

ORANGE REGIONAL MEDICAL CENTER POLICY/PROCEDURE

MANUAL: Hospital-Wide

SECTION: Information Management

SUBJECT: Chart Thinning	
IMPLEMENTATION: 3/05	CONCURRENCES: VP Medical Affairs Medical Records Committee
REVIEWS: 01/07	
REVISIONS:	
INITIATOR: Director, Health Information Management	
APPROVAL: VP Patient Care Services	

PURPOSE: To thin in house charts when needed.

PROCEDURE:

1. A chart is thinned by removing the oldest data from a section and keeping the most current data in the patient record.
2. When a chart is initially thinned and subsequently thereafter, information from a particular section should be filed together (i.e., physician's orders, progress notes) in the standard approved chart order.
3. When a chart is thinned, a sign will be placed on the Patient Alert Form indicating the date the chart was thinned.
4. The only records that may be thinned are:
 - Progress notes greater than two weeks old
 - Physician's orders greater than two weeks old
 - Nurse's notes greater than two weeks old
 - Medication Cardex greater than two weeks old
 - Rehab: OT, PT, Speech Therapy notes greater than two weeks old
 - Labs greater than two weeks old (**Exception: Pathology, blood bank and reference labs cannot be thinned**)
5. When charts are thinned, thinned portions will be kept on the Nursing Unit in a designated secure place. Upon transfer to another unit, the thinned portion (and any old charts) must accompany the patient. Upon discharge, the thinned portion(s) and old charts are sent to the Health Information Management Department with the discharge chart.