



# Health Information Management

Kim Good - Regional Director of HIM - Operations

Maggie Keating - Regional Director of HIM - Coding

**Monmouth  
Medical  
Center  
Southern  
Campus**

**| RW..Barnabas**  
HEALTH



# Hours of Operations and Contact

Department Hours of Operation

Sunday to Saturday 7:00am- 3:30pm

Contact number 732-886-4451

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# Introduction

- Health Information Management(HIM) also known as Medical Records Department.
- Medical records or Health Information Professionals organize, manage and ensures the privacy & confidentiality of patient's health information as well as code the health information data from the patient's medical record for billing.

# Electronic Health Record (EHR)

- MMCSC Hospital uses EPIC.
- EPIC is used to document treatment.
- Paper records are digitalized using OnBase.
- Many ancillary systems feed EPIC.
- Dictated reports also feed EPIC.

Archived records can be found in Galen  
(VCO)

# Epic together.

## RW. Barnabas HEALTH

Hyperspace - NBR HIM - Production Environment (PRD) - BARBARA D.

Epic Patient Station Chart Central Deficiencies Releases Coding Identity Manager

ROI WQ - 907 Zzztesttdr, Canteloupe Zzztesttdr, Canteloupe Zzztesttdr, Canteloupe

Chart Central Appt Desk Identity Manager Chart Review Patient station. IV1 Patient Disclosure Report Document List Phone Book

**C**  
**Z**  
Zzztesttdr, Canteloupe  
fem., b. 35y.o. 1/26/1987  
MRN:11524296

CONTACT INFORMATION  
t.) 123 Anywhere Street Verona  
WI 53593  
t. 512-555-5555(home)  
[test@epic.com](mailto:test@epic.com)

CURRENT ADMISSION  
Not Admitted

Paper Charts | Paper Charts | Jackets and Blms | Incomplete Charts | Unlinked Accounts | Open Releases | Critical Incidents

0 Ri:Jresll Char:Oe,k Sil"<Rro Edr C "I it,c<Qui etev.K In

ChartID	Chart Type	Linked HARs	Permanent Station	Current station	Start Date	Close Date	NextReq
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**Patientlookup**

Select Patient Patient Search Recent Patients

Name IIRN: \_\_\_\_\_ EPI IO: \_\_\_\_\_

SSN \_\_\_\_\_ Sex: \_\_\_\_\_

Birth date: \_\_\_\_\_

Use sounds-like

Find Patient Clear need

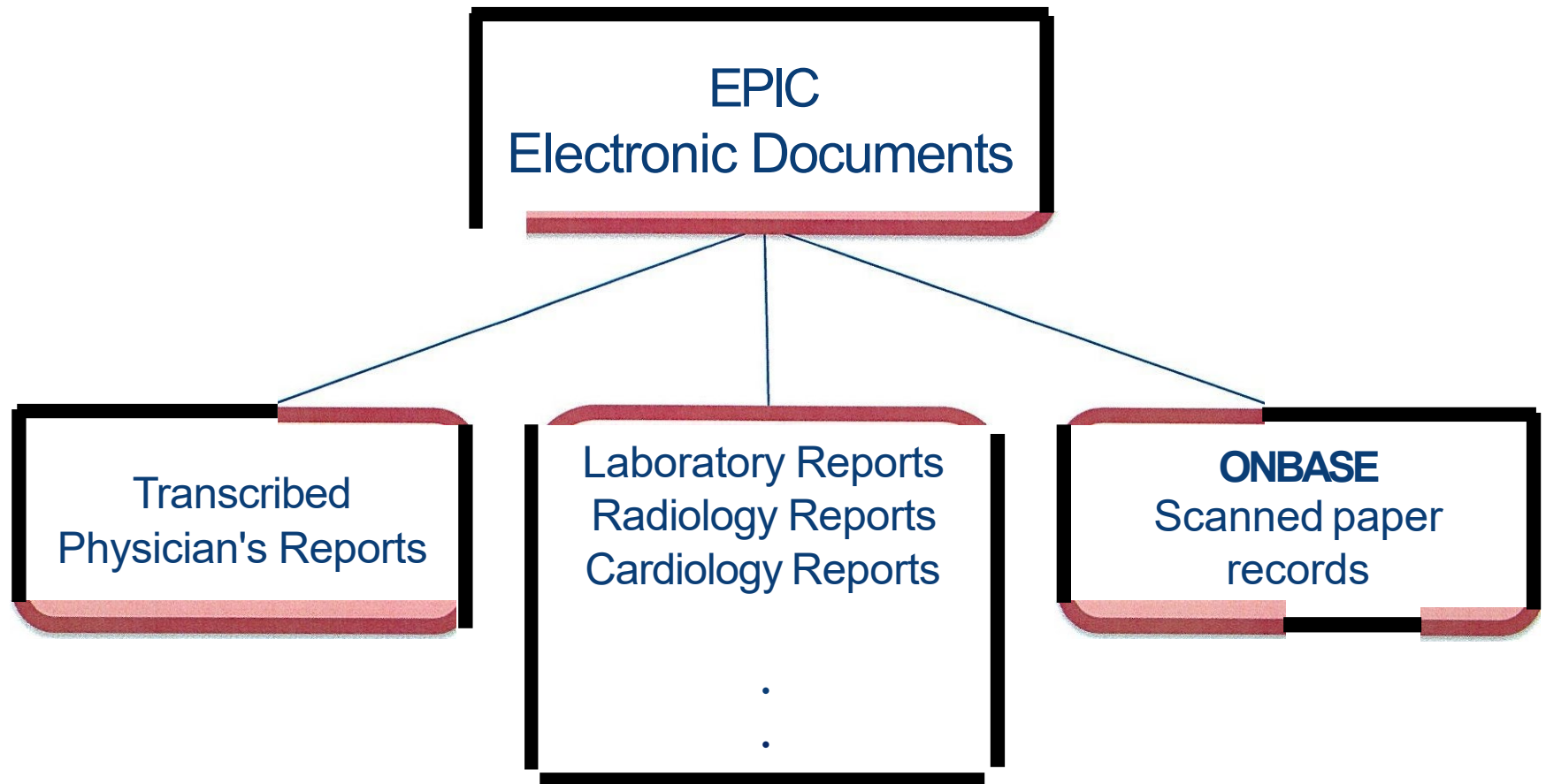
Open Patients

Patient Name	MRN	Patient St.	S.	DOB	Street Address	SSN
[REDACTED]						

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# Electronic Health Record



# Transcription

Aquity Solutions is our transcription provider.

Reports are interfaced into to Epic.

## DICTATION INSTRUCTIONS:

- In-house, dial: Ext. 24613 or \*\*\*600
- Outside the Facility, dial: (844) 446-1509
  - **MSC Location Code: 7**

# Dictation - To Access The System

**In-house:** Dial ext. 24613 or \*\*\*600  
**Outside the Facility:** (844) 446-1509

**Step 1:** Enter your Dictation ID, followed by the # key.

**Step 2:** Press 1 to Dictate or 3 to Review .

**Step 3:** Enter Facility Location Code, followed by the #key  
 MSC=7

**Step 4:** Enter the Document Type, followed by the # key.

**Step 5:** Enter EPIC CSN, followed by the # key.

**To begin** recording, press **2**.

**To pause** while dictating, press **4**.

**To continue** the dictation press **2**.

**To listen/playback** your **dictation:** press **8** to rewind to beginning, press **1** to begin playback.

**To begin** a **new dictation**, press **5** .

**When finished** simply hang up or press **9** to disconnect.

<b>1</b> Listen/Play	<b>2</b> Date	<b>3</b> , Short Record, Play
<b>4</b> Pause	<b>5</b> Save Job, New Job	<b>6</b> Fast to End, Pause
<b>7</b> ShortFast	<b>8</b> Rewind to Beginning, Pause	<b>9</b> Save Job, Disconnect
<b>*</b> STAT	<b>0</b>	<b>#</b>

For assistance, call  
**MMCSC HIM @ 732-886-4451;**  
 Internal @ 25112

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### BASIC DICTATION KEYS

- 1 Listen / Play
- 2 Dictate
- 3 Short Rewind, Play
- 4 Pause / Stop
- 5 Save Job / New Job
- 6 Fast Fwd to End, Pause
- 7 Short **Fast Fwd**
- 8 Rewind to Beginning, Pause
- 9 Save Job / Disconnect
- ... STAT (Priority)

### STANDARD DOCUMENT TYPES

- 24 History and Physical Consultation
- 55 Operative Report
- 122 Discharge Summary
- 17 Procedure Note
- 44 Progress Note
- 45 Electroencephalogram
- 62 Video Electroencephalogram
- 100 Admission Psychiatric Assessment Note
- 141

### CARDIOLOGY DOCUMENT TYPES

- 182 Cardiac Catheterization
- 88 Echocardiography
- 128 Holter Monitor
- 104 Stress Test Report
- 136 Cardioversion
- 132 Coronary Angioplasty
- 103 Tilt Table Test
- 102 Transesophageal Echo Report
- 105 Nuclear Stress Test
- 106 Stress - IV Nuclear
- 12 Periphereal Angioplasty
- 0

For assistance, call CMC HIM at 732-557-8155



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# Chart Documentation/Deficiencies

- Any items not electronically documented in Epic or interfaced into Epic are sent to HIM post discharge for scanning into the system. HIM indexes all medical records to ensure all documentation can be found in a standardized order. HIM team reviews the chart and checks to make sure that all documentation required by Joint Commission, Department of Health, and other organizations are present. Epic assigns many of the deficiencies to the providers based on how the provider documents throughout the course of the patient's stay. At discharge the HIM Techs review the charts to ensure the deficiencies are accurate; re-assign deficiencies that Epic may not have assigned correctly, a physician would like re-assigned or the system did not add the deficiency at all. It is completely done on-line.

# Timeliness of Documentation

- H&P - Within **24 hours** of admission & before invasive procedure
- Progress Notes - Must be completed **daily** with date, time, & signature
- Verbal Orders - Within **48 hours**
- Operative Report - Within **24 hours** after procedure
- Operative Post-Op Note (Brief Op-Note) - **Immediately** following procedure
- Discharge Summary - Required if patient is **discharged over 48 hours**, patient expired, or transferred to facility
- Short Stay Record/Final Progress Note/Discharge Note - If patient is **discharged within 48 hours**
- Coding Queries - Respond **within 7 days of creation**

# Suspension Policy

Located on The Bridge

- **PURPOSE:** It shall be the duty of all members of the Medical Staff to complete the medical records of discharged inpatients (15 days) /outpatients within (5 days) after the day of discharge (some items may include tighter time frames which could trigger suspension at an earlier date. For the purpose of suspension, RWJBH considers a delinquent record to be any record, which includes items referred to in the Rules and Regulations, Section 3.6-7 as well as other deficiencies delineated by the Enterprise HIM Committee and RWJBH Leadership, Laboratory. Physicians on suspension may not admit, operate, consult, schedule procedures, or treat any patients while on suspension.
- **POLICY:** In accordance with the Medical Staff Bylaws, Medical Staff Rules and Regulations and in order to monitor the delinquency rate, the following criteria have been in conjunction with the Medical Executive Committee. Any physician who does not comply with any one listed below may initiate the current suspension program.

# Suspension

The following are the conditions that will result in suspension.

- History and Physical Examination- must be on the on record at the time of discharge (Bylaws and Joint Commission on Accreditation require its presence no later than at the end of the first twenty-four (24) hours of hospital stay or within thirty (30) days of an elective admission.  
Report of Operation- must be on record at the time of discharge (Joint Commission on Accreditation requires its presence immediately after surgery.) Undictated operative or invasive procedure report(s) more than 24 hours after the date of the procedure.  
Physician Queries not answered within 7 days of being documented (RWJBH Requirements)  
Medical Record is completed within 15 days of discharge (RWJBH Requirements)

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# Suspension Notifications

Notifications are distributed to the providers on Thursdays to their **Epic In basket**.

## Procedures:

- OR Suspension List notifications distributed **daily**
  - Operative Report co-signatures are included within this distribution list

## Medical Records :

- Notification Letter (1 or more incomplete medical records ) - sent weekly on **Thursdays** to the provider **Inbasket**
- Topic Secure Chat reminder for outstanding deficiencies - sent weekly on **Fridays** to provider
- Pending list sent to Medical Affairs / Department Chairs - sent weekly on **Mondays**
- Suspension begins on **Wednesday** if deficiencies are not complete

## Suspension (weekly on Wednesdays)

# Questions?

Christina Gallegos, RHIT, CCA

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