Health Record Auditing Procedure

1. Guiding Principles

Health record content and layout, areas where the health records are stored, the accessibility of health records and their disposal are to be regularly audited to ensure compliance with the WA Country Health Service (WACHS) Health Record Management Policy.

This procedure outlines the:
- standard tools to be used in auditing of health records, their accessibility, storage areas and their disposal
- methodology of auditing of health records
- nominated staff required to undertake health record audits
- reporting and evaluating compliance post audit completion.

2. Procedure

This procedure is to be read in conjunction with the WACHS Health Record Management Policy, Health Record Form Management Policy and Health Record Form Design Guideline.

Audit Tools:

1. The **WACHS Hospital Inpatient General Health Record Criteria Audit** is to be used for all compliance monitoring of inpatient health records within WACHS.
2. The **WACHS Hospital Inpatient General Data Integrity Criteria Audit** is to be used for compliance monitoring of accuracy of elements of the inpatient health records within the Patient Administration System (PAS) for WACHS.
3. The **WACHS Digital Health Record Criteria Audit** is to be used for all compliance monitoring of digital health records (BOSSnet Digital Medical Record) within WACHS.
4. The **WACHS Nursing Post/Health Centre (non-admitted sites) General Health Record Criteria Audit** is to be used for all compliance monitoring of nursing post/health centre sites (no inpatients) health records within WACHS.
5. The **WACHS Residential Aged Care General Health Record Criteria Audit** is to be used for all residential aged care health records within WACHS.
6. The **WACHS Health Record Storage Audit Tool** is to be used for all audits on health record storage areas within WACHS.
7. The **Retriever Health Records Requestor Survey** is intended for use by staff who request health records from a facility/site health record department or storage area.

8. The **Requestor Health Record Retrieval Survey** is to be used by staff that retrieves records on behalf of the facility/site health record department or storage area.

9. The **WACHS Spot-Check Point of Care Audit Tool** is to be used in conjunction with the site inpatient census to spot-check audits on health records available at the point of care.

10. The **WACHS Health Record Destruction Survey** audits the compliance of disposal and destruction of health records at WACHS regions and facilities with the required policies and standards.

11. The **WACHS Command Centre Health Record Audit** is to be used for all compliance monitoring of Command Centre records within WACHS.

Methodology:

Methodology of each audit is identified below:

1. **WACHS Hospital Inpatient General Health Record Criteria Audit** is to be undertaken by all sites with inpatient activity, annually as a minimum.
   - Health Information Management (HIM) Site Administration Coordinator and/or delegate, such as a senior clinician, clinical manager or safety and quality officer are to complete the audit.
   - A randomly selected sample of records with sample size based on the volume activity at the individual site is to be audited; with small sites having at least five (5) records completed and larger sites completing at least twenty (20) records.
   - Audit is to be completed and entered directly into the electronic data collection tool.

2. **WACHS Hospital Inpatient General Data Integrity Criteria Audit** is to be undertaken by all sites with inpatient activity, annually as a minimum.
   - HIM Site Administration Coordinator and/or delegate is to complete the audit.
   - A randomly selected sample of records with sample size based on the volume activity at the individual site is to be audited; with small sites having at least five (5) records completed and larger sites completing at least twenty (20) records.
   - Audit is to be completed and entered directly into the electronic data collection tool.

3. **WACHS Digital Health Record Criteria Audit** is to be undertaken by all areas with a Digitised Medical Record (DMR such as BOSSnet) or electronic records (such as CHIS) annually as a minimum.
   - HIM Site Administration Coordinator and/or delegate is to complete the audit.
   - A randomly selected sample of records with sample size based on the volume of activity at the individual site is to be audited; with small sites having at least five (5) records completed and larger sites completing at least twenty (20) records.
   - Audit is to be completed and entered directly into the electronic data collection tool.

4. **WACHS Nursing Post/Health Centre General Health Record Criteria Audit** is to be undertaken at all Nursing Post and Health Centre (non-inpatient) sites, annually as a minimum
   - HIM Site Administration Coordinator and/or delegate is to complete the audit.
   - A randomly selected sample of records based on the volume of activity at the individual site is to be audited, with a minimum of five (5) records to be audited.

- Audit is to be completed and entered directly into the electronic data collection tool.

5. **WACHS Residential Aged Care General Health Record Criteria Audit** is to be undertaken at all residential aged care facilities, annually as a minimum.
   - HIM Site Administration Coordinator and/or delegate is to complete the audit.
   - A randomly selected sample of records with sample size based on the number of residents placed at the time of audit is to be audited, with a minimum of five (5) records to be audited.
   - Audit is to be completed and entered directly into the electronic data collection tool.

6. **WACHS Health Record Storage Audit** is to be undertaken annually as a minimum.
   - HIM Site Administration Coordinator and/or delegate is to complete the audit.
   - Audit is to be completed and entered directly into the electronic data collection tool.

7. **Requestor Health Record Retrieval Survey** link or direction to the tool link should be sent out to regional staff or made available for staff for survey completion at least annually by HIM Site Administration Coordinator and/or delegate.
   - Survey Tool link is to be sent out to relevant staff via regional global email process.

8. **Retriever Health Record Retrieval Survey** link or direction to the tool link is to be sent out to regional staff or made available for staff for survey completion at least annually by HIM Site Administration Coordinator and/or delegate.
   - Survey Tool link is to be sent out to relevant staff via regional global email process.

9. **WACHS Spot-Check Point of Care Audit** should be undertaken annually as a minimum.
   - HIM Site Administration Coordinator and/or delegate is to complete the audit.
   - All inpatients on the ward at the specified date and time to be reviewed to ensure their health record is located at the bed-side or nurses station.
   - Audit is to be completed and entered directly into the electronic tool.

10. **WACHS Health Record Destruction Survey** link or direction to the tool link is to be sent out to regional staff or made available for relevant staff for survey completion at least annually by HIM Site Administration Coordinator and/or delegate.
    - Survey Tool link is to be sent out to relevant staff via regional global email process.

11. **WACHS Command Centre Health Record Audit** is to be undertaken by the Command Centre, annually as a minimum.
    - Command Centre Health Information Manager and/or delegate is to complete the audit.
    - A randomly selected sample of the records with sample size based on the volume of activity at the individual site is to be audited, with small sites having at least five (5) records completed and larger sites completing at least twenty (20) records.

- Audit is to be completed and entered directly into the Command Centre data collection tool.

Reporting, Action Planning and Governance:

As per Appendix A – Health Record Audit Governance Process, the Regional Health Information Manager is responsible for the data collection and reporting of the above listed audits and surveys, unless otherwise specified. A consolidated report of all the above audits should be completed, identifying key themes and findings as well as a WACHS Action Plan identifying key recommendations to be carried out at a whole of WACHS level. A regional report is to be completed and tabled at the relevant regional governance committee by October of each calendar year and communicated through to relevant clinical staff. This should include a regional action plan to address the regional themes and findings identified.

The WACHS Program Manager, Health Information Management is to receive the regional reports with any action plans and prepare a consolidated WACHS Health Record Annual Audit Report for tabling at the WACHS Health Information Management (HIM) Subcommittee at the December meeting for review and planning. The WACHS HIM Subcommittee is responsible for any action plan and strategy development. High or extreme risk findings are to be escalated to the WACHS Digital and Data Information Sub-Committee (D&DISC) in the following January meeting and, if appropriate, the WACHS Clinical Governance and Patient Safety Committee.

The consolidated WACHS report and action plan is to be tabled at the WACHS D&DISC and, if appropriate, the WACHS Clinical Governance and Patient Safety Committee for review annually, as well as for noting at the WACHS Executive Committee.

3. Definitions

Health Record	A health record is the compilation of information for a patient's health history, past and present, organised in such a manner that critical information concerning a patient is immediately accessible.
Patient Administration system (PAS)	The principle application used within the health organisation to uniquely identify a patient and record demographic and activity data central to health record management and reporting.

4. Roles and Responsibilities

Program Manager, Health Information Management
The Program Manager, Health Information Management is responsible for the consolidation and population of the WACHS Health Record Annual Report, management of the WACHS Action Plan and changes to the tools in consultation with the WACHS HIM Subcommittee.

Regional Health Information Manager / Delegate
All Regional HIMs are required to ensure appropriate staff have access to the survey tools and ensure local/regional action plans are in place to address health record issues and populate reports for training/management requirements.

Health Information Management Site Administration Coordinators / Delegate
All HIM Site Administration Coordinators (or delegates) are required to undertake the Health Record Audit as per the methodology above.

All Staff
All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

This procedure is a mandatory requirement under the *Health Services Act 2016*. Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System and be managed in accordance with the Records Management Policy

All WACHS clinical records must be managed in accordance with Health Record Management Policy.

7. Evaluation

This procedure is to be reviewed annually through the WACHS HIM Subcommittee, as a part of the WACHS Health Record Annual Report process. Associated tools are also to be reviewed with any changes / updates being endorsed through the Subcommittee.

This procedure aims to ensure compliance of the WACHS Health Record Management Policy, Health Record Form Management Policy and Health Record Form Design Guideline.

8. Standards

National Safety and Quality Health Service Standards - 1.16a, 1.16b and 1.16d

9. Legislation

Freedom of Information Act 1992 and Regulations (WA)
Health Services Act 2016 and Regulations (WA)
State Records Act 2000 and Regulations (WA)
Occupational Safety and Health Act 1984 and Regulations 1996 (WA)

10. References

Australian Standard 2828.1 (2019) – Health records Part 1: Paper health records
Australian Standard 2828.2 (2019) – Health records Part 2: Digitized health records
International Standard 15489-1 and 15489-2 on Records Management
New South Wales State Records Guidelines

11. Related Forms and Tools

WACHS Health Record Audit Process Flowchart
WACHS HIM Quality Improvement intranet page:
- BOSSnet Medical Record Audit Tool
- WACHS Hospital Inpatient General Health Record Criteria Audit
- WACHS Hospital Inpatient General Data Integrity Criteria Audit
- WACHS Health Record Destruction Survey
- WACHS Health Record Storage Audit Tool
- WACHS Nursing Post General Health Record Audit
- Requestor Health Record Retrieval Survey
- WACHS Residential Aged Care (RAC) Health Record Audit
- Retriever Health Record Retrieval Survey
- WACHS Spot-Check Point of Care Audit Tool

12. Related Policy Documents

WACHS Health Record Management Policy
WACHS Residential Aged Care Health Record Procedure
WACHS Health Record Form Management Policy
WACHS Health Record Form Design Guideline
WACHS Documentation Clinical Practice Standard

13. Related WA Health System Policies

MP0152/21 [Information Management Governance Policy](#)
MP0015/16 [Information Access, Use and Disclosure Policy](#)
MP0067/17 [Information Security Policy](#)
MP0144/20 [Information Retention and Disposal Policy](#)
MP0145/20 [Information Storage Policy](#)
MP0010/16 [Patient Confidentiality Policy](#)

14. Policy Framework

[Information and Communications Technology](#)
[Information Management](#)
[Legal](#)

15. Appendix

[Appendix A – Health Record Audit Governance Process](#)

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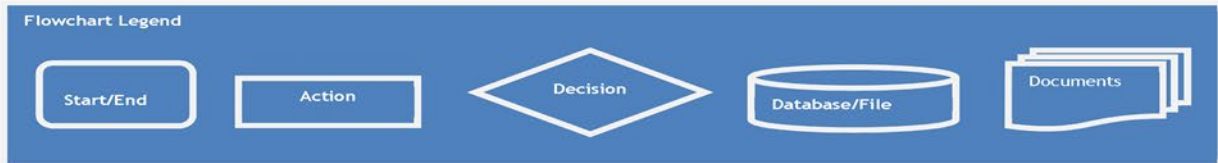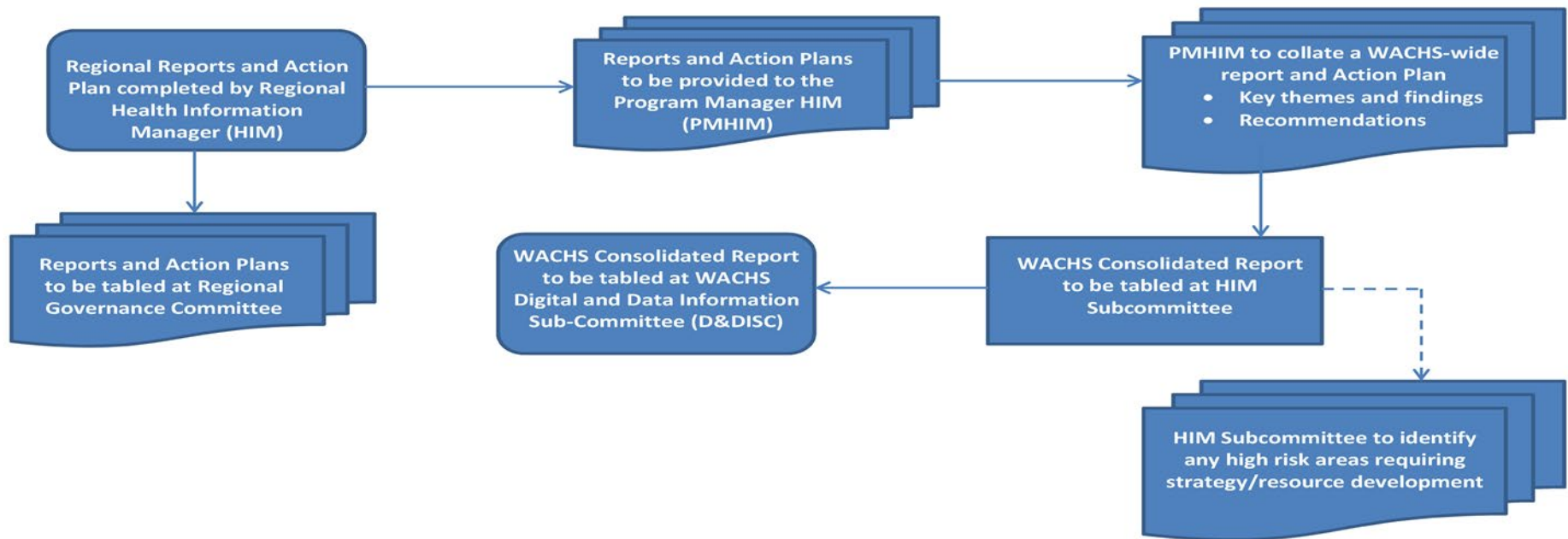on request for a person with a disability**

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Appendix A – Health Record Audit Governance Process

WA COUNTRY HEALTH SERVICES
HEALTH RECORD AUDIT GOVERNANCE STRUCTURE

Regional Reports and Action Plan completed by Regional Health Information Manager (HIM)

Reports and Action Plans to be provided to the Program Manager HIM (PMHIM)

PMHIM to collate a WACHS-wide report and Action Plan
- Key themes and findings
- Recommendations

Reports and Action Plans to be tabled at Regional Governance Committee

WACHS Consolidated Report to be tabled at WACHS Digital and Data Information Sub-Committee (D&DISC)

WACHS Consolidated Report to be tabled at HIM Subcommittee

HIM Subcommittee to identify any high risk areas requiring strategy/resource development

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Flowchart Legend

Start/End | Action | Decision | Database/File | Documents