

[REDACTED]

[REDACTED]

[REDACTED]

DC Board of Medicine
717 14th Street, N.W., Suite 600
Washington, D.C. 20005

Re: [REDACTED] M.D.
Letter of Concern and Request for Corrective Action Plan

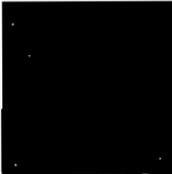
Dear [REDACTED]

Thank you for your consideration of my renewal application and the opportunity to address this issue. I understand the importance of medical record keeping and its vital role in providing optimal patient care. I also recognize that I have had difficulties with this issue during the past year. As a result, I have taken proactive steps to remedy this problem and I greatly appreciate the opportunity to disclose my Corrective Action Plan to the DC Board.

In response to your inquiry, while I am well aware of the important role timely medical records play in the care and treatment of patients, it is my perspective that I was unusually busy this past year and focused my attention too narrowly on the hands-on patient care rather than addressing my equally important administrative responsibilities.

While I fully acknowledge that in some respects my record keeping has been deficient, in the past year I was providing care for a significantly greater number of patients than I had in years past, which made it especially challenging to keep up with timely record keeping. Furthermore, because I am a hospitalist, an influx of my new patients were not scheduled by appointment, but came from the emergency room, making it particularly challenging to timely complete their records since these patients arrive and leave the hospital at all hours of the day and night.

Despite the increase in my patient load, I believe the "root causes" that led to this issue was difficulty adapting my hospitalist practice to my increased patient load. In years past, I have been very comfortable handling both patient care and administrative matters such as record keeping, independently.



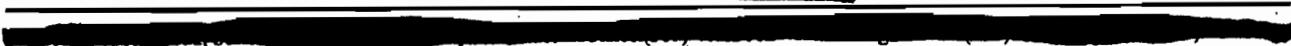
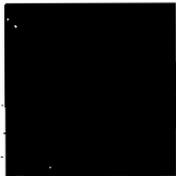
After practicing medicine for over a decade, I have a tendency to micromanage my practice rather than delegating more responsibilities to my associates and support staff. This of course has nothing to do with the competency of my staff, but instead rests on a management preference that, except for 2010, had always worked effectively for me for the past ten (10) years. For instance, it has been my standard practice to extensively review all of the medical records completed by my associates to ensure their accuracy, rather than facilitating more educational meetings with my staff so that they can collectively improve their record keeping skills. In retrospect, I realize that such meetings would have increased their proficiency in record keeping and would have given me more time to complete my own records. However, this unfortunate experience has taught me the importance of assigning and delegating more ministerial, non-care related responsibilities to my staff, as well as being open to different management and organizational styles to not only resolve the issue of timely record keeping, but to improve the overall level of care and efficiency provided to my patients.

Another significant factor that led to this issue was my too infrequent visits to the medical records department. Due to the increase in my patient load, I did not properly adjust my schedule to get my medical records pulled more regularly which resulted in a backlog of records. This was an oversight on my part. I simply became so involved with the actual patient care that I did not allocate enough time to get my outstanding records pulled.

Upon consideration of these issues, I have taken several proactive steps to prevent the recurrence of this problem in the future. Perhaps the most obvious is visiting the medical records department more regularly. Instead of my previous practice of doing this once a week, I now visit the medical records department at least two (2) times per week to get records on all of my patients pulled. This change has improved my record keeping tremendously as it divides up my workload over the course of the week, which helps prevent an overload of medical records near hospital deadlines.

In addition, I have allocated more duties to my support staff such as my certified registered nurse and my physician assistant. Specifically, I have arranged for these staff members to draft certain parts of the medical records, such as coding, to expedite the process. I am also working with my administrative staff to improve our communication of record keeping deadlines so that there are weekly reminders via telephone and email, in addition to the reminders faxed to our office by the hospital.

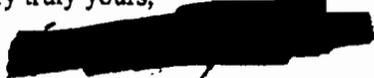
Furthermore, I have scheduled regular meetings with my staff, reflective of Certified Medical Education (CME) classes, where we discuss how to improve record keeping in terms of both accuracy and efficiency to help limit the amount of time I spend reviewing my staffs' records and give me time to complete my own medical records. These meetings take place approximately two (2) to three (3) times a month.



Finally, I am in the process of researching CMEs offered by local hospitals that address issues such as strategies for accurate and efficient record keeping in order to stay current on this issue and to prevent this problem from recurring in the future.

Again, I recognize the importance of medical record keeping and the critical role it plays in providing first-rate patient care. While I take full responsibility for my actions, this is the first time in approximately ten (10) years of patient care that I recall encountering such problems related to record keeping. I apologize to the DC Board for my lapse regarding this issue. This matter has greatly impacted my practice and I have taken active steps to remedy and prevent this issue from recurring in the future. Thank you again for your time and this opportunity to address this matter. Please feel free to contact me if you have further questions or concerns.

Very truly yours,



Bcc: 