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BEST PRACTICES

RISK MANAGEMENT **RESOURCE**

This exclusive resource was developed and is maintained by NORCAL Group's risk management team and is made available to members of the American Society for Interventional Pain Physicians (ASIPP) by Tom Wierzbowski of Willow Risk Advisors.

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AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS
ASIPP®

MEDICAL RECORDS: TEMPLATES, FORMS AND CHECKLISTS

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ABOUT NORCAL GROUP

The NORCAL Group of companies provide medical professional liability insurance, risk management solutions and provider wellness resources to physicians, healthcare extenders, medical groups, hospitals, community clinics, and allied healthcare facilities throughout the country. They share an A.M. Best "A" (Excellent) rating for their financial strength and stability. NORCAL Group includes NORCAL Mutual Insurance Company and its affiliated insurance companies.
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Templates, forms, and checklists can improve efficiency in a busy practice. They can simplify and clarify documentation and serve as reminders of what should be checked during an examination. They can be good organizational tools that help the physician – with a quick scan of the patient's medical record – get an overview of the patient's condition, note any allergies or chronic problems the patient has, and see what medications the patient is taking.

If a practice has adopted the use of certain templates, forms, or checklists, each one should be completely filled out and include documentation of all negatives. It is not appropriate to have partially filled out forms in patients' medical records.

Medical Professional Liability Risks

Checklists, forms and templates can also add to liability exposure if these documents are rigid and not adaptable to various patient situations or treatment. Instances in which templates (or forms or checklists) in records are only partially filled out raise questions about the missing information. It is not possible, when there are blanks, to determine if a portion of an exam was or wasn't performed, if a system was assessed as "within normal limits" or not assessed, or if other symptoms or pathology were present and not documented or were absent. If there is a malpractice claim, and these records are requested and evaluated by an attorney or an expert, incomplete forms, those with blanks, will reflect negatively on the physician's credibility or competence.

Many electronic health record (EHR) systems are organized around templates for specific types of examinations or for patients of certain ages or with certain conditions. Templates generally use drop-down menus and/or point-and-click check boxes indicating normal or abnormal values or observations. A positive aspect of templates in the EHR is that it is structured data (data readable by a computer and that can be queried and analyzed). As such, it allows for clinical support functions, e.g. drug and allergy alerts or treatment suggestions based upon clinical guidelines. Another benefit of using templates is that it helps clinicians be aware of the types of information they need to capture, thus making documentation more consistent and accurate.

A challenge with templates in the EHR, however, is that they do not provide for capturing nuances of patient variability. This is particularly the case with patients who have complex and/or multiple medical conditions and whose situations do not fit nicely within the confines of a typical template. In such cases, it will be important to utilize free-form text, i.e. typed notes in the narrative space to complete documentation that cannot be reflected through check-boxes and drop-down menus.

Templates may make it difficult to describe unique patient problems and subtle changes in patient conditions. The resulting record may be so general and repetitive that it raises questions about whether documented patient care actually occurred.

Risk Management Recommendations

- Ensure checklists, forms and templates are completely filled out in the medical record. If some parts of a form are not applicable to a particular patient situation, note “not applicable” or “not examined” on that individual form on the area(s) not used.
- Evaluate physician usage of templates, forms and checklists. If physicians are routinely skipping sections or marking sections “not applicable,” consider modifying or redesigning the template, form or checklist.
- Review current documentation templates, forms and checklists to ensure they provide adequate space to document phone calls and progress notes that are not addressed in the current template, form or checklist.
- When a template is used in the EHR, personalize observations. Do not just rely on the default language provided by the template.
- Strike a balance between physician narrative and structured data. Use free-form text to document things not addressed in a structured template.
- Avoid templates that automatically generate content for normal findings; consider templates that require the user to specifically check off the elements he or she wants to appear in the patient’s record.
- Create varied exam templates for different patient complaints and conditions that fit the practice’s workflow.
- Use a consistent, clear format or documentation template. When using patient information pulled forward from prior notes and/or template phrases and default entries, be careful to check that each visit note contains accurate information and reflects the details of what actually occurred during the visit.