

OU MEDICAL CENTER
Hospital Policy and Procedure Manual

Subject: Use of Unapproved Abbreviations and Medical Record Legibility

Section: 17-28

Page: 1 of 4

Origination Date: 10/2004

Revision Date: 2/2005

Coverage: All Medical Staff, Allied Health Professionals and other individuals with clinical privileges or permission to provide patient care services at the Hospital in accordance with the Medical Staff Bylaws

Introduction: Illegible handwriting and the use of “do-not-use” abbreviations impact efficient quality care:

- By wasting caregivers’ valuable time due to their attempts to decipher orders;
- By decreasing or totally negating communication between caregivers due to an inability to decipher the illegible notes;
- By increasing stress and decreasing the comfort level of caregivers caring for a patient when written orders or progress notes are illegible; and
- By increasing the chance for an adverse outcome via misinterpretation of the practitioner’s intentions or orders.

Policy: It is the policy of OU MEDICAL CENTER to have a pro-active component implemented through the credentialing/recredentialing process to ensure that all Medical Staff, Allied Health Professionals and other individuals with clinical privileges or permission to provide patient care services at the Hospital have legible writing and do not use unsafe abbreviations as defined as the “do-not-use abbreviations” in the OU MEDICAL CENTER’s Abbreviation Policy.

Evidence that these individuals cannot meet the expectations of legible writing and the use of safe abbreviations may lead to not meeting recredentialing criteria. This evidence may include the receipt of 6 or more caregiver-submitted chart examples of illegible handwriting and/or use of “do-not-use” abbreviations over a period of 12 months commencing March 1, 2005. After March 1, 2005, the occurrence/reporting of 3 or more violations of this policy in one month, or 6 such violations in 12 months will result in an automatic 1-day suspension. With a repeat of the events leading to a 1-day suspension, the practitioner will submit a plan of correction/change of the infractions will be submitted to the Medical Staff Office. Failure to submit a corrective action plan within 14 days of receipt will result in a 2-day suspension. Anyone receiving 3 suspensions under this policy will be required to appear before the Medical Executive Committee to explain why this policy cannot be done and why the practitioner should not be placed in the disruptive physician program. All such actions shall be placed in the practitioner’s credentialing file.

Other evidence may include review of handwriting/use of “do-not-use” abbreviations in 6 randomly selected charts three months prior to recredentialing with at least 4 of the 6 charts demonstrating legibility and no use of “do-not-use” abbreviations.

All such documentation will be placed in the recredentialing file and will be reviewed at the time of recredentialing with recommendations to not recredential the individual until these issues are resolved (legible handwriting and use of appropriate abbreviations).

Procedure:

Responsible Party:

Action:

Licensed Patient Caregiver/HIM Staff

1. Upon receipt of written orders, if the order is illegible or a "do-not-use" abbreviation is used, contacts the physician and requests them to return to legibly rewrite, print, or type the order prior to carrying out the order. Never guess as to its content. If there is an emergency and the physician cannot return, obtains clarification of the order over the telephone.
2. The same is done for illegible progress notes.
3. Verbally provides him/her with the content of this policy
4. In either case, makes a copy of the order/progress note that is illegible or contains a "do-not-use" abbreviation.
5. Completes a Report of Illegible Handwriting/Use of "Do-Not-Use" Abbreviations form (attached), attaches the copy of the order/progress note and forwards to the manager/director.

Managers/Directors

1. Reviews form and copy of the order/progress note and forwards to the Medical Staff Services/Credentialing Office.

Medical Staff Services/
Credentialing Office Staff

1. Upon receipt of above documentation of illegible handwriting/use of "do-not-use" abbreviations, Medical Staff Office will notify the CEO, Chief Medical Officer or Chief of Staff.
2. All such documentation will be placed in the recredentialing file and will be reviewed by the Credentialing Committee.
3. Three months prior to reappointment, provides Health Information Management (HIM) a list of practitioners that will be undergoing his/her reappointment/reappraisal process so that a sampling of their documentation can be reviewed/audited.
4. Places findings of documentation audits in the recredentialing file and submits to the Credentials Committee

CEO, Chief Medical Officer or
Chief of Staff

1. Upon receipt of illegible chart entry or do not use abbreviations, sends a letter to the practitioner reminding him/her of this policy (for purposes of disciplinary actions/rec credentialing, a chart will constitute an episode, although each illegible entry must be rewritten)
2. Upon receipt of 6 or more charts with illegible handwriting/use of "do-not-use" abbreviations within a period of 12 months sends a letter of summary

Responsible Party:

Action:

- suspension for a 1-day period.
 - 3. Request the practitioner provide a Plan of Correction to the Medical Staff Office within 14 days of receipt.
 - 4. If further issues arise, privileges may be revoked. (The 12-month period will begin with the first episode and end 12 months later.)
- Health Information Management
- 1. Conducts audits of 6 randomly selected charts per practitioner
 - 2. Records illegibility or the use of "do-not-use" abbreviations.
 - 3. Forwards all results to the Medical Staff Services/Credentialing Office for inclusion in the practitioner's recredentialing file.
- Practitioner
- 1. Rewrites orders/progress note as soon as possible when requested. In emergent situations, clarifies the orders with the healthcare provider.
 - 2. Improves legibility and does not use "do-not-use" abbreviations.
 - 3. Upon receipt of letter requiring improvement of handwriting or to not use the "do-not-use" abbreviations, submits a plan of remedial action to the Medical Executive Committee or Section Chair for consideration in the recredentialing process.
- Credential's Committee
- 1. Reviews all documentation records of the use of illegible handwriting or the use of "do-not-use" abbreviations.
 - 2. Does not grant re-appointment unless a remedial plan to improve is satisfactory.

Attachment: Report of Illegible Handwriting/Use of "Do-Not-Use" Abbreviations Form

Supersedes: 17-28, Use of Unapproved Abbreviations & Medical Record Legibility, 10/2004

Approved OUMC Committee, if applicable: N/A
Approved Policy and Procedure Committee: 3/10/2005
Approved Senior Operations Team: 3/16/2005
Approved Patient Care Committee: N/A
Approved Medical Executive Committee: 3/1/2005
Approved Board of Trustees: 3/28/2005

REPORT OF ILLEGIBLE HANDWRITING/USE OF "DO-NOT-USE" ABBREVIATIONS

Patient Label or
Name _____
Medical Record # _____

Date of this report: _____ Date of Order/Progress Note: _____

Name of Patient: _____ Medical Record Number: _____

Name of Practitioner with Illegible Handwriting/Using "Do-Not-Use" Abbreviations:

Is Practitioner a Resident: An Attending: Other: List: _____

If Resident, list Resident's Attending: _____

Service: _____

Check all that apply:

Order not legible Physician notified to rewrite order Order Clarified

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Progress note not legible  Physician notified to rewrite order  Note Clarified

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Used "Do-Not-Use" Abbreviation(s):

- | | |
|--|---|
| <input type="checkbox"/> U | <input type="checkbox"/> Greek letter Mu (μ) |
| <input type="checkbox"/> IU | <input type="checkbox"/> Trailing zero (X.0 mg) |
| <input type="checkbox"/> Nitro | <input type="checkbox"/> Lack of leading zero (.X mg) |
| <input type="checkbox"/> D | <input type="checkbox"/> MS |
| <input type="checkbox"/> Q.D., qd, Q.O.D., qod | <input type="checkbox"/> MSO ₄ |
| <input type="checkbox"/> DPT | <input type="checkbox"/> MgSO ₄ |
| <input type="checkbox"/> TAC | <input type="checkbox"/> T.I.W. |

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Other (please describe): \_\_\_\_\_

Attached copy of order/progress note referred to in this report.

Name of person completing this form: \_\_\_\_\_

Unit/Department: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Send completed form and attached orders/progress notes to:  
Medical Staff/Credentialing Services  
Room 2315 Everett Tower  
Phone: 13741**

| MEDICAL STAFF/CREDENTIALING SERVICES ONLY         |                                              |
|---------------------------------------------------|----------------------------------------------|
| Date Letter Sent to Practitioner: _____           | <input type="checkbox"/> Copy in File        |
| Date Letter Sent to Clinical Service Chief: _____ | <input type="checkbox"/> Info on spreadsheet |
| Completed by: _____                               | Date: _____                                  |