Why Keep a Patient Health Record?

Patient care is the number one reason that healthcare organizations compile patient health records. The record contains all communications between providers of care; it is a detailed picture of a patient's condition and treatment.

The medical record serves as the legal documentation of care provided to a patient by a facility. The medical record is the first line of defense in legal proceedings. If information is not documented, the consensus is that it did not occur.

management is an example of why medical records are utilized. Utilization reviews are performed in healthcare using different review types. Prospective review is a review that takes place

prior to care.

admission to

discharge. and

discharged from the facility.

retrospective reviews take place after the patient

has been

Concurrent review

takes place from

Ouality

Communication between providers is essential when caring for patients. The medical record may be the only form of communication between the various professionals providing care for the patient.

Reimbursement and billing are another reason medical records are important. Documentation is the source from which facilities bill for their services. The government and insurance companies have specific requirements for what needs to be documented in the medical record. These requirements are needed for claims to be approved and reimbursed.

The health of the population is a reason that medical records are maintained. Information in health records can be used to monitor public health issues, track outcomes of patients, check the use of services provided, and assess the overall health of a population.