Making Changes to a Medical Record: Corrections vs. Alterations

Appropriate, consistent, and accurate medical record documentation promotes quality patient care by providing a comprehensive patient history and facilitating continuity of care among different members of the health care team. The medical record is also the best evidence of care provided, should that care ever be questioned in medical liability litigation. Physicians can preserve the medical record's effectiveness as a patient care tool and as a defense tool by resisting the temptation to inappropriately change the record. Whereas appropriately executed corrections are a relatively benign aspect of documentation, medical record alterations can cast doubt on the physician's credibility and make an otherwise defensible case one that has to be settled. Defining Alterations: When a physician receives notice of a lawsuit and goes back to the medical record to "clarify" certain points for the purpose of aiding the defense of the claim, it is an alteration. Medical record alterations are considered a deliberate misrepresentation of facts. When an alteration is discovered during medical liability litigation, it seriously impacts the ability to defend the claim. Additionally, many medical liability policies exclude coverage for claims in which the medical record was altered, which means the physician may end up paying for a judgment and defense costs out of pocket.
Defining Corrections: When a physician changes a patient's medical record during the normal course of treatment, before the issue of a claim or lawsuit arises, it is a correction. Corrections are acceptable, provided the changes are made appropriately.

TIPS FOR APPROPRIATE MEDICAL RECORD CORRECTION

1. Develop a medical records correction policy that incorporates the following recommendations:

    - Mark the original (erroneous) entry through with a single line. Do not obscure the entry with correction fluid or ink. Do not attempt to write the intended number or word on top of the erroneous one(s) (i.e., "write over").

    - Sign, date, and time the new (correct) entry. Never "back date" an entry to the medical record.

    - If appropriate, direct the reader's attention from the original, erroneous entry to the corrected entry, especially if it is not readily apparent that the subsequent entry is a correction.

    - After a corrected entry has been added, never physically remove or erase an erroneous entry from the patient's chart. The earlier (erroneous) entry may have been relied upon by other members of the health care team. To physically remove it would, therefore, falsely represent the integrity of the record.

2. Develop policies and procedures that address making an addendum (or late entry). Write a note as an addendum if there is a need to write an entry in the record that is not contemporaneous with the finding or treatment being described. Place this addendum entry chronologically in the record, based on when it is being entered in the record. At the beginning of the addendum, explain to what the addendum refers. Sign, date, and time the addendum entry.

ELECTRONIC HEALTH RECORDS

Users of electronic health record (EHR) systems should not be able to make changes to a computerized record indiscriminately or anonymously. When medical practices select an EHR system, they should ensure that once information is entered, it cannot be removed. Although many software vendors claim that information cannot be removed or altered, practices should perform due diligence to confirm vendors' security claims. In a properly functioning EHR system, any changes to the medical record must be made as addendums and dated appropriately, so that later they cannot be construed as alterations.

CONCLUSION

Physicians should never place themselves in the position of having to defend a medical record alteration. There is almost always a price to pay, and the price can be high.

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