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HOSPITAL MEDICAL RECORDS

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AUSTRALIAN STANDARD

HOSPITAL MEDICAL RECORDS

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PREFACE

This standard was prepared by the Association's Committee on Medical Records, under the direction of the Medical Materials and Equipment Standards Board.

The standard was prepared in response to a request by the Royal Australasian College of Physicians which was concerned with such physical aspects as the order of filing, the size of the medical record and the role of colour coding.

The hospital medical record has been considered as a key instrument for recording details concerning the care given to a patient within the hospital and for storing other appropriate information relating to that patient.

This standard has been developed specifically for hospital medical records. All aspects of the standard may not apply to the health care records in Primary/Community Health Care agencies and private medical practice. However, the standard provides important principles and useful guidelines which may be applied with appropriate modification in these categories.

It was not thought appropriate, because of the diversity in this area, to make any recommendations about record content. This matter is already well documented elsewhere, e.g. Accreditation Guide(s) of the Australian Council on Hospital Standards, and is a matter for individual institutions to consider.

The requirements of this standard will provide a most effective standardized medical record and will be used by hospitals developing new medical record systems and would be implemented over a period of time in existing systems as these are reviewed and/or stocks need replenishment. In the preparation of this standard it was recognized that practical considerations would not necessarily allow its immediate implementation in existing systems. The standard is, however, intended as a set of conditions for which to aim.

In developing this standard, the committee took into account the whole purpose and function of the medical record which should reflect the needs of the user, both individual and institution, and to ensure commonality of identification, physical characteristics and location of the components of the medical record between different hospitals. The standard therefore seeks to meet the following criteria:

- (a) To allow adequate storage of patient information.
- (b) To allow ease of access by users.
- (c) To facilitate improved retrieval of patient information.
- (d) To assist ease of filing.
- (e) To allow improved accuracy of filing by clerical staff.
- (f) To allow easier filing and culling of earlier cumulative pathology reports by sectional filing and ultimately reduce the record bulk.
- (g) To allow ease of making written entries in the record.

The use of dividers and the delineation of certain sections of the patient record will meet the criteria outlined above.

Consideration also was given to the following important criteria for the record as a whole:

- (a) Durability.
- (b) Ready identification.
- (c) Reproducibility (in relation to photocopying, microfilming etc).

Appendix B recommends a colour coding system for medical record sheets and dividers. Colours chosen are sufficiently distinctive to avoid confusion, are readily identifiable, dark enough to allow for patterning and reproducibility and appear to relate generally to current trends.

The colour system will need to be implemented over a period at the discretion of individual institutions depending on their present arrangements in relation to stock.

In general, colour coding is considered advantageous for ready identification, appropriate grouping of information within the record and ready access to any part of the record. When a member of the staff moves to another hospital or when a member of the staff works at more than one hospital, he or she is immediately familiar with the general structure of the record and the colour marking on groups of forms. However, the standard also provides an alternative for small institutions filing record sheets in sequential number order.

It is desirable that, for ease and accuracy of filing and retrieval, colour coding is used on the medical record cover. However, this aspect of colour coding was seen essentially as an internal hospital matter and hence an area where standardization was probably not necessary. It was therefore decided not to suggest a specific list of colours for record covers but if a hospital were introducing colour coding of covers or revising an existing system, thought should be given to selecting colours which are clearly distinct from each other, especially in the sequence in which they will appear on the shelves, (e.g. blue covers should not be put next to green covers on the shelf) and which can be described simply, e.g. 'orange' rather than 'pale peach'. Colours should be specified to the printer by PMS numbers for consistency in future supplies.

Consideration was given to the durability of paper and paper products for dividers and folders, as the record is important for legal and clinical purposes. Thus, for example, a divider with a grammage of 180 g/m²(gsm) should last 25 years to 30 years with normal use.

Many hospitals have the hospital name appearing on each medical record form and this can be a useful practice. However, if there is no requirement to have the hospital name on the top of certain medical record forms there may be a considerable cost advantage to individual hospitals in using standardized record forms with the resultant economies of large-scale production.

Medical records are required to be retained in line with statutory requirements or for a minimum of 7 years for adults after the date of last attendance, and in the case of children, for 7 years after they have reached their majority.

In the preparation of this standard cognisance was taken of the work carried out in this area by the Victorian Medical Postgraduate Foundation.

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SPECIFICATION

1 SCOPE. This standard specifies requirements for the physical aspects of hospital medical records such as size, quality, layout, colour, order of filing, record cover and method of fixing the medical record within the record cover.

2 APPLICATION. The standard is relevant to all hospitals and hospital-type services where medical records are maintained for persons receiving patient care.

3 REFERENCED DOCUMENTS. The following documents are referred to in this standard:

AS 1612	Paper Sizes.
AS 1301	Methods of Test for Pulp and Paper.
AS 1301.P401s	The Sampling and Testing of Paper for Moisture Content.
AS 1301.P411s	Water Absorptiveness of Paper and Paperboard (Cobb Test).
AS 1301.P422m	Determination of the pH Value of Aqueous Extracts of Paper—Hot Extraction Method.
AS P5	Punching Patterns for Round Holes Used in Files and Loose Leaf Binders.

Pantone Matching System (PMS), 16th Edition.

4 DEFINITIONS. For the purpose of this standard, the following definitions apply:

4.1 Chronological order—in date order, from first date to last date, front to back, i.e. in book fashion.

4.2 Shall, should, may—the word 'shall' means that the requirement is mandatory, and the word 'should' means it is advisable. The word 'may' implies an option.

5 MEDICAL RECORD SHEETS

5.1 Constructional requirements and physical characteristics.

5.1.1 Size. For ease of handling and retrieval, general availability and cost savings associated with uniformity, medical record sheets shall be A4 (ISO A series) in size in accordance with AS 1612.

Where a larger sheet is required, it should be A4 depth (297 mm) and folded to A4 width with allowance for a binding margin on the left-hand side. Labels, computer-generated records, backing sheets for electrocardiographs and diagnostic reports shall be compatible with A4 size. Attachments shall be compatible with the backing sheet and be narrower in width than A4 size.

5.1.2 Paper grammage. The grammage of medical record sheets shall be as follows:

- For one-sided use, not less than 60 g/m²(gsm) bond paper.
- For two-sided use, not less than 70 g/m²(gsm) bond paper.
- For heavier use (e.g. master problem list, casualty, and medication sheets), approximately 115 g/m²(gsm).

(d) For lighter papers where more than one copy is required paper sets shall be as follows:

- Carbonless copy sets.** The top sheet shall be not less than 55g/m²(gsm), the intermediate sheet(s) shall be approximately 50 g/m²(gsm) and the bottom sheet shall be not less than 54 g/m²(gsm).
- Carbon interleaved sets.** The make-up of carbon interleaved sets shall take into account legibility of duplicate copies. Heavier grammages of paper can be used for the first and last sheets subject to requirement and legibility with a maximum of 70 g/m²(gsm) for the top sheet, a maximum of 60 g/m²(gsm) for the intermediate sheets and an appropriate grammage for the bottom sheet, depending on use.

5.1.3 Copies. Black carbon paper or carbonless paper giving a black image shall be used. Copies by either method shall be reproducible, legible and durable with normal handwriting. A black ink pen is recommended.

NOTES:

- It takes approximately 3 min to develop the strongest copy on carbonless copy paper. Exposure to bright sunlight may render the copies illegible.
- If carbonless copy paper comes into contact with PVC products the chemical image may fade and disappear.
- Fluorescent markers used on carbonless copy paper cause fading of the image and should not be used.

The original of any multiple copy report shall be filed within the medical record unless there are valid reasons for the original to be retained elsewhere and for only a copy to be filed in the record.

5.1.4 Paper quality. Paper quality shall be as follows:

- General.** Paper shall be of non-coated stock. Paper should be calcium carbonate loaded and free of mechanical pulp.
- pH of extract.** When determined in accordance with AS 1301.P422m, the quality of the paper shall be such that the pH (hot extract) shall be at least 7.
- Moisture content.** When determined in accordance with AS 1301.P401s, the moisture content of the paper shall be less than 10 percent.
- Absorptiveness.** When determined in accordance with AS 1301.P411s, the water absorptiveness of the paper shall be less than 25 g/m² at 1 min.

5.1.5 Paper colour. The colour of the paper should be white. Where coloured paper is used, it shall be pastel, and the colour should be in accordance with the colour coding system recommended in Appendix B. The print and any entries on the paper shall be readily reproducible by processes such as microfilming and photocopying.

5.1.6 Colour of print and quality of printing ink on sheets.

5.1.6.1 Colour of print. The colour of the print should be black. Any other colour used shall be readily reproducible by processes such as microfilming and photocopying, i.e. the colour coding and the print may be of the same colour.