

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER SCHOOL OF MEDICINE PSYCHIATRY DEPARTMENT POLICY AND PROCEDURE		REVIEW NO. 3	NUMBER: PI 2
PREPARED BY: LINDSEY YOUNG CLINICAL DEPT ADMINISTRATOR	APPROVED BY: SARAH WAKEFIELD, MD CHAIRMAN	ORIGINAL APPROVAL DATE: OCTOBER 2002	MOST RECENT REVIEW APPROVAL DATE: DECEMBER 4, 2023
TITLE: <p style="text-align: center;">Chart Auditing</p>			PAGE: 1 of 1

A. GENERAL STATEMENT OF POLICY:

Statement of Purpose: To standardize and improve documentation of patient care and monitor progress through regular chart audits.

B. SCOPE:

This policy covers TTUHSC SOM Department of Psychiatry Lubbock.

C. ADMINISTRATION & PROCEDURE:

- 1) A trained reviewer with TTUHSC Compliance office will randomly audit charts. Each quarter, compliance will randomly pick providers to review charts. If a provider is selected, 10 charts for that provider will be pulled, at random, to be audited. A goal of 95% compliance overall across the 10 charts reviewed has been set by the Administrative Team to be met by each provider.
- 2) The treatment plan, psychiatric evaluation form, and progress notes are each audited according to set criteria (See attached Chart Audit Form. Also, TTUHSC Billing Compliance Policy 5.2 can be referenced for further details on billing compliance monitoring.)
- 3) All incoming clinicians are trained by designated coding personnel within the department in the proper documentation of care, including clear description of problem, treatment planning, and response to interventions.
- 4) All Chart Audit Forms will be distributed to the Administrative Team, the Department Chair, and to all clinicians who were audited. Any clinician who does not consistently reach the goal of 95% compliance on the chart audits will be notified of deficiencies and reeducated on documentation guidelines.

- A. DISTRIBUTION:** This policy shall be distributed to TTUHSC SOM Department of Psychiatry Lubbock and made electronically accessible to all relevant personnel.