

CHAPTER 10

Retrieval of Unit Health Records (UHR)

I. POLICY

Health Record Services (HRS) shall ensure the ready availability of UHRs. HRS shall ensure that patient UHRs are promptly available to authorized users of the record. UHRs shall be retrieved and delivered prior to the scheduled patient-care appointment upon request of health care providers. UHRs requested for scheduled appointments, sick call, urgent, out-to-medical, or emergency cases shall be delivered to the provider prior to provision of patient care. Non-patient care requests for UHRs shall be honored as soon as possible.

UHRs shall be returned to the HRS area prior to the close of each business day to ensure ready availability. Authorized employees shall retrieve UHRs from the centralized filing system. Authorized health record staff shall refile UHRs. Each institution shall establish a priority list for health record accessibility.

HRS shall establish effective record control procedures, including a record locator/tracking system. The filing system shall ensure one place to locate a record.

II. PROCEDURE

A. Health record staff shall:

1. Receive requests for scheduled appointments by noon the day prior to the scheduled appointments.
2. Access the centralized filing system for the requested records.

B. First Pass:

1. Complete an outguide for each record requested.
 - a) Enter the name of the requester and the location where the record is to be sent. Be specific. Use the name of the individual and specific location (e.g., Dr. Smith, emergency room).
 - b) Enter the date.
 - c) Place the outguide on the shelf as the record is removed.
2. Retrieve all records requested by the appointment lists from the centralized files. Retrieve all volumes as requested.
3. Retrieve all records by priority status. If the patient record is requested by more than one care provider, use the priority status developed by the institution to determine where the record goes.
 - a) Record requested for patient care has first priority.
 - b) If a record on the scheduled appointment list has been previously requested/retrieved (there is an outguide in the place of the record or an entry in the record tracking system), review the institution's priority listing. If the new request has priority, retrieve the record from the batched records or from the

- location to where it was sent. Update the outguide system to reflect the name of the provider and the site to where the record is charged out.
- c) Determine if the record can be made accessible for more than one scheduled appointment (e.g., is there sufficient time to ensure that the record can be retrieved from the priority appointment and subsequently delivered to the secondary appointment prior to the scheduled time?).
 - d) If the record can be made available to both care providers:
 - (1) Using the record request slip, tag the record to notify all parties of the second request.
 - (2) Arrange for a courier to transport the record (from one site to another).
 - (3) At the conclusion of the first visit, pick up the record from the primary site.
 - (4) Update the name and location of the first request from the outguide.
 - (5) Charge out the record to the secondary requester.
 - (6) Deliver the record to the secondary requester prior to the scheduled appointment time.
 - e) If arrangements can not be made to ensure that both care providers have the record prior to the patient-care appointment, work with the health care staff to reschedule the appointment.
- 4. Batch and label all retrieved records according to site of the appointment, using the site and name of provider.
 - 5. Health record staff shall include two copies of the records request list. One copy of the request shall be signed by the requester at the time of delivery and shall be returned to health record staff for filing in the control binder. The request lists shall be maintained for Continuous Quality Improvement activities.

C. Second Pass:

- 1. Health record staff shall make a second pass to find records not located on the first pass.
- 2. If the record is located, follow the procedures under Section B above.
- 3. If the record is not located:
 - a) Verify the accuracy of the spelling of the patient's name and the accuracy of the CDC number.
 - b) Note the reason for records not located in the centralized filing system on the record retrieval list.
 - c) Note missing records (those without a charge out entry).
 - d) Check the last known location of the record and continue to search. Never Give Up.
 - e) Report to the file supervisor any records not retrieved and the reason for the missing record. Refer to policy: "Missing Unit Health Record".

D. Preparation of records for patient-care visits:

- 1. Health record staff shall review records to ensure the record is in good order:

- a) All ancillary reports are available (check loose filing area). If any loose filing exists, incorporate it into the appropriate section of the UHR.
 - b) Forms are secured in the record.
 - c) Availability of blank progress notes and physician order sheets, if needed.
 - d) Forms contain patient identifiers.
2. Transfer the batched records to the holding site for pick up or delivery.
 3. Attach two copies of the request list.

E. Courier Service:

1. Courier service or health record staff shall:
 - a) Deliver the record prior to opening of the clinic., if not picked up by clinic staff.
 - b) Obtain a signed inventory of records delivered.
 - c) Maintain signed inventories in a control binder (control copies shall be used in QM studies).
 - d) Pick up all records not being used by staff, and return them to the centralized file area.
 - e) Deliver records to other requesters when necessary.
 - f) Return all records from all outpatient patient care areas to the centralized file area by the close of each business day. Return all inpatient and outpatient housing unit records to the centralized file area upon discharge of the patient from that level of care.

F. Record Return:

1. Health record staff shall:
 - a) Review records for completion prior to refiling (refer to policies, "Unit Health Record System" and, "Unit Health Record Completion").
 - b) Refile all UHRs into the centralized filing system prior to the close of business each day. Remove outguides as records are refiled. Incorporate any loose material found in outguides into the record prior to refiling.
 - c) Note records requiring further action and update the outguides as necessary.
 - d) Maintain logs of records requiring additional work, e.g., chronos, signatures, referrals.
 - e) Prepare daily reports of records not returned, and notify the supervisor of problems.

G. Record Retrieval for Unscheduled Patients, Urgent or Emergency Care:

1. Health record staff shall, upon a request for a UHR for urgent or emergency care:
 - a) Complete an outguide.
 - b) Log the time, date, and reason for UHR request on the outguide.
 - c) Retrieve the patient record from the filing area.
 - d) Prepare the record (see Section D above).
 - e) Arrange for immediate delivery of the record for emergency care.
 - f) Arrange for prompt delivery of the record for urgent care.

- g) Deliver or transfer the record to the treatment area.
 - h) Obtain a signed receipt from the health care provider or designee.
- H. Record Maintenance (follow up on UHRs charged out but not returned):
- 1. Health record staff shall:
 - a) Check the outguides on the shelves to determine if all records have been returned to the centralized files.
 - b) Contact the provider for any record that has not been returned, and arrange to have the record returned.
 - c) Institute a missing record search, if necessary for any records which cannot be located.
 - d) Maintain a log of all actions taken.
 - e) Prepare a daily report of all records not returned by the close of business.
 - f) Submit the report to the HRS Supervisor.
 - 2. Any UHR not in the centralized file system at any time shall be identified on the outguide. Records shall be charged out on the outguide to identify the current location for special categories, e.g., "hot files, or deaths,".