

Policy and Procedure Manual

SUBJECT/TITLE: UIP Provider Documentation/Visit Completion Policy

PURPOSE: Provide clarity regarding expectations of providers to complete documentation.

POLICY:

A. Background

Timely documentation is critical to providing high quality patient care and for fostering effective and safe communication. All members and participants of the UIP must complete clinical documentation in accordance with UIHC bylaws and policy. Deficiency and delinquency reports are monitored regularly for unsigned history and physicals, discharge summaries, operative reports, clinic visits and consult notes. This policy specifies the expectations regarding completion of documentation and consequences of noncompliance.

B. Noncompliance will be defined as greater than 10 unsigned documents/visits; greater than 10 days after the service date. Noncompliance may result in loss of UIP “good standing” status.

C. Absent extenuating circumstances or inaccurate data, progressive discipline for noncompliance will entail:

a. Level 1

i. For providers who are noncompliant:

1. Formal written notification of noncompliance will be provided via email and campus mail to the UIP member and respective DEO or Dean if the noncompliant UIP member is a DEO.
2. When receipt of email of the noncompliance notification is confirmed, the member will have 7 calendar days to sign all delinquent documentation.

b. Level 2

i. Providers who fail to complete all delinquent documentation after 7 calendar days of acknowledged receipt of noncompliance notification will be considered noncompliant with Level 1. This will result in:

1. Formal written notification of Level 1 noncompliance and placement into Level 2 will be hand-delivered to the UIP member’s DEO or Dean if the noncompliant UIP member is a DEO.

2. After signed receipt of Level 2 noncompliance notification, the member will be removed from clinical service by the UIP member's DEO or Dean if the noncompliant UIP member is a DEO, until all delinquent documentation is complete.
 3. A written plan regarding completion of delinquent documentation as well as a plan to prevent and manage further delinquencies will be developed by the UIP Member and DEO, placed in their personnel file, and submitted to UIP Administration.
- c. Level 3
- i. Providers who fail to complete all delinquent documentation after 14 calendar days of signed receipt of Level 2 noncompliance will be considered noncompliant with Level 2 and placed into Level 3. A review process by a subcommittee of UIP Administration will be convened immediately. The DEO or Dean if the noncompliant UIP member is a DEO, and the member will be notified of the review findings
 1. Consistent with the UIHC bylaws, if the subcommittee affirms noncompliance, the DEO and/or the UIHC Chief of Staff will be encouraged to submit a peer review request to UIHC.
- d. Recidivism
- i. If a provider receives a fifth notification of level 1 noncompliance within a 12 month period, the DEO and/or the UIHC Chief of Staff will be encouraged to submit a peer review request to UIHC.
 - ii. If a provider receives a second notification of level 2 noncompliance within a 12 month period, the DEO and/or the UIHC Chief of Staff will be encouraged to submit a peer review request to UIHC.

Source:

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