Reliable Record Keeping

# Strategies to overcome poor record keeping practices

## Record

* Get into the habit of including the time and date on all of your notes.
* Write in full sentences and use language that is neutral and easy for everyone to understand.
* Do not refer to yourself in the third person eg the author or DSW; use “I” statements.
* Ensure when recording that you distinguish where the information you are writing came from (the source). If it is something you observed, state “I saw X do Y”. If it is something you were told, ensure you state who told you it and what was said exactly: “A told me that B did C”. If the information you are relying on comes from a document or a record made by someone else, describe the document like this “I read D’s notes which state ‘X, Y, Z’ and so I did 1, 2 and 3”.

## Review

* After writing your entry, go back through the record and identify those words that should be expanded to help clarify meaning.
* If you are concerned that your record might be confusing or has missing words, read the entry out loud to pick up any errors.
* If you are often rushed for time, make legible notes that you can expand on later and schedule a time in the afternoon to do this regularly after services.
* If you are relying on information that you did not observe yourself, consider whether you should verify that information. If so, you may need to confirm with the person you spoke to or ask about the document in order to ensure what you are recording is accurate and that you are not repeating an error.

## Assess

* If you identify that your records are too short and don’t have sufficient information in them, try using the What? When? Who? How? Why? method to ensure you have answered these key questions about what was done in the service.
* If you find that you are recording differently to your workers, suggest a style guide with your organisation or ask your colleagues to peer review your entries for feedback.

## Mindful

* Always be mindful that the record you are creating is accessible by the participant under State/Territory and Commonwealth legislation. You should be comfortable that the record is accurate, fair, respectful and that you would stand by the entry if it was questioned by the participant or a third party.
* If you are unsure how much detail is appropriate, think about the likely use of the document – is it a progress note that is relevant to medical concerns or is it a record that might be used to manage a complaint? If you think the record will be important in relation to care delivery or to answering questions or criticism in the future, you should invest extra time to ensure the content is useful in the future.

End of document