SAULT AREA HOSPITAL
HÔPITAL DE SAULT-SAINTE-MARIE

Title: Incomplete Record Management		☒ Policy ☐ Policy & Procedure ☐ Procedure Only ☐ Protocol Only
Policy Type:		**Category**
Medical		Patient Care & Ethics
Approval Authority: Medical Advisory Committee		
Date of Original Issue: September 2021	Revised Date: February 11, 2025	Next Review Date: February 11, 2028
Distribution: ☒ Hospital-Wide		
1. Related Policies: Administrative Closure of Charts 2. Chart Completion Policy 3. Authentication/ Electronic Signature 4. Appointments, Reappointments, Requests for Changes in Privileges, and Mid-Term Action policy 5. SAH Remote Access Instructions (Information Technology Department)		
Keywords: Incomplete Charts; Charts; Record Management; Chart Control; Chart Policy; Incomplete Record		
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Purpose: The *Incomplete Record Management Policy* ensures timely and accurate completion of medical records, which is essential for patient safety, legal compliance, and quality care. It establishes clear expectations and procedures for managing incomplete records, promotes accountability among healthcare providers, and helps reduce risks associated with gaps in patient information. The policy also supports improved communication within healthcare teams and minimizes legal liabilities by ensuring records meet regulatory and accreditation standards. Ultimately, it contributes to operational efficiency and high-quality patient care.

Policy:

DEFINITIONS

Health Information System (HIS) is a system designed to manage healthcare data which includes operations that collect, store and transmit electronic medical records (EMR).

An *Incomplete* Record is a record that is not complete. A *Deficiency* is the reason a record is incomplete.

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Types of *Deficiencies* include*:*

1. *eSign.* A record has been created but not signed or authenticated by an electronic signature. The record remains in draft status and will not be distributed to copied providers.

2. *Signature.* A record that is missing either a written or electronic signature.

3. *Incomplete.* A mandatory component of a complete health record is missing *(see SAH Chart Completion and Documentation Policy)*. This type of deficiency is discovered during post-discharge Chart Analysis.

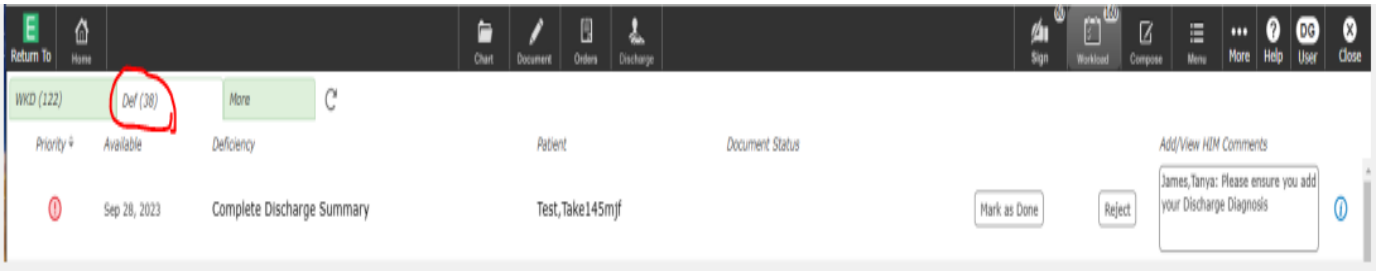
Chart Control is the process used by the Health Records Department to monitor records for completion.

POLICY

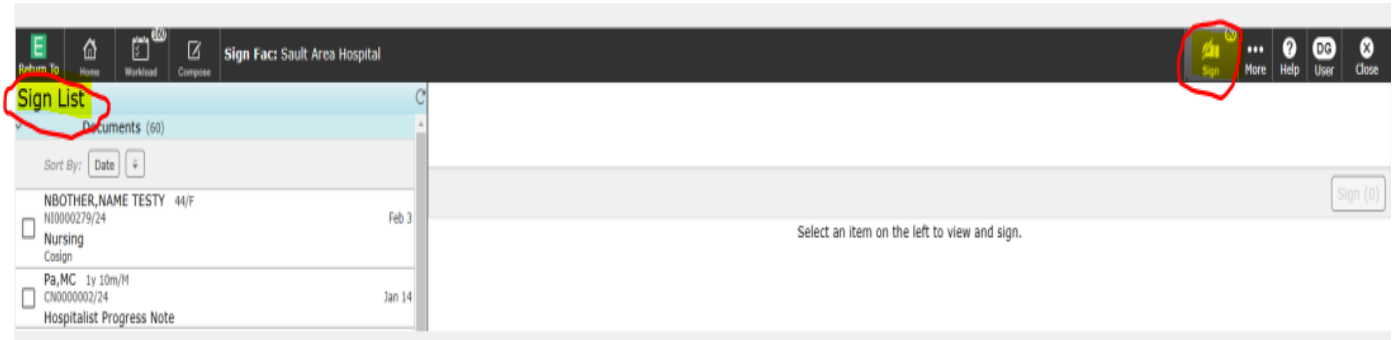
This policy defines the expectations and obligations for the completion of health records when a Professional Staff Member is notified of their outstanding incomplete records.

Procedure:
Operating Practices

1. Notification of incomplete records for all Professional Staff is completed via logging into SAH's Health Information System (HIS). Records should be reviewed and completed within 7 days of patient discharge from hospital. When the Professional Staff logs into Meditech Expanse, the tab "Def" when *clicked*, will display any outstanding deficiencies assigned to the Professional Staff member.



Similar to above, anything requiring an electronic signature appears under the tab "sign".



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Chart control is initiated weekly in the Health Records department. A report containing all incomplete record data exceeding 7 days within HIS is emailed to the Chief of Staff, Department Chiefs, Manager of Health Information and the Locum Coordinator for review. Each physician with incomplete records will also receive an email with the SA #s and deficiency with a copy to their Chief.

2. If the Professional Staff member has incomplete records exceeding 60 days, the Department Chief will have a discussion with the Professional Staff member regarding outstanding records. A plan will be made to ensure the incomplete records will be completed within 30 days of that meeting.

3. If the Professional Staff member has not completed the incomplete records as planned in step 2, the Department Chief notify the Chief of Staff. The Professional Staff member will be asked to meet with the Department Chief and the Chief of Staff and a letter (Appendix A) will be issued by the Chief of Staff office.

4. In the unlikely event that this does not result in satisfactory medical record completion, the Chief of Staff will ask the physician to appear before the MAC for discussion at the next meeting. At that time an immediate mid-term suspension of privileges will be considered (which triggers a report to the CPSO) until charts are completed.

5. In the event that an incomplete record cannot be completed and this is confirmed by the Health Records Committee chair/co-chair, the record will be subject to Administrative Closure.

6. Timely completion of health records is a consideration at the time of reappointment and is subject to review by MAC.

Temporary Suspension of Privileges

Please reference the Procedure Regarding Appointments, Reappointments, Requests for Changes in Privileges, and Mid-Term Action policy.

Remote Access to Complete Electronic Records

Should a Professional Staff member require remote access to complete an electronic medical record, please refer to SAH's Remote Access Instructions issued by the Information Technology Department (IT). If assistance is required, please contact SAH's IT Helpdesk.

Supportive Data / Definitions:

Terminology: Definition	**Terminology:** Definition
Terminology: Definition	**Terminology:** Definition

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References:

Revision History:

Date:	Signing Authority: Name / Title
September 2021	Medical Advisory Committee
February 11, 2025	Medical Advisory Committee

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Appendix A

Chief of Staff Review of Physician with Incomplete Records

Dear _____,

Please be advised that as you have outstanding incomplete health records of greater than 90 days. You will now be asked to review with your Department Chief and the Chief of Staff, as outlined in Sault Area Hospital's *Incomplete Record Management Policy*.

Step 1: A meeting will be arranged between you and your Department Chief and the Chief of Staff to discuss the outstanding charts. During this meeting, you will be required to create a plan that ensures these charts are completed within a time frame satisfactory to the Chief of Staff.

Step 2: If the charts are not completed as per the plan set out in Step 1, you will be asked to appear before the Medical Advisory Committee (MAC) to explain the reason for the outstanding charts and present your plan for their completion.

Step 3: In the event that you refuse to attend the MAC meeting, do not provide a suitable explanation and plan, or fail to carry out the plan as indicated, the MAC, in conjunction with the Chief of Staff, will consider further action. This may include, but is not limited to:

- Temporary suspension of privileges, with notification of suspension sent to the relevant Regulatory College and Hospital Board of Directors.

A representative from the Chief of Staff office contact you in the near future to schedule the meeting. You are welcome to bring an MSA Executive representative to this meeting.

Sincerely,

Chief of Staff

c. Department Chief
Medical Affairs (credentials file)

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