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Sent: Friday, April 13, 2012 12:44PM

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Subject: RE: Documentation question

I've worked with a number of different systems both here in Canada and in the UK... The best approach I've seen that handled this situation was as follows...

The resident made their notes and then signed them off and over to the supervising physician – they are not locked at this stage

The notes are then reviewed by both the resident & the supervising physician

Any changes are made by either one of them

Then the notes are signed off by the supervising physician – this is when they are locked and can only be annotated, rather than edited later

The flaw in locking the records at all – as required by medico-legal – is that some systems can't tell the difference between an annotated note and an un-annotated one – so for audit purposes you may pull a higher count of diagnoses than is necessarily appropriate.... Even if the record has later been annotated to account for this.. So this needs checking for too with your vendor... To date I haven't come across a vendor that handles this well and would be interested to hear if anybody knows of one...

Nikki

From: Alex Singer[mailto:alexandersinger@gmail.com]

Sent: April-04-12 7:19 PM

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Subject: Documentation question

Hello again Canadian FM EMR brain trust (we're not quite an official working group yet pending the blessing of the college, but John is working on that, so more to follow). I had a practical question for you all about how your EMR's handle the locking of notes.

It is come to my attention that the College of Physicians and Surgeons in Manitoba actually mandates that notes are not amenable and if they are altered or changed at a later date that this is clearly noted in the document. The EMR that I use (Accuro) keeps an easily retrievable audit log in the background, but essentially allows providers to edit theirs or others clinical documentation at any time (like one would a Word doc).

In the teaching environment this is often useful as I can ask a resident to make changes based on what has been discussed, etc. But clearly presents potential pitfalls in terms of medical legal implications and College investigations.

I'd really appreciate if you could share with me how your EMR handles the "locking" of notes and if you work in a teaching clinic how you manage this function?

Thanks,

Alex