SUBJECT: Green Dots on Uncoded Records

SEE ALSO:

INFORMATION

The purpose is to utilize a system whereby all medical Records staff can readily see charts that have NOT been coded and can route these to coding as soon as possible.

PROCEDURE:

1) Charts are pulled in files area for patient discharges for RAA to process.
2) "DOTS" will be applied by files staff to the upper portion of the color bar on each chart pulled. If the chart is a volume, a “dot” will need to be applied to each volume, as these are to travel together when moved from one location to another.
3) “DOTS” remain on charts until every visit in chart is coded. The coders will be responsible for removing the dots.
4) Any chart that has an admission not coded that is deemed to be a 23-hour will also have the “dot” removed. Coding section (if they are advised of the change in patient status) will do this. Otherwise, any staff member who is notified or finds a 23-hour visit not previously identified should forward it to the coding section for evaluation and removal of the “dot”.
5) "DOT" charts are to be processed as a priority in all sections. Ex: these should be pulled from the re-route bins in the workroom, first. Any charts with dots that appear at the front desk can automatically be put in the coding bins. Correspondence should pull these and copy them prior to their routine requests; however, the dots do not take priority over those that need to be done STAT.
6) Process as it applies to each area:
   a) Files:
      i) Put dots on charts pulled for discharge processing
      ii) Don't put a "sheet" on incomplete charts going to floors
   b) Coding
      i) Remove dots after all visits in chart are coded that need to be coded (this means to also remove when the only visit id determined to be a 23 hour)
   c) RAA
      i) When discharge charts are being pulled on the patient care units, any “old” charts with dots should be taken back to the department and forwarded to the coding section.
      ii) New parts must have a “green dot” placed on the front sheet, regardless of what that document is.
   d) All Areas
      i) When a "new part only" is being handled by any staff member and the old chart is found, the new part is placed in the chart and the “green dot” must be transferred from the front of the loose chart to the appropriate area on the patient chart.

PRIORITIZE THESE CHARTS IN DAILY WORK; FORWARD ALL DOTS TO CODING!