

CHAPTER 14

File Maintenance: Loose Filing

I. POLICY

Health Record Services (HRS) shall maintain efficient and effective patient health information retrieval and retention services. The file maintenance service shall provide ready accessibility to patient health-related information and to unit health records (UHR). All patient health-related data shall be promptly incorporated into a patient's UHR. Health care staff shall return all UHRs to HRS by the close of each business day to facilitate the ready availability of patient health-related information. Loose material filing shall be a priority daily task of the Office Assistant.

The health record system shall participate in a quality management program to evaluate the timeliness and effectiveness of incorporation of patient health-related information into UHRs.

II. PROCEDURE

A. Loose Documents

1. Health record staff shall:
 - a. Sort all documents in terminal digit order using the file sorter.
 - b. Put the documents with the same terminal digit into numerical order. Complete one terminal digit section at a time.
 - c. Paper clip all documents for an individual patient together.
 - d. Complete the sorting and organization of all loose documents.
 - e. File reports for one terminal digit section into the appropriate UHRs.
 - f. Identify the type or category of data to be filed.
 - g. Retrieve one record at a time. Complete the filing process for one record before proceeding to the next record.
 - h. Prior to filing the record, verify the accuracy of patient identifiers: patient's first and last name; date of birth; and CDC number for each document to be filed.
 - i. Select the appropriate source-oriented section. Refer to the policy, "Unit Health Record Organization of Contents".
 - j. Verify the sequential date order of filed information and the information to be filed.
 - k. Identify duplicative reports. Request assistance from the HRS Supervisor in deciding to file duplicative data. Any report with an original signature must be placed in the UHR.
 - l. Return each UHR to the file system prior to retrieving the next record.
 - m. If a document cannot be accurately identified, immediately check the OBIS, DDPS, patient appointment lists and similar documents. Do not wait to identify the document; it may only be identifiable through other means, such as immediate recall of the provider.

1. Report to the HRS Supervisor documents that are not identifiable.
2. Report any unidentifiable documents to the Health Care Manager for quality improvement activities.
- n. Incorporate all loose documents into the UHR as soon as possible and no later than by close of business each day.
- o. If an unusual circumstance delays the incorporation of patient information into the patient UHR, place the loose filing into terminal digit order, and place in folders according to the last two digits. File this information the next business day.
- p. Notify the HRS Supervisor of any filing issues/problems.
2. If the data to be incorporated into the folder lacks the provider's acknowledgment:
 - a. Notify the provider of receipt of the information. Obtain a commitment from the provider to review the data.
 - b. Arrange to have the provider review, initial and date the document.
 - c. File completed documents according to procedures outlined in Section 1 above.
 - d. If no response is received from the provider, repeat the above process.
 - e. If a response is not obtained with the second request, seek assistance from the Health Care Manager via the HRS Supervisor.
3. At the time of filing, if a UHR is not in file, staff shall immediately search OBIS to determine the location of an inmate. If the inmate is no longer at the facility, loose material shall be immediately forwarded to the current location of the inmate. All loose material shall be forwarded at least twice a week.
 - a. When filing delays occur, all health record services staff shall assist in filing loose material. Priority should be given to filing **all** loose material, not just certain documents.
4. If the record is out of file when refiling loose material:
 - a. Secure all loose documents into the outguide for those records out of file, and place on the shelf where the record should be found.
 - b. Determine the reason that the record is unavailable for filing:
 1. If it is charged out of the HRS area, determine that the record has not been out of the centralized files for more than one business day. Notify the supervisor of all patient records not returned by close of each business day.
 2. If the loose filing is for a new arrival, check the record locator/record tracking system. If the new arrival record has not been received by HRS, file the loose documents into an outguide.
 3. If the patient has been moved to another institution, check OBIS/DDPS to determine the patient's current location. Forward any data immediately to the HRS Supervisor at the current location.
 - c. When records are returned to the file system, file all loose documents immediately into the UHR.
 - d. If the UHR is charged out to the inpatient care area, deliver the loose documents to the inpatient unit and incorporate the data into the UHR the same day.

B. File Maintenance:

1. Always secure all documents in the appropriate section of the UHR.
2. If not sure where data is to be filed, do not guess.
 - a. Refer to the most current version of the CDC Unit Health Record Organization.
 - b. Refer any documents not on the list to the HRS Supervisor.
3. Do not let problem filing accumulate.