ARROWHEAD REGIONAL MEDICAL CENTER
Administrative Policies and Procedures

SECTION:	**HEALTH INFORMATION MANAGEMENT**
SUB SECTION:	**ELECTRONIC MEDICAL RECORD**
SUBJECT:	**ELECTRONIC HEALTH RECORD (EHR) DOCUMENTATION REQUIREMENTS**
APPROVED BY:	

Chief Executive Officer

PURPOSE

I.   To define requirements related to the use of the EHR for patient care documentation by Practitioners at Arrowhead Regional Medical Center ("Hospital").

DEFINITIONS

I.   The term "EHR Requirements" includes the use of computerized practitioner order entry (CPOE), Practitioner electronic documentation (pDoc), Dragon Speech Recognition (Dragon), associated order sets/templates/forms and other approved components of the patient's electronic record.

POLICY

I.   All Practitioners must comply with documentation and other electronic entry requirements as described in this Policy.

II.   All Practitioners must directly enter a minimum of 90% of their orders through CPOE and a minimum of 90% of their progress notes and other clinical documentation through pDoc/Dragon, with the exception of EHR downtime.

III. Clinical documentation that must be electronically completed via pDoc/Dragon includes:

   A.   H&P Examination
   B.   Progress Notes
   C.   Operative and Procedure Notes
   D.   Consultation Reports
   E.   Death Summary
   F.   Discharge/Transfer Summary

IV.   Verbal orders (VO) may only be given to appropriate Hospital staff in emergency situations such as a Code Blue/Rapid Response and when the use of CPOE is not feasible because of multiple simultaneous Practitioner clinical demands. All VOs must be authenticated by the ordering practitioner within 48 hours.

V.   Telephonic orders (TO) may be given to appropriate Hospital staff when the Practitioner is not in the Hospital and he/she is physically unable to access CPOE provided the Practitioner maintains his/her 90% CPOE compliance.

VI.   It is each Practitioner's responsibility to use TOs judiciously and to assure he/she maintains the required 90% CPOE use compliance rate.

A.   To minimize transcription errors, whenever reasonably possible, the TO should be entered into the patient's EHR by the staff member receiving the order.
B.   All "read-back" requirements pertain to electronically entered TOs.
C.   All TOs must be authenticated by the ordering practitioner within 48 hours.

VII.   Hand written, and/or pre-printed orders will only be accepted as described in the EHR Downtime Policy or when either the use of electronic orders is not supported by Meditech or the time delay in the Practitioner entering electronic orders could adversely affect patient safety.
VIII.   Clinical areas not supported by Meditech at this time include:

A.   Chemotherapy
B.   Restraint Orders
C.   Maternal Child – includes Labor & Delivery, Postpartum, and Newborn Nursery

IX.   All Practitioners must comply with Hospital Meditech down-time procedures.
X.   The Hospital dictation system may be used when an appropriate procedure/operative reports template is not available or, when in the opinion of the attending physician, providing a dictated report is in the best interest of quality patient care.
XI.   It is each Practitioner's responsibility to use Hospital dictation system judiciously. Clinical documentation entered via the Hospital's dictation system negatively impact the Practitioners required compliance rate.

EHR COMPLIANCE USE DATA

I.   Data will be collected regarding both Clinical Services/Department and individual Practitioners use of CPOE and pDoc/Dragon.
II.   Trends in the use of the EHR for Clinical Documentation and CPOE will be reviewed by the Health Information Management/Utilization Review (HIM/UR) Committee
III.   Electronic feedback will be provided every month to Practitioners who have at least ten (10) orders/encounters in the last month and have not achieved at least 90% compliance with the use of CPOE and 90% compliance with the use of pDoc/Dragon electronic documentation.
IV.   Compliance information will also be provided to the appropriate Department Chairs bi-monthly. The Department Chairs will use compliance information to identify opportunities to mentor and educate department members.
V.   Practitioner and Clinical Service/Department specific compliance data will be presented to the Medical Executive Committee (MEC) quarterly. The MEC will use compliance information to identify opportunities to mentor and educate Practitioners.
VI.   Practitioners with patterns of EHR non-compliance, who have not been responsive to feedback and collegial consulting, will be referred by the MEC for peer review pursuant to the Medical Staff Peer Review Policy.

REFERENCES: **California Code of Regulations (CCR), Title 22 Section 70751(g)**
The Joint Commission
ARMC Medical Staff Rules and Regulations

DEFINITIONS: **N/A**

ATTACHMENTS: **N/A**

APPROVAL DATE: **N/A**   **Policy, Procedure and Standards Committee**

         11/23/2022   **Patient Safety and Quality Committee**
Applicable Administrator, Hospital or Medical Committee

         12/6/2022   **Quality Management Committee**
Applicable Administrator, Hospital or Medical Committee

         1/26/2023   **Medical Executive Committee**
Applicable Administrator, Hospital or Medical Committee

         5/20/2025   **Board of Supervisors**
Approved by the Governing Body

REPLACES: **Health Information Management Policy 335.00;**
Administrative (ADM) Policy 700.23 Issue 1

EFFECTIVE: **11/23/2022**

REVISED: **N/A**

REVIEWED: **N/A**