SESLHD PROCEDURE COVER SHEET

NAME OF DOCUMENT	Inactivating Encounters or Documents in the eMR
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director, Clinical Governance and Medical Services
AUTHOR	SESLHD Health Records and Medico-Legal Committee
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FUNCTIONAL GROUP(S)	Records Management – Health
KEY TERMS	Encounter, eMR (electronic health records), health care record, documentation
SUMMARY	This procedure outlines the process to follow when a document or encounter has been added to the incorrect patient.

Inactivating Encounters or Documents in the eMR

SESLHDPR/718

1. POLICY STATEMENT

As per NSW Ministry of Health Policy Directive PD2012_069 - Health Care Records - Documentation and Management, health care records must provide an accurate description of each patient /client's episodes of care or contact with health care personnel.

This procedure outlines the process to follow when an encounter or document has been added to the incorrect patient and it is insufficient to in-error the document which does not permanently remove the document from the patient's record.

2. BACKGROUND

Within the electronic Medical Record (eMR), there are instances when both encounters and documents are incorrectly recorded against the wrong MRN/patient. In most instances, these documents can be in-errored which flags the document as incorrect however does not remove it from the patients' health care record. There are instances such as sexual health, domestic violence and other sensitive documents in which incorrect encounters or documents need to be inactivated in order for it to be excluded from the patient's record.

This procedure only applies to those documents and encounters in which in-erroring of documents is insufficient to ensure patient safety and documentation standards.

3. RESPONSIBILITIES

3.1 Clinicians will:

- Identify incorrect encounters and/or documents as soon as possible.
- In-error all incorrect documentation within eMR.
- Escalate error to Clinical Manager e.g. Head of Department, Service Manager, NUM.

3.2 Service Managers will:

- Review encounter and/or documentation to determine if procedure should be applied.
- Submit a SARA support ticket to eMR Support or direct enquiry to site based Health Information Management Units via contact details in Appendix 1.

3.3 Health Information Managers will:

- Review all documentation and encounters and assess whether encounters and/or documentation requires inactivation.
- Authorise Health ICT to inactivate encounter/document.

3.4 Health ICT will:

- Upon receipt of SARA ticket with endorsement from Health Information Manager, inactivate incorrect encounter and /or document.

4. PROCEDURE

4.1 Identification of incorrect encounter/documentation

- This procedure only applies to specific scenarios in which there is significant concern of the type of document/encounter added to the incorrect health care record or may pose clinical risk if this was to remain on the patient's record incorrectly, even after in-error process.
- Clinical staff must ensure they seek guidance from the Service Manager to enact this procedure.
- District Services such as PACH, should refer/escalate to the site under which the MRN relates.

4.2 Escalation process

- Upon endorsement from the Service Manager, the site based Health Information Manager must review to ensure NSW health documentation standards are applied and accuracy of patient records is maintained at all times.
- Approval chain MUST include clinical manager and site-based Health Information Manager prior to Health ICT actioning the request.

5. DOCUMENTATION

- Health Information Managers must maintain a register of all patient information, documents, encounters and actions undertaken.

6. AUDIT

- Not required

7. REFERENCES

NSW Ministry of Health Policy Directive PD2012_069 - Health Care Records - Documentation and Management

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
July 2021	DRAFT	Donna Martin, on behalf of the SESLHD Health Records and Medico-Legal Committee
September 2021	DRAFT	Draft for comment period.
November 2021	DRAFT	Final version approved by Executive Sponsor. To be tabled at Clinical and Quality Council for approval.
January 2022	1	Approved by SESLHD Clinical and Quality Council. Processed and published by SESLHD Policy.

APPENDIX 1:

Contact Details – site Health Information Management Units

Calvary Hospital	CHC-Kogarah-MedicalRecords@health.nsw.gov.au
Prince of Wales Hospital	SESLHD-HealthInformationPOWH@health.nsw.gov.au
Royal Hospital for Women	SESLHD-HealthInformationPOWH@health.nsw.gov.au
St George Hospital	SESLHD-StGeorge-ClinicalInformation@health.nsw.gov.au
Sutherland Hospital	SESLHD-TSH-ClinicalInformation@health.nsw.gov.au
Sydney/Sydney Eye Hospital	SESLHD-SSEH-ClinicalInformation@health.nsw.gov.au
War Memorial Hospital	SESLHD-HealthInformationWMH@health.nsw.gov.au