality.

- Chart Completion – your policy must address every system’s method of completing documentation.
- Forms – you need to consider how forms are created compared to electronic documentation and make sure the two match up.
**Short-term Strategy**

- **Policies and Procedures**
  - Record Retention and Storage
    - Paper and electronic
    - Destruction
  - Education, Training, and Monitoring
    - Staff competencies
    - Record integrity

**Long-term Strategy**

- Centralization (EDMS)
- Organizational strategy
- Clinical utilization
**Scenarios**

- You signed an affidavit that you provided a printed copy of the entire medical record. You then discover pieces were missing.

  *What do you do?*

**Scenarios**

- The hospital uses system A and Labor and Delivery uses system B.
  - Systems A and B do not interface.
  - HIM is limited to printing only out of system B.
  - The printed output of system B looks nothing like what is viewed on the screen.
**Scenarios - Cont.**

How can you ensure that duplicates are managed in system B?

How can HIM ensure that system B is current and up-to-date?

The printed copy looks nothing like what is in the computer, how can you explain this?

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**Scenarios**

- The hospital utilizes multiple systems that all interface into one centralized hospital system.

  How should the interfaces be managed?

  How do you manage “rejects”?

  If a litigation hold is issued, what should HIM do?
Resource/Reference List

- Legal EHR Policy Template
  - www.AHIMA.org - Body Of Knowledge

- Education, Collaboration Keys to Director’s Success  Zender, Anne AHIMA Journal column 9/2/08

- Quick Scan of Bar Coding  Dunn, Rose  AHIMA Journal article 1/2/06  In the hybrid record, bar coding maximizes safety and efficiency.

- Connecting Interoperability to HIM  Kloss, Linda AHIMA Journal column 1/2/06

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Resource/Reference List

- Is Document Imaging the Right Choice for Your Organization?  Liette, Elizabeth; Meyers, Chris; Olenik, Keith AHIMA Journal column 11/2/08

- Record Limbo: Hybrid Systems Add Burden and Risk to Data Reporting  Dimick, Chris AHIMA Journal article 11/2/08

- Enterprise Content and Record Management for Healthcare: Appendixes  AHIMA Journal, AHIMA Practice Brief 10/2/08

- Minimizing Hybrid Records: Tips for Reducing Paper Documentation as New Systems Come Online  Hall, Teresa AHIMA Journal article 11/2/08
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## Appendix

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<th>20</th>
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<tbody>
<tr>
<td>CE Certificate Instructions</td>
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Appendix

Resource/ Reference List

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