Origination:	*4/26/2018*
Last Approved:	*4/26/2018*
Last Revised:	*4/26/2018*
Next Review:	*4/25/2021*
Owner:	*Valerie Holt*
Policy Area:	*Ambulatory Care Policy Manual*
References:	
Applicability:	*University of Rochester - Strong Memorial Hospital*

0.3.5 Team Documentation

	AMBULATORY CARE MANUAL	
UR MEDICINE	Section 0: Access Policies 0.3.0 Improve Communications with Referring Providers and Patients	Date: 2/9/2018
	0.3.5 Team Documentation	
POLICY		

Purpose: To allow members of the attending provider's care team to share in the development of documentation of clinical encounters. While ambulatory patient care flow and personnel are under the purview of local clinical leadership, all sites should allow documentation by all of those persons who are appropriately trained, supervised and qualified and permitted to do so by policy and by applicable law. Team documentation includes but may not be limited to documentation by physicians, advanced practice providers, residents, registered nurses, licensed practical nurses, and ambulatory technicians.

Policy	Goal
1. Prior to participating in any team based documentation activity each member of the team (including attending physicians, advanced practice providers, residents, registered nurses, licensed practical nurses, ambulatory technicians, and scribes) documenting on behalf of others must be trained in this function. In the case of nurses and unlicensed individuals, that role should clearly be delineated in their job description and included in their periodic evaluations. Each team member's individual job description and team based documentation responsibilities shall be consistent with the scope of the individual's clinical licensure and privileges. Training may be done formally or may be done on site, so long as training activities are documented. Competencies will be developed for staff participating in Team Documentation so that roles and responsibilities are clearly defined. Monitoring to be sure that members of the team are acting within their competency and roles will be the responsibility of the immediate supervisor and the attending provider. 2. All team leaders (billing providers) must themselves undergo training in team documentation that includes education on the responsibilities and restrictions inherent in this form of practice. Roll out of new clinical areas for team	Allow each member of the clinical team to perform at the highest level allowed for their role and training Allow the licensed provider more time to focus on patient care and communication

documentation must be approved by the Compliance Office. Information about the approval process is available on the Compliance Office website. https://www.urmc.rochester.edu/compliance-office.aspx

3. Any model must appropriately recognize the Evaluation and Management components that must be performed by the billing provider. An attestation must be attached to each team documented note specifically stating the role that the billing provider and other team members played in performing, documenting and scribing critical portions of the note, including the HPI, PE and MDM. Approved attestation forms and related guidance are available on the Compliance Office website. https://www.urmc.rochester.edu/compliance-office.aspx
4. A mechanism must be in place to track the origin of documentation to the entering person. In no circumstance should documentation be done under another person's log in.
5. Medical orders placed into e-record are only final after they are signed by the responsible provider. Writing of orders to streamline submission by the responsible provider is allowed to facilitate care, but is limited based on applicable laws, regulations and clinical policies and must be done in compliance with those standards. Refer to Strong Memorial Hospital Policy 8.01 https://urmc-smh.policystat.com/policy/token_access/ec580869-e6bc-4dff-8b2d-88dda253b22c/
6. The provider signing the note bears ultimate responsibility for the accuracy and completeness of each and every component contained within the clinical note.
7. Team documentation should occur in clinical settings with ongoing patient satisfaction and quality evaluations. Evidence of poor patient satisfaction or reduction of clinical quality with team documentation should lead to changes in practices to address such problems.

Related Policies: Ambulatory policy 0.3.4

Reviewed:URMFG Clinical Operations Committee: 2/21/2018

URMFG Executive Committee: 2/28/2018

Attachments:

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Approval Signatures

Approver	Date
Valerie Holt	4/26/2018