



**Health Information Management Committee**

**November 4, 2024**

**AGENDA**

**I. Call to Order**

**II. Review of Minutes of October 7, 2024 Meeting**

**III. Recurrent Business:**

Identity Team: Duplicate MRNs, Mixed Patients, Chart Corrections

TUH Main Birth Status

TUH , Inc. Gift of Life/Death Status

Joint Commission HIM Action Plan Review

TUH, Inc. Deficiency Report/Suspension Update

**IV. Performance Improvement/Documentation Review**

Inpatient History and Physical Review

**V. Open Topics**

**VI. Adjournment**

**HEALTH INFORMATION MANAGEMENT COMMITTEE**

**Minutes for October 7, 2024 – Presented on November 4, 2024**

**Present on conference call: G. Kenney, E. Vo, E. Bieber, C. Jones, K. Smith, L. Grasty, Dr. Clarke, Dr. Satz, S. Bogart, J. Ruggiero**

**Absent/Excused: M. Cuff, N. McCann**

**PRIVILEGED AND CONFIDENTIAL PEER REVIEW MATERIAL**

TOPIC	DISCUSSION	RECOMMENDATION	FOLLOW-UP																																				
<b>CALL TO ORDER</b>	Dr. Satz called the meeting to order at 12:00 P.M.																																						
<b>REVIEW OF MINUTES</b>	The minutes of October 7, 2024 meeting were submitted for review.	The members voted to approve the minutes as submitted.																																					
<b>PA EDRS Update: DAVE to eVitals</b>	<p>A. 10/3/24 0:00 – 10/7/24 13:59</p> <ul style="list-style-type: none"> <li>Discharge as deceased workflow update:           <ul style="list-style-type: none"> <li>Link to DAVE will be removed and replaced with link to smart PDF death certificate. Instructions are on the PDF to complete highlighted sections and to print the cert and put into patients chart/binder.</li> </ul> </li> <p>B. 10/7/24 14:00 – onward</p> <ul style="list-style-type: none"> <li>Discharge as deceased workflow update:           <ul style="list-style-type: none"> <li>Link to smart PDF death certificate will be removed and replaced with link to eVitals. eVitals tip sheet will also be added to references section in workflow</li> </ul> </li> </ul> </ul>	Ongoing monitoring recommended																																					
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DOH Verbal Order	September 2024 Verbal Order Summary: - <b>0.09%</b> (565 Verbal Orders/594,814 Total Orders) Weekly monitoring continues with Jeanes CMO and HIM												Ongoing monitoring recommended																																																																																																																																																																																																

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**PRIVILEGED AND CONFIDENTIAL PEER REVIEW MATERIAL**

TOPIC	DISCUSSION	RECOMMENDATION	FOLLOW-UP
<b>TUH, Inc. Delinquent Chart Trend Rate, Incomplete Deficiencies, Suspension Update</b>	<p>Delinquent Chart Rate as of 10/1/2024 = <b>1.5%</b>            (85 delinquent deficiencies/5629 discharges)</p> <ul style="list-style-type: none"> <li>- 54 delinquencies for attendings; 31 delinquencies for residents, Pas, NPs</li> </ul> <p>No providers suspended in September 2024</p>	Ongoing monitoring recommended	
<b>Informed Consent: TUH Main</b>	<p>Informed Consent Review (135 charts)            Consent present TUH Main = 100% (135/135)</p> <p>Fallouts:</p> <ul style="list-style-type: none"> <li>- Consent timed by patient 81% (109/135)</li> <li>- Consent timed by provider 85% (115/135)</li> </ul>	Encourage providers to utilize electronic iMed consents to improve compliance for time stamps	
<b>Informed Consent: Jeanes Campus</b>	<p>Informed Consent Review (50 charts)            Consent present Jeanes = 100% (50/50)</p> <p>Fallouts:</p> <ul style="list-style-type: none"> <li>- Risks and consequences documented 96% (48/50)</li> <li>- Benefits, Alternatives, Risks if no treatment documented 94% (47/50)</li> <li>- Consent timed by patient 90% (45/50)</li> <li>- Consent timed by provider 94% (47/50)</li> </ul>	Encourage providers to utilize electronic iMed consents to improve compliance for time stamps	
<b>Endoscopy Review: Northeastern Campus</b>	<p>NEC HIM Documentation Review: April - June 2024</p> <ul style="list-style-type: none"> <li>- H&amp;P = 100% (75/75)</li> <li>- Consent for Treatment = 100% (75/75)</li> <li>- Consent to Admin of Anesthesia = 100% (75/75)</li> <li>- Informed Consent = 100% (75/75)</li> <li>- Op note and data elements: 100% (75/75)</li> </ul>		

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TOPIC	DISCUSSION	RECOMMENDATION	FOLLOW-UP
	<ul style="list-style-type: none"><li>- Anesthesia Post-Operative documentation: 100% (75/75)</li><li>- Discharge Instructions: 100% (75/75)</li></ul>		
<b>ADJOURNMENT</b>	There being no further business, the meeting adjourned at 1:00PM. <b>Recorded by: George Kenney      Approved by Committee Chair: Wayne Satz, M.D.</b>		

# TUHS Health Information Management Committee

November 4, 2024

## **Identity & Data Integrity**

### **FOCUS: DUPLICATE MRNS, MIXED PATIENTS, & CHART CORRECTIONS**

The standard for TUHS is “one patient, one record” and in an effort to achieve that ideal the Medical Records Department is working towards several key goals: (1.) an EMPI Potential Duplicate MRN Error Rate below 1.00%, which is the American Health Information Management Association (AHIMA) recommendation, (2.) a reduction in our organization-wide volume of new mixed patient cases, and (3.) to shorten the turnaround time between a charting error being reported and chart corrections being resolved.

### **FINDINGS: Q2 (April to June) & Q3 (July to September)**

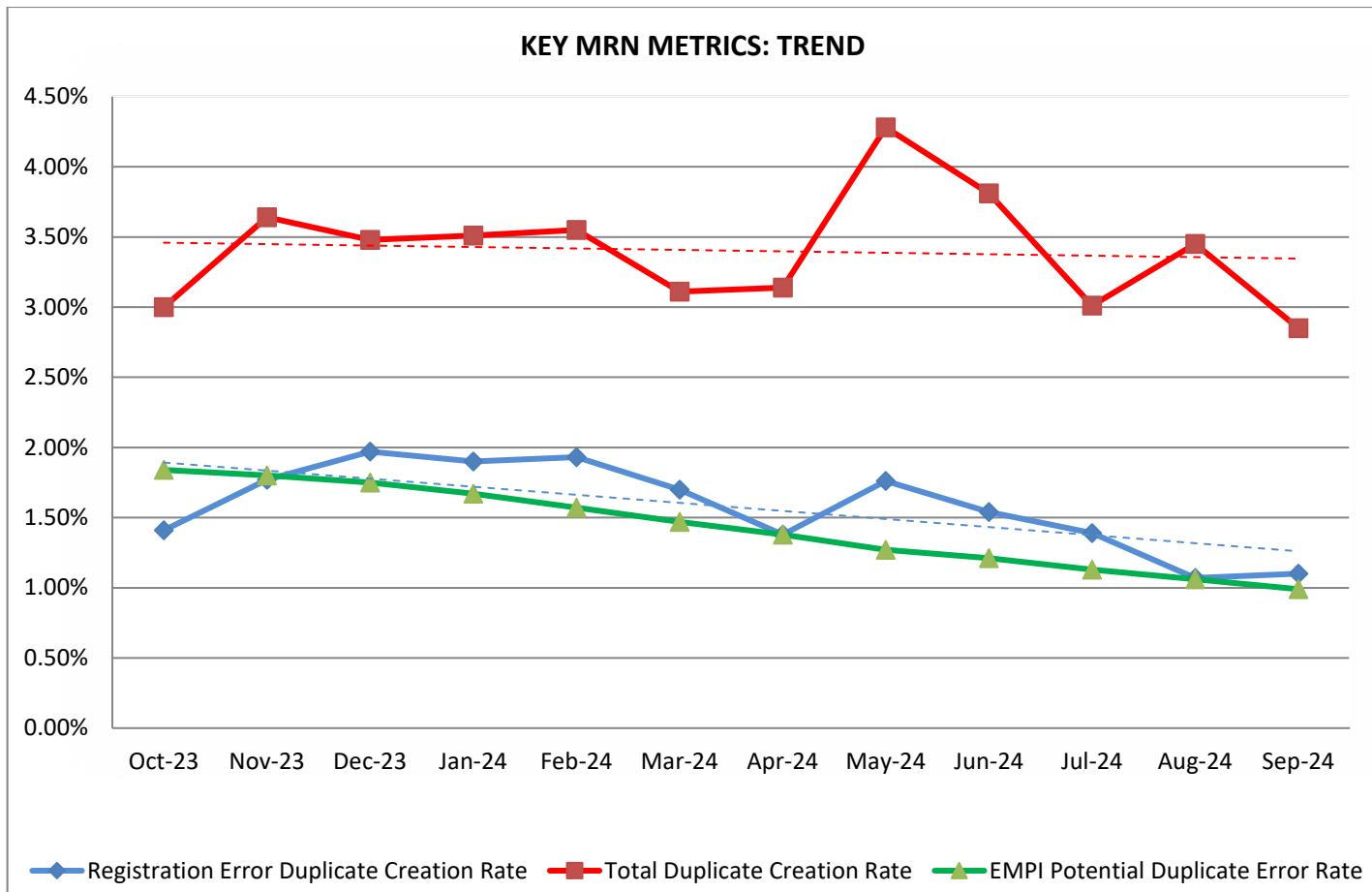
#### DUPLICATE MEDICAL RECORD NUMBERS

##### ➤ TRENDS & ANALYSIS

- ❖ Our duplicate MRN creation rates are generally trending down, though only marginally; at the end of September our **Registration Error Duplicate MRN Creation Rate** was **1.10%**, and our **Total Duplicate MRN Creation Rate** was **2.85%**.
- ❖ Our big news this month is that our **EMPI Potential Duplicate MRN Error Rate** (a measure of the how many patient records in our Epic patient database qualify as having at least one potential duplicate) is for the first time below 1.00%. In September we reached **0.99% (19,384/1,961,684)** and not only met our organization-wide goal, but also achieved this important AHIMA and ONC recommendation. Big congratulations and thanks to the MRN Team - great work folks!

##### ➤ KEY METRICS

NEW MRN VOLUME	APR	MAY	JUNE	JULY	AUG	SEPT
TOTAL NEW MRN	7,049	6,993	6,107	6,613	7,098	<b>6,733</b>
NEW CONFIRMED DUPLICATES: VOLUME						
REGISTRATION ERROR DUPLICATES	97	123	98	92	76	<b>74</b>
NON-REGISTRATION ERROR DUPLICATES (e.g. Trauma, Unknown Patients, interface errors)	124	176	144	107	169	<b>118</b>
TOTAL NEW DUPLICATES	221	299	242	199	245	<b>192</b>
DUPLICATE ERROR RATE						
REGISTRATION ERROR DUPLICATE CREATION RATE	1.38%	1.76%	1.54%	1.39%	1.07%	<b>1.10%</b>
TOTAL DUPLICATE CREATION RATE	3.14%	4.28%	3.81%	3.01%	3.45%	<b>2.85%</b>
EMPI POTENTIAL DUPLICATE ERROR RATE	1.38%	1.27%	1.21%	1.13%	1.06%	<b>0.99%</b>



#### SEPTEMBER 2024 DUPLICATE MRN CREATION: BREAKDOWN BY CAMPUS

EPIC LOCATION	REGISTRATION ERROR DUPLICATES	OTHER DUPLICATES (ex: trauma patients)	TOTAL DUPLICATES	NEW MRN	REGISTRATION ERROR DUPLICATE CREATION RATE	TOTAL DUPLICATE CREATION RATE
Chestnut Hill	10	0	10	615	1.63%	1.63%
Fox Chase	8	0	8	831	0.96%	0.96%
TFP	30	0	30	2265	1.32%	1.32%
TPI	6	0	6	548	1.09%	1.09%
Episcopal	2	56	58	391	0.51%	14.83%
Jeanes	5	0	5	335	1.49%	1.49%
TUH Main	13	62	75	1684	0.77%	4.45%
Northeastern	0	0	0	53	0.00%	0.00%
TUH Womens' Center	0	0	0	0	0.00%	0.00%
TUHS Business Office	0	0	0	6	0.00%	0.00%

Other	0	0	0	5	0.00%	0.00%
<b>TOTAL</b>	<b>74</b>	<b>118</b>	<b>192</b>	<b>6733</b>	<b>1.10%</b>	<b>2.85%</b>

#### SEPTEMBER 2024 DUPLICATE MRN CREATION: TOP DEPARTMENTS

(Departments with >100 New MRNs assigned & >1% Registration Error Duplicate Creation Rate)

	DEPARTMENT	APR	MAY	JUNE	JULY	AUG	SEPT
<b>1</b>	<b>TUHS Central Scheduling</b>	0.63%	2.04%	5.10%	2.04%	2.11%	2.20%
	DUPLICATE MRN NUMBER	1	1	10	6	8	10
	NEW MRNs ASSIGNED	30	49	196	294	380	455
<b>2</b>	<b>CHH ED (excluding trauma)</b>	1.98%	2.73%	2.36%	3.40%	1.82%	2.04%
	DUPLICATE MRN NUMBER	10	14	11	16	9	10
	NEW MRNs ASSIGNED	505	513	466	471	495	491
<b>3</b>	<b>JH ED (excluding trauma)</b>	0.63%	1.49%	1.94%	1.70%	3.03%	1.66%
	DUPLICATE MRN NUMBER	2	5	6	5	9	5
	NEW MRNs ASSIGNED	319	336	310	294	297	302
<b>4</b>	<b>Temple Access Center</b>	1.55%	2.49%	1.42%	1.29%	0.84%	1.18%
	DUPLICATE MRN NUMBER	11	9	14	16	10	13
	NEW MRNs ASSIGNED	709	361	989	1,242	1194	1106
<b>5</b>	<b>FCCC Scheduling Office</b>	0.73%	100.00%	1.77%	1.37%	1.02%	1.14%
	DUPLICATE MRN NUMBER	3	6	9	9	7	7
	NEW MRNs ASSIGNED	412	6	508	656	688	616

#### ➤ ACTION

- ❖ The Medical Records Department will continue to: (1.) iteratively monitor and correct new duplicate MRNs real time, (2.) work the historical duplicate MRNs and patient loads from various IT projects and (3.) produce and distribute a report which breaks down registration error duplicates by user for each department which tracks as a top duplicate MRN department, in order to facilitate retraining and other corrective actions.
- ❖ With our positive metrics, no further steps are recommended at this time.

#### MIXED PATIENTS

##### ➤ TRENDS & ANALYSIS

- ❖ Our mixed patient case volume remains relatively steady, with a slight upward trend.
- ❖ Root cause analysis in conjunction with the appropriate registration and department managers shows that 72.92% of our cases have resulted from errors (overlays) at the point of registration.

##### ➤ KEY METRICS

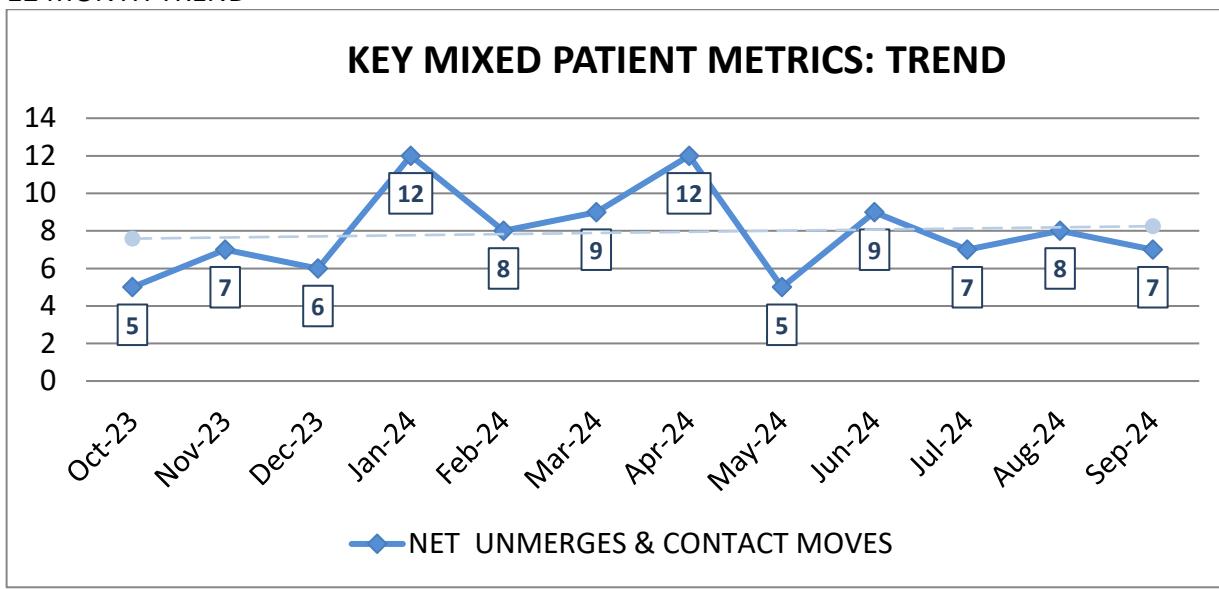
###### BREAKDOWN BY ERROR TYPE

ERROR TYPE	APR	MAY	JUN	JUL	AUG	SEPT	TOTAL	RATIO
Registration Error	8	3	7	5	7	5	35	72.92%
Patient Provided False Information	1	1	0	2	1	2	7	14.58%
CareEverywhere	1	0	0	0	0	0	1	2.08%
System Issue	1	0	0	0	0	0	1	2.08%
Incorrect Merge	1	1	2	0	0	0	4	8.33%
Total	12	5	9	7	8	7	48	

## BREAKDOWN BY ERROR SOURCE

ERROR SOURCE	APR	MAY	JUN	JUL	AUG	SEPT	TOTAL	RATIO
TUH	3	1	4	1	2	5	16	33.33%
EH	0	2	2	3	3	0	10	20.83%
JHI	1	0	1	1	1	1	5	10.42%
FCCC	0	0	0	0	0	0	0	0.00%
CHH	2	0	0	2	2	1	7	14.58%
TFP/TPI	3	1	1	0	0	0	5	10.42%
Other	3	1	1	0	0	0	5	10.42%
Total	12	5	9	7	8	7	48	

## 12 MONTH TREND



## ➤ ACTION

- ❖ Medical Records will continue to (1.) closely monitor and swiftly correct any cases of mixed patients, working cooperatively with registration, billing, administrative, and clinical stakeholders, and (2.) perform our own root cause analyses to identify how and why the mixing happened, and (3) communicate with management of departments where mixed cases occur about the case.
- ❖ Given that our hasn't been improving, Medical Records would like to propose further action on mixed patient cases. When we communicate to departments about the cases after they have happened, we only intermittently receive any feedback from users or managers regarding any discussions had or steps taken. Consequently, if the committee approves, we would like to institute a process to formalize that feedback whereby we draw up a short (one page) Mixed Clinical Case Report for each mixed patient case, half of which we would fill out and half of which we would ask the relevant department/registration manager to fill out.

## CHART CORRECTIONS

### ➤ TRENDS & ANALYSIS

- ❖ Chart Correction Case volume has been trending up marginally over the last calendar year.
- ❖ Our 3 largest correction types are Physician Notes, Onbase Scan Corrections, and CareEverywhere.

### ➤ KEY METRICS

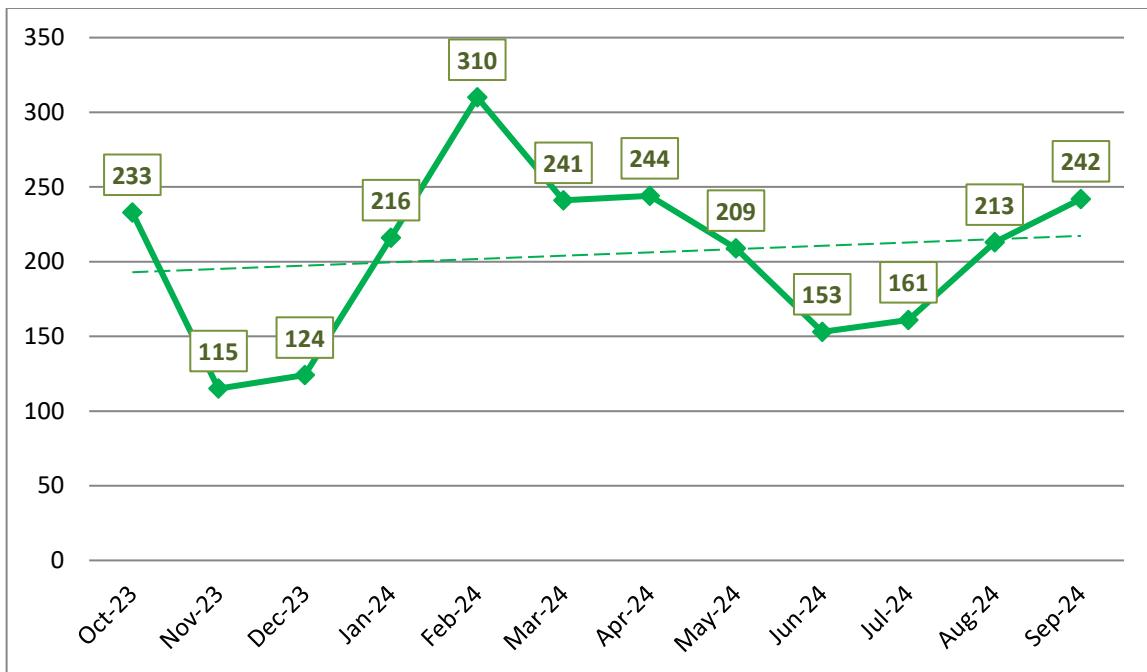
#### BREAKDOWN BY ERROR TYPE

ERROR TYPE	APR	MAY	JUN	JUL	AUG	SEPT
Physician Note	70	49	48	64	66	73
Non-Physician Note	0	2	0	2	1	3
Labs & Results	0	0	0	0	0	1
Epic Scan Correction	7	12	22	15	12	23
Onbase Scan Correction	108	123	53	69	99	83
Flowsheets	0	0	0	1	0	7
Medications	0	0	0	0	0	2
Patient History	1	0	5	1	1	4
Problem List	0	0	0	0	1	0
CareEverywhere Unlink	58	23	25	8	33	45
Other	0	0	0	1	0	1
TOTAL	244	209	153	161	213	242

#### BREAKDOWN BY ERROR SOURCE

ERROR SOURCE	APR	MAY	JUN	JUL	AUG	SEPT
TUH Main Campus	34	10	23	36	76	74
Episcopal	3	3	3	13	2	5
Jeanes	28	15	33	38	19	36
Fox Chase	41	26	32	25	46	22
Northeast	0	17	0	4	4	0
Chestnut Hill	42	42	32	29	28	50
TFP/TPI	2	3	5	8	5	10
TUHS Business Office	36	70	0	0	0	0
External Organization	58	23	25	8	33	45
TOTAL	244	209	153	161	213	242

#### 12 MONTH TREND



➤ ACTION

- ❖ Medical Records will continue to (1.) correct all charting errors in a timely fashion, and (2.) track our cases to identify trends and opportunities for process improvement.
- ❖ In order to reduce the turnaround time from charting error to correction, we have proposed several updates to the Service Now team to improve the accuracy of ticket assignment so chart correction incidents are assigned directly to us rather than another team or team(s), which is causing some delays.

**Temple University Hospital**  
**Health Information Committee, November 4<sup>th</sup>, 2024**  
**Report of Birth Registry**

- Temple University Hospital had a total of 1,385 new births including neonatal deaths from January to September 2024.
- DOH requires records of birth to be filed with the local registrar of vital records within 10 days after each birth has occurred.

Turnaround Time for Birth Data Entering in eVital - 2024					
The DOH requires birth submission to be completed within 10 days from baby's DOB.					
Month	1-5 Days	6-10 Days	Over 10 Days	Grand Total	Compliance
January 2024	176	3	0	179	100.0%
February 2024	99	45	0	144	100.0%
March 2024	130	26	0	156	100.0%
April 2024	59	97	0	156	100.0%
May 2024	59	85	0	144	100.0%
June 2024	97	63	0	160	100.0%
July 2024	101	40	0	141	100.0%
August 2024	125	52	0	177	100.0%
September 2024	123	5	0	128	100.0%
<b>Grand Total</b>	<b>969</b>	<b>416</b>	<b>0</b>	<b>1,385</b>	100.0%
%	70%	30%	0%		

**Summary**

- 70% of birth submissions completed within 1 to 5 days
- 30% of birth submissions are completed within 6 to 10 days.
- 35% of delivery method were cesareans
- 821 paternity forms were completed and submitted to the Department of Human Services in Harrisburg for single moms.

**Temple University Hospital**  
**Health Information Management Committee**  
**November 4th, 2024**  
**Organ Donor Notification**

**Topic:** Potential Organ Donor Notification and Reconciliation of Expired Patient Listing against Gift of Life Referral List

**January – September 2024 Summary**

- There were 988 deaths, and 986 confirmed cases called in to GOL from January to September 2024 on time.
- Overall compliance for reporting is 99.8%.
- TUH Main Campus had 2 fallouts.
  - 1 case from January 2024 - provider documented on the Death Note that GOL was contacted
  - 1 case from September 2024 – late referral.

Temple Health Information Management Committee-2024											
Temple University Hospital-Reporting Deaths to Gift of Life- January 2024 to September 2024											
Timeframe		Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Total
Number Of Deaths	Main Campus	118	94	81	81	83	78	89	88	73	785
Number Reported to GOL		117	94	81	81	83	78	89	88	72	783
TUH Main-Compliance Reporting to GOL		99.2%	100%	100%	100%	100%	100%	100%	100%	99%	99.7%
Number Of Deaths	Jeanes Campus	29	24	13	22	15	18	21	19	13	174
Number Reported to GOL		29	24	13	22	15	18	21	19	13	174
Jeanes-Compliance Reporting to GOL		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Number Of Deaths	Episcopal Campus	6	2	3	4	3	2	3	3	3	29
Number Reported to GOL		6	2	3	4	3	2	3	3	3	29
Episcopal-Compliance Reporting to GOL		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total Temple University Hospital Deaths	Overall	153	120	97	107	101	98	113	110	89	988
Number Reported to GOL		152	120	97	107	101	98	113	110	88	986
Overall Compliance Reporting to Gift of Life		99%	100%	100%	100%	100%	100%	100%	100%	99%	99.8%

# TUH Main GI Post Operative Report (Inpatient)

TUH Main - Inpatient GI Post-Procedure Note Review					
Procedure Month	# Cases Performed	Post-Procedure Note Completed Same Day?	Same Day Compliance	Post-Procedure note completed "immediately"?	"Immediately" Compliance
Jun-24	87	81	93%	65	75%
Jul-24	75	72	96%	69	92%
Aug-24	82	81	99%	66	80%
Sep-24	67	67	100%	66	99%
10/24/2024 (as of 10/25/24)	77	73	95%	70	91%

# Jeanes GI History & Physical (Outpatient)

Jeanes Outpatient GI H&P Review				
Procedure Month	Total Cases (sample size)	H&P within 30 Days	Interval Update Note prior to Procedure (if applicable)	H&P Same Day and prior to procedure
Jun-24	66	98%	98%	98%
Jul-24	87	99%	99%	99%
Aug-24	74	100%	100%	100%
Sep-24	95	100%	100%	100%
Oct-24	102	100%	100%	100%

# Jeanes Bronchoscopy History & Physical (Outpatient)

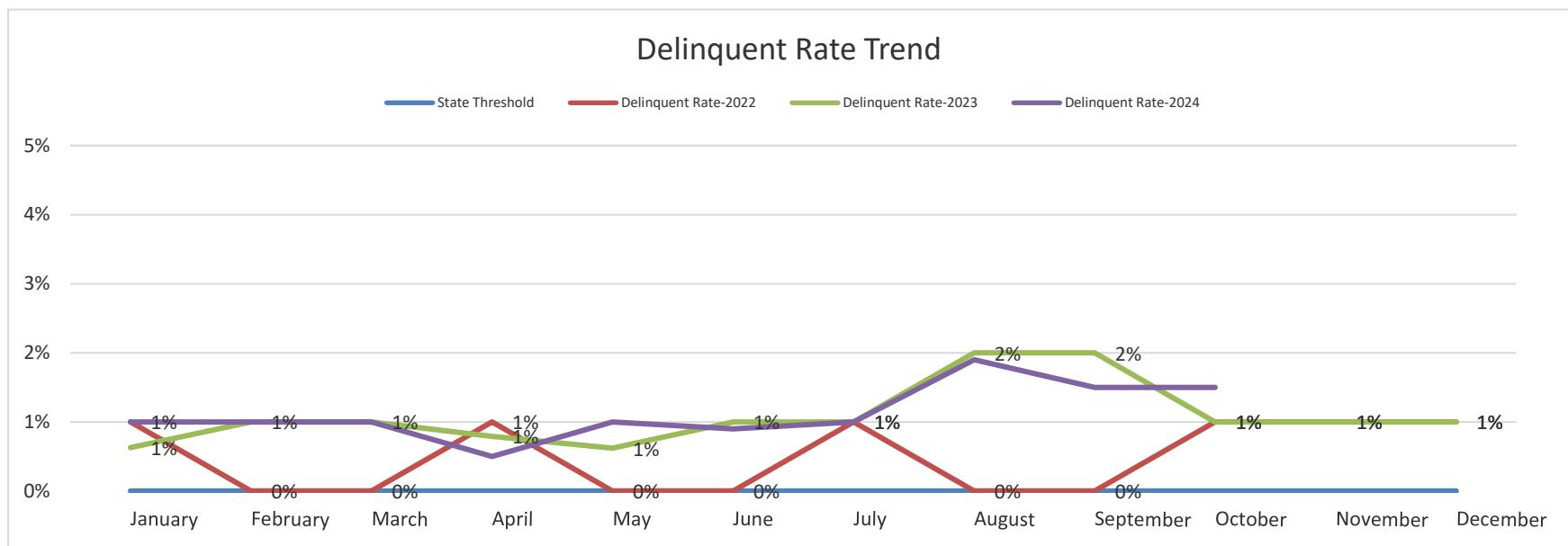
Jeanes Outpatient Bronchoscopy H&P Review				
Procedure Month	Total Cases (sample size)	H&P within 30 Days	Interval Update Note prior to Procedure (if applicable)	H&P Same Day and prior to procedure
Jun-24	5	100%	100%	100%
Jul-24	6	100%	100%	100%
Aug-24	8	100%	100%	100%
Sep-24	6	100%	100%	100%
Oct-24	10	100%	100%	100%

**TUH MAIN, JNS Campus, Episcopal Campus**  
**Health Information Management Committee November 1, 2024**  
**Delinquent Chart Trend Rate**

	23-Nov	23-Dec	24-Jan	24-Feb	24-Mar	24-Apr	24-May	24-Jun	24-Jul	24-Aug	24-Sep	24-Oct
Number of Discharges	6,034	6,045	6,273	6,193	6,430	6,392	6,314	5,752	6,012	6,104	5,629	6,477
Number of delinquent charts	50	90	66	61	72	32	60	54	74	113	85	95
Delinquency Rate	0.8%	1.5%	1.1%	1.0%	1.1%	0.5%	1.0%	0.9%	1.2%	1.9%	1.5%	1.5%
TJC Threshold	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
State Threshold	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Epic Go Live 8/5/16

**Temple Delinquency Trend**



Temple University Hospital									
Health Information Management Committee									
November 1, 2024									
Number of Delinquent Deficiencies by Department									
Delinquent Discharge Summaries, Operative Reports			Total	Prior Months					
Service	Attending	NON_Att	24-Oct	24-Sep	24-Aug	24-Jul	24-Jun	24-May	24-Apr
EMR	1	2	3	0	1	0	0	1	0
HST	45	0	45	36	68	49	29	31	6
MED	8	9	17	16	11	11	10	4	3
NEU	2	2	4	1	1	3	7	3	3
OBS	2	3	5	3	1	0	0	5	1
ORT	0	5	5	7	5	0	0	1	0
OTO	1	0	1	0	0	0	0	0	0
PUL	4	2	6	10	12	0	0	5	10
SUR	4	1	5	5	4	6	0	3	0
Totals	66	24	91	82	107	71	53	57	32
C-EH	0	0	0	1	3	1	0	1	0
C-JNS	3	1	4	2	3	2	1	2	1
Totals	69	25	95	85	113	74	54	60	33

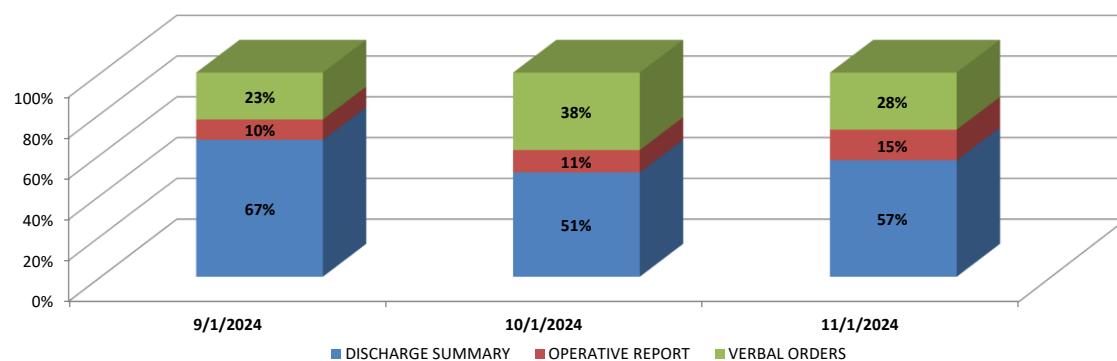
As of 11/1/2024 there were 95 delinquent deficiencies across TUH Main , EH and JNS campuses.  
 Attending providers responsible for 69 delinquencies and Residents are responsible for 25 delinquent deficiencies.

### TUH Breakdown by Deficiency Type 11/1/2024

Total Deficiencies to Complete in Epic as of 11/1/2024			Prior Months	
Breakdown by Deficiency Type Hard Deficiencies	Deficiency Count	% Totals as of 11/1/2024	10/1/2024	9/1/2024
DISCHARGE SUMMARY	750	57%	51%	67%
OPERATIVE REPORT	201	15%	11%	10%
VERBAL ORDERS	365	28%	31%	23%
<b>Grand Total</b>	<b>1,316</b>	100%	100%	100%

Hard Deficiencies are broken down into the three categories listed below.

Note: the total number of deficiencies includes TUH, EH and JNS campuses



Total Deficiencies to Complete in Epic as of 11/1/2024			Prior Months	
Breakdown by Deficiency Type & Status	Deficiency Count	11/1/2024	10/1/2024	9/1/2024
<b>DISCHARGE SUMMARY</b>	<b>750</b>	<b>57%</b>	<b>51%</b>	<b>67%</b>
Cosign Needed	261	35%	26%	28%
Document/Dictate	446	59%	71%	69%
Review/Transcription Needed	43	6%	2%	3%
E-Signature Needed	0	0%	0%	0%
<b>OPERATIVE REPORT</b>	<b>201</b>	<b>15%</b>	<b>11%</b>	<b>10%</b>
Cosign Needed	81	40%	43%	45%
Document/Dictate	115	57%	49%	54%
E-Signature Needed	0	0%	0%	0%
Review Needed	5	2%	8%	1%
Transcription Needed (Pending)	0	0%	0%	0%
<b>VERBAL ORDERS</b>	<b>365</b>	<b>28%</b>	<b>38%</b>	<b>23%</b>
E-Signature Needed	365	100%	100%	100%
<b>Grand Total</b>	<b>1,316</b>	100%	100%	100%

The hard deficiency count ranged from 15%-57% on November 1st, 2024. These can be further drilled down into the specific documentation that is required; co-signatures, document/dictate, transcription, e-signatures or review needed. Document/Dictate requires the most attention.

<b>Temple University Hospital Main Campus</b> <b>Health Information Management Committee</b> <b>November 4, 2024</b>				
<b>Focus:</b> Presence of the History and Physical and its Data Elements for Inpatients				
<p><b>Joint Commission Standards:</b> <b>RC.02.01.01 EP2</b> The medical record contains information that reflects the patient's care, treatment, and services.</p> <p><b>EP11:</b> All entries in the medical records are dated.</p> <p><b>EP19:</b> All entries in the medical record, including verbal orders, are timed.</p> <p><b>RC01.03.01:</b> Documentation in the medical record is entered in a timely manner.</p> <p><b>EP4:</b> The hospital records the patient's medical H&amp;P, including updates, in the medical record within 24 hrs. after registration or inpatient admission but prior to surgery or a procedure requiring anesthesia services.</p>				
<b>TUH ADMIN 950.2106 HISTORY AND PHYSICAL EXAMINATION</b>				
<b>Sample:</b> 70 Inpatient Records				
<b>Timeframe:</b> October 2024				
<b>HISTORY AND PHYSICAL AND ATTESTATION NOTE COMPLIANCE</b>				
Documentation Reviewed	Compliant	Sample	%	FINDINGS
H&P Present (filed within 24 hrs.)	70	70	100%	
Attested to within 24 hrs. if applicable	52	54	96%	Two late attestations: SUR, OBS
<b>HISTORY AND PHYSICAL: PRESENCE &amp; COMPLETION OF DATA ELEMENTS</b>				
Chief Complaint	70	70	100%	
History of Present Illness	70	70	100%	
Allergies	70	70	100%	
Current Medications	70	70	100%	
Past Medical History	70	70	100%	
Social History (Tobacco/Drug Use/Alcohol)	70	70	100%	
Family History	70	70	100%	
Review of Systems	70	70	100%	
Physical Exam	70	70	100%	
Assessment & Plan	70	70	100%	
<b>Findings:</b>				
- Two H&Ps were attested after 24 hours of admission (Surgery service and Obstetrics service)				

Temple University Hospital Jeanes Campus Health Information Management Committee November 4, 2024				
<b>Focus:</b> Presence of the History and Physical and its Data Elements for Inpatients				
<b>Joint Commission Standards:</b> RC.02.01.01 EP2 The medical record contains information that reflects the patient's care, treatment, and services.				
<b>TUH ADMIN 950.2106 HISTORY AND PHYSICAL EXAMINATION</b>				
<b>Sample:</b> 50 (5BMT, 18 MED, 5 NEP, 1 NEU, 5 ORT, 1 OTO, 1 PLA, 5 PUL, 5 SUR, 2 URO, 2 VAS)				
<b>Timeframe:</b> October 2024				
<b>HISTORY AND PHYSICAL AND ATTESTATION NOTE COMPLIANCE</b>				
Documentation Reviewed	Number in Compliance	Number in Sample	Percent Compliant	FINDINGS
H&P Present(filed within 24 hrs.)	49	50	98%	1/50 h&p was done after surgery but within 24 hours of adm. 2 were in as Consults (counted)
Attested to within 24 hrs. if applicable	26	28	93%	1 h&p as consult attested late 1 attested after Emr. Surgery
<b>HISTORY AND PHYSICAL: PRESENCE &amp; COMPLETION OF DATA ELEMENTS</b>				
Chief Complaint	50	50	100%	
History of Present Illness	50	50	100%	
Allergies	50	50	100%	
Current Medications	50	50	100%	
Past Medical History	50	50	100%	
Past Surgical History	50	50	100%	
Social History (Tobacco/Drug Use/Alcohol)	50	50	100%	
Family History	48	50	96%	URO, HOS
Review of Systems	50	50	100%	
Physical Exam	50	50	100%	
Assessment & Plan	50	50	100%	
<b>Findings:</b>				
1/50 h&p done by PAT not pulled into encounter but interval done on time				
2/28 h&p's attested late (1 attested after emergency surgery)				
<b>Action:</b> Results were forwarded to CMO, Director of PI, Department Chairs of Surgery, Urology and BMT and individual providers.				

## Health Information Management Committee Meeting

October 2, 2023 HIMC Committee

**FOCUS :** Episcopal Campus H&P, Admission Assessment, and Progress Notes Review

Sample Size: 50 charts (35 BHS-15 MED) of admitted inpatients

**Joint Commission Standard:** RC02.01.0: The medical record contains information that reflects the patient's care, treatment and service.

### BHS History and Physical

Items Reviewed	# Compliant	# in Sample	% Compliant
H&P Present	35	35	100%
H&P Completed within 24 hours of admission	30	35	86%
Admission Assessment Present	35	35	100%
Admission Assessment Completed within 24 hours of admission	31	35	89%
Attending Attestation Present (on H&P or Admission Assessment)	35	35	100%
Chief Complaint	35	35	100%
History of Present Illness	35	35	100%
Review of Systems	35	35	100%
Past Medical History	35	35	100%
Family History	34	35	97%
Social History (Tobacco, Alcohol, Drug use History)	35	35	100%
Allergies	35	35	100%
Current Medications	35	35	100%
Physical Exam	35	35	100%
Assessment	35	35	100%
Plan	35	35	100%

**Findings:**

- All reviewed charts had an H&P and admission assessment
  - 5 H&Ps were filed after 24 hours of admission date/time
  - 4 Admission assessments were filed after 24 hours of admission date/time
  - one record did not document Family History

### Medicine History and Physical

Items Reviewed	# Compliant	# in Sample	% Compliant
H&P Present	15	15	100%
H&P Completed within 24 hours of admission	15	15	100%
Attested by Attending physician within 24 hours of admission	15	15	100%
Chief Complaint	15	15	100%
History of Present Illness	15	15	100%
Review of Systems	15	15	100%
Past Medical History	15	15	100%
Family History	14	15	93%
Social History (Tobacco, Alcohol, Drug use History)	15	15	100%
Allergies	15	15	100%
Current Medications	15	15	100%
Physical Exam	15	15	100%
Assessment	15	15	100%
Plan	15	15	100%

**Findings:**

- One record did not record family history