

Amendments

An amendment is documentation meant to *clarify* health information within a health record. An amendment is made after the original documentation has been completed by the provider. All amendments should be timely and bear the current date of documentation.

Case Scenario 1: A patient presents to a private care physician for a regular physical exam. The patient has been seen in the past for high blood pressure and is returning for an exam prior to a medication refill prescription. The physician documents in the note that the patient is a 64-year-old female and signs the note. The nurse reads the note and realizes that the patient is only 42 years old. An amendment is added to the record correcting the patient's age.

Case Scenario 2: A patient is admitted to the hospital. As a part of the admissions process the physician completes a history and physical. The physician receives the document via the transcription system, voice recognition, or direct entry into the EHR and electronically signs the document. After signing, the physician realizes that he incorrectly indicated the patient was a 72-year-old white female. The patient is in fact a 72-year-old white *male*." The physician now presents to the HIM department asking for a correction to be made to the history and physical.

Concerns: The physician is making amendments to a signed document, and several risky practices may occur. Because of system limitations the physician may be making the amendment by altering the original document rather than by completing an amendment per appropriate procedures. The system may not have safeguards in place to ensure that once a document is signed it cannot be altered. This would create version control issues, and HIM professionals, at face value, would not know what the original document is. Sometimes the risk is incurred because "it has always been done this way" and the organization has not taken into account fundamental HIM principles.

Practice Guidelines: The organization should have a procedure that specifies how this process will be completed so that the integrity of the record remains intact and in compliance with documentation standards. The organization should also complete due diligence when selecting a system to understand the system capabilities and functions.

The system should have the functional capabilities to lock a record from any further editing once the final signature has been applied. Each organization should develop guidelines regarding dual signatures, such as residents and attending physicians. In these cases, organizational policy will dictate when the report and visit note is locked. If the system has already been implemented, HIM professionals should be proactive in addressing a system issue that does not lock the record after final signature and request modifications from the vendor.

The organization may choose to lock the record from provider editing but, in the case of an amendment, allow this documentation privilege to specific staff. In the case scenarios above, the amendment is limited to a change in the patient's age or sex. Asking the provider to complete an addendum may seem inappropriate. The organization instead, may allow for the HIM professional to unlock the report, add the correct age into the document, and then lock the report. In the case of amendments, the provider should re-sign the new report.

Another key practice would be ensuring that the correct age does not erase the incorrect information. The new information should stand out from the original. The system may show the new information in bold, underlined, italics, or in a different color so that it is easily identified. The system should also provide tracking functionality to indicate when the change was made and by whom.

Organizational policies and procedures should ensure that documents created in the source system, such as the transcription system, are not utilized for release of information. Amendments can be made by direct entry or through dictation.

Note: Some organization may choose to implement policies and procedures that do not allow amendments. In that case, any clarification would require an addendum.

See appendix B for a sample amendment policy (page 15).

