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|--|---|---|
| <b>Name of Policy:</b>   | <b>Chart Order</b>                      |  <p><b>Effective Date:</b> June 24, 1999</p> |
| <b>Policy Number:</b>  | 3364-105-003                            |   |
| <b>Department:</b>   | Health Information Management           |   |
| <b>Approving Officer:</b>  | Director, Health Information Management |   |
| <b>Responsible Agent:</b>  | Director, Health Information Management |   |
| <b>Scope:</b>  | Health Information Management           |   |
| <input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy |   |   |
| <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy         |   |   |

**(A) Policy Statement**

Every inpatient, observation and outpatient surgery post discharge medical record will have all documentation indexed into Horizon Patient Folder (HPF) in the same consistent manner defined by the Horizon Patient Folder Document Tree.

**(B) Purpose of Policy**

To improve efficiency of locating documentation within the patient medical record and enhance the continuity of patient care.

**(C) Procedure**

1. The Health Information Management Department will maintain the management of all medical record forms, both paper and electronic format, as outline in policy #10-116 Forms Approval Process.
2. Every Medical Record form, both paper and electronic format, is entered into the Document Master , the Horizon Patient Folder document Inventory database.
3. Every medical record form, upon approval, is assigned a unique barcode value.
4. Each Unique barcode value is linked in HPF to a corresponding Document type
5. Each Document type is assigned a chart order number which outlines the chronological order of the display of all documentation in Horizon Patient Folder.

**HPF Document Tree**

| Document Type                  | Chart Order |
|--------------------------------|-------------|
| FACE SHEET                     | 1           |
| PHOTO ID                       | 1           |
| RELEASE OF INFORMATION         | 2           |
| AUTH FOR RELEASE OF PSYCH INFO | 3           |
| ADMISSIONS                     | 4           |
| CONSENT TO TREATMENT           | 4           |
| PRIVACY NOTICE                 | 4           |
| DEATH SUMMARY FORM             | 5           |
| DISCHARGE SUMMARY              | 5           |
| DISCHARGE SUMMARY SCANNED      | 5           |
| MEDICARE CERTIFICATION         | 6           |
| EXPIRED PATIENT DOCUMENTATION  | 7           |
| REHAB INPATIENT DISCHARGE      | 7           |
| REHAB OPDISCHARGE SUMMARY      | 7           |

| Document Type                 | Chart Order |
|-------------------------------|-------------|
| DISCHARGE INSTRUCTIONS        | 9           |
| DISCHARGE PLANNING            | 10          |
| PROBLEM SUM AND MED LIST      | 11          |
| SIGNATURE IDENTIFICATION      | 12          |
| INSURANCE CARD                | 13          |
| ADVANCE DIRECTIVE             | 14          |
| LIVING WILL                   | 14          |
| MEDICAID AUDIT FORM           | 16          |
| TELEPHONE MESSAGES            | 19          |
| APPOINTMENT                   | 21          |
| RELEASE SLIP                  | 23          |
| RESTRAINT SECLUSION DEATH RPT | 24          |
| ED PRE-HOSPITAL RECORD        | 25          |
| EMERGENCY DEPARTMENT REPORT   | 26          |

| Document Type                   | Chart Order |
|---------------------------------|-------------|
| ED NURSING RECORD               | 27          |
| ED PHYSICIAN RECORD             | 28          |
| ED PHYSICIAN ORDERS             | 29          |
| ED DOCUMENTATION                | 30          |
| RESCUE CRISIS APPLICATION       | 31          |
| PROPERTY LISTS                  | 32          |
| ED TRANSPORTATION               | 33          |
| ED AUTHORIZATION TO TRANSFER    | 34          |
| TEACHING PHYSICIAN              | 37          |
| TRANSFER IN SUMMARY             | 39          |
| AMBULATORY HISTORY & PHYS       | 50          |
| FM PERIODIC HEALTH EXAM         | 50          |
| HISTORY AND PHYSICAL            | 50          |
| HISTORY AND PHYSICAL SCANNED    | 50          |
| OB/GYN D'SOUZA H&P              | 50          |
| CHILD ADOL HISTORY & PHYSICAL   | 51          |
| PHYSICAL EXAM                   | 53          |
| REVIEW OF SYSTEMS               | 55          |
| ADOL ASSESSMT I KOBACKER CTR    | 100         |
| ADOL ASSESSMT II KOBACKER CTR   | 101         |
| CHILD ASMT I KOBACKER CTR       | 102         |
| CHILD ASMT II KOBACKER CTR      | 103         |
| DEVELOPMENTAL HX AND ISSUES     | 104         |
| INITIAL ASSESSMNET PSYCHOSOCIAL | 105         |
| ASSESSMENTS                     | 106         |
| NEEDS ASESSMENT                 | 107         |
| SUICIDE LETHALITY SCALE         | 108         |
| VIOLENCE RISK ASSESSMENT        | 109         |
| FUNCTIONAL VOICE ASSESSMENT     | 110         |
| INTERDISCIPLINARY ASSESSMENT    | 111         |
| NUTRITION ASSESSMENT            | 112         |
| OB OSTEOPOROSIS SCREEN          | 113         |
| ADOL UNIT INITIAL TREATMENT PL  | 150         |
| REHAB PSYCH TRT PLAN            | 151         |
| TREATMENT PLANS                 | 151         |
| GOALS THERAPEUTIC FAMILY VISIT  | 152         |
| ANGER STYLES                    | 153         |
| ASSIGNMENT 5 PLUS 5 MINUS       | 154         |
| ASSIGNMENT STAFF TALK           | 155         |
| BEHAVIOR CONTRACT               | 156         |
| CRISIS PLAN                     | 157         |
| DAILY GOAL SHEET                | 159         |
| LEVEL 1 CONTRACT                | 161         |
| LEVEL 2 CONTRACT                | 162         |
| LIFE PAPER ASSIGNMENT           | 163         |
| RESTRICTED LEVEL CONTRACT       | 164         |
| TREATMENT ASSIGNMENTS           | 165         |
| WHAT MAKES YOU ANGRY            | 165         |
| ADULT PSYCHIATRIC PN            | 201         |

| Document Type              | Chart Order |
|----------------------------|-------------|
| CARDIOTHORACIC PROG NOTE   | 201         |
| CHILD PSYCHIATRIC PN       | 201         |
| CI GENETICS FOLLOW UP      | 201         |
| CI GENETICS NEW PATIENT    | 201         |
| CRITICAL CARE NOTE         | 201         |
| DERM OP PROGRESS NOTE      | 201         |
| DERMATOLOGY PROGRESS NOTE  | 201         |
| ENDO PROGRESS NOTE         | 201         |
| ENT PROGRESS NOTE          | 201         |
| EYE PROGRESS NOTE          | 201         |
| FAMILY MEDICINE PROG NTE   | 201         |
| GENERAL SURGERY PN         | 201         |
| GI PROGRESS NOTE           | 201         |
| GIM GERIATRIC PROGRESS NO  | 201         |
| GIM PROGRESS NOTE          | 201         |
| GIM STI PROGRESS NOTE      | 201         |
| HEPATOLOGY PROGRESS NOTE   | 201         |
| ID PROGRESS NOTE           | 201         |
| MEDICINE CLINIC NOTE       | 201         |
| NEUROLOGY CSMD NOTE        | 201         |
| NEUROLOGY NOTE             | 201         |
| NEUROSURGERY PROGRESS NT   | 201         |
| OB FOLLOW UP NOTE          | 201         |
| OB/GYN PROGRESS NOTE       | 201         |
| OB/GYN RESIDENT PRONOTE    | 201         |
| OCC MED PROGRESS NOTE      | 201         |
| OP CHILD PSYCH EVALUATION  | 201         |
| ORTHO CLINIC PRG NOTE      | 201         |
| PAIN CLINIC PROGRESS NOTE  | 201         |
| PLASTICS PROGRESS NOTE     | 201         |
| PM & R PROGRESS NOTE       | 201         |
| PROGRESS NOTES             | 201         |
| PROGRESS NOTES SCANNED     | 201         |
| PSYCHIATRY NOTE            | 201         |
| RAD/ONC US GUIDANCE NOTE   | 201         |
| REHAB CLINIC NOTE          | 201         |
| REHAB PROGRESS NOTE        | 201         |
| RHEUMATOLOGY PROGRESS NOTE | 201         |
| SPEECH PROGRESS NOTE 1     | 201         |
| SPEECH PROGRESS NOTE 2     | 201         |
| SURGERY EYE PROGRESS NOTE  | 201         |
| SURGERY PEDIATRIC PN       | 201         |
| SURGERY TRANSPLANT PN      | 201         |
| SURGERY TRAUMA PN          | 201         |
| UROLOGY CANCER PROGRESS N  | 201         |
| UROLOGY FERTILITY PN       | 201         |
| UROLOGY PROGRESS NOTE      | 201         |
| UROLOGY TRANSPLANT PN      | 201         |
| VASCULAR SURGERY PN        | 201         |

| Document Type                | Chart Order |
|------------------------------|-------------|
| BRAINSTEM AUD EVOK-ADULT     | 202         |
| BRAINSTEM AUD EVOK-MONTH     | 202         |
| CARDIOLOGY REHAB             | 203         |
| HEME/ONC PROGRESS NOTE       | 204         |
| INTERDISCIPLINARY PROG NOTES | 205         |
| NEPHROLOGY PROGRESS NOTE     | 206         |
| OP EVALUATIONS               | 207         |
| OP NEUROPSYCH EVALUATION     | 207         |
| OP PSYCHIATRIC EVALUATION    | 207         |
| PATTERN REVERSAL EVOKED      | 208         |
| PULMONARY PROGRESS NOTE      | 209         |
| RAD/ONC BILLING NOTE         | 210         |
| RAD/ONC FOLLOW UP            | 211         |
| RAD/ONC HDR FS V1.1D         | 212         |
| RAD/ONC HDR FS V1.2D         | 213         |
| RAD/ONC HDR VC V1.1D         | 214         |
| RAD/ONC HDR VC V1.2D         | 215         |
| RAD/ONC PROGRESS NOTE        | 216         |
| RAD/ONC TREATMENT SUMMARY    | 217         |
| REHAB OCC HAND PN            | 218         |
| RAD/ONC MAMMOSITE AM/PM      | 219         |
| RAD/ONC MAMMOSITE            | 220         |
| PATIENT HISTORY              | 222         |
| PATIENT QUESTIONNAIRE        | 224         |
| PATIENT VISITS               | 226         |
| TREATMENT RECORDS            | 228         |
| CONSULTATION                 | 250         |
| CONSULTATION SCANNED         | 250         |
| RAD/ONC CONSULT              | 251         |
| RADIOLOGY                    | 300         |
| RADIOLOGY CT                 | 301         |
| RADIOLOGY US                 | 302         |
| ULTRASOUND FERTILITY         | 302         |
| ULTRASOUND REPORT            | 302         |
| ULTRASOUND UROLOGY           | 302         |
| RADIOLOGY MAMM               | 303         |
| RADIOLOGY MRI                | 304         |
| RADIOLOGY NUCLEAR MEDICINE   | 305         |
| RADIOLOGY DIAGNOSTIC         | 306         |
| RADIOLOGY SPECIAL PROCEDURE  | 307         |
| RADIOLOGY MRI SCREENING      | 308         |
| DIAGNOSTIC REPORTS           | 309         |
| BLOOD TRANSFUSION            | 350         |
| LAB                          | 375         |
| LAB IP PRELIMINARY REPORT    | 376         |
| LAB IP FINAL REPORT          | 377         |
| LAB OP/ER REPORT             | 378         |
| PATHOLOGY REPORTS            | 380         |
| AUTOPSY PATHOLOGY            | 382         |

| Document Type              | Chart Order |
|----------------------------|-------------|
| CONTRACTED LAB ORDERS      | 384         |
| EEG REPORT                 | 400         |
| EMG DATA SHEET             | 401         |
| PM & R EMG NARRATIVE       | 402         |
| ELECTROMYOGRAPHY           | 403         |
| ELECTRO-OCULOGRAM          | 404         |
| ELECTROCONVULSIVE TRMT     | 405         |
| FEES                       | 406         |
| FLASH VISUAL EVOK RESPNS   | 407         |
| MEDIAN NERVE SOMATOSENSOR  | 408         |
| TIBIAL NERVE SOMATOSENSOR  | 409         |
| EKG STRIPS                 | 450         |
| HOLTER MONITOR REPORT      | 451         |
| ECHO REPORT                | 452         |
| ECHO/DOPPLER/CFI REPORT    | 453         |
| TEE REPORT                 | 454         |
| CVL PRELIMINARY REPORTS    | 455         |
| CARDIOVASCULAR LAB REPORT  | 456         |
| CATH LAB REPORTS           | 456         |
| EVENT RECORDER REPORT      | 457         |
| MYOVIEW DOBUTAMINE REPORT  | 458         |
| PLANAR REPORT              | 459         |
| PYP SCAN REPORT            | 460         |
| REST SCAN REPORT           | 461         |
| RNA SCAN REPORT            | 462         |
| SPECT REPORT               | 463         |
| STRESS REPORT              | 464         |
| TITL TABLE REPORT          | 465         |
| CARDIOPULM EXERCISE REPORT | 466         |
| DEVICE INFORMATION         | 468         |
| PHOTPGRAPH                 | 499         |
| PREADMISSION TESTING FORM  | 500         |
| OPERATIVE DOCUMETNATION    | 501         |
| ANESTHESIA RECORD          | 502         |
| ANESTHESIA ORDERS          | 503         |
| ANESTHESIA                 | 504         |
| OPERATIVE RECORD           | 505         |
| OPERATIVE REPORT           | 506         |
| OPERATIVE REPORT SCANNED   | 506         |
| FM PROCEDURE NOTE          | 507         |
| PAIN CLINIC PROCEDURE      | 507         |
| PROCEDURE NOTE             | 507         |
| VASCULAR CATH LAB PROCEDU  | 507         |
| ENDOSCOPY REPORT           | 508         |
| BARIUM SWALLOWS-MODIFIED   | 509         |
| OR SCHEDULING REQUEST      | 511         |
| SEADTION ANALGESIA EVAL    | 514         |
| ESOPHAGEAL MOTILITY EXAM   | 516         |
| PHYSICIAN ORDERS           | 551         |

| Document Type                      | Chart Order |
|------------------------------------|-------------|
| OP PHYSICIAN ORDERS                | 552         |
| ADM ORDERS CHILD AND ADOL<br>PSYCH | 554         |
| ADMIT READM ADOL AND CHILD         | 555         |
| INPT SECLUSION RESTRAINTS RPT      | 557         |
| RESTRAINT & SECLUSION ORDERING     | 558         |
| RESTRAINT SECLUSION DEBRIEFING     | 559         |
| HEMODIALYSIS ORDERS                | 560         |
| DISCHARGE ORDERS                   | 561         |
| PRESCRIPTIONS                      | 562         |
| RESPIRATORY FLOW SHEET             | 600         |
| VENTILATOR FLOWSHEET               | 601         |
| PULMONARY FUNTION                  | 602         |
| RESPIRATORY ASSESSMENT             | 603         |
| REHAB EVALUATION                   | 650         |
| REHAB OCC EVAL 2                   | 650         |
| REHAB OCC HAND EVAL                | 650         |
| PT ASSESSMENT                      | 651         |
| PT EVALUATION                      | 652         |
| PT PLAN OF CARE                    | 653         |
| PT THERAPY NOTE                    | 654         |
| OT ASSESSMENT                      | 655         |
| OT INITIAL ASSESSMENT RESULTS      | 656         |
| OT EVALUATION                      | 657         |
| REHAB OCCUPATIONAL EVAL            | 658         |
| OT PLAN OF CARE                    | 659         |
| OT THERAPY NOTE                    | 660         |
| SPEECH THERAPY                     | 661         |
| REHAB SPEECH ADULT EVAL            | 662         |
| REHAB SPEECH PEDS EVAL             | 663         |
| THERAPEUTIC RECREATION             | 664         |
| THERAPEUTIC RECREATION CHILD       | 665         |
| THERAPEUTIC RECREATION ADOL        | 666         |
| REHAB PSYCH EVALUATION             | 667         |
| REHAB PSYCHOTHERAPY                | 668         |
| REHAB DRIVING ASSESSMENT           | 669         |
| REHAB MOTION ANALYSIS              | 670         |
| REHAB VESTIBULAR EVAL              | 671         |
| REHAB PHYSICAL WORK<br>PERFORMANC  | 672         |
| CONSENTS                           | 700         |
| ACTIVITY CNST AND RELEASE AGMT     | 701         |
| INFORMED CONSENT                   | 702         |
| LEAVE AMA                          | 703         |
| MAR                                | 750         |
| CHEMOTHERAPY ADMINISTRATION        | 751         |
| DIABETIC FLOW SHEET                | 752         |
| PAIN FLOW SHEET                    | 753         |
| VACCINE RECORD                     | 755         |
| DAILY NSG OBSERVATION SHEET        | 800         |

| Document Type                | Chart Order |
|------------------------------|-------------|
| NURSING ASSESSMENT           | 801         |
| DAILY PATIENT CARE RECORD    | 802         |
| PAIN ASSESSMENTS             | 803         |
| NUTRITION                    | 804         |
| PLAN OF CARE                 | 805         |
| NURSING DOCUMENTATION        | 806         |
| EDUCATION RECORD             | 807         |
| PATIENT EDUCATION            | 808         |
| SBAR RECORD                  | 809         |
| SUICIDE RUNAWAY REPORT FORM  | 810         |
| ICU PATIENT RECORD           | 811         |
| FLOWSHEETS                   | 850         |
| DEPO FLOW SHEET              | 851         |
| MISCELLANEOUS                | 900         |
| DUTY TO PROTECT              | 902         |
| DECLARATION FOR MH TREATMENT | 903         |
| PATIENT NON COMPLIANCE       | 941         |
| ADULT PSYCHIATRIC LETTER     | 1000        |
| CARDIOTHORACIC SURGERY L     | 1000        |
| CHILD PSYCHIATRIC LETTER     | 1000        |
| CORRESPONDENCE               | 1000        |
| CORRESPONDENCE SCANNED       | 1000        |
| ENDOCRINOLOGY LETTER         | 1000        |
| ENT LETTER                   | 1000        |
| EYE LETTER                   | 1000        |
| FAMILY MEDICINE LETTER       | 1000        |
| GENERAL INT MED LETTER       | 1000        |
| GENERAL SURGERY LETTER       | 1000        |
| GI LETTER                    | 1000        |
| GIM GERIATRIC CONSULT LT     | 1000        |
| GIM STI LETTER               | 1000        |
| HEME/ONC LETTER              | 1000        |
| HEPATOLOGY LETTER            | 1000        |
| HEPATOLOGY PATIENT LETTER    | 1000        |
| ID LETTER                    | 1000        |
| LETTER                       | 1000        |
| MED DERMATOLOGY LETTER       | 1000        |
| MED PULMONARY LETTER         | 1000        |
| NEPHROLOGY LETTER            | 1000        |
| NEUROSURGERY LETTER          | 1000        |
| OB/GYN LETTERHEAD            | 1000        |
| OCC MEDICINE LETTER          | 1000        |
| PATIENT CARDIOLOGY LETTER    | 1000        |
| PLASTICS LETTER              | 1000        |
| PM & R LETTER                | 1000        |
| PULMONARY PATIENT LETTER     | 1000        |
| REHAB LETTER                 | 1000        |
| RHEUMATOLOGY LETTER          | 1000        |
| SURGERY PATIENT LETTERS      | 1000        |

| Document Type             | Chart Order |
|---------------------------|-------------|
| SURGERY PEDIATRIC LETTER  | 1000        |
| SURGERY TRANSPLANT LETTER | 1000        |
| SURGERY TRAUMA LETTER     | 1000        |
| UROLOGY CANCER LETTER     | 1000        |
| UROLOGY FERTILITY LETTER  | 1000        |
| UROLOGY LETTER            | 1000        |
| UROLOGY TRANSPLANT LETTER | 1000        |
| VASCULAR SURGERY LETTER   | 1000        |
| CARDIOLOGY LETTER         | 1001        |
| RAD/ONC LETTER            | 1002        |

| Document Type                  | Chart Order |
|--------------------------------|-------------|
| FAX COVER SHEET                | 1005        |
| OTHER FACILITY DOCUMENTATION   | 1050        |
| OTHER FACILITY TESTING         | 1051        |
| POWER OF ATTORNEY              | 2017        |
| FIRST REPORT OF INJURY         | 2019        |
| CANCER STAGING FORMS           | 4000        |
| DO NOT RESUSCITATE             | 4000        |
| HOLDING                        | 6000        |
| DEFICIENT TRANSCRIPTION REPORT | 6050        |
| SURGERY EYE LETTER             | 10000       |

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|---|---|
| <p><b>Approved by:</b></p>  | <p><b>Review/Revision Date:</b></p>                                 |
| <p><i>Elena Miller</i><br/>                 Elena Miller<br/>                 Director, Health Information Management</p> | <p><i>5/1/08</i><br/>                 Date</p>                      |
| <p><i>Review/Revision Completed By:</i><br/>                 Health Information Management</p>                            | <p>3/02<br/>                 3/05<br/>                 5/1/2008</p> |
| <p><b>Next Review Date:</b> 4/1/2011</p>  |   |
| <p><b>Policies Superseded by This Policy:</b> 10-003A Chart Order</p>   |   |

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*