

# LAURENTOWN HOSPITAL

## CLINICAL PRACTICE POLICY

<b>Policy Number:</b>	CPG-2024-001
<b>Effective Date:</b>	01/01/2024
<b>Review Date:</b>	01/01/2025
<b>Department:</b>	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:

- All clinical encounters must be documented within 24 hours
- Documentation must include patient assessment, diagnosis, and treatment plan
- All entries must be signed and dated by the responsible provider
- Abbreviations must conform to the approved abbreviation list
- 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

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Policy Review Committee  
Approved: 11/18/2025