

E.09 Client Records

1.0 INTRODUCTION/BACKGROUND

Client records are a critical foundation to the provision of appropriate support/treatment by Mercy Services. Client records are maintained by Mercy Services staff to:

- a. accurately record our involvement with the client and establish a tangible record of client contact, interactions and experiences over time;
- b. enable service delivery;
- c. contribute to client autonomy and safety;
- d. support best practice in client support and care;
- e. ensure information is accurate and easy to find;
- f. minimise duplication/repeated requests for the same information;
- g. (within privacy requirements) inform resource management, quality improvement, service planning and strategic planning;
- h. clearly state the reasons for decisions made, the different options considered;
- i. identify potential risks, concerns or difficulties and put controls in place to manage these risks;
- j. provide accountability to clients, organisations and the legal system should the records be required; and/or
- k. assist with clinical supervision, training and quality review purposes.

2.0 SCOPE

The scope of this policy applies to the establishment, review, maintenance and storage of Mercy Services client records by all Mercy Services employees/volunteers.

3.0 POLICY STATEMENT

Mercy Services is committed to ensuring that the content and use of client records support best practice in client support and care, minimise duplication, and may (within privacy requirements) inform resource management, quality improvement, service planning and strategic planning.

4.0 PROCEDURES

4.01 Standard of client records

Verifiable Factual Information such as names, addresses, birth dates, ethnic origin and such. Ensure that everything that you record is accurate, factual, complete and up to date. Only record information that is relevant to the service's functions and activities. Case notes should be unbiased and not contain judgemental statements. Avoid opinions, though "opinions", if recorded, will be carefully sourced

or attributed and supported by research or other measures such as clinical tools and assessments. If contested by the client, either “opinions” or “facts” should be impartially recorded. If the client is the source of the information state this “client said...”

Hearsay (i.e., information received from a third person to which the client was not privy) should also be carefully and impartially sourced and attributed and where possible be recorded in direct speech, using the exact words of the conversation. Subjective or judgmental comments should be excluded from all client records.

Description or Direct Observation - Descriptive recording of direct observation should only be made in terms of the aims and purposes of intervention and should avoid inclusion of any unnecessary or irrelevant information. Any behaviour directly observed by the employee will be described, not proscribed or labelled. The record should merely contain a concise, jargon-free, accurate description of such behaviour.

Record-keepers will always clearly write the date of the entry and their name and their position or professional qualification.

4.02 Letters

The requirements in 4.01 also apply to any letters written regarding the client.

Coordinators/Counsellors/Case Managers can write standard letters e.g. to tell GP that client has started with Mercy Services or a note attached to a document. (also see policy D.13 Document Management).

A Manager/CEO must counter sign letters from Coordinators/Counsellors/Case Managers e.g., staff/volunteers references; letters of support; Public Guardian, legal, publicity.

4.03 Contents of Client paper (office) file

The contents of client paper files are set out in the file audit lists which are appendices to the C.04 Program Performance & Monitoring Policy.

4.04 Three points of identification/unique identification number

Each client is assigned a number as a unique identifier which will be used for only that client on the first and every subsequent attendance at the organisation. Before a unique identifier is assigned to the person a check will be completed using their date of birth and name to ensure they are not accidentally assigned a second unique identifier. The client database will be used to record and assign unique identifier numbers for aged and disability program clients. Other programs will have their own databases.

4.05 Client home file

Some Mercy Services programs leave a communication book or file with progress notes in the client's home to aid communication between those who are supporting the client. These notes are the property of Mercy Services and must comply with the standards of record keeping outlined in this policy.

4.06 Electronic client files

Some Mercy Services use an electronic client database/information management program. The same standards of record keeping outlined in this policy apply to notes in electronic form.

All Mercy Services using Carelink+ will:

- a) make Care Notes to record all relevant information and *communication - especially that which would help staff know the client's situation and needs if the usual Coordinator was not available*;
- b) record file notes/care notes in that software program and not in a paper client file;
- c) record all client occasions of service and rosters of staff in that software program;
- d) use the alert function in that software to communicate if there is information or procedures that staff assisting the client need to be aware of to ensure the safety of that client and those who come in contact with them;
- e) ensure that the ONI is recorded in that software program;
- f) ensure that the contact details in that software program are kept up to date for the client and those the client has consented to Mercy Services communicating with;
- g) ensure that the software program has up to date client instructions for how Mercy Services should respond to emergencies involving that client; and
- h) record in that software program the list of people/agencies that the client has given consent for Mercy Services to communicate with regarding their care.

AOD and Parenting files

Electronic files recording identifiable AOD and Parenting service client information will be password protected. De-identified client records will be restricted to the access of only clinical and direct managerial staff.

The responsible staff member will conduct a test of the completeness/accuracy of Minimum Data Set data (and other client demographic data required by funding agencies) before submitting it to the relevant Government agency.

4.07 Accuracy

The accuracy and completeness of client files will be assessed through regular and randomly selected file audits as outlined in C.04 Program Performance and Monitoring Policy. The accuracy of client service data will be validated/verified by comparing proposed and actual client service where applicable.

4.08 Clients and their files

The Coordinator/Director of Care/relevant staff will provide the client with the written outline of the Mercy Services Privacy Policy including: what information Mercy Services holds regarding clients; why it is collected; how it is stored; how it is used; who has access to it; and the process for a client wanting to see their own file.

4.09 Record security

Each client is allocated an organisation specific unique identifier to ensure that multiple records are not kept and to enable a record to be kept that does not immediately disclose the identity of the client.

In the interests of maintaining strict confidentiality, each client record (e.g. file) will be kept in a locked filing cabinet at the workers' administrative base.

Files should be stored in the filing cabinet when not in use.

Keys to the filing cabinet holding client records will be held by the relevant Coordinator/Director of Care/relevant staff and spare key held by the CEO or Administration.

If for some reason, the record is required away from that base, the worker will ensure that the record is always kept in a secure and private place so that only authorised staff members have access to the record. Files removed from the office should be placed inside a plain manila folder/envelope which does not identify the client.

4.10 Length of Time Records Are Held

Record storage and disposal is detailed in the policy D.13 Document Management.

4.11 Disclosure of information in Client Record

Disclosure of Information

All Mercy Services staff and volunteers must be aware that information will not be shared with another person without the prior permission of the person from whom the information was obtained. There are some exceptions to this rule described in the Privacy Policy.

Subpoena of Records

A Subpoena is a court document or writ requiring a person to appear at court as a witness and/or certain documents to be produced in court at a certain time. If the party subpoenaing a record can prove to the Magistrate that the record is relevant to the matter before the court, then the agency is obliged to comply.

The information is then forwarded to the court in an envelope marked 'Magistrate Only'. If the agency is concerned about sensitive information, a covering letter may be sent outlining such concerns. The magistrate will confer with other legal representatives and rule on the matter.

Numbering pages in sequence helps in such circumstances to show that a record is intact.

4.12 Compliance

As a way of checking that this policy is being complied with the relevant Manager will conduct a quarterly client file audits as described in Policy C.04 Program Performance & Monitoring. If a deviation from the policy is found to have occurred the Manager will address this with the relevant staff.

4.13 Evaluation

The performance indicators for the evaluation of this policy are:

- 95% of relevant staff have completed Mercy Services training in records creation and management; and
- 90% satisfaction with the quality and completeness of client files found in quarterly file audits over a year.

5.0 REFERENCES

1. Australian Standards	a) nil
2. Legislation	a) Aged Care Act, 1997 (Cth) b) Privacy Act, 1988 (Cth) b) Disability Inclusion Act, 2014 (NSW) c) Health Records and Information Privacy Act, 2002 (NSW) d) Privacy and Personal Information Protection Act, 1998 (NSW)
3. Professional guidelines	a) nil
4. Codes of Practice	a) Australian Privacy Principles https://www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles b) NSW Government (2004) "Handbook to Health Privacy" http://www.ipc.nsw.gov.au/sites/default/files/file_manager/hripa_health_handbook.pdf
5. Codes of Ethics	a) Australian Association of Social Workers Code of Ethics http://www.aasw.asn.au/document/item/1201 b) Australian Psychological Association Code of Ethics http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf c) The Nursing and Midwifery Board of Australia. Registration Requirements http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx d) Integrity in the Service of the Church https://www.catholic.org.au/media-centre/media-releases/cat_view/10-organisations/38-national-committee-for-professional-standards
6. Evidence	a) Australian Government: Office of the Australian Information Commissioner. Australian Privacy Principles Guidelines https://www.oaic.gov.au/resources/agencies-and-organisations/app-guidelines/APP_guidelines_complete_version_1_April_2015.pdf b) ACHS 2011 "The ACHS EQUiP5 GUIDE Book 2 Accreditation, Standards and Guidelines Support and Corporate Functions"
7. Mercy Services Values	a) Justice, Respect, Care, Unity, Service

6.0 OTHER RELATED POLICIES

- A.1 Mission and Values
- A.3 Code of Conduct
- C.01 Management Roles and Responsibilities
- C.04 Program Performance and Monitoring
- C.05 Quality Improvement
- C.06 Risk Management
- D.14 Document Management
- E.01 Service Guarantee

- E.02 Service Access and Equity
- E.03 Meeting Individual Needs
- E.04 Client fees
- E.05 Client Participation, Decision Making & Advocacy
- E.08 Complaints
- E.11 Coordination with Other Services
- E.12 Client Exit from programs
- E.13 Cultural Awareness
- E.14. Duty of Care
- E.15. Privacy Policy
- G.01 WHS Policy
- G.05 Risk Management
- G.06 Safe Home Visiting
- G.07 Anti Aggression, Harassment & Bullying
- G.12 Stress Management
- G.15 First Aid
- G.17 Incident Investigation

7.0 RELATIONSHIP WITH STANDARDS

Aged Care Accreditation Standards	Home Care Standards	Disability Standards	EQiP Standards
1.1, 1.2, 1.8, 2.1, .2.2, 2.4, 2.5, 2.6, 3.6, 3.9,	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 3.3, 3.4, 3.5	1.3, 1.7, 1.9, 3.1, 3.2, 3.5, 4.2, 5.2, 5.6, 5.7, 6.2	1.1.8, 1.2.1, 2.1.2, 2.2.1, 2.2.4, 2.3.1, 2.3.2, 2.3.3, 3.1.5

8.0 DOCUMENT CHANGES RECORD

Dates of change	Section altered	Natures of changes made
01/09/2006	All sections	First record of document
09/02/2010	All sections	Major re-write
23/06/2010	4.6 Record security	Added new first paragraph requiring unique identifier
19/07/2010	a) 4.2 Contents of Client paper (office) file b) 4.4 Electronic client files	a) Added Foster Grandparents Program file contents b) Added Foster Grandparents Program database c)
25/03/2011	7.0 Relationship to Standards	Replace HACC Standards and CACP Standards with Community Care Common Standards and update to EQiP 5 Standards
17/10/2011	a) 4.01 b) 4.03 c) 4.05 d) 4.06 e) 4.11 f) 4.12 g) 5.0	a) Renamed b) New section c) Add testing of data requirement d) New section e) New section f) New section g) New evidence added
26/11/2012	All Sections	Organisation name updated
07/07/2014	a) Introduction b) 4.02 Contents of Client paper (office) file c) 4.05 Electronic client file	a) Add risks and reasons for decisions as recorded b) Replace list of contents with reference to lists maintained in

	d) 5.0 References	<p>appendices of C.04 Program Performance and Monitoring</p> <p>c) Update from TCM to Carelink+; deleted Foster Grandparents (as they now use Carelink+) and include AOD & Parenting</p> <p>d) Update Codes of Ethics</p>
21/03/2016	<p>a) All sections</p> <p>b) 1.0 Introduction/Background</p> <p>c) 2.0 Scope</p> <p>d) 4.01 Standard of client record</p> <p>e) 4.02 Letters</p> <p>f) 4.03 Three points of identification/unique identifier</p> <p>g) 4.05 Client home file</p> <p>h) 4.06 Electronic client files</p> <p>i) 4.10 Length of time records kept</p> <p>j) 5.0 References</p> <p>k) 7.0 Relevant Standards</p>	<p>a) Change GM to CEO, add Director of Care/Relevant staff in addition to Coordinator</p> <p>b) Additional points put in list</p> <p>c) Reworded</p> <p>d) Renamed and additional requirements to “Verifiable Factual Information”</p> <p>e) New section</p> <p>f) Renamed and expanded to include three points of identification</p> <p>g) Delete reference to no deleted Appendix of E.02 Access and Equity policy.</p> <p>h) Point (a) is new (clarifying Care Notes)</p> <p>i) Section shortened to a reference to D.14 Document Management</p> <p>j) Added Information Privacy Principles</p> <p>k) Add Aged Care Accreditation Standards and update Disability Standards</p>
27/04/2016	a) 4.02 Letters	a) More detail added to specify which letters must be counter signed by a Manager/CEO
Review due 27/04/2019		