

10 Accuracy (HPP 9)

HPP 9 deals with accuracy of personal health information. It requires that personal health information must not be used without taking such steps **as are reasonable in the circumstances** to ensure that, **having regard to the purpose** for which the information is proposed to be used, the information is relevant, accurate, up to date, complete and not misleading. The importance of accuracy in health records is a critical aspect of health service provision. The health record is an essential part of treatment planning and decision making. It is important that it is accurate and up to date.

To ensure that the health record is accurate and complete:

- information should be recorded at the time of consultation or procedure, as soon as it becomes available, or as soon as it is practicable to do so
- entries should generally be made by those collecting the information or present when the information was collected
- communications between clinicians relating to care and treatment of a patient must be documented in the patient's health record, including telephone, email, SMS, Skype and any other type of communications. Where identifiable photographs or other images relating to a patient are shared between clinicians, this must also be documented in the patient's health record
- each entry should contain a clear and legible notation of the health care provider's name and designation, the date and time, and should be signed by the health care provider
- accuracy of patient details should be checked by administrative staff at each presentation, e.g. name, date of birth, address, GP details, etc., including information updated in auto populated fields
- alterations or deletions should not be made original incorrect entries should not be erased but lined through so the original entry remains readable, and such action should be explained, signed and dated
- patients should be notified of amendments to their health record where appropriate
- the treating health practitioner should periodically review the health record for correctness
- there should be an audit trail for electronic health records.

Further guidance

- Section 16 Electronic health information management systems
- PD2012_069: Health Care Records - Documentation and Management
- PD2007_094: Client Registration Policy
- Australian Standard for electronic systems AS7799



