DEPARTMENT OF VETERANS AFFAIRS Policy Memorandum 11-
South Texas Veterans Health Care System
San Antonio, Texas 78229-4404

COPY AND PASTE (CLONED NOTES)

1. **Purpose**: To provide guidance on the proper use of copying and pasting and templates in progress notes with the Computerized Patient Record System (CPRS).

2. **Policy**: It is the policy of the South Texas Veterans Health Care System to document services provided to veterans in an accurate and concise manner that adheres to identified standards in electronically documenting care of our patients. VHA standards of electronic notes include:

a. Electronically stored and/or printed patient information is subject to the same medical and legal requirements as the handwritten information in the health record.

b. Entries must be accurate, relevant, timely and complete.

c. Extraneous text needs to be omitted.

d. Succinct notes are more readable than verbose, lengthy notes.

e. Plagiarized data in the patient record is prohibited.

f. Standardized note titles facilitate the retrieval of specific patient information.

g. Appropriate note titles must be matched to note content and the credentials of the author. This enhances the ability to find a note quickly and easily.

h. Notes must be reviewed and signed promptly.

i. Viewing unsigned notes is not allowed until such time as technology provides an audit trail of the note status. When viewing unsigned noted, there is a risk of clinical decision-making based on data that may be changed or deleted. However, limited access to unsigned notes is determined by local policy.

j. CPRS users must respond promptly to View Alerts, which notify them of documents requiring authentication.

3. **Action**: The Chief of Staff and Compliance Officer are responsible for overall compliance with this policy. Clinical Service Chiefs and Product Line Managers are responsible for compliance in their respective areas. The Attending Physician is ultimately responsible for the accuracy of the health record for each patient under the physician's care. Reviewers of the record, including but not limited to, Health Information Management and Quality Management staff, are responsible for referring

any cases of inappropriate copying, pasting or template use to the Medical Records Committee for review and concurrence. The Medical Record Committee will refer violations to the Compliance Officer through the Chief of Staff for further action.

a. Progress notes are to provide an accurate depiction of treatment surrounding a specific date of service. It is unnecessary to duplicate, either by copying and pasting, or by use of templates, information that does not specifically impact a date of service.

b. It is appropriate to copy information from one part of the record to a current progress note ONLY if it is critical that information be repeated in the current note and has a direct impact on care rendered during the encounter.

c. Occasionally a lab result may be helpful in clarifying treatment and it is appropriate, on a selective basis, to include those results. It is inappropriate to fill the progress note with information, such as lab results, radiology reports, or other ancillary information that is pulled in by a template or cut, copy or pasted. Such redundant information makes it difficult to read the progress note and quickly elicit pertinent facts about a specific date of service. A liability issue may occur when abnormal lab results, x-rays, etc. are contained within the body of a note but not addressed in that note.

d. Only those diagnoses that were addressed or directly impact a specific date of service should be included in the note. It is inappropriate to pull in entire problem lists on each note. The problem list is a reflection of all of the problems, either past or current, of a patient and may not be relevant to a specific date of service.

e. Templates with standard wording can be a time saver in certain cases; however, each progress note should be a succinct recapitulation of a unique episode of care. If templates are used, the wording should be changed from visit to visit to reflect the care given for that episode of care, not a mirror image of the care given in all previous encounters. Validity of an exam may be questioned if each exam contains exactly the same wording in exactly the same sequence.

f. Appropriate use of copying and pasting and templates can reduce time spent documenting while providing pertinent information about an episode of care. Indiscriminate use of copying and pasting and templates lengthens the note, adds information that is unnecessary, increases space needs for duplicate information and makes trying to locate information pertinent to a specific date of service time consuming and may increase liability.

1) **Accountability**

a. The authors are liable for the content of copied items within the notes they authenticate. As part of the health record review function, use of copy and paste functionality will be monitored and where violations occur, findings will be reported to the Medical Records Committee for disciplinary or other adverse action. ***NOTE***: Criminal charges may be filed when in violation of Federal law.

1. Failure to comply with these standards may be deemed a violation of the:

2. Privacy Act requirement (5 U.S.C. Section 552a(e)(5); or

3. Standards of Ethical Conduct for Employees of the Executive Branch (5 CFR Part 2635).

b. Disciplinary action may be taken if violation of these standards is validated per VA Directive 5021. Violations are:

1. Charge 05 – Careless or negligent workmanship resulting in waste or delay.

2. Charge 11 – Failure to safeguard confidential information.

3. Charge 12 – Deliberate failure or unreasonable delay in carry out instruction.

4. Charge 25 – Falsifying official agency records.

4. References: VHA Handbook 1907.1 Medical Records in Health Information, April 15, 2004; VHA 1605 Privacy and Release of Information December 31, 2002; Freedom of Information Act Guide and Privacy Overview May 2004 Edition, JCAHO Manual 2004, Are Electronic Medical Records Trustworthy?

5. Responsibility:
6. Rescission:

7. Recertification: