

Healthcare Records Accuracy Audit

Simulated administrative case study | Fictional outpatient clinic | Documentation completeness and consistency

Project brief

A fictional outpatient clinic requested a pre-visit administrative records audit to identify missing intake information, inconsistent identifiers, and document-tracking gaps. This demonstration uses 12 entirely invented records (HC-001 through HC-012). It contains no real patient data, protected health information, or production EHR access.

Audit scope and method

For each record, compare the simulated appointment roster, intake tracker, insurance-document register, and consent status against the checklist below. Record only observed administrative inconsistencies; do not infer clinical facts, change insurance eligibility, or make coding decisions.

Audit check	Pass criterion
Identity fields	Name, synthetic record ID, and date-of-birth field present and internally consistent
Contact information	At least one contact route documented; required demographic fields completed
Insurance documentation	Payer and plan identifiers recorded when insurance is indicated; document status noted
Intake and consent	Required intake and consent status documented before visit
Record integrity	No potential duplicate record ID or conflicting appointment date
Document tracking	File names and checklist status align with tracker entries

Simulated audit overview

Records reviewed	Records with an issue	Total exceptions	High-priority flags
12	6	7	2

Counting rule: 7 exceptions were identified across 6 distinct records. Two exceptions require verification before check-in; they are not clinical risk ratings.

Findings and discrepancy log

Each exception is fictional. The status reflects the outcome of this desk-based simulation, not a real correction made in a medical record.

ID	Record	Issue observed	Priority	Recommended administrative action
E-01	HC-002	Insurance plan identifier absent	High	Request missing plan detail through approved intake channel; verify with authorized staff
E-02	HC-004	Consent status not recorded	High	Flag for authorized staff to obtain/confirm consent before applicable workflow proceeds
E-03	HC-005	Telephone field blank	Routine	Confirm preferred contact information and update via approved process
E-04	HC-007	Insurance card register says received; file register says missing	Routine	Compare document indexes and resolve conflicting statuses
E-05	HC-009	Appointment date differs between roster and intake tracker	Routine	Confirm correct date against scheduling system of record
E-06	HC-011	Possible duplicate file ID in document register	Routine	Escalate for identity/record integrity check; do not merge records independently
E-07	HC-011	Intake checklist marked complete while required demographic field is blank	Routine	Reopen checklist for authorized verification and documentation

Record-level review snapshot

No issues flagged: HC-001, HC-003, HC-006, HC-008, HC-010, HC-012. One exception: HC-002, HC-004, HC-005, HC-007, HC-009. Two exceptions: HC-011.

Exception disposition

All 7 findings are documented and pending verification. None is marked resolved: the simulated auditor has no authority or source evidence to correct records. This distinction demonstrates an important quality-control principle: identify, document, route, and verify before closure.

Workflow improvement recommendations

The recommendations below describe a proposed process, not changes that were implemented or measured.

Step	Proposed control	Why it helps
1. Intake	Standardize a pre-visit checklist for demographics, insurance, and consent	Makes missing fields visible before check-in
2. Cross-check	Compare appointment, intake, and document-status registers	Surfaces inconsistent dates and file states
3. Triage	Classify each exception as verification required or routine follow-up	Gives staff a consistent escalation path
4. Resolve	Have authorized personnel verify source information and update the record	Prevents unverified or unauthorized edits
5. Close	Record owner, verification date, evidence, and closed status	Creates an auditable correction trail

Sample audit checklist

For each record: ☐ identity fields complete ☐ contact route present ☐ insurance register reconciled ☐ intake status verified ☐ consent status recorded ☐ appointment dates consistent ☐ potential duplicate reviewed ☐ exceptions documented and assigned.

Illustrative handoff note

"12 synthetic records reviewed. Seven documentation exceptions were logged across six records; two are designated for pre-visit verification. No edits or record merges were performed. Please review the exception log, validate each item against the appropriate system of record, and document disposition before closing."

Skills demonstrated

Administrative records review | Data-quality auditing | Exception logging | Checklist design | Cross-source reconciliation | SOP drafting | Appropriate escalation

Scope and confidentiality note

This is an independently created simulation for portfolio demonstration, not a description of healthcare employment, certification, HIPAA compliance validation, or services rendered to a clinic. All records, issues, counts, and outcomes are invented. Actual healthcare work must follow employer policies, applicable privacy requirements, authorization rules, and approved secure systems.