



Health Record Form Management Policy

1. Background

The WA Country Health Service (WACHS) is required to uphold stringent record keeping and documentation standards ensuring the health record **form** complies with:

- the Australian Standards (AS2828) for Paper Based and/or Digitized (scanned) health records and
- the mandatory Forms Print Management Contract (HCNS 219707) for high usage forms (3000+ copies per annum).

This policy is to be read in conjunction with the [Health Record Management Policy](#) and [Health Record Form Design Guideline](#).

2. Policy

2.1 Health Record Forms are Policy Documents

Health record forms are strongly aligned with clinical policy being [defined as policy documents](#). The process for their development is identical to that of all WACHS policy documents. Refer to the [Life Cycle of a Policy Document](#) intranet page for further resources and information.

The format of the health record may be in hard copy, electronic or other form, and unless otherwise indicated, the provisions of this policy apply equally to all health records regardless of the media.

It is imperative that WACHS wide form enquiries are directed to the Manager, Health Record Forms (WACHS.FormsManagement@health.wa.gov.au) for advice and consultation.

The key WACHS governance group responsible for the approval to develop clinical policy documents (including health record forms) is the [WACHS Clinical Practice Standards Reference Group](#) (CPSRG). Governance synergy co-exists with the WACHS Policy Unit, Safety and Quality Unit, Health Information Management as well as CPSRG membership.

In WACHS, executive sponsors, content experts and clinical leads are assigned to National Safety and Quality Health Service Standards (NSQHSS) portfolios. It is recommended to engage the appropriate clinical lead (if applicable) and link into related WA Health / WACHS committees, networks and advisory groups. Approval to develop requests must be signed off by a WACHS Tier 4 manager before progressing to the CPSRG.

2.2 The Clinical Practice Standards Reference Group (CPSRG)

The CPSRG consists of WACHS Executive and Program area representatives with an inter-disciplinary approach to new policy development. Aligned to evidence based best practice, policy, Clinical Practice Standards and Healthcare Record Standards (AS2828). The CPSRG terms of reference and other supporting documents are available via the WACHS [Clinical Practice Standards Reference Group](#) intranet page.

2.3 Clinical Policy Priority Assessment

Policy development requires an assessment of priority against:

- evaluation of risk (using [WA Health Risk Evaluation Criteria](#)) which determines the likelihood and consequence of the risk
- assessment of urgency considering:
 - recommendation from clinical incident and / or coronial investigation
 - identification of gaps against National Standards for accreditation
 - new legislation / government requirements.
- capacity within WACHS to develop within the forward 12 month period.

2.4 WACHS Policy Priority Assessment Matrix

Level of Risk	Extreme	1	1	1	1
	High	2	2	1	1
	Medium	3	3	3	2
	Low	4	4	4	2
		Low	Medium	High	Extreme
		Level of Urgency			

3. Forms Process

There are **two streams of the WACHS health record forms process** governed by the CPRSG and embedded in the current policy framework:

- WACHS wide health record forms (including a grouped submission for a forms suite for a program / professional group)
- inter-regional health record forms.

3.1 WACHS Health Record Form

This is a standardised form for **WACHS wide use**. There are significant benefits with patient safety outcomes and clinical consistency optimised and cost effective printing due to economies of scale.

The group submission is designed to streamline processing and support form standardisation across WACHS. One submission factoring in a forms suite may be suitable for a WACHS program area, discipline or network group working toward the development of a standardised form suite or series.

Note: A form following the WACHS wide stream **does not** then require subsequent approval at a local or regional forms committee as it is deemed to be overarching of this.

3.2 Inter-regional Health Record Form

This is a form **applicable for use across several regions, but not all** (often due to co-funded programs). In these cases, the Regional Health Information Managers (or voting proxies) must co-allocate a viable MR number. The Manager, Health Record Forms can assist to propose a suitable MR number in accordance with existing form numbering.

3.3 Site or Region specific Health Record Form (not overseen by the CPSRG)

These forms are **applicable to one health site or one region only**. Approval to develop these forms is initially via the relevant local or regional governance process, with final approval via submission to the Policy Unit (see [2.1](#)).

It is recommended that advice be sought from the Regional Health Information Manager on the appropriate Regional Forms Committee (if applicable) or Safety & Quality Unit regional form governance process.

3.4 e-Forms

As hardcopy forms are replaced by health and clinical information systems, development of forms within applications need to be consistent with hardcopy forms utilised for system downtime. Any e-form development must be managed as per [3.1](#), [3.2](#) or [3.3](#) as relevant to the scope of the information system.

4. Health Record (MR) Numbering and Barcoding

Health record forms must adhere to strict design standards outlined in the Australian Standards AS2828 (see [Health Record Form Design Guideline](#)) with the assignment of an official Health Record (MR) Number and barcode to validate correct placement, form use and care category sequential to the patient journey.

Only **authorised** personnel can assign MR numbers and barcodes so there is a synchronicity with existing health record forms suites, numbering sequence and registers.

The Manager, Health Record Forms oversees the assignment of WACHS wide MR numbers via voting consensus with all seven Regional Health Information Managers (or their voting proxies). A viable MR number and barcode is proposed with consideration of all existing health record form registers to avoid any site or regional conflict or impact.

Note: Regional Health Information Managers or their designated proxies can assign local or regional specific MR numbers and barcodes.

Trial forms are required to have an MR number prefixed by "T" denoting trial status (e.g. TMR ## Form Name). A trial watermark is required with the trial period noted with the version details at the form footer.

5. Photocopying Forms / Forms without MR Numbers

Photocopying health record forms for use within the health record is **strictly not permitted**. Originals are always to be maintained in the health record and any copies of content be managed in accordance with the Patient Information Retention and Disposal Schedule. Any copying of content must comply with relevant release of information policies.

Note: There may be special provision for photocopied forms in certain clinical circumstances (e.g. WACHS Emergency Telehealth Service (ETS) consultation forms / hand held record copies) that may be required as an urgent enabler to the continuum of patient care. This is often as an interim measure to sourcing the original.

Refer to the [Health Record Management Policy](#) for guidance on filing placement of those forms without MR numbers. There are permissible forms without MR numbers (i.e. referrals, reports, legal forms) that are authorised for inclusion in the health record without MR numbers. For validation on official health record forms, contact the [Manager, Health Record Forms](#).

6. Forms Development

6.1 Considerations

Creating a new health record form must consider the impacts to:

- interact effectively with clinical workflow and associated clinical information systems
- increased staff work load due to form completion, subsequent processing and filing
- increased health record physical size which could impact storage space and have potential Occupational Safety and Health (OSH) issues due to increased weight
- usage to establish sustainable and cost effective form printing volumes
- current or associated forms that may require review, withdrawal or superseding.

It is strongly recommended to conduct a trial or pilot implementation of a form to ensure it is practical and functional in the clinical setting. Impacts can then be identified and addressed in a revision prior to a large print run or full implementation.

6.2 Criteria for Form Development

The WACHS Manager, Health Record Forms can assist to facilitate the following information working in conjunction with WACHS form developers:

- Does a similar form already exist? Yes No
- If YES, does it need to be reviewed? Yes No

Forms are to undergo review based on risk management strategy similar to policy / procedural review or on an individual needs basis. A review period of two to five years is a guide only, and should be determined on a form by form basis. A form may be required to be reviewed sooner due to any clinical, workflow, practice or system changes that may impact the form.

- Is there a WA Health / WACHS form that should be used? Yes No

The Manager, Health Record Forms can undertake research to source an equivalent form / or corresponding forms templates / samples.

- Does this form have policy / practice implications? Yes No

The Manager, Health Record Forms can liaise with the WACHS Policy Unit / Safety & Quality Unit and relevant CPSRG personnel to assist to assess these impacts.

- Does the form meet the Australian Design Standards (AS2828)? Yes No

The Manager, Health Record Forms can provide an appropriate WACHS generic forms template and review the form in accordance with the AS2828 to ensure compliance. Ongoing advisory support is available.

- Has consultation with key stakeholder groups been conducted? Yes No

The Manager, Health Record Forms can recommend / suggest relevant contact for this via already established networks / committees.

- Determine usage and printing requirements

The Manager, Health Record Forms can assist to determine usage and production issues.

High use forms (3000+ per annum) are **mandated** for printing via the state wide printing contract.

Low use forms (below 3000) can be produced locally / on site dependent on usage volumes.

Please refer to the **Health Record Form Design Guide** for further detail related to trial implementation / evaluation / design and print production.

7. Roles and Responsibilities

WACHS Manager, Health Record Forms is responsible for ensuring WACHS health record forms are compliant with Australian Standards in regard to form numbering, barcode assignment, layout and format. Guiding the form development process and ensuring cost effective forms print production management.

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.

8. 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.

9. Evaluation

Evaluation of this policy is to be carried out by the WACHS Manager Health Record Forms in consultation with the WACHS Health Information Managers Network and is to be undertaken using the Medical Records Audit Tool, regional reviews and ongoing feedback from regional form leads.

10. Standards

[EQulPNational Standards](#) – Standard 14: Information Management - 14.1.1

11. Legislation

[State Records Act 2000](#) and Regulations

12. References

Australian Standard[®] (AS2828 – 2012) Health Records - Part 1: Paper-based health records and Interim Australian Standard[®] (AS2828.2 (Int) – 2012) Part 2: Digitized (scanned) health record system requirements

WACHS Kimberley, Health Record Documentation Procedure (August 2013)

WA Health, Legal and Legislative Services, Guidelines for Good Health Record Keeping

WA Health, Clinical Casemix Handbook (2012 – 2013) Version 3

WA Health, Health Information Planning Unit, Form Design and Documentation Standards for Health Records (June 2001)

Department of Health, NSW, State Health Forms Policy PD2009-072 (Nov 2009)

Royal Children's Hospital, Melbourne: Forms Design & Development Guide (2006)

World Health Organization, Medical Records Manual: A Guide for Developing Countries (2006)

13. Related Policy Documents

WACHS [Health Record Management Policy](#)

WACHS [Health Record Auditing Procedure](#)

WACHS [Residential Aged Care Health Record Procedure](#)

WACHS [Health Record Form Design Guideline](#)

WACHS [Documentation Clinical Practice Standard](#)

14. WA Health Policy Framework

[Information Management Policy Framework](#)

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

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