Mille Lacs Band
Health and Human Services

Department: Health Information Management (HIM)

Policy Number: HHS-4114-HIM **Attachments:**

Policy Title: Copying and Pasting of Medical Record Documentation IS NOT ALLOWED

Date: 12/12 **Revised:**

Approved by: [signature] **Date:** 3/13/13

Policy Statement:
Mille Lacs Band Health Services recognize the importance of establishing policy and procedures and responsibilities for providing guidance on the use of copying and pasting in the RPMS Electronic Health Record (EHR).

POLICY:
Providers documenting in the RPMS EHR ARE NOT ALLOWED to copy and paste anything pertaining to the EHR, including copying and pasting another provider's progress note, encrypted Protected Health Information (PHI) electronic mail communication and duplicate/redundant information provided in other parts of the EHR.

RESPONSIBILITIES:

1. Health Information Management (HIM) personal has the responsibility for overall compliance and enforcement with this policy.
2. The Health Director (HD) is responsible for educating providers on the content of this policy and taking corrective action when providers us the copying and pasting function.
3. HIM and Quality Improvement are responsible for referring repeated cases of copying and pasting to the HD for corrective action and to the Compliance Officer for review and facility-wide trending.
4. HIM, through the medical record review function, monitors providers and the quality of their documentation. This review function will include watching for the use of copying and pasting. Findings will be reported to the Health Director.
5. Disciplinary action may be taken if violations of this policy are validated for:
    1) Failure to safeguard confidential information
    2) Deliberate failure or unreasonable delay in carrying out instructions
    3) Falsifying official agency records

PROCEDURE:

1. Information should never be copied and pasted
2. The purpose of a progress note is to provide an accurate depiction of treatment on a specific date of service
3. Occasionally a lab result may be helpful in clarifying treatment and it is appropriate, on a selective basis, to include those results in the note by referring/repeating them without copying and pasting verbatim into the note. It is inappropriate to fill the progress note with redundant information (information already available in a section of RPMS), such as lab results, radiology reports, or other ancillary information that is

pulled in by a template or copied and pasted. Such redundant information makes it difficult to read the progress note and quickly elicit pertinent facts about a specific date of service. A liability issue may occur when abnormal lab results, x-rays, etc., are contained within the body of a note but not addressed in that note.

4. Templates with standard wording can save time however each progress note should be a succinct recapitulation of a unique episode of care. If templates are used, the wording is changed from visit to visit to reflect the care given for that episode of care, not a mirror image of the care given in all previous encounters. Validity of an exam may be questioned if each exam contains exactly the same wording in exactly the same sequence.

ATTACHMENTS:

REFERENCES:

RECISSION:

DISTRIBUTION: All Staff