VALLEYCARE OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS HEALTH INFORMATION MANAGEMENT SERVICES POLICY & PROCEDURE

NUMBER: 1525 VERSION: 1

SUBJECT/TITLE: HIMS - MAINTENANCE OF INPATIENT DEFICIENCY CONTROL

- **POLICY:** To maintain control of the deficiency reports.
- PURPOSE: To ensure accurate deficiency reporting.
- DEPARTMENTS: HEALTH INFORMATION MANAGEMENT SERVICES / Inpatient Medical Audit
- **DEFINITIONS:** Maintenance of deficiency control
- PROCEDURE:
 1. After the charts are assembled, they will be reviewed to determine if any deficiencies are present. If there are any deficiencies then they are to be added to Quantim under record management, Encounter, change search to all statuses and enter the MRUN and hit Go. Choose the inpatient visit you are looking for and click on the medical record number.
 - 2. Now you are in the patient you can add the provider name, last, first and hit the magnifier glass, now add the color tag (medicine, mental health, surgery, peds ect...) and hit add deficiencies, choose the type of deficiencies that particular physician has if he/she has more then one deficiency then you would choose add another, choose the status (dict, tran, writ, sign ect...), and the deficiency date and time should be the discharge date then select save, this will save all your information you just entered.
 - 3. Once you have entered all the deficiencies for this patient you would then print the deficiency slip, attach it to the front of the chart hit save and start your next patient.
 - 4. After completing the deficiency process you then need to move the chart to physician deficiency if the deficiency is a discharge summary, operative report or History and Physical that needs to be dictated. If the deficiency is a signature or date/time needed you would then move the chart to incomplete coding/abstracting.

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5. Once the chart is coded it will be returned to the DCU and the clerk will have to move the chart to incomplete physician deficiency until the physician comes to complete his/her deficiencies. Once the deficiencies are complete you will move the chart to completed inpatient chart (CIC).

References:		
Approved by: Tillie Acosta (Medical Records Director I)	Date: 11/22/2010	
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