

## Alaska Native Medical Center

Use of Scribe Services at ANMC Procedure #721-01

Reference Policy: Use of Scribe Services at ANMC Policy #721

### 1. **Purpose:**

This Procedure defines the scope of Scribe Services at ANMC and complies with requirements of Centers for Medicare and Medicaid Services and The Joint Commission.

### 2. **Scope:**

All organizational components in the hospital on the accredited campus defined as its staff, medical residents, non-physician interns, students, volunteers, and contractors.

### 3. **Definitions:**

3.1. **Scribe** means an unlicensed person hired to enter information into the electronic medical record (EMR) or chart at the direction of a physician or licensed independent practitioner. A scribe does not, and may not, act independently and only documents the physician's or licensed independent practitioner's dictation and activities.

3.2. **Independent Practitioner** means a medical provider who may operate without direction or supervision. Physician Assistants (PAs) are not considered licensed independent practitioners in the State of Alaska and may not use scribes.

### 4. **Procedure:**

4.1. Scribes can only create a note in the electronic health record if they have their own access and password. Documents scribed in the electronic health record must clearly identify the scribe's identity and authorship in both the document and audit trail.

4.2. The scribe may document what is dictated and performed in the medical record. Documentation of scribed services must clearly indicate:

**Example:** "I, \_\_\_\_\_, am scribing for, and in the presence of, Dr. \_\_\_\_\_" and provide relevant details:

4.2.1. services performed;

4.2.2. who performed the service;

4.2.3. who recorded the service;

4.2.4. qualifications of each person (i.e., professional degree, medical title);

4.2.5. signed and dated by the physician/NPP

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- 4.3. The physician or licensed independent practitioner must authenticate the entry by signing, dating, and timing the entry. The scribe cannot enter the date and time for the physician.

Example: “I, Dr. \_\_\_\_\_, personally performed the services described in this documentation, as scribed by \_\_\_\_\_ in my presence and it is both accurate and complete” and providing date and time of authentication.

- 4.4. The authentication by the physician must take place before the physician and scribe leave the patient care area.
- 4.5. Authentication cannot be delegated to another physician or licensed independent practitioner.
- 4.6. If a scribe enters an order into the medical record it is to be entered as a “proposed” order and cannot be acted upon until authenticated by the specific physician/licensed independent practitioner who provided the order scribed. Authentication includes the physician/licensed independent practitioner signature (electronic or manual) and the date and time.
  - 4.6.1. If the scribe enters orders into the medical record, they are not considered verbal orders.
- 4.7. Providers and scribes are required to document in compliance with all federal and state regulations as well as with internal policy.

Reference: Joint Commission FAQs published in the Perspectives ® Newsletter, August 2018, Volume 38, Issue 8 – The Official Newsletter of The Joint Commission.

Attachments: ANMC Scribe Agreements

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|---|------------------|
| Responsibility  | Medical Director |
| Approval  | MEC; CQC; EMT    |
| Approval Date   | 1/17/2019        |
| Written   | 1/2019           |
| Date of last review                                     | New              |
| Date of last revision                                   | New              |
| Supersede:  | New              |

Roald Helgesen  
ANMC Administrator

1/17/2019

**ANMC PROVIDER'S USE OF SCRIBES AGREEMENT**

I hereby certify that I have reviewed and understand the ANMC Use of Scribe Services at ANMC Policy #721 and the Use of Scribe Services at ANMC Procedure #721-01. I understand that I must be a Licensed Independent Practitioner to use Scribe services. I, the undersigned provider, agree the scribe will only perform the duties as described within the policy and procedure. I agree I am solely responsible for the accuracy, review, and authentication of all health record information captured and/or entered by the scribe

Provider Name (printed) \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

**ANMC SCRIBE AGREEMENT**

I hereby certify that I have reviewed and understand the ANMC Use of Scribe Services at ANMC Policy #721 and the Use of Scribe Services at ANMC Procedure #721-01. I understand that as a scribe I am agreeing to the following requirements:

- I am required to be present during the provider’s performance of a clinical service and document (on behalf of the provider) everything said and done during the course of the service.
- I am not seeing the patient in any clinical capacity and must not interject my own observations or impressions
- I am aware that documenting in the electronic health record requires the use of my own access and password. Documenting under someone else’s log in is prohibited.

Scribe Name (printed) \_\_\_\_\_

Scribe Signature \_\_\_\_\_ Date \_\_\_\_\_