Residential Aged Care Health Record Procedure

1. Guiding Principles

The purpose of this procedure is to provide guidance and structure to the storage, management, documentation and filing of residential aged care records within the WA Country Health Service (WACHS).

This procedure complements the WACHS Health Record Management Policy.

Residential aged care records within the WACHS are to be issued to all new aged care residents.

Residential aged care records relate to paper records, electronic records, images, recorded consultations and telehealth records.

2. Procedure

2.1 Patient Identification and Record Numbering

Every resident is to be registered once in the appropriate, approved patient administration system (PAS) with a unique identification number allocated to be used for all health record documentation related to that patient.

The cover must identify the record as an aged care record. All other aspects of the aged care record cover are to comply with the requirements set out in the Health Record Management Policy.

2.2 Components of the Residential Care Record

The residential care record is to be contained within a folder/cover and attached by a clip or other securing non-metal device.

Residential aged care records are to have dividers with identification tabs for each section within the record. These dividers are to be arranged in the following order:

- Demographics / Alerts
- Record Summaries
- Investigations / Lab Divider
- Correspondence Divider
- Legal Divider
- Admission Record
  - Progress Notes
  - Assessments
  - Care Plans
  - Observations
  - Medications

Forms are to be filed as per the WACHS Residential Aged Care Services Order of Forms.

2.3 Working Files

Facilities can adopt the use of a working file for bedside use. This must be set up in an A4 File with the above identified sections/dividers. This is to be transitioned into the aged care record at least quarterly.

2.4 Collating and Filing of the Residential Care Record

Residential aged care records are used continuously through the resident's accommodation at the facility and are to be collated regularly. This is to ensure that the records and documentation are complete and easy to find. The face of each form in the health record is to contain patient identification. This may be handwritten or by using a patient identification label.

2.5 Volumising Residential Care Records

Residential care records are difficult to handle due to the size and weight, and therefore typically need to be volumised, to ensure ease of use and to maintain a good condition. It is recommended that residential aged care records be volumised by calendar year.

Where records grow larger than the maximum thickness, the volumising process is to be undertaken as follows:

1. Make a new health record cover with all patient details and the following are brought forward:
    a. Current alerts and agreements
    b. Current assessments
    c. Current medication charts
    d. Most recent discharge summary (if applicable).
2. Identify the volume number on the file along with the total number of volumes in the set (i.e. 2 of 2 or II of II). Also document this on the original record.
    a. Commencement and ending dates may also be documented on the cover.
3. Ensure all year information is kept together and new year information is commenced in a new record
4. All volumes of active residents need to be maintained onsite in either primary or secondary storage areas and are to be kept in one location with the active health record.

2.6 Storage of Residential Care Records

Residential care records must be situated in an appropriate environment to ensure ease of access, preservation and security of information, as per the Health Record Management Policy.

2.7 Tracking of Residential Care Records

Local record tracking is to be employed for residential care records, as per the Health Record Management Policy.

2.8 Documentation Within the Residential Care Records

All documentation within an aged care record is to comply with the WACHS Documentation Clinical Practice Standard and Health Record Management Policy requirements.

3. Roles and Responsibilities

Health Information Manager
The Health Information Manager (HIM) is responsible for the systems management of health records within the region. The HIM is responsible for monitoring compliance and undertaking procedure development with regard to health record management in the region. They are also the point of contact for significant issues and concerns in relation to health records.

Operations and Site Managers
Operations and Site Managers are responsible for implementing and ensuring compliance with systems and processes established by the Health Information Manager for health records management. Operations and Site Managers are accountable for health records management for their respective hospitals / sites.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to work. Any staff member that accesses a residential care record must maintain patient confidentiality as per the Patient Confidentiality Policy.

4. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Employment Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (HSA) 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.

5. Evaluation

Monitoring of compliance with this document is to be carried out by the Regional Aged Care Manager or delegate, at least annually using the following means / tools:

- WACHS Storage Audit Tool
- Regional reviews.

6. Definitions, Standards, Legislation, References, Related Forms and Policy Documents

See the WACHS Health Record Management Policy.

This document can be made available in alternative formats on request for a person with a disability

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