



Administrative
POLICY NO.: 200.01.100A

POLICY TITLE: Scribe Policy and Agreement

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Approved by: Quality Improvement Patient Safety Committee (QIPSC)

Committee Chair: Dr. Sergio Gonzalez- Arias, MD, PhD, FAANS, FACS

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SUMMARY & PURPOSE: The Scribe documents the provider’s dictated patient history, physical examination, family, social, and past medical history in the patient’s Electronic Medical Record (EMR) under the supervision of a Herbert Wertheim College of Medicine (HWCOM) physician. The scribe physician relationship will allow the physician to focus on the patient and provide hands on face-to-face care that will increase both patient and physician satisfaction. The purpose of this policy is to delineate the steps to ensure that the scribe documents physician – patient encounter in real time, clearly, accurately, and maintains a professional manner as he/she assists the physician with documentation in the EMR.

SCOPE/APPLICABILITY: This policy applies to the HWCOM Clinical Locations: FIU Health Modesto Maidique, (“MMC”), FIU Health Broward, Green Family Foundation NeighborhoodHELP™ Mobile Health Centers where HWCOM staff members (faculty, student and/or staff) provide care to patients.

POLICY: All individuals serving in the capacity of a scribe must adhere to this policy and sign a scribe agreement. The agreement will be signed prior to accepting the role of a scribe. The HWCOM clinical location is responsible for maintaining a copy of the signed scribe agreement and providing a copy to the Office of Compliance, upon request. The physician is ultimately responsible for all documentation and must verify that the scribed note accurately reflects the service provided.

DEFINITION:

Scribe: An unlicensed person hired to enter information into the EMR under the direction and supervision of a physician. The scribe writes word for word, what the doctor says as he/she is examining the patient. The scribe is partnered with the physician to deliver efficient patient care. An individual acting as a scribe will not be assessing the patients in a clinical capacity and will not interject their own observations or impressions in the documentation.

Authentication: The record is authenticated when the physician proofreads the scribed record and is confirming they have reviewed these entries for accuracy. The physician will authenticate by their signature, date, time, and state: *"I have reviewed the scribed information for accuracy."* Authentication cannot be delegated among physicians.

PROCEDURE:

When physicians choose to utilize the services of a scribe, it is imperative that both the scribe and the physician adhere to the requirements listed:

Scribe Requirements:

1. Any individual who is scribe must review this policy and sign the scribe agreement
2. HWCOR clinical location will provide orientation specific to the role and responsibilities of a scribe
3. The scribe will follow the physician through his or her workday and chart in the EMR in *real time*.
4. The scribe will accompany the physician *into* the exam area.
5. Individuals can only create a scribe note in an EMR if they have their own password/access to the EMR for the scribe role
6. Scribes are responsible for capturing an accurate and detailed description of a patient encounter in the provider's words. Scribes are clerical in nature and *do not* interview or have direct patient contact.
7. The scribe can assist the physician by locating information in the EMR , any previous visits , notes , reports , and laboratory results
8. It is imperative that all entries regarding a patient's health information be completed in the presence of and at the direction of the physician
9. The scribe does not provide medical care to the patient during any patient encounter. They do not perform clinical services, administer medications, or perform treatments and procedures.
10. The scribe is solely recording what the provider verbalizes
11. Verbal orders may neither be given to , taken or entered by the scribes
12. The name of the scribe must be identified in the medical record. The scribe must sign, date and time the documentation. Example: *"I (Scribe Name) am acting as a scribe for Dr. Xxx."*
13. FIU Human Resources and HWCOR rules and standards of conduct will be adhered
14. Scribes must meet all information management Compliance trainings , HIPAA, FERPA
15. Confidentiality of all patient information and medical records will be maintained at all times
16. Professional demeanor and appearance at all times
17. It is important to recognize that some patients may not want an additional individual in the room while they are being examined or when discussing sensitive medical information with their physician. The patient has the right to refuse the presence of a scribe in the exam room. The scribe will not remain in the room if the patient refuses a scribe.

Provider Requirements:

1. The physician should communicate with patients and introduce the position of medical scribe
2. If the physician realizes that the patient is uncomfortable discussing an issue with the scribe in the room, a pre-arranged verbal signal such as “please check with the nurse about the blue form” would allow the scribe to leave the room without adding to patient discomfort.
3. The physician’s user ID or password cannot be shared with the scribe. The scribe must have his or her own assigned user ID and password.
4. The Scribe can document history, physical examination, family, social, and past medical history. The scribe can assist in locating information in the EMR, any previous visits, notes, reports , and laboratory results.
5. Do not give verbal orders to the scribe
6. Do not ask the scribe to perform clinical care, interview patient, administer medications , or perform treatments or procedures
7. The physician must review all the scribed medical record entries and edit, as appropriate
8. The physician must sign, date and time the documentation and include a statement of their authentication of the scribed medical record entries. When authenticating the scribed entries, the provider is confirming they have reviewed these entries for accuracy. Example: *“I have reviewed the scribed information for accuracy.”*
9. Authentication cannot be delegated to another physician
10. The physician is responsible for what the scribe is documenting in the EMR and must agree to all the documentation before signing

SUPPORTING/REFERENCE DOCUMENTATION:

- The Joint Commission, Standards FAQ, Use of Unlicensed Persons Acting as Scribes
http://www.jointcommission.org/standards_information/jcfagdetails.aspx?StandardsFaqlId=426&ProgramId=47

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:

- **Form** : *Scribe Agreement- Copy attached*



Herbert Wertheim College of Medicine

FLORIDA INTERNATIONAL UNIVERSITY

Scribe Agreement

I, hereby certify that I have reviewed the Administrative Scribe Policy for the Herbert Wertheim College of Medicine (HWCOC). As such, I understand that as a volunteer participating in the HWCOC scribe program, I shall adhere to the following:

1. As a volunteer of the HWCOC scribe program, I understand that I am entering information into HWCOC's Electronic Medical Record (EMR) system under the direction and supervision of a licensed physician. Accordingly, I will write, word for word, what the licensed physician says as he/she is examining the patient;
2. I understand that I will be partnered with the physician while he/she delivers efficient patient care. Accordingly, I understand that while partnered with the physician, I am not permitted under my scope of services, to assess patients in any clinical
3. capacity, nor is it permitted for me to interject my own observations or impressions into the EMR;
4. I acknowledge and understand that prior to me documenting in HWCOC's EMR system, I must first be given access to and be assigned a unique username and password for the EMR. I understand that documenting under someone else's log in information is strictly prohibited and is a serious offense;
5. I will adhere to all of FIU's and HWCOC's policies and procedures related to HIPAA, Compliance, and FERPA, and will maintain confidentiality of all patient information.

Additionally, I will abide by the following actions as a Scribe assigned to a HWCOC physician:

1. I will follow the physician through his or her workday and shall chart in the EMR in *real time*. I will accompany the physician *into* the exam area;
2. I assert that my documentation will be accurate and will detail the patient encounter in the provider's words: I agree not to interview nor shall I conduct direct patient contact;
3. I shall assist the physician by locating information in the EMR, i.e. any previous visits, notes, reports, and laboratory results; All entries regarding a patient's health information shall be completed in the presence of and at the direction of the physician; I shall record only what the physician verbalizes;
4. I shall not provide medical care to the patient during any patient encounter, nor shall I perform clinical services, administer medications, nor perform treatments and procedures of any kind to the patient;
5. I understand that verbal orders may not be given by me nor shall such orders be entered by me into the EMR;

6. I shall properly identify myself in the medical record. The signature, date and time shall be recorded in the EMR as follows: *"I (Scribe Name) am acting as a scribe for Dr. Xxx."*;
7. I shall adhere to HWCOT's rules and standards of conduct as it pertains to HWCOT's volunteer scribe program;
8. Prior to commencing in the HWCOT volunteer scribe program, I shall complete all prerequisite training at it pertains to HWCOT's policies regarding HIPAA, Compliance and, FERPA;
9. Prior to participating in the HWCOT volunteer scribe program, I shall complete a medical terminology course, which shall be documented;
10. I shall maintain patient confidentiality in all aspects of my access to patient information, and as it pertains to my access to the patient's medical records;
11. I understand that professional demeanor and appearance is required at all times during my participation in the program;
12. I recognize that some patients may not want an additional individual in the room while they are being examined or when discussing sensitive medical information with their physician. As such, I understand that the patient always has the right to refuse the presence of a scribe in the exam room. I, therefore, will not remain in the room if the patient refuses treatment while I am present;
13. I understand that all my work related to the program shall be reviewed and can be edited by a physician at any time.

(Please Print)

Name: _____

Department: _____

Signature: _____

Date: _____