

**CAMC Health System, Inc. Communication**

		3/25/2025	Approved: 3/24/2025	Created by: Cheryl Martin <a href="mailto:Cheryl.martin@vandaliahealth.org">Cheryl.martin@vandaliahealth.org</a>	
<b>MED STAFF SBAR</b>		Topic Title: <b>REGULATORY AND BYLAW REQUIREMENTS FOR POST PROCEDURAL DOCUMENTATION</b>			
<b>S</b>	Situation	<b>IMMEDIATE POST PROCEDURE DOCUMENTATION DOES NOT CONFORM WITH CMS, DNV AND MEDICAL STAFF BYLAW REQUIREMENTS RESULTING IN A FINDING AND REQUIRED CORRECTIVE ACTION PLAN.</b>			
<b>B</b>	Background	<p>In a recent survey by DNV and as noted in 2024 medical record audits, the following issues have been found requiring CAMC to submit a corrective action plan to DNV.</p> <ol style="list-style-type: none"> <li>1. Immediate operative reports or immediate notes completed by the surgeon or proceduralist, did not contain all the required elements.</li> <li>2. Complete absence of an operative report or immediate note present prior to patient moving to next level of care</li> <li>3. Operative report or immediate note was present but was not completed prior to patient moving to next level of care.</li> </ol>			
<b>A</b>	Assessment	<p>Six (6) medical records reviewed by DNV surveyors in March 2025 were found to be non-compliant with regulatory and bylaw requirements for post op documentation by surgeons/proceduralist.</p> <p>Additional data that has been collected for 2024 and ongoing monthly in 2025, supports continued noncompliance of the specific findings.</p> <p>After initial review of contributing factors to these findings, it is noted that:</p> <ul style="list-style-type: none"> <li>• providers may be unaware of the regulatory and bylaw requirements for element requirements and timeframe requirements.</li> <li>• providers may be unaware that templates are available that includes all elements for completion that meet these requirements.</li> </ul>			
<b>R</b>	<b>Recommendation / Requirement</b>  <b>Effective Date: Upon receipt of education</b>	<p><b>Medical Staff Leadership Council has approved a corrective action plan to address ongoing findings from monthly audits.</b></p> <ul style="list-style-type: none"> <li>• Medical Staff Clinical Documentation Quality Committee will be charged with reviewing monthly data from audits from procedural areas across our system.</li> <li>• Progressive action steps to ensure providers are educated, understand the deficiency found, barriers removed, assistance available where needed and noted improvements reported to MEC.</li> <li>• Work with cath lab on processes to ensure reports include all elements.</li> <li>• Assess procedures that may not fall into CMS definition of surgical procedures.</li> </ul> <p><b>Leadership Council approved Progressive Steps for monthly audit findings:</b>  1<sup>st</sup> occurrence – letter from CDQ committee  2<sup>nd</sup> occurrence – letter from CDQ Chair  3<sup>rd</sup> occurrence – Invitation to meet with leadership council to discuss options, barriers, questions and next steps.</p>			