Registered Charity 1092333

Hart First Response

Healthcare Records Policy

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1. Purpose

1.1. Hart First Response (HFR) recognises its legal and moral duty to duly complete Healthcare records to the required standards (including Patient Report Forms (PRF), ECGs etc) when HFR volunteers have been called to treat or assist patients as part of their duties.

1.2. HFR accepts that the completion and safe storage of Healthcare Records is a legal requirement and good practice. It is an effective way of disseminating a record of the intervention and attendance of healthcare providers. Thus an effective method of auditing those actions to improve patient care.

1.3. HFR has a responsibility to produce and document Healthcare Records so that HFR and individual volunteers may:

1.3.1. Provide accurate information about pre- hospital patient care so this information may be conveyed to the next healthcare professional.

1.3.2. Provide documentation for audit and research purposes.

1.3.3. Provide information to the volunteer and HFR for the purposes of training, development and report writing.

1.3.4. Provide a true record for any actions of legality or complaint against the individual volunteer or HFR.

1.3.5. Provide records required by HFR insurance policy.

2. Introduction and Scope

2.1. This policy details the process involved with patients records (both paper based records and any in electronic format) from completion to archive.

2.2. Volunteers must complete a PRF, for all contacts with patients, in a clear and legible way and according to the HFR Guidance on Completion of Patient Records

2.3. If an incident involves multi persons e.g. an incident involving a bus, any form of patient assessment must be documented on an individual PRF relating to that patient.

2.4. All PRFs and related clinical documents must be stored as per the HFR Data Protection Policy, throughout the life of the document.

2.5. All PRFs and related clinical documents e.g. ECGs, non-laminated checklists etc. must have patient identifiers (name) recorded on each separate document (and pages within each document if pages could become separated). These documents must be identifiable to a particular patient in order that: they can safely inform ongoing care and treatment for the patient by all healthcare providers subsequently caring for the patient. They can be identified as related to a particular patient if requested for investigation, coroners etc.

2.6. All PRFs and related clinical documents must only be released externally from HFR by the HFR Exec in accordance with the HFR Confidentiality policy

2.7. PRFs and related clinical documents must not be photocopied for any purpose without authorisation by the HFR Exec.

2.8. PRFs must not be retained by volunteers.

2.9. PRFs must not be included in CPD folders. For guidance regarding what to include in your CPD folder please refer to the HPC's "Your guide to our standards for continuing professional development", which can be accessed via the following link http://www.hpc-uk.org/publications/index.asp?id=101

2.10. All clinical records (including PRFs, ECGs, checklists etc) must be treated in accordance with the Data Protection Act, Caldicott Principles.
2.11. This policy is relevant to all HFR volunteers (not limited to first aid-qualified) who have access to clinical records for any reason e.g. complaints, audit, transportation etc.

3. Related Policies, Procedures and Acts

- HFR confidentiality of patient information policy
- HFR Data protection policy

4. Responsibilities

4.1. The Executive Committee is responsible for the effectiveness of this policy. They will therefore monitor performance of HFR in respect of its response to any issues and review trends identified from these as identified within this policy.
4.2. The Honorary Secretary (Hon. Sec.) is the Executive lead responsible for the implementation and monitoring of this policy. The Hon. Sec. will ensure:
- PRFs are available
- Healthcare records are treated with respect and confidentiality
- Annual reviewing of the training programme with respect to healthcare records
- Issues are dealt with in a timely and appropriate way.
- That any changes in national guidance are disseminated appropriately.
- Provide guidance, support and where necessary direct assistance to other volunteers in respect of these matters.

4.3. All volunteers have a responsibility to read, understand and implement this policy.
4.4. Volunteers have a duty to complete PRFs where appropriate either paper or electronic in line with this policy. The correct record should be completed in a legible manner and protected at all times in line with the Data Protection Act 1998 and the Caldicott Guardian principles. Volunteers have a responsibility to act upon the results of any documentation audits in order to effectively learn from and improve practice as part of their continued professional development.
4.5. Anyone who does not respect the principles set out in this document may be liable to legal action from the patient and where appropriate their registering body.

5. Guidance for completing healthcare records

5.1. Healthcare records include any information made by, or on behalf of, a healthcare provider in connection with the care of a patient. They can therefore cover a wide range of material:
5.1.1. Patient Report Forms
5.1.2. Any correspondence between healthcare providers
5.1.3. Printouts from monitoring equipment (including ECGs)
5.1.4. Computerised records
5.1.5. Photographs, Videos and telephone / radio recordings
5.1.6. Reports or statements.
5.1.7. Any patient identifiable information i.e. home address.

5.2. **Why keep healthcare records?**

5.2.1. Good healthcare records are needed for good clinical practice. Healthcare is now a multidisciplinary team process. To ensure that patients are treated efficiently and effectively it is important that you, and other health professionals, have easy access to high quality healthcare records.

5.3. Good medical practice (2001)

5.3.1. Healthcare providers should 'keep clear, accurate, legible and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to patients and any drugs or other treatment prescribed'. This

includes 'keeping colleagues well informed when sharing the care of patients'. To do this requires good healthcare records.

5.4. Complaints and claims

5.4.1. Good healthcare records are essential in responding to complaints and claims. They provide an objective record of the assessment and treatment of a patient.

5.4.2. If you face a claim for negligence, good patient records are an essential part of your defence of that claim. Your assessment and care of the patient will be judged by the quality of your record keeping.

5.4.3. Many clinical negligence claims are indefensible because there are problems with the patient records, whether they are inaccurate, illegible, inadequate or simply missing. You may have done nothing wrong, but unless the patient record substantiates this, it can be difficult to defend a claim.

5.5. Clinical audit and governance

5.5.1. As well as enabling high quality care for individual patients, good patient records are increasingly valuable in improving standards of patient care. Auditing patient records is an important part of the clinical governance process, and HFR records are designed around standard templates to facilitate this.

5.6. Writing good patient records

5.6.1. Patient records should allow another healthcare provider to reconstruct your dealings with the patient. While they should not be written for a lay reader, bear in mind that it is likely that the patient, their relatives or representative may read the notes in the future. In addition, the Data Protection Act 1998 requires you to give an explanation of any information that 'is not intelligible without explanation'.

5.7. Good practice when completing patient records

5.8. Patient records need to be written using the following guidelines as follows-

5.9. **So they are Clear -** Write legibly in black/blue ink.

5.10. Score through any unused boxes

5.11. You should ensure the carbon copy of the PRF is legible prior to handing over

5.12. **Abbreviations** - Using abbreviations save time, but can lead to problems. It is important that abbreviations are unambiguous and universally understandable and comply with those listed by HFR. Certain abbreviations are unacceptable, such as coded expressions of sarcasm. Attempts at humour or sarcasm have no place in patient records.

5.13. Remember:

- **Poor records equal poor defence.**
- **No records equal no defence.**
- **If it is not written down it didn't happen.**
- **If it is written down it happened as per documentation.**

5.14. Objective – opinions should be based on the facts you have recorded. Remember that patients or their relatives are likely to read the notes you write.

5.15. **Contemporary** – write notes up as soon as possible after an event.

5.16. **First-hand** – if information has been given to you by anyone but the patient, record that person's name and position. For example, it may be a relative, friend, translator, doctor or the police. Whether information is obtained from the patient, or any of the above, please ensure that they understand the importance of providing accurate information and verify as necessary. This will help to ensure that appropriate care is delivered to the correct patient and that resources can be managed appropriately.

5.17. **Tamper-proof** – any attempt to amend records should be immediately apparent. This should be done by a single line through the original entry and signed with the time the amendment was made.

5.18. **Confidential –** Patient records should be kept in a secure environment. That means restricting access to authorised personnel and ensuring that records are kept

physically safe. You must ensure records are kept in a confidential manner (in the provided folder when in the vehicle). **Patient records should not be photocopied.**

6. **Patient Report Form**
   - 6.1. The PRF makes a statement of the crew's professional attitude to practice. A well documented and accurate patient record creates the immediate image of a competent and dedicated pre-hospital provider. An incomplete and poorly completed record creates the opposite impression.
   - 6.2. The PRF must be completed for all episodes of patient care Verbal communications about care, treatment and support are documented within PRFs as soon as is practical.
   - 6.3. The PRF is designed to record the maximum patient information and allow this information to be electronically stored for use in clinical audit. It is divided up into a number of sections.
   - 6.4. HFR use two types of form A5 for minor injuries and illnesses, and A4 for seriously injured patients ie those needing medical gases, splinting, ECG or who will be discharged as an Emergency 999 call to NHS Ambulance Services.
   - 6.5. The information on the PRF must include everything the other service, individual, team or agency will need to ensure the needs of the person who uses services are met safely, even when the transfer of information is required urgently.
   - 6.6. As a minimum (on A4 forms) this includes:— their name — gender — date of birth — address — unique identification number where one exists— emergency contact details — any person(s) acting on behalf of the person who uses services, with contact details if available — records of care, treatment and support provided up to the point of transfer — assessed needs — known preferences and any relevant diverse needs — previous medical history that is relevant to the person's current needs, including general practitioner's contact details — any infection that needs to be managed — any medicine they need to take — any allergies they have — key contact in the service the person is leaving — reason for transferring to the new service — any advance decision — any assessed risk of suicide and homicide and harm to self and others.

7. **Staff training and support**
   - 7.1. All Volunteers will receive induction prior to commencing operational shifts to include awareness of this policy and a copy of HFR's Guidance to Completing a Healthcare Record
   - 7.2. The HFR Exec will review the training needs annually to ensure healthcare record keeping training is appropriate.

8. **Policy Consultation**

   This policy has been circulated to the HFR Executive and Medical Advisor for consultation.

   The policy will be approved by the HFR Executive with future reviews and updates tabled for approval at Exec meetings.

9. **Dissemination**

   Once the policy has been approved a summary of relevant changes (and a link) will be disseminated via email to the HFR volunteers, and a pdf copy of the policy placed by a member of the Exec on the member's section of the website: www.hartfirstresponse.org.uk

10. **Monitoring of Compliance and Effectiveness**

    Monitoring of the policy will be the responsibility of the HFR Executive. This will be through incidents reported on the HFR database, and annual audits. Actions and lessons learned from incident investigations will be monitored through the HFR Executive. Where any omissions or deficits have been noted results and action plans will be monitored through the HFR Executive.

Lessons learned will be disseminated to the HFR volunteers through email briefings or via weekly training sessions.

11. Implementation

The HFR Executive are responsible for communicating this information to HFR volunteers and ensuring that the procedures are followed. All HFR policies are available on the Hart First Response website www.hartfirstresponse.org.uk.

12. Archive Statement

The Honorary Secretary is responsible for archiving all previous versions and supporting evidence of approval for this policy.

13. References

- Caldicott Guardian Manual 2006 (DH, 2006)
- Codes of practice published by the Information Commissioner
- Confidentiality: NHS code of practice (DH, 2003)
- Department of Health (December 1997). The Caldicott Committee Report on the
- Department of Health. (2000) Taking Healthcare to the Patient: Transforming NHS ambulance services
- General Medical Council - Good Medical Practice November 2006
- Health Professions Council - Standards of Conduct, Performance and Ethics July 2008
- Health Professions Council - Standards of Proficiency November 2007
- Information security management: NHS code of practice (DH, 2007)
- NCEPOD Trauma Who Cares 2007
- NHS Information Governance: Guidance on Legal and Professional Obligations (DH, 2007)
- Nursing and Midwifery Council – Guidelines on Record Keeping April 2002
- Records management: NHS code of practice (DH, 2006),
- Royal College of Physicians - Generic Record Keeping Standards March 2007
- The Data Protection Act 1998
- The NHS Constitution (DH, 2009)
- Records management: NHS code of practice (DH, 2006),

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Appendix 1 Equality Impact Assessment

Impact	Age	Disability	Race	Gender	Religion or Belief	Sexual Orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.
Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently

Based on the information set out above the HFR Executive has decided that a full equality impact assessment is not necessary.