

Follow-up of the audit in the implementation of the checklist at the medical records conference in a philanthropic institution*Seguimiento de la auditoría en la implementación de la lista de verificación en la conferencia de registros médicos en una institución filantrópica**Acompanhamento da auditoria na implantação do checklist na conferência dos prontuários em uma instituição filantrópica***Ana Paula Ferreira Marcolongo¹**

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Submission: 01-03-2020**Approval:** 06-20-2020**Abstract**

The patient's record must be unique for everyone in each hospital, gathering records of outpatient, emergency, and hospitalization. The purpose of this article was to verify the importance of correct and complete filling of the patient's medical record during the assistance provided to the client and to identify the effectiveness in the implementation of the checklist for checking medical records in relation to the improvement of processes and the financial impact of the Institution. The field research was carried out through the sampling of 100 random medical records, 50 of which were medical records without the use of the checklist in the medical records conference and 50 medical records with the use of the checklist in the medical records conference. Data were collected through the audit performed by the Nurse Auditor in the medical records, after being analyzed to achieve the objectives. It is concluded that the change provided a continuous improvement of processes and the financial impact related to the agility in billing hospital bills.

Descriptors: Health Audit; Audit; Medical Records; Financial Impact.**Resumen**

El registro del paciente debe ser único para cada individuo en cada hospital, recopilando registros de pacientes ambulatorios, emergencias y hospitalizaciones. El propósito de este artículo fue verificar la importancia del llenado correcto y completo de la historia clínica del paciente durante la asistencia brindada al cliente e identificar la efectividad en la implementación de la lista de verificación para la verificación de historias clínicas en relación con la mejora de los procesos y el impacto financiero de la Institución. La investigación de campo se realizó mediante el muestreo de 100 registros médicos aleatorios, 50 de los cuales fueron registros médicos sin el uso de la lista de verificación en la conferencia de registros médicos y 50 registros médicos con el uso de la lista de verificación en la conferencia de registros médicos. Los datos fueron recolectados a través de la auditoría realizada por la Enfermera Auditora en los registros médicos, luego de ser analizados para lograr los objetivos. Se concluye que el cambio supuso una mejora continua de los procesos y el impacto financiero relacionado con la agilidad en la facturación de las facturas hospitalarias.

Descriptores: Auditoría de Salud; Auditoría; Registros Médicos; Impacto Financiero.**Resumo**

O prontuário do paciente deve ser único para cada indivíduo em cada hospital, reunindo registros de atendimentos ambulatoriais, de emergência e de internação. O presente artigo teve como objetivos verificar a importância do preenchimento correto e completo do prontuário do paciente durante a assistência prestada ao cliente e identificar a eficácia na implantação do *checklist* para conferência de prontuários em relação à melhoria de processos e ao impacto financeiro da Instituição. A pesquisa de campo foi realizada através da amostragem de 100 prontuários aleatórios, sendo 50 prontuários sem a utilização do *checklist* na conferência de prontuários e, 50 prontuários com a utilização do *checklist* na conferência de prontuários. Os dados foram coletados através da auditoria realizada pela Enfermeira Auditora nos prontuários, após analisados para o alcance dos objetivos. Conclui-se que a mudança proporcionou uma melhoria contínua de processos e o impacto financeiro referente à agilidade do faturamento das contas hospitalares.

Descriptores: Auditoria em Saúde; Auditoria; Prontuários; Impacto Financeiro.

Introduction

The patient's medical record is a written means of communication developed by a multidisciplinary team facilitating the coordination and continuity of health planning¹.

The Federal Council of Medicine² defines, through Resolution No. 1,638 / 2002, the patient's medical record as "the single document consisting of a set of information, signs and recorded images, generated from facts, events and situations about the patient's health and the assistance provided to him, of a legal, confidential and scientific character, which enables communication between members of the multiprofessional team and the continuity of assistance provided to the individual".

The audit sector within the hospital institution develops a work with a critical sense, exploring what is most worthy in auditing, which is the educational and orientation aspect, identifying possible irregularities, preventing and correcting problems, resulting in savings and quality in the care provided and guaranteeing fair payment to operators through the complete and accurate filling of medical records.

In this perspective, the following objectives are presented in this article: to verify the importance of the correct and complete filling of the patient's medical record during the assistance provided to the client and to identify the effectiveness in the implementation of the checklist for checking medical records in relation to process improvement and impact financial institution.

Methodology

This is a field research, using the medical records of patients who were admitted to this institution, which led to a descriptive study, in which it is intended to present aspects experienced after the implementation of a checklist instrument for checking medical records in an institution. Philanthropic Hospital.

The Hospital Institution where the article was carried out is located in the Southeast Region, in the State of Minas Gerais, being a general, large, philanthropic non-profit hospital (serving at least 60% SUS, the hospital serves an average of 75% SUS) recognized as being of Federal, State and Municipal public utility, founded in 1927, accredited in medium and high complexity, serves an average of 1,000,000 inhabitants; has 211 active beds and a 24-hour Emergency Room inserted in the RUE (Urgency and Emergency Network) as a Type II Hospital.

The checklist was prepared by the Medical Records Review Committee of this Hospital Institution, being implemented after the approval of the Ombudsman, the Administrative Director, the Legal Department and the Technical and Medical Directorates.

With the approval and signature of the Letter by the Boards on February 18, 2019, the use of the checklist began on March 11 of this year. The checklist instrument was designed for the daily use that the Nursing team from the sector of origin of the patient would apply before referring the patient to the inpatient sectors in order to verify the complete and correct filling of the medical record and immediately remedy the conformities in this sector; due to the particularities of each sector, three types of checklist were elaborated, one for use in the entrance "Doors" (Emergency Room, Health Insurance / Private, Orthopedics, Cardiology, Hemodynamics, Hemodialysis, etc.), one of the sector of admission to the other sector of interaction (when the patient is transferred to another sector) and one from the Surgical Center to the sectors.

For the research, a sampling of 100 random medical records was used, 50 medical files without the use of the checklist in the medical records conference and 50 medical records with the use of the checklist in the medical records conference. Medical records from two sectors were chosen, with 80 medical records from the Female and Male Infirmary (SUS care) and 20 medical records from the Apartments sector (Health insurance and Private care).

The research was conducted with data collected from March 25 to April 12, 2019 and, to preserve the total anonymity and confidentiality of patients and the Hospital Institution, the ethical aspects of Resolution No. 466 of the National Health Council (CNS)) were attended to after the signature of the Letter of Consent by the Hospital Management on March 4, 2019; the medical records were identified only by the registration number available through the institution's system.

Results and Discussion

The data were collected through the audit carried out by the Nurse Auditor in the medical records, with the intention of verifying the lack and / or filling out the essential forms for the release of the medical record. The analysis of the collected data was based on the presence or absence of filling out the following forms: AIH Emission Report, Anamnesis, Physical and Objective Examination, Provisional Diagnosis and Discharge Summary (Definitive Diagnosis), which are presented by two tables for better organization and visualization of data. The graph shows the results obtained according to the comparison of the medical records without the checklist (totaling 50) and the medical records with the checklist (totaling 50).

It is worth mentioning that medical records from two sectors were chosen, with 40 medical records from the Female and Male Infirmary (SUS care) and 10 medical records from the Apartments sector (Health Insurance and Private Care) in each corresponding table.



Table 1. List of medical records checked without using the medical checklist checklist. MG, Brazil, 2019

QUANTITY	CONFERENCE SECTOR	RECORD NUMBER	IDENTIFIED PENDENCIES (LACK OF FILLING)			ACCOUNT AMOUNT
			AIH EMISSION REPORT	ANAMNESIS, PHYSICAL EXAMINATION, OBJECTIVE AND PROVISIONAL DIAGNOSIS	HIGH SUMMARY (DEFINITIVE DIAGNOSIS)	
1.	Female and Male Infirmary	892313/12	X	X	X	R\$ 1340,31
2.	Female and Male Infirmary	850712/11	X	X	X	R\$ 2218,81
3.	Female and Male Infirmary	557807/22	X	X		R\$ 8247,43
4.	Female and Male Infirmary	4003607/19	X		X	R\$ 944,94
5.	Female and Male Infirmary	731014/3		X	X	R\$ 355,28
6.	Female and Male Infirmary	231619/3	X		X	R\$ 1206,72
7.	Female and Male Infirmary	240719/5	X	X		R\$ 331,30
8.	Female and Male Infirmary	2339108/64		X	X	R\$ 822,60
9.	Female and Male Infirmary	1027106/18	X	X		R\$ 147,87
10.	Female and Male Infirmary	4558807/33	X	X	X	R\$ 955,84
11.	Female and Male Infirmary	3092507/21	X		X	R\$ 1842,35
12.	Female and Male Infirmary	602307/28	X	X	X	R\$ 2693,13
13.	Female and Male Infirmary	1488109/95	X	X	X	R\$ 1411,26
14.	Female and Male Infirmary	4699207/9	X	X		R\$ 398,54
15.	Female and Male Infirmary	3558307/41	X		X	R\$ 4396,97
16.	Female and Male Infirmary	3183908/6	X	X	X	R\$ 1201,89
17.	Female and Male Infirmary	539012/5	X		X	R\$ 276,36
18.	Female and Male Infirmary	181913/6	X	X		R\$ 752,77
19.	Female and Male Infirmary	917910/24		X	X	R\$ 140,87
20.	Female and Male Infirmary	351818/6	X		X	R\$ 3579,24

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21.	Female and Male Infirmary	867408/40		X	X	R\$ 412,16
22.	Female and Male Infirmary	923307/16	X		X	R\$ 1102,69
23.	Female and Male Infirmary	3877207/14	X	X	X	R\$ 366,23
24.	Female and Male Infirmary	160509/35		X	X	R\$ 8522,34
25.	Female and Male Infirmary	123119/1	X	X		R\$ 2024,02
26.	Female and Male Infirmary	581511/13		X	X	R\$ 841,03
27.	Female and Male Infirmary	195813/5	X	X	X	R\$ 2645,68
28.	Female and Male Infirmary	252007/91		X	X	R\$ 662,25
29.	Female and Male Infirmary	2573809/66	X	X	X	R\$ 1076,36
30.	Female and Male Infirmary	2468507/9		X	X	R\$ 510,58
31.	Female and Male Infirmary	1960110/7	X	X		R\$ 6375,15
32.	Female and Male Infirmary	4889407/46	X		X	R\$ 1496,72
33.	Female and Male Infirmary	218212/5		X	X	R\$ 656,44
34.	Female and Male Infirmary	122419/5	X	X	X	R\$ 5223,87
35.	Female and Male Infirmary	612210/13	X	X		R\$ 1105,35
36.	Female and Male Infirmary	291406/31		X	X	R\$ 818,55
37.	Female and Male Infirmary	209212/72		X	X	R\$ 625,95
38.	Female and Male Infirmary	239719/3	X		X	R\$ 636,22
39.	Female and Male Infirmary	251719/6		X	X	R\$ 497,71
40.	Female and Male Infirmary	997314/6	X		X	R\$ 375,43
41.	Apartments	774210/6		X	X	R\$ 1130,21
42.	Apartments	268419/1			X	R\$ 1650,00
43.	Apartments	1431608/16		X	X	R\$ 500,00
44.	Apartments	299509/3		X	X	R\$ 7551,97
45.	Apartments	1201107/11		X	X	R\$ 2270,69
46.	Apartments	2903108/22		X		R\$ 1000,00
47.	Apartments	142216/6		X	X	R\$ 1100,00
48.	Apartments	18213/24		X		R\$ 705,90



49.	Apartments	559018/7		X	X	R\$ 1059,64
50.	Apartments	1303006/49			X	R\$ 4978,55
TOTAL (in value) = R\$ 91.186,17 (referring to the records without the use of records of conference checklist).						

Table 1 shows that of the 40 medical records audited in the Female and Male Infirmary, all were pending completion, with 13 (30%) presenting the forms Anamnesis, Physical Examination, Objective, Provisional Diagnosis and the Summary of Discharge without filling in, 10 (25 %) medical records had the AIH Emission Report forms, Anamnesis, Physical Examination, Objective, Provisional Diagnosis and the Discharge Summary without filling, there are also 10 (25%) medical records with lack of filling in the Emission Report forms. AIH and the Summary of Discharge, and 7 (20%) medical records missing the completion of the AIH Emission Report forms, Anamnesis, Physical Examination, Objective and Provisional Diagnosis.

It is also noticed that out of the 10 medical records audited in the Apartments, all had pending completion (except for the AIH Issuance Report, as it was not used in health insurance plans and private), with 6 (60%) being the lack of filling out Anamnesis, Physical Examination, Objective, Provisional Diagnosis and Discharge Summary forms; 2 (20%) medical records with the forms of Anamnesis, Physical Examination, Objective and Provisional Diagnosis without completing and 2 (20%) medical records missing the discharge summary.

It is important for the doctor to write down in detail and extensively, in the chart, all the procedures performed, to justify the procedures adopted, to describe

the patient's condition during the service, to report diagnoses, opinions, assistance difficulties. According to Art. 87 of the Medical Ethics Code, "it is forbidden for the physician to stop creating a legible medical record for each patient. § 1 The medical record must contain the necessary clinical data for the good conduct of the case, being filled, in each evaluation, in chronological order with date, time, signature and number of the physician's record in the Regional Council of Medicine"³.

Table 2 shows the audited records in which the checklist was used at the conference, with a difference from the previous table; starting with the Female and Male Infirmary sector, in which 26 (65%) of the medical records were all filled out (a fact not previously observed) and only 4 (10%) of the medical records contained AIH Emission Report, Anamnesis, Physical Examination, Objective and Diagnosis Provisional without filling out, 4 (10%) medical records with lack of filling in the forms Anamnesis, Physical Examination, Objective, Provisional Diagnosis and Discharge Summary, 4 (10%) only without filling out the Discharge Summary and, 2 (5%) missing the AIH Emission Report and the discharge summary. In the Apartments sector, 7 (70%) medical records were filled out, with 2 (20%) medical records missing from the discharge summary and 1 (10%) medical records with the Anamnesis, Physical Examination, Objective and Provisional Diagnosis forms without Fill.

Table 2. List of medical records checked using the medical checklist checklist. MG, Brazil, 2019

QUANTITY	CONFERENCE SECTOR	RECORD NUMBER	IDENTIFIED PENDENCIES (LACK OF FILLING)			ACCOUNT AMOUNT
			INTERNAL REPORT	ANAMNESIS, PHYSICAL EXAMINATION, OBJECTIVE AND PROVISIONAL DIAGNOSIS	HOSPITAL DISCHARGE SUMMARY	
1.	Female and Male Infirmary	923107/18	X		X	R\$ 323,92
2.	Female and Male Infirmary	3280607/27		X	X	R\$ 2023,14
3.	Female and Male Infirmary	160919/2				R\$ 1034,40
4.	Female and Male Infirmary	207319/5				R\$ 1058,75
5.	Female and Male Infirmary	975207/37	X	X		R\$ 1080,22
6.	Female and Male Infirmary	588117/23				R\$ 969,74



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7.	Female and Male Infirmary	227619/2				R\$ 411,30
8.	Female and Male Infirmary	3786707/49				R\$ 1572,64
9.	Female and Male Infirmary	1663910/14	X	X		R\$ 2189,28
10.	Female and Male Infirmary	2508607/29	X		X	R\$ 3819,67
11.	Female and Male Infirmary	477512/11				R\$ 920,03
12.	Female and Male Infirmary	3424207/18				R\$ 1866,13
13.	Female and Male Infirmary	975618/9				R\$ 4695,33
14.	Female and Male Infirmary	4578207/11				R\$ 1745,81
15.	Female and Male Infirmary	4399407/21	X	X		R\$ 1565,41
16.	Female and Male Infirmary	283216/8		X	X	R\$ 2725,32
17.	Female and Male Infirmary	1167212/20				R\$ 1038,62
18.	Female and Male Infirmary	784318/7				R\$ 1043,31
19.	Female and Male Infirmary	775614/8				R\$ 938,59
20.	Female and Male Infirmary	498406/41				R\$ 908,02
21.	Female and Male Infirmary	158419/10		X	X	R\$ 613,79
22.	Female and Male Infirmary	1242608/78				R\$ 895,82
23.	Female and Male Infirmary	342715/15				R\$ 5647,77
24.	Female and Male Infirmary	1000511/25				R\$ 3754,87
25.	Female and Male Infirmary	3149308/20				R\$ 923,33
26.	Female and Male Infirmary	224119/2	X	X		R\$ 1902,97
27.	Female and Male Infirmary	18219/3			X	R\$ 975,78
28.	Female and Male Infirmary	776218/9				R\$ 2731,30
29.	Female and Male Infirmary	120709/19				R\$ 2171,62
30.	Female and Male Infirmary	132/3				R\$ 1463,59
31.	Female and Male Infirmary	2331707/36				R\$ 1756,30



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32.	Female and Male Infirmary	1573009/28			X	R\$ 208,37
33.	Female and Male Infirmary	1041407/22			X	R\$ 702,29
34.	Female and Male Infirmary	1297613/13		X	X	R\$ 2203,65
35.	Female and Male Infirmary	1965809/14				R\$ 316,21
36.	Female and Male Infirmary	1919808/55				R\$ 3230,24
37.	Female and Male Infirmary	3790007/46				R\$ 5080,54
38.	Female and Male Infirmary	2438708/66				R\$ 638,09
39.	Female and Male Infirmary	21507/16			X	R\$ 291,56
40.	Female and Male Infirmary	1000313/17				R\$ 561,59
41.	Apartments	1770008/12				R\$ 483,30
42.	Apartments	639107/16		X		R\$ 1529,68
43.	Apartments	3963908/24				R\$ 1050,54
44.	Apartments	276714/10			X	R\$ 809,61
45.	Apartments	389218/15				R\$ 2038,20
46.	Apartments	691608/41				R\$ 3655,31
47.	Apartments	116519/3				R\$ 4561,58
48.	Apartments	382216/5			X	R\$ 241,69
49.	Apartments	315141/41				R\$ 1634,52
50.	Apartments	1031007/94				R\$ 1367,18
TOTAL (in value) = R\$ 84.797,92 (referring to the records with the use of records of conference checklist).						

It is observed that after the implementation of this checklist instrument at the medical records conference, the scenario of filling out medical records at this Hospital Institution has changed considerably, with a “break of paradigms” in relation to the view of health professionals on the importance of correct filling and timely medical record.

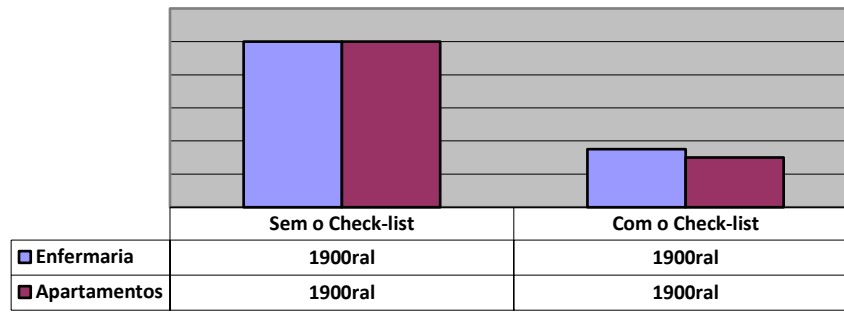
Regarding the financial impact, it was verified in table 1 (List of medical records checked without the use of the medical checklist checklist) that R \$ 91,186.17 refers to medical records with pending issues and without the use of the checklist, which value is equivalent to a number of medical records “stopped” in the sector waiting for the resolution of non-conformities, which, on average, lasts 10 to 30 days due to the professionals' service schedules and / or the availability of their presence at the Hospital (it being

verified that the scale of some professionals are not weekly, but biweekly or monthly). It is noticed that despite the value of medical records checked that used the checklist, according to table 2 (List of medical records checked with the use of the medical checklist checklist), it is lower (R \$ 84,797.92), it is important to inform that in this The study did not take into account the length of stay of each patient, which alters the value of each medical record, however, the financial impact of the records that were released faster to the Billing sector is clear due to the use of the checklist.

Graph 1 presents the data (in percentage) considering the proportion of medical records (without the use of the checklist and with the use of the checklist) with pending completion by sector.



Graph 1. Records with pending matters by sector without using and using the checklist. MG, Brazil, 2019



It is a fact that, when the manager adheres to the idea and actively acts for the development of the suggested proposals and actions practiced by the multiprofessional team, the adhesion and commitment of the employees involved in this process are much faster, efficient and satisfactory.

Conclusion

It is concluded that there was a significant change in the complete and correct filling of medical records because of the implementation of the medical checklist and

awareness by the professionals involved in the process.

It is worth mentioning that there was a considerable decrease in the incidence of non-conformities in the medical records. This change provided a continuous improvement of processes and the financial impact related to the agility in billing hospital bills. In view of this scenario, it was possible to see favorable results obtained and a paradigm break among professionals who fill out the medical records, that is, the disconnection of a pattern that was previously followed for a new model adopted, facilitating the growth and survival of business organization.

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