THIS IS A SAMPLE POLICY AND SHOULD BE ADAPTED FOR RELEVANCE FOR EACH PRACTICE

Data Maintenance Office Policy & Procedure

Purpose:	(practice name) recognizes that keeping information in the Electronic
Health Record (EHI	R) as up-to-date as possible is important and requires the entire practice
team. The practice	team is committed to completing notes, tasks, review of information in a
timely basis. Knowi	ng that in the context of a busy practice there are circumstances that prevent
complete and timely	data maintenance 100% of the time, the practice has established this policy
and procedure as g	uidance to perform data hygiene.

Data cleansing is important for several reasons including accuracy of the information, overall practice productivity and system performance. To optimize the EHR, our practice's policy and procedure includes the following:

DAILY MAINTENANCE:

Providers:

- 1. Providers will make every attempt to complete and finalize encounter notes (sick and well) by the end of each day. With this goal in mind, but understanding this may not always be possible, the practice is committed to having all notes finalized within 3 business days.
- 2. Physicians will co-sign appropriate NP/PA notes within 7 business days according to office policy.
- 3. Providers will review diagnostic test results at least once daily when in the office and will check for important results that require action prior to leaving the office each day.
- 4. Providers will review scanned documents assigned to them at least once daily and will check for important results that require action prior to leaving the office each day.
- 5. Providers will review surveys in the context of patient visits and stage to reviewed and then complete/informed as per office protocol. At least once weekly, providers will review items in the survey section which have not yet been reviewed to make sure completed surveys have an appropriate status.
- 6. Messages (portal and internal) will be reviewed and responded to as appropriate throughout each day and will be reviewed for items needing urgent attention before the provider leaves the office each day.
- 7. Each provider will review tasks assigned to their department throughout the day and will be reviewed for items needing urgent attention, and to complete appropriate staging before the provider leaves the office each day.

Coverage for Providers Out of the Office:

To ensure that important information is handled in a timely manner, our office procedure for handling work for providers who are out of the office is as follows:

A coverage schedule is posted for providers regarding responsibility for covering clinical work for a provider who is not in the office each day. It is the covering provider's responsibility to complete timely work where clinically important and to review all information to determine whether work can be safely deferred until the provider is scheduled to return to the office. On weekends, the on-call physician is responsible for reviewing all information to determine whether it can safely be deferred until Monday.

Staff:

- 1. Staff is responsible for completing work assigned directly to them each day.
- 2. Staff is responsible for working within their team to share and complete the work assigned to their department each day.
- 3. Every practice team member is responsible for reviewing and responding appropriately to any messages sent to them during the work day. In addition, they will check their inbox prior to leaving the office each day to ensure that timely items have been appropriately addressed.
- 4. Every practice team member is responsible for reviewing and completing tasks or other work assigned to them or their practice team during the work day. The last team member for each department to leave at the end of the work day is responsible for reviewing team tasks and making sure that all items which require timely attention are completed prior to leaving the office.

Administrator:

- 1. The office manager/practice administrator is responsible for reviewing the above work for all practice team members (scope: ALL) to make sure that work is being performed, completed and staged appropriately within the EHR at least weekly.
- The office manager/practice administrator is responsible for providing reports to each team regarding work not being completed according to the office policy and work to provide solutions for improvement.
- 3. The office manager/practice administrator is responsible for performing periodic data maintenance/archiving to optimize data accuracy, practice productivity and system performance.

PERIODIC DATA MAINTENANCE:

Our practice procedure for performing periodic data maintenance includes the following:

- 1. At the end of every week, the office manager/practice administer will use the EHR Archive functionality on the "Daily" tab to perform maintenance
- According to our practice preference, the "All Providers" preference will be used and information archives for a date that is 30 days prior to the date for which the work is being performed.

- 3. Quarterly the office manager/practice administer will use the EHR functionality on the "Database Cleanup" tab to perform the following:
 - a. Use the Register Tab to inactivate patients who are likely inactive by setting the "Inactivate any patient older than 21 years of age" and "Inactivate any patient not seen within the last 72 months."
 - b. Archive scanned items older than 3 months
 - c. Archive referrals older than 12 months
 - d. Archive diagnostic tests older than 1 month
 - e. Archive incomplete notes older than 3 months

TRANSITION DATA MAINTENANCE/ARCHIVAL PROCESSES:

Our practice understands that there may be occasions where data is being transitioned from one platform or another, or our partners in shared information change. When this is necessary, we will document the reason for data change/archival, the implications of the process, steps undertaken to maintain patient safety and privacy as well as signatory for who performed the operation and when.

We understand from the EHR guidance that there will be information which is staged to complete/reviewed/archived as part of this process that may not be reflected on the patient chart that this work was accomplished by an administrative user through the archival process, but will be noted appropriately in the EHR Audit Trail.