



ARROWHEAD REGIONAL MEDICAL CENTER
Health Information Management Policies and Procedures

POLICY NO. 376.00 Issue 1
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SECTION: HEALTH INFORMATION MANAGEMENT

SUBJECT: CHART CORRECTION – INCORRECT DOCUMENTATION

APPROVED BY: _____
Department Manager

I. POLICY

It is the policy of Arrowhead Regional Medical Center (ARMC) to ensure accurate, timely and complete documentation on all medical records. The Health Information Management (HIM) department oversees the record of care standards for accreditation and regulatory requirements. The HIM department will regularly review chart corrections requests received via the electronic health record system (EHR).

This policy is for incorrect documentation only past 7 days. Any correction that falls out of this parameter will be handled accordingly by the appropriate department/clinician per their practice/protocol. The clinician will follow the unit/department protocol in notifying their leadership or supervisor.

Each service line has application-specific workflows for correcting individual pieces of data in a patient’s chart. For example, Patient Reception pertains to Grand Central and Prelude. The user who should resolve the issue will be determined by the type of correction to be made. For example, undo a transfer or discharge event, the Unit Clerk, ADT Supervisor, ADT Bed Planner will resolve the error. The type of correction will determine if patient or encounter level. The document for specific application can be downloaded from Manual Chart Correction Guide on Galaxy, [Galaxy - Manual Chart Correction Guide \(epic.com\)](#). It includes Anesthesia, ASAP, Beaker, Behavioral Health (BH), Billing, Cadence, Care Everywhere, Ambulatory, Inpatient Clinical Documentation, Inpatient Orders, Grand Central and Prelude, HIM and Scanning, OpTime, Radiant and Cupid, Willow Ambulatory, and Willow Inpatient. Each document has scenarios applicable to the service.

An incident report will be logged depending on the error and will follow ARMC incident report process.

II. PROCEDURES

- A. The following is the procedure for marking a chart for correction.
 - 1. Identify the incorrect data. If the charting errors affect multiple charts, identify each affected chart. If more than one chart is impacted, verify the registration and clinical data on both records to ensure no other erroneous documentation has occurred in the past.
 - 2. Communicate the charting error. The clinician will mark the account for correction via the electronic health record system (EHR). The HIM Identity team will work on the accounts as it falls on the chart correction work queue.
 - a. To initiate a chart correction request, click on the Chart Correction  button located on the upper right corner of Hyperspace/Epic main screen.
 - b. Click on the Issue Type drop down menu and select Chart Correction Request.
 - c. Under the Details box, click on patient search bar and search for patient by name and/or medical record number.

- d. Under Subject box, type the nature of error such as incorrect dosage, incorrect medication, etc.
- e. Under the Follow-up Information box, provide the name and phone number of the reporter-clinician.
- f. Complete the rest of the form.
- g. Submit the request by clicking “Send”.

3. Correct the erroneous data. In the event the correction is of clinical nature, the clinician will need to be the one to do so. The HIM department will coordinate with the manager and the clinician to set a date and time to review and correct the chart. The HIM staff will remote into the clinician or user workstation to monitor and oversee the correction being done and assist as needed.
4. Verify the clinical information was updated completely and correctly. The HIM staff and the clinician associated with the data reviews and validates the affected patient charts when correction is complete.
5. Document the outcome and communicate the resolution back to the user who identified the error.

III. Audits and Reviews

- A. The Clinical Manager will routinely review the frequency and type of corrections of their team for education purposes and other opportunities. The user who caused the issue can be generated by the application. The Clinical Manager will follow the organization protocol on incident reporting.

IV. Alerts, notifications and other capabilities by the EHR

- A. The EHR has the functionality to mark the chart for correction.
- B. Patient Chart Advisories. This chart correction feature is to effectively communicate charting errors to clinicians who access the patient’s chart. Advisories appear whenever anyone accesses a patient’s chart that is in process of correction. For instance, an HIM analyst might want to communicate to users that he will wait until after a patient is discharged to complete a contact move, and that users should continue to document on the incorrect record until then.
- C. Merge, Unmerge, and Contact Mover. These are activities in the system that allow users to make substantial changes to patient records. HIM Identity Team will perform these tasks.

1. Merge and Unmerge – If patients are merged incorrectly, the record can be unmerged. It is best practice to merge or unmerge patients as soon as an error is discovered, as long as ancillary systems can accept merge messages. If the ancillary system cannot accept a merge or unmerge message automatically from the EHR system, manual intervention may be needed such as the authorized user manually corrects it by following the ancillary processes.
2. Contact Mover – This allows an encounter to be moved from one patient to another. It can transfer contact-level data but cannot move patient-level data. Patient-level data is documentation that applies to the patient as a whole and is not specific to an encounter (for example, allergies and medical history). Contact mover cannot move data from one encounter to another on the same patient. Not all contact types can be moved with it either.

- D. Chart Correction Tools. These are a suite of features that allow users to complete correction tasks efficiently from a chart correction case without, in most cases, switching activities. Many chart correction tools are available in Hyperspace (search: Chart Correction Tools).

V. Level and type of correction

- A. Critical/High – immediate impact to patient care while admitted or during the visit; can be corrected real time by the clinician following the service line protocol. Notification is sent to HIM. Error could cause harm to patient. Error will be corrected as soon as it’s clinically safe to do so. There is a risk

to the patient if the record remains incorrect. For example: allergic or adverse reaction to a medication.

- B. Medium – patient care can continue; error is flagged by marking the chart for correction, see procedure above. Correction to be completed as soon as safely possible. Notification is sent to HIM. The error is discovered after care has been rendered or after discharge. For example: Note is moved to another document type. A duplicate medical record number was identified and merged appropriately.
- C. Low – patient care can continue; error is flagged by marking the chart for correction, see procedure above. Correction may take up to 72hrs post discharge. Error is discovered immediately. Error is small in content and can be corrected by the end user immediately with minimal intervention. There is no harm to the patient. For example, the note stated “he” on a female patient, and vice versa.

REFERENCES: [Galaxy - Manual Chart Correction Guide \(epic.com\)](#)
HIM Policy No. 371.00 Issue 2 Medical Record Corrections, Late Entries and Addendums

DEFINITIONS: **Chart Correction – erroneous entry in the patient chart is rectified**

ATTACHMENTS: **N/A**

APPROVAL DATE:	<u>01/06/25</u>	Leah Beck, HIM Director <hr/> Department/Service Director, Manager or Supervisor
	<u>01/06/25</u>	Health Information Management Committee <hr/> Applicable Administrator, Hospital or Medical Committee
	<u>02/26/25</u>	Patient Safety and Quality Committee <hr/> Applicable Administrator, Hospital or Medical Committee
	<u>03/06/25</u>	Quality Management Committee <hr/> Applicable Administrator, Hospital or Medical Committee
	<u>04/24/25</u>	Medical Executive Committee <hr/> Applicable Administrator, Hospital or Medical Committee
	<u>12/16/25</u>	Board of Supervisors <hr/> Approved by the Governing Body

REPLACES: **N/A**

EFFECTIVE: **04/24/25**

REVISED: **N/A**

REVIEWED: **N/A**