

Clinical Record Policy

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1. Purpose

- 1.1 NZALS aims to provide patients with prosthetic, orthotic and rehabilitative care which facilitates them into living independent and productive lives, and recognises that the clinical record is fundamental to providing informational continuity of care. This Policy sets out NZALS' requirements in relation to clinical record keeping.
- 1.2 The purpose of this policy is to establish:
 - how an accurate, current clinical record will be maintained for every patient;
 - how that record will be stored to ensure it is accessible when required; and
 - how confidentiality and security of the record will be maintained.

2. Policy

- 2.1 When a patient presents for their first consultation at any NZALS Centre or Clinic, an electronic clinical record will be established in Manaaki. The record will include a registration or NHI number which is unique to that patient.
- 2.2 Each patient will have only one clinical record and all information pertaining to the patient will be entered directly into that record. If in exceptional circumstances this standard cannot be achieved and it is deemed necessary to store information in a separate location, this must be cross referenced in the patient's electronic clinical record (Manaaki) in such a way as to ensure that a functionally integrated record exists.

Access to Clinical Records

- 2.3 Clinical records may only be accessed by authorised persons, who are:
 - NZALS employees who require access to a record to fulfil their duties; or
 - persons contracted by NZALS who require access to a record to fulfil their duties, for example medical practitioners; or
 - persons contractually authorised to audit clinical records, which may include, but is not necessarily limited to, representatives of the Capital & Coast DHB and ACC.
- 2.4 Any other person wishing to access a clinical record, including patients or their authorised representatives, must lodge a request with the Privacy Officer, who will consider and respond to the request in accordance with the NZALS [Privacy Policy](#) and associated legislation.

Clinical Record Content

2.5 Clinical records must be in chronological order and contain as a minimum:

Patient Record:

- a front sheet with contains:
- DOB
- Doctor
- Amputation record
- Funder
- Demographic details
- NZALS patient registration or NHI number
- Next-of-kin and emergency contact details;
- Medical alerts, including allergies, adverse drug reactions, infection risks;
- Weight;
- Activity level; and
- Lifestyle
- DOD

Clinical Notes:

- a record of every consultation;
- the prosthetic prescription;
- outward correspondence relating to the patient, including referrals to other providers; and
- inward correspondence relating to the patient, including outcomes of referrals to other providers.

2.6 All forms used in documenting care must be NZALS approved, and include the patients name and registration or NHI number. A register of approved forms will be maintained.

Entries to Clinical Records

- 2.7 Entries may only be made by persons with authorised access to the record.
- 2.8 Every consultation or episode of care must be recorded as soon as possible after it has occurred, by the attending clinician and include all relevant information
- 2.9 The preferred nomenclature is **SOTAP** (or **SOAP**). The requirements for the SOTAP format are described in the NZOPA Board of Certification Rules as:
- **Subjective** – what the patient told you
 - **Objective** – what you learned from your assessment
 - **Treatment** – what treatment you used and what assistance, aids were required
 - **Assessment** – what the patient says about the treatment
 - **Plan** – what is the plan
- 2.10 It is acceptable for contracted medical practitioners to dictate the entry. When entered into Manaaki the note must be assigned to the correct owner and dated on the day recorded. If not checked by the owner the entry must be checked and signed by the patient's usual Clinical Prosthetist. This can be done electronically using the edit function by the reviewer adding a comment to this effect. Anyone responsible for typing clinical records should be provided with appropriate training, specifically to ensure that they are familiar with terminology they are likely to encounter.
- 2.11 Every record must be legible, dated and signed (or electronic authorship established).
- 2.12 In the event of a multi-disciplinary team meeting, it is acceptable for a single entry to be made by a designated clinician. Such an entry must clearly state who was in attendance at the meeting and include relevant information from the perspective of all clinicians. Individual clinicians remain responsible for ensuring this occurs.
- 2.13 Records must not be erased but may be amended if made in error. Amendments must be made in such a way as to maintain the legibility of the original record, with the reason for the amendment clearly documented, signed and dated.
- 2.14 Any request by a patient or their authorised representative to amend a record or to have the record amended must be referred to the appropriate clinician and the Privacy Officer. Such requests will be responded to in accordance with both this policy and the NZALS [Privacy Policy](#).

Storage and Retention of Clinical Records

- 2.15 Electronic clinical records and any supplementary paper records will be stored in places that are clean, secure, readily accessible to authorised users but inaccessible to unauthorised persons. This means:
- electronic records must be password protected and backed up, with backup tapes securely stored; and
 - paper records must be stored in lockable drawers or cupboards.
- 2.16 The [Data Protection Policy](#) sets out NZALS' requirements, and obligations under the Health Information Privacy Code and Privacy Act, in relation to ensuring the physical, electronic, and operational security of health information held by NZALS or its agents.
- 2.17 Under the Health (Retention of Information) Regulations NZALS must retain all health information for at least 10 years from the day after the date shown in the health information as the most recent date on which NZALS provided services to that patient.
- 2.18 NZALS also has obligations in relation to the retention of all records held by NZALS (including patient records) under the Public Records Act. NZALS is currently working with Archives NZ to determine the minimum retention periods for all NZALS records, including patient records, which may require patients' health information to be held longer than the minimum period of 10 years in the Health (Retention of Information) Regulations.
- 2.19 Before any patients' health information or clinical records are destroyed, transferred to another provider, or removed from NZALS by any means the Privacy Officer must be informed. If a patient's record is transferred to another provider, this should be done via registered mail or other secure means (not ordinary post). A copy of the record must be retained by NZALS for subsequent reference.
- 2.20 Health information held by NZALS continues to be covered by Rule 11 of the Health Information Privacy Code for 20 years following the death of a patient

Compliance

- 2.21 Compliance with this policy will be monitored through:
- peer review of patient records
 - an annual clinical record audit will be completed by an independent/third party.

3. Legal compliance

- [Privacy Act 1993](#)
- [Health Information Privacy Code 1994](#)
- [Public Records Act 2005](#)
- [Health \(Retention of Information\) Regulations 1996](#)
- [Health and Disability Commissioner Act 1994](#)
- [Code of Health and Disability Consumers' Rights 1996](#)
- [NZ Orthotics and Prosthetics Association](#)
- [NZ Medical Council](#)
- [NZ Physiotherapy Board](#)

4. Related Policies, Procedures and Forms

- [Management of Deceased & Inactive Patient Records](#)
- [Clinical Governance Policy](#)
- [Privacy Policy](#)
- [Privacy statement & Privacy Consent Form](#)
- [Data Protection Policy](#)
- [Internet & Email Use Policy](#)
- [Informed Consent Policy](#)
- [Quality Assurance Policy](#)
- [Prescription Policy](#)
- [Writing SOAP Notes Guidelines](#)
- *Records Management Policy*
- *Transfer and Disposal Policy*

5. Revision History

Author	Version number	Version date	Description of changes
Compliance Advisor	1.2	October 2016	Update LIMS to Manaaki
Compliance Advisor	1.1	March 2016	Inserted table of contents
CEO	1.0	December 2015	New policy