DOM OVERDUE DOCUMENTATION POLICY

For the purposes of this policy, overdue documentation includes inpatient documentation at UW Hospital and ambulatory documentation at UWHC and UWMF clinics. However, it is expected that documentation be completed timely in all clinical settings (including outreach).

Reports in place as of 12/1/2012 that will be used for monitoring:

- HealthLink Inbasket Reports
- UWHC Inpatient Documentation report
- E-Sig Documentation report

As we identify individuals in our divisions who are struggling to meet the documentation standards, we often run into situations where the ‘coffee talk’ or even more formal divisional discussion does not lead to performance improvement.

The Department bears a responsibility in these rare situations to have a plan in place for improvement in this domain.

From the UWHC documentation policy (6.15):
‘Outpatient visits must be documented in the primary University of Wisconsin Hospital and Clinics medical record. Outpatient clinic visits will be directly entered, dictated or written within 48 hours (weekends excluded) of the visit, and should be edited and/or signed within 72 hours of availability.’

Reminder: HealthLink encounters MUST NOT be CLOSED if documentation has not been completed because of the risk these encounters will be submitted for billing without documentation present.

DOM Sanctions for Overdue Documentation

The Department of Medicine sanctions will only occur after the divisional process has failed as determined by the Division Head, Department Chair and the Vice Chair for Clinical Affairs and Quality.

1. Divisional Process
   a. The initial divisional process should include a reminder of the documentation rules and the next steps if not adhered to.
   b. If the documentation issues continue, the division head will meet with the clinician to discuss the problem and remind the clinician of the Department process and policies.
   c. If this divisional process fails, the departmental process will be initiated.

2. Departmental Process
   a. First, the physician will meet with the Vice Chair for Clinical Affairs and Quality and discuss prior divisional level action plan and barriers to improvement. At that meeting, the Vice Chair will discuss the institutional documentation standards and help develop an action plan for improvement. The Departmental sanctions will be discussed and shared with the physician at
that meeting. A written plan will be signed by the Vice Chair and the clinician acknowledging the receipt of the Department of Medicine policies and potential sanctions.

b. A copy of the action plan and time line for improvement will be shared with the Division Head.

c. If the issue continues to occur within the next 12 months, the following three levels of sanctions will be initiated.

- **LEVEL ONE:**
  - If after a predetermined date established during the initial step of the departmental process (usually 2-3 weeks later to allow ‘catch up’), overdue documentation is found to be in any of the reports in place at the time the faculty’s division will be charged $10.00 per chart (e.g. 30 charts - $300.00). This bill will be identified as a result of documentation noncompliance.
  - This process will continue to occur weekly and at year-end, a final invoice will be provided to the Division Head with the total fine and number of overdue charts.
  - This revenue will be withheld from the Division at year-end and the revenue will be retained by the Department to support quality improvement projects.
  - It is expected that this fine will be deducted from the involved faculty’s year-end compensation.

- **LEVEL TWO:**
  - If documentation issues persist after 3 weeks of LEVEL ONE fines, the Department will direct UWMF to withhold the faculty’s UWMF paycheck until all documentation is complete.
  - This will lead to a delay in the UWMF paycheck a minimum of 2 weeks even if documentation is immediately completed, due to UWMF payment schedules.
  - The LEVEL ONE fines will continue to be imposed in addition.

- **LEVEL THREE:**
  - If a paycheck hold occurs 3 times in any 12 months period, the faculty will be referred to the Department Chair for additional disciplinary actions up to and including termination with cause.

Effective January 1, 2013, the Inbasket Report detail by provider will be shared with all providers within a Division. Effective March 1, 2013, the Inbasket Report detail by provider will be shared with all providers within the Department of Medicine.

It is important that it be clear to all providers that encounters MUST NOT be CLOSED if documentation has not been completed as it places the provider, Department and organization at risk for submitting a health claim without documentation. If a provider is found to have violated this, the faculty will be referred to the Department Chair for additional disciplinary action up to and including termination with cause.

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