

Recording & Report Writing

Factsheet

Types of records

The principles of good record keeping apply to all types of records, regardless of how they are held. These can include:

- Handwritten clinical notes
- emails
- Received and sent letters
- Laboratory reports
- X-rays
- Monitoring equipment printouts
- Incident reports and statements
- Photographs
- Text messages

Why record?

Good record keeping, whether at an individual, team or organisational level, has many important functions.

These include a range of clinical, administrative and educational uses such as:

- Helping to improve accountability
- Showing how decisions related to patient care were made
- Supporting the delivery of services
- Supporting effective clinical judgements and decisions
- Supporting patient care and communications
- Making continuity of care easier
- Providing documentary evidence of services delivered
- Promoting better communication and sharing of information between members of the multi-professional healthcare team
- Helping to identify risks, and enabling early detection of complication
- Supporting clinical audit, research, allocation of resources and performance planning
- Helping to address complaints or legal processes

General principles

Record keeping is an integral part, and not a distraction from, effective and efficient delivery of quality care. All information recorded should be relevant to the agency's role, or potential role, in the case and should be accurate, complete, clear and up to date. The record demonstrates that the practitioner's duty of care has been fulfilled.

Listening styles

Hearing and listening is one of the most relied upon method of processing information. There are different types of listeners.

- The literal listener
- The emotional listener
- The meaning listener



We can and do move between the types; however we do tend to stick with one type mainly.

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What to record...

- Individuals details
- All events and contacts relevant to your service role
- Needs and risk assessment
- Care plan to meet the needs
- Financial records
- Monitoring and reviews
- Complaints and suggestions

Data Protection Act 98

Became law in March 2000 incorporating

- Access to Personal Files Act 87
- Access to Health Records Act 90

Which encourages a more open and sharing way of working with service users.

Individual in focus should be...

- Encouraged to contribute to, and check the accuracy of, file recording
- Informed, whenever possible, of information held about them and when it is being given to others
- Advised of their right of access

Restricted access

There are some reasons where you may restrict access to files:

- When it interferes with the prevention or detection of crime
- Will be prejudice towards to the service user
- When consultation is needed with a health professional
- Adoption records

Summary

- Listening takes effort
- Take accurate, factual notes
- Others will need to understand them consider legibility
- Put yourself in the position of the other person, this will help you to understand them- empathy

Recording for accountability

- Provides a contemporary, permanent reference record, which can be used as evidence in legal proceedings, internal or independent investigations, SSI and auditors' inspections
- To fulfil legal or registration requirements

Recording for care process

- Provides a useful communication tool between care workers and other appropriate people
- Provides the whole care team with updated information about a persons needs
- Helps the care team plan, ensuring continuity of care