



# 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, the WACHS Forms Management Policy and Form Design Guidelines.

### 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 and CHIS) 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.

### **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.
  - Regional Health Information Manager 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.
  - Regional Health Information Manager 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.
  - Regional Health Information Manager 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
  - Regional Health Information Manager 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.
  - Regional Health Information Manager 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.
  - Regional Health Information Manager 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 Health Information Managers 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 Health Information Managers 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.
  - Regional Health Information Manager and/or delegate is to complete the audit.
  - All inpatients on the ward at the specified date and time to be reviewed to ensure medical 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.

- Survey Tool link is to be sent out to relevant staff via regional global email process.

**Reporting, Action Planning and Governance:**

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) Network at the December meeting for review and planning. The WACHS HIM Network is responsible for any action plan and strategy development. High or extreme risk findings are to be escalated to the WACHS Information Governance Sub-Committee 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 Information Governance Sub-Committee 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**

<b>Health Record</b>	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.
<b>Patient Administration system (PAS)</b>	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.
<b>Primary storage</b>	Area where the health records of current patients are stored. Records are generally those of patients who have attended the facility or had a service within the last three (3) to six (6) years. This timeframe is determined by individual sites based on clinical needs and storage availability.

<b>Unit medical record number (UMRN)</b>	Unique number used for identifying each patient that is retained from first attendance to after death.
<b>Volumising</b>	Process to accommodate health records of frequent attending patients which have become so thick that additional folders are needed to house one, complete health record.

### 4. Roles and Responsibilities

#### **Regional Health Information Manager / Delegate**

All Regional HIMs (or delegates which could be a senior clinical manager, clinician or safety and quality officer) are required to undertake the audits as per the methodology above or ensure appropriate staff have access to the survey tools and ensure local/regional action plans are in place to address any areas and to populate reports.

#### **Program Manager, Health Information Management**

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

#### **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

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](#) (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. Evaluation

This procedure is to be reviewed annually through the WACHS HIM Network, 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 network.

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

## 7. Standards

National Safety and Quality in Healthcare Service (NSQHS) – Standard 1.16

## 8. Legislation

[Freedom of Information Act 1992](#) and Regulations (WA)

[State Records Act 2000](#) and Regulations (WA)

[Occupational Safety and Health Act 1984](#) and Regulations 1996 (WA)

## 9. References

Australian Standard 2828.1 (2012) – Paper based health records

Australian Standard 2828.2 (2012) – Interim Digitised (scanned) health record system requirements

International Standard 15489-1 and 15489-2 on Records Management

New South Wales State Records Guidelines

## 10. Related Forms and Tools

WACHS [HIM Quality Improvement intranet page](#):

- WACHS [Hospital Inpatient General Health Record Criteria Audit](#)
- WACHS [Hospital Inpatient General Data Integrity Criteria Audit](#)
- WACHS [Health Record Storage Audit Tool](#)
- [Requestor Health Record Retrieval Survey](#)
- [Retriever Health Record Retrieval Survey](#)
- WACHS [Spot-Check Point of Care Audit Tool](#)
- WACHS [Health Record Destruction Survey](#)
- WACHS [Health Record Audit Process Flowchart](#)

## 11. 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](#)

## 12. Related WA Health System Policies

[MP0011/16 Data Stewardship and Custodianship Policy](#)

[MP0015/16 Information Use and Disclosure Policy](#)

[MP0067/17 Information Security Policy](#)

[OD0559/14 Information Storage and Disposal Policy](#)

[MP0010/16 Patient Confidentiality Policy](#)

[MP0002/16 Patient Information Retention and Disposal Schedule](#)

## 13. Policy Framework

[Information and Communications Technology](#)

[Information Management](#)

[Legal](#)

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## Appendix A – Health Record Audit Governance Process

