Department: __Health Information Management (HIM)__

Policy Number: HHS-4117-HIM_____ **Attachments:**_____

Policy Title: Locking Visits in the RPMS Electronic Health Record_____

Date: __12/12_____ **Revised:** _____

Approved by: _____ **Date:** __3/13/13__

Policy Statement:

Mille Lacs Band Health Services recognize the importance of establishing policy and procedures concerning when visits are locked in the RPMS Electronic Health Record (EHR).

POLICY:

Mille Lacs Band Health Services shall address with their medical staff when visits are locked in the RPMS EHR. When a visit is considered complete and signed, "locking the visit" from any further entries is and can be a legal issue for the facility. If the facility chooses to use the three day default then it should be understood by the medical staff that information cannot be entered that was outside of the said visit date and time. Once the three days has been reached the visit will be locked to the provider. It is highly recommended that if EHR users cannot finish their visit documentation for whatever reasons, that the EHR user go ahead and document "why he/she can't finish the note", sign the EHR visit (note), and at a later time complete the note using an addendum.

An RPMS EHR parameter will lock a visit within a specified time (time based lock) after the visit is created and can no longer be modified. The default parameter for locking a visit, in the EHR, is set at three days. The recommendation for the visit lock should be set to no greater than 7 days. Once the time exceeds the visit data parameter, for instance, 7 days, the visit becomes locked and no data can be added to the visit. This excludes the notes, which can be created and addended beyond the visit lock date.

RESPONSIBILITIES:

Health Information Management (HIM) is responsible for monitoring the following:

1. HIM personnel should implement a quality and quantity check to verify how long providers are taking to complete their outpatient and inpatient visit notes.
2. HIM personnel should review if providers are completing their notification requests by running the report of "notifications" not completed by provider.
3. HIM personnel should review the "Unsigned Orders", "Unsigned Consults" and "Unsigned Notes" report to determine which providers are deficient in signing these documents in EHR.
4. HIM personnel should review, along with the Clinical Applications Coordinator (CAC) which providers have "turned off" their notification functionality in EHR.

PROCEDURE:

1. The appropriate committee (Medical Records Committee or Medical Staff) should adopt a policy that addresses when visits are locked in the EHR.
2. The Clinical Application Coordinator (CAC) should set the visit lock date in the EHR. This should be reviewed periodically.

Unlocking a Locked Visit

The HIM department can unlock visits when data needs to be added or changed.

In RPMS at the "Select IHS Kernel Option" prompt, select EHR → ENC → OVR (Temporarily Override Visit Lock for User).

```
Cache TRM:2612                                                        _ 回 ×
File  Edit  Help
DEMO HOSPITAL              RPMS-EHR Management              Version 1.1
                  Temporarily Override Visit Lock for User
Select NEW PERSON NAME: user
    1    USER,CLERK      CU         CLERK-TYPIST
    2    USER,DEMO       DU
CHOOSE 1-2: 2   USER,DEMO    DU

---- Setting Use to override visit lock for a user.  for User: USER,DEMO ----
Select Visit to unlock: May 10, 2006@10:23   MAY 10, 2006@10:23      TEST,PATIE
NT F    DEMO HOSPITAL    AMBULATORY    ALCOHOL AND SUBSTANCE
Are you adding 3060510.1023 as a new Visit to unlock? Yes// y  YES

Visit to unlock: 3060510.1023//   5-10-2006@10:23:00    TEST,PATIENT F    DEMO
 HOSPITAL    AMBULATORY    ALCOHOL AND SUBSTANCE       3060510.1023
Override visit lock: YES
Select Visit to unlock:
```

Sample Temporarily Override Visit Lock for User

Once the visit lock has been overridden, the visit remains in the unlock state allowing the user to add/edit PCC data, etc.

Relock the visit when finished.

ATTACHMENTS:

REFERENCES:

RECISSION:

DISTRIBUTION: All Staff