

<input checked="" type="checkbox"/> <i>Stanford Hospital and Clinics</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children's Hospital</i>	Last Approval Date: 12/10/2009
Name of Policy: Professional Services Compliance Policies: Scribing Policy Number 10.01.01	<p style="text-align: right;">Page 1 of 4</p>
Departments Affected: All clinical service areas	

I. PURPOSE:

The purpose of this policy is to outline circumstances in which Stanford Hospital and Clinics (SHC) and Lucile Packard Children Hospital (LPCH) providers may utilize scribing services. The role of a scribe is to assist a provider with documentation in the medical record.

II. POLICY:

It is the policy of SHC and/or LPCH to permit utilization of scribes under specific circumstances, as outlined in this policy. Providers may utilize scribes to assist with the clerical aspects of patient care, more specifically with the documentation for an evaluation and management service, procedure, and/or other service.

III. DEFINITIONS:

A scribe is defined as someone functioning as a “living recorder”, recording in real time the words of the physician as she/he describes the work they are doing. A scribe writes down or types exact dictation by the provider. It is not permitted for a scribe to perform any clinical duties and/or to include any personal observations, findings, comments, or any independent thought in addition to what the physician dictates. A scribe should not be confused with a medical student, resident or non-physician practitioner (e.g., nurse practitioner, physician assistant, etc.).

IV. PROCEDURE:

A. Attending physician providing patient care service(s) in conjunction with a medical student, resident, or other trainee:

Individuals who are present in a learning capacity (e.g., residents, medical students and other trainees) shall not be utilized as scribes.

B. Attending physician providing patient care service(s) in conjunction with a non-physician practitioner:

Non-physician practitioners should not be utilized as scribes since they function in a clinical role and scribing is a clerical role (see Professional Services Compliance Policies,

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Allied Health Professionals, Policy Number 9.01.01 in the SHC/LPCH Compliance Policy Manual for attending physician services in conjunction with a non-physician practitioner).

C. Scribing is permitted when all of the following conditions are met:

1. The attending physician and/or NP/PA personally performs the entire service for which the charges are submitted.
2. The individual acting as a scribe accompanies the attending physician and/or NP/PA, and records all words as dictated by the attending and/or NP/PA during the service provided to the patient.
3. A scribe may not provide any portion of the service for which the provider bills.
4. A scribed note must include the following:
 - a. A signed personal note from the scribe indicating that he or she was acting as a scribe on behalf of an attending physician and/or NP/PA:
"I, [state name], served as a scribe for Dr. John Provider." Sam Scribe, RN [signature and title]
 - b. A signed attestation by the attending physician and/or NP/PA indicating that the documentation is complete and accurate, it reflects the provider's personal service, and that it was scribed on their behalf:
"I, Dr. John Provider, personally performed the entire service and the documentation is accurate and complete. I have edited the note which was scribed for me by Sam Scribe, RN." John Provider, MD/NP/PA [signature and title]
5. The charges submitted by the attending physician and/or NP/PA must be for services personally performed by the attending physician and/or NP/PA billing for that service.

V. COMPLIANCE

A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff and individuals representing or engaging in the practice at SHC/LPCH must comply with this policy and are responsible for ensuring that individuals comply with this policy.

B. Violations of this policy will be reported to the Compliance Department, to the Department Manager and to any other appropriate department as determined

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by the Department Manager or in accordance with hospital policy. Violations will be investigated by the Compliance Department to determine the nature,

extent and potential risk to the hospital. Workforce members who violate this policy will be subject to appropriate disciplinary action up to and including termination.

VI. RELATED DOCUMENTS:

1. "Allied Health Professionals Policy 9.01.01, Compliance Policies and Procedures

VII. DOCUMENT INFORMATION:

A. Author/Original Date:

April 1999 by JoAnn Sutton, Compliance Director and Rodney Johnson, Office of General Counsel.

B. Gatekeeper of Original Document:

Administrative Policy Manual Coordinators and Editors

C. Distribution and Training Requirements

This policy resides in the Compliance Manual of Stanford Hospital and Clinics and Lucile Packard Children's Hospital. Department/unit/clinic managers will be responsible for communicating this information to applicable staff.

D. Review and Renewal Requirements

This policy will be reviewed every three years and as required by change of law or practice.

E. Review and Revision History:

May 2002 by Elizabeth Jordan, Price Waterhouse Coopers, Leslie Zamarripa, Interim Compliance Officer, Rodney Johnson, Office of General Counsel (OGC), Margaret Boggs, Director of PSO, Simone Esson, Assistant Director of PSO, Denisia Chen, Compliance Auditor

January 2004 by Carole A. Klove, Chief Compliance and Privacy Officer and Denisia Chen, Sr. Compliance Auditor

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November 2004 by Carole A. Klove, Chief Compliance and Privacy Officer, Simone Esson, Assistant Director of PSO, and Denisia Chen, Sr. Compliance Auditor

February 2005 by Carole A. Klove, Chief Compliance and Privacy Officer and Denisia Chen, Sr. Compliance Auditor

March 2007 by Rodney Johnson (OGC), Diane Meyer, Chief Compliance and Privacy Officer, Denisia Chen, Manager

May 2008 by Diane Meyer, Chief Compliance and Privacy Officer, Maria Terrazas (Provider Enrollment), Denisia Chen, Associate Director

December 2009 by Diane Meyer, Chief Compliance and Privacy Officer, Sarah DiBoise, Chief Hospital Counsel, Pam Molano, Chief Administrative Officer for Pediatric/Obstetric FPO, VP Physician Ambulatory Services and Denisia Chen, Director of Professional Services Billing Integrity

F. Approvals:

April 1999 by JoAnn Sutton, Compliance Director and Rodney Johnson, Office of General Counsel

May 2002 by April 2002 by Leslie Zamarripa, Interim Compliance Officer, Rodney Johnson, Office of General Counsel

January 2004 by Carole A. Klove, Chief Compliance and Privacy Officer

February 2005 by Carole A. Klove, Chief Compliance and Privacy Officer

March 2007 by Rodney Johnson, Office of General Counsel and Diane Meyer, Chief Compliance and Privacy Officer

May 2008 by Diane Meyer, Chief Compliance and Privacy Officer

December 2009 by Diane Meyer, Chief Compliance and Privacy Officer

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