

**SIDE LETTER OF AGREEMENT  
BETWEEN  
THE COUNTY OF VENTURA  
AND  
THE UNION OF AMERICAN PHYSICIANS AND DENTISTS**

The County of Ventura (County) and the Union of American Physicians and Dentists (UAPD) have come to an agreement on the establishment of new Ambulatory Care specific policies and practices concerning both the timeliness of documentation for patient visits (policy “AC-30 Timeliness of Documentation”), as well as to establish Teleworking Guidelines for the Ambulatory Care Clinics and UAPD staff, as follows:

**POLICY AC-30  
“Timeliness of Documentation”**

Creation of POLICY AC-30, “Timeliness of Documentation,” as follows:

**I. SCOPE:**

To define the expectation for completion of ambulatory care clinic medical records and establish a procedure to support a member of the Medical Staff, including Licensed Independent Practitioners (LIP) and healthcare workers who provide direct services to patients, who has either incomplete medical records or is delinquent in completion of medical records.

**II. PURPOSE:**

Timely completion of visit documentation is necessary to provide safe and effective care to our patients. Incomplete or untimely documentation creates delays in care and negatively impacts patients.

**III. DEFINITIONS:**

**EHR-** Electronic Health Record.

**LIP-** Any Licensed Independent Provider who can provide a visit, including but not limited to; doctor, nurse practitioner, physician assistant, psychologist, licensed clinical social worker and registered dietician.

**Healthcare Workers-** any professional who provides documentable direct service to patients including LIPs.

**Medical Staff Member-**any LIP who is a member of the Medical Staff.

**Clinic Administration-** program or clinic managers responsible for the oversight of clinic operations.

**Medical Director-** Clinic Medical Director.

**Day-** Calendar Day

**Day 0-** Day of clinic encounter

**Incomplete Record-** A medical record that has not been completed more than three (3) days (i.e. 72 hours) after the patient encounter

**Delinquent Record-** A medical record that has not been completed fourteen (14) or more days after the patient encounter

**IV. POLICY:**

- A. The patient's clinic medical record should be completed and signed electronically in the Electronic Health Record (EHR) or signed legibly in ink during EHR down-time by those providers involved in the patient's care within 3 days after each encounter. The 3 day (or 72 hour) period is consecutive (inclusive of weekdays, weekends and holidays) and will commence at 11:59 PM PST on the day of the encounter. Clinic Administration will monitor progress and provide support, including but not limited to, sending email notifications of deadlines for the submission of encounter records in accordance with section V of this policy in order to reach the submission timelines, as defined in this document, if encounters are not closed at 14 days.
- B. The ambulatory clinic record should include the following elements if applicable to the practitioner's scope of practice and the nature of the visit:
1. Updated demographic data.
  2. Clinical documentation, including the dates and time of the visit, with the patient's history, physical examination, and all information necessary to support a well-informed assessment and treatment plan.
  3. Treatment recommendation should include any notation of prescriptions and/or diet instructions given, if applicable and self-care instructions.
  4. Updated summary list, as appropriate, including chronic medical problems, medications, and allergy documentation.
  5. Consultation reports.
  6. Reports of all ancillary services, including laboratory tests, medical imaging examinations and pathology reports.
  7. If a procedure was performed, a well-documented note summarizing the essential details of the procedure, including the techniques used, the findings and tissue removed or altered, as appropriate, and medications given.
  8. Referral information from other providers.
  9. Consent forms.
  10. Resident physician documentation associated with the encounter.
  11. Telemedicine encounters and electronic consults.
  12. Billing and charges applicable to the visit.
- C. Clinic Administration will utilize report for determining incomplete medical records, and for documentation requirements.
- D. A failure to complete records shall not be cause for administrative suspension if the member is unavailable due to an unexpected emergency and the member notifies Clinic Administration of the absence in advance, and completes the medical record(s) in question within fourteen (14) days of his/her return.

**V. PROCEDURE:**

- A. Medical records are expected to be completed within 3 days/72 hours after the encounter to facilitate care coordination as defined in IV(A).

- B. All healthcare workers shall be responsible for completion of the medical record documentation for the clinic visit, entering all documentation, including progress notes and ambulatory clinic procedure notes, into the EHR. During down time, handwritten notes shall be completed using an approved clinic form and scanned into the EHR. All billing and charges must be supported by the appropriate documentation of services.
- C. For each patient encounter, clinic documentation is expected to be in the record, signed and submitted, within 3 days after the encounter. Clinic notes forwarded for an attending physician's co-signature are expected to also be completed, signed and submitted within 3 days after the encounter.
- D. If at any time the practitioner contests the incomplete or delinquent medical record, it is the responsibility of the practitioner to contact Clinic Administrator promptly. Clinic Administrator, with the Medical Director's support, will investigate the practitioners claim, taking into consideration any mitigating circumstances to make a final determination. The timeline for any pending action against the practitioner will be stopped immediately after written/emailed submission of his/her contestation, until such determination is made by Clinic Administrator in writing via email response, thereafter the timeline for pending disciplinary action will resume from when it was stopped.
- E. When clinic documentation is not completed within 3 days after the encounter, the process will proceed as follows:
  - 1. Time = Day 4 after patient encounter: Clinic Administrator will inform provider and Medical Director of the incomplete documentation. The notification shall be via email and shall include the date of potential suspension. If the documentation is not completed, the process continues as below.
  - 2. Time = Day 7: The Clinic Administrator will evaluate the **incomplete** medical record(s) to confirm responsibility and will establish formal contact with the provider via email. The Clinic administrator may utilize text messaging or phone call in addition to email to contact the provider, but these methods are not required and shall not replace formal contact via email. The clinic administrator shall inform the Medical Director of the incomplete medical record(s) and potential for suspension if the medical record is not completed within the next 7 days.
  - 3. Time = Day 12: Clinic Administrator notifies Medical Director, Regional Administrative Director (RAD) and Ambulatory Care Chief Medical Officer (CMO) of provider's incomplete record(s). Medical director informs provider of potential suspension. The notification shall be in writing via email and shall include the date of potential suspension, if the record(s) become delinquent.
  - 4. Time = Day 14: If the subject medical record(s) is/are still incomplete, they are now considered delinquent. Clinic Administrator will notify the provider, Medical Director, RAD, Ambulatory Care CMO, and/or their designee of the imminent administrative suspension. If the record is not immediately completed, the Clinic Administrator will notify the Medical Staff Office of administrative suspension of privileges.

5. Notification shall be provided to providers timely, taking into consideration weekends, holidays, and approved employee time off.
- F. Once the suspension of privileges for delinquent medical records has been initiated, the Ambulatory Care CMO or designee will:
1. Contact the provider via phone call.
  2. Forward a suspension letter to the provider via email (See Suspension Letter Template).
  3. Send a certified copy of the suspension letter to the provider via USPS.
  4. Notify the providers Department Chair.
  5. Notify the clinic Medical Director.
  6. Notify the Ambulatory Care CEO
- G. Patients who require care will be referred to the medical director to triage their care needs until the physician's privileges are restored. Scheduled clinic time that is disrupted due to suspension will still count towards work hours but with zero productivity for patient care encounters.
- H. While under suspension of privileges for delinquent medical records, no new non-emergent procedures or clinic days will be allowed.
- I. The Clinic Medical Director may, on an individual basis, decide to withhold suspension for delinquent records in emergent situations as necessary. No suspension shall compromise patient safety. Providers shall have the right to request an extension for completing medical records in the event of an emergency to the Clinic Medical Director in order to withhold suspension, and shall not be unreasonably denied.
- J. The practitioner will remain on suspension until the practitioner has completed all delinquent medical records.
- K. Upon completion of all delinquent records, the Ambulatory Care CMO and/or their designee will notify the provider and personnel listed in section V.F.1-6 via email, text messaging, or phone call, of immediate reinstatement. In addition, reinstatement of privileges shall be confirmed with formal contact with email to the provider. The provider shall also have the right to request immediate reinstatement after completion of documentation.
- L. Exceptions may be made by the Ambulatory Care CMO for providers with delinquent medical records who are ill, on vacation, or out of town for an extended period of time, depending on the exigent circumstances. In the provider's absence, the delinquent medical records shall be reassigned to the Ambulatory Care CMO for administrative closure.
- M. Monitoring- The Clinic Administrator shall conduct a monthly review encompassing all clinical services to determine chart completion compliance. Results shall be reported to the Medical Executive Committee for further action as appropriate.
- N. Instances of incomplete documentation shall not be included in the employee's Personnel Files if all documentation is completed prior to Day 7. Employees who complete all incomplete documentation prior to Day 7 shall still be considered to be in "good standing" and "satisfactory" within County's policies and regulations.

### Ambulatory Care Teleworking Guidelines

The County of Ventura has recognized teleworking as a potential benefit for the employer, the public the County serves, and employees, the environment, and for business operations where work can be done remotely. Ambulatory Care shall consider granting teleworking to employees who wish to participate in the County's Employee Telework Program.

Participation in the Employee Telework Program is a voluntary arrangement between department management and the employee. Participation is at the discretion of each agency/department and not guaranteed. Telework requests shall not be unreasonably denied. Any employee participating in the program will be subject to the teleworking policies and requirements, as set forth in the "County of Ventura Employee Telework Program" Guidelines and this document. Participation in the program is contingent upon:

- The operational needs of the agency/department.
- The responsibilities/duties of the position lend themselves to telework and do not impact customer service or responsiveness standards.
- Patient needs and preference.
- Employee must be in good standing and must meet all performance expectations.
  - An employee in good standing is defined as an employee ~~shall~~ who does not have any current or pending disciplinary action(s) and/or investigation(s). Further, Performance expectations include, but are not necessarily limited to: attendance, schedule management, timeliness of documentation, work performance and general workplace behavior.
- Participation is voluntary at the request of the employee who must agree and adhere to all provisions within the Employee Telework Program.
  - Any of the provisions of the "County of Ventura Teleworking Guidelines" not explicitly addressed within this document shall apply as set forth within the guidelines.

In the event a clinic can operationally accommodate a physician's request for teleworking, the clinic will approve a hybrid schedule that includes shifts worked both in-person and teleworking from home. The amount of teleworking granted per week will be based on the overall operational requirements of the clinic.

The County shall, upon receipt of a written request from a UAPD representative, provide a list of which providers are conducting telework and at what percentage. The list shall be provided within 2 weeks of when the request was made.

If an employee feels they have an extraordinary circumstance that requires additional teleworking beyond what they have been approved for, the employee may submit a written request, via email, stating the amount of teleworking per work week requested and the justification for the additional time beyond that which has been approved. Said request will be considered, along with the operational requirements of the clinic(s). Please note: Requests for telework accommodation based for medical reasons will be referred to the Health Care Agency Human Resources Department and the Interactive Process.

GENERAL TELEWORK PROCESS

1. Any employee wishing to telecommute must submit the following completed County of Ventura forms, via email, to their direct supervisor/manager:
  - Employee Telework Agreement Form
  - Employee Telework Safety Checklist
  - Employee Security User Agreement
  - Employee Ergonomic Tips/Guidelines (as an acknowledgement of receipt)

These forms may be found here: (<http://myvcweb/index.php/forms-and-policies>)

2. The employee's supervisor/manager will review the required forms, approve or deny the request, and sign all forms where a supervisor's signature is warranted within seven (7) calendar days of receipt.
3. If the request is approved, copies of the signed forms approving the request will be provided to the employee via email for their records. The supervisor will then complete the Employee Telework Program Supervisor's Checklist and meet, as necessary, with the employee to discuss and set expectations for customer service standards, communication, and responsiveness while teleworking.

If the request is denied, the employee will be notified via email along with a brief explanation of why their request was denied.

If the employee does not agree with the reasons given for the denial, they may appeal the decision to the CEO of Ambulatory Care. The CEO of Ambulatory Care will consider the request and respond to the appeal within seven (7) calendar days of receipt.

The decision of the CEO of Ambulatory Care shall be final and non-grievable.

4. At any time, and for any reason, the employee or supervisor/management may terminate the Employee Telework Agreement by completing the Termination of Employee Telework Agreement form. Employees shall be provided a minimum of 2 weeks advanced notice of termination of the agreement, where possible. In the event the employer decides to terminate the agreement, the employees shall be provided written notification and a brief explanation, via email, for the termination of the agreement and the effective date.

Per Chapter VIII (A) - 23, "Harassment, Discrimination and Retaliation Prevention Policy," of the County of Ventura's Administrative Policy Manual, the County of Ventura has a zero tolerance policy for harassment, discrimination, and/or retaliation. If an employee feels they have been denied teleworking in violation of Chapter VIII (A) – 23, they may contact their HR Representative to file a complaint or they may file a complaint via the County of Ventura Compliance Hotline.

5. Long term changes to an employee's approved telework schedule (e.g., permanently switching from teleworking every Tuesday to every Thursday) will require the employee to submit a new agreement. However, if the change is on a temporary basis (e.g. switching from teleworking on Tuesday to Wednesday on a one time basis), such change does not require a new agreement, but will require prior supervisor approval.

6. Where the provisions of these guidelines differ from the “County of Ventura Employee Telework Program” Guidelines, the provisions of these guidelines shall prevail.

Agreed to this \_\_\_\_\_ day of November, 2022, by:

For the County:

For UAPD:

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Mike Curnow  
Labor Relations Manager

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Bryan Toledano  
Labor Representative