



nobody@a1289.9.akarnai.net
05/23/2002 11:24:51 AM

Please respond to nobody@a1289.g.akarnai.net

Record Type: Record

To: John Morrall@EOP

cc:

Subject: Suggestion for Regulatory Reform

Name:

Everall A. Peele, MPH, RHIA

Address:

2138 NW 28th Ave, Gainesville, FL

Telephone No.:

352-317-7574

E-mail address:

evstu@juno.com

Name of Guidance:

OBRA Guidance to Surveyors - LTC

Regulating Agency:

CMS

Subagency (if any):

Citation (Code of Federal Regulation):

CFR 483.20d

Authority (Statute/Regulation):

F286

Description of Problem (Nature of Impact and on Whom):

The regulation requires that 15 months of MDSs be retained in patients active medical records or in a central location, and after 15 mos, may be thinned and filed in the medical records dept. The regulation causes patient records to become overfull and therefore not user-friendly for current, timely documentation, especially if the patient experiences several changes in status. In response to this excess of paper, MDSs are sometimes removed from the records to a second volume or a filing cabinet, making them more vulnerable to loss and damage.

Proposed Solution:

The regulation requires that 15 months of MDSs be retained in patients active medical records or in a central location, and after 15 mos, may be thinned and filed in the medical records dept. The regulation causes patient records to become overfull and therefore not user-friendly for current, timely documentation, especially if the patient experiences several changes in status. In response to this excess of paper, MDSs are sometimes removed from the records to a second volume or a filing cabinet, making them more vulnerable to loss and damage.

Estimate of Economic Impacts (Quantified Benefits and Costs if possible / Qualified description as needed):

The regulation requires that 15 months of MDSs be retained in patients active medical records or in a central location, and after 15 mos, may be thinned and filed in the medical records dept. The regulation causes patient records to become overfull and therefore not user-friendly for current, timely documentation, especially if the patient experiences several changes in status. In response to this excess of paper, MDSs are sometimes removed from the records to a second volume or a filing cabinet, making them more vulnerable to loss and damage.