

COREYMOUTH CLINIC

CLINICAL PRACTICE POLICY

Policy Number:	CPG-2024-001
Effective Date:	01/01/2024
Review Date:	01/01/2025
Department:	Clinical Operations

PURPOSE:

This policy establishes guidelines for clinical documentation standards to ensure quality patient care and regulatory compliance.

SCOPE:

This policy applies to all clinical staff, including physicians, nurses, and allied health professionals providing patient care services.

POLICY:

1. All clinical encounters must be documented within 24 hours
2. Documentation must include patient assessment, diagnosis, and treatment plan
3. All entries must be signed and dated by the responsible provider
4. Abbreviations must conform to the approved abbreviation list
5. Late entries must be clearly identified as such

PROCEDURE:

A. Documentation Requirements

- Chief complaint
- History of present illness
- Review of systems
- Physical examination findings
- Assessment and diagnosis
- Treatment plan

B. Quality Assurance

- Random chart audits conducted quarterly
- Feedback provided to clinical staff
- Corrective action plans for deficiencies

Coreymouth Clinic

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Policy Review Committee

Approved: 11/20/2025