#### Medical Record Documentation

#### Policy

It is the policy of UTMB to initiate and maintain a complete and accurate medical record for every individual assessed, cared for, treated, or served. Documentation in the medical record shall be sufficient to identify the patient, support the diagnosis, justify the treatment, document the coarse and results of treatment, and promote continuity of care among health care providers. Medical record documentation is to be timely, meaningful, authenticated, and legible. All relevant documents and entries should be entered into the medical record at the time the service is rendered. The electronic medical record (EMR) must be used for documentation in all areas where its implementation has been completed.

Every individual documenting in the medical record is responsible for the entire content of his/her documentation, whether the content is original, copied, pasted, imported or reused. Those who document are responsible for the accuracy, medical necessity, and documentation requirements of each of their notes.

In addition, they are responsible for the proper maintenance of their In Basket by reviewing it regularly to prevent delinquencies in the medical record. Faculty members should ensure that resident notes are accurate and consistent with this policy at the time of co-signing any note.

More specific documentation requirements can be found in the <u>Medical Staff Bylaws</u>, Medical Staff Rules and Regulations, and the booklet, "The Medical Record and Health Information Management Services" published by the Department of Health Information Management (HIM).

#### Legibility

- All entries must be legible, including handwritten/electronic signatures.
- Black ink is recommended for hardcopy medical record entries.

#### Patient Identification

- Every page in the medical record or electronic medical record screen must be identifiable by patient name and complete medical record number (including the alpha suffix). It is preferred that this information be available on both sides of a document.
- If the Department of Health Information Management (HIM) receives documents with incomplete, illegible and/or missing patient identification, an attempt will be made to properly identify the patient. Documents successfully identified will be

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**G** Orfield

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safety in your practice Covers multiple presentations of cases in main organ system areas including musculoskeletal cardiovascular pulmonary gastrointestinal endocrine genitourinary neurologic psychiatric eye ear nose throat and pediatric in multiple patient care settings such as urgent care emergency department outpatient clinic and inpatient wards Focuses on topics that are particularly common in Hispanic Latino patients and includes cultural health issues that may impact the patient's understanding of medical information belief system decision making preferences or access to care all of which have a significant impact on your medical decision making and interviewing styles and effectiveness Leads you through key information for each case prompting you to use your medical Spanish clinical skills in a series of prompts and questions as the case unfolds Assessment questions follow each case to test your comprehension Provides more than two dozen audio cases to improve your listening comprehension of different nationalities and accents of Spanish speaking patients Provides real world content from Drs Pilar Ortega and Marco Alem n who serve on the steering committee for the National Medical Spanish Taskforce that aims to standardize the educational approach to a national assessment examination for Medical Spanish Expands your global skills set in your home country when caring for patients who speak Spanish or when caring for patients in other countries through global medicine programs Evolve Instructor site with an image and test bank is available to instructors through their Elsevier sales rep or via request at https evolve elsevier com Military Personnel Brenda S. Farrell, 2009-02 The increasing need for warfighters for the Global War on Terrorism has meant longer and multiple deployments for soldiers Medical readiness is essential to their performing needed duties and an impairment that limits a soldier's capacities represents risk to the soldier the unit and the mission Asked to review the Army's compliance with its guidance this report examined the extent to which the Army is 1 adhering to its medical and deployment requirements regarding decisions to send soldiers with medical conditions to Iraq and Afghanistan and 2 deploying soldiers with medical conditions requiring duty limitations and assigning them to duties suitable for their limitations Includes recommendations Charts and tables <u>Inspector General Audit of Health Care Financing Administration Financial Statements</u> United States. Congress. House. Committee on Ways and Means. Subcommittee on Health, 1998 **Environmental Health Perspectives** ,2009-12 VA health care adequacy of resident supervision is not assured, but plans could improve oversight.,

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#### **Table of Contents Sample Medical Documentation**

- 1. Understanding the eBook Sample Medical Documentation
  - The Rise of Digital Reading Sample Medical Documentation
  - Advantages of eBooks Over Traditional Books
- 2. Identifying Sample Medical Documentation
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Sample Medical Documentation
  - User-Friendly Interface
- 4. Exploring eBook Recommendations from Sample Medical Documentation
  - Personalized Recommendations

- Sample Medical Documentation User Reviews and Ratings
- Sample Medical Documentation and Bestseller Lists
- 5. Accessing Sample Medical Documentation Free and Paid eBooks
  - Sample Medical Documentation Public Domain eBooks
  - Sample Medical Documentation eBook Subscription Services
  - Sample Medical Documentation Budget-Friendly Options
- 6. Navigating Sample Medical Documentation eBook Formats
  - o ePub, PDF, MOBI, and More
  - Sample Medical Documentation Compatibility with Devices
  - Sample Medical Documentation Enhanced eBook Features
- 7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Sample Medical Documentation
  - Highlighting and Note-Taking Sample Medical Documentation
  - Interactive Elements Sample Medical Documentation
- 8. Staying Engaged with Sample Medical Documentation
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Sample Medical Documentation
- 9. Balancing eBooks and Physical Books Sample Medical Documentation
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Sample Medical Documentation
- 10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
- 11. Cultivating a Reading Routine Sample Medical Documentation
  - Setting Reading Goals Sample Medical Documentation
  - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Sample Medical Documentation
  - Fact-Checking eBook Content of Sample Medical Documentation

- Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
  - Utilizing eBooks for Skill Development
  - Exploring Educational eBooks
- 14. Embracing eBook Trends
  - Integration of Multimedia Elements
  - Interactive and Gamified eBooks

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