



TFI Programme



HSE Stop Smoking Services

Record Management
GUIDELINES



CONTENTS

1. Introduction	4
2. Purposes of Good Record Management	5
3. Informed consent by the client	6
4. Capturing relevant information in the client record	6
5. Use of Records in Research	7
6. References	7

1. Introduction

The quality of records maintained by Stop Smoking Advisors is an integral part of a quality stop smoking service. This in turn will enable us to accurately report on and track our service provision against key metrics.

The aim of this document is to assist Stop Smoking Advisors:

- a. To appreciate legal issues regarding the compilation and management of client records.
- b. To value responsibility associated with good practice in record management.
- c. To offer practical advice in attaining/maintaining acceptable standards of recording clinical practice.

These guidelines are intended to supplement rather than to replace any local or regional policies, procedures, protocols and guidelines (PPPGs) that currently exist or that may be developed in the future.

2. Purposes of Good Record Management

The primary role of stop smoking services is to deliver high-quality, evidence-based stop smoking interventions to their local population. The structure and process of the programme must be explained to the client and it must take into account the client's individual needs.

An individual stop smoking advisor should establish and maintain accurate, clear and current client records in line with legal, ethical and professional requirements.

All staff that input into a client's clinical record is legally responsible for the associated record keeping in line with the clients episode(s) of care. Good record management therefore underpins professional practice.

Maintaining good clinical records is essential for the following reasons:

- a. To document the stop smoking service provided. At a minimum a client record should consider the following:
 - **Minimum Data Requirements at First Visit:** The Client's forename, surname, date of birth, gender, contact number and GP practice. This should be completed accurately at first visit.
 - **Quality of Data:** Any notes recorded in clients' records must be complete, accurate and legible and written in a professional writing style.
- b. To facilitate communication and follow up between the client, the advisor and any other relevant HCP.
- c. To provide documentary evidence of the delivery of quality care in relation to the intensive stop smoking service.

For example:

- Episode Creation
- Number of Sessions
- Medication (recommended NRT for example)
- Quit Status
- Fagerstrom score
- Reason for disengagement/not completing the programme
- KPI reporting
- Comparison with smoking population as reported by national surveys.

3. Informed consent by the client

The client must give their informed consent (verbal/written) to participate in the stop smoking standard treatment programme.

Clients may withdraw consent to participate in the programme at any time.

4. Capturing relevant information in the client record

An individual advisor should establish and maintain accurate, clear and current records in line with legal, ethical and professional requirements.

1. The quality of record keeping should be such that continuity of care is always supported.

At a minimum, a client record should include the following;

- An accurate assessment of the person's engagement with the service and their quit journey.
- Evidence in relation to the planning and provision of their quit support.
- Narrative notes should be documented at each session. The record should clearly identify what stage the client is at in the standard treatment programme.

2. All narrative notes are individualised, accurate, up to date, factual & unambiguous.

- Narrative notes should be devoid of any jargon, witticisms or derogatory remarks.
- Narrative notes should be written in terms that the client can understand, in so far as is possible (available under FOI).

5. Use of Records in Research

When client records are utilised in research, they should be subject to the same ethical considerations as any other type of research. All personal information should be kept safe and confidential and no personal identifiers will be used i.e. data will be anonymised when used for research purposes. This is in line with current data protection regulations.

6. References

Freedom of Information Act

Under the terms of the Freedom of Information legislation, clients are entitled to access a copy of any healthcare record that applies to them and which is maintained by a public body, unless specifically exempt. The Act also allows for the Government to prescribe (or designate) other bodies receiving significant public funds, so that the FOI legislation also applies to them.

Freedom of Information Officers are employed by health service agencies and further information may be obtained by consulting them. Stop smoking advisors should be aware of what arrangements exist, at local level, to comply with the requirements of the Freedom of Information Act, 2014.

Data Protection Acts, 1988 and 2003

Data protection legislation deals with computer records and protects an individual's right to privacy with regard to such records. The Act states that data held must be accurate and, where necessary, kept up to date. Under the terms of the Act, an individual has the right to establish the existence of such data and has the right to access such data. A person has the right to have amended or corrected any records that are incomplete, incorrect or misleading. There are certain circumstances where access may be refused and these are detailed in the Data Protection (Access Modification) (Health) Regulations, 1989.

Electronic Commerce Act, 2000

Under the Electronic Commerce Act, 2000, 'electronic communication' has legal validity. Local PPPGs should be devised for the use of electronic communication for the purposes of the patient record.

Confidentiality and Protection of Others

Advisors in the course of their practice may become aware of or suspect abuse of a child or other vulnerable persons. The disclosure of information for the protection of children and the elderly against abuse is directed by legislation (such as the Children's Act 2001) and national policy. Key legislation for disclosure include the Data Protection Acts (1988 and 2003) and the Freedom of Information Act 2014.

TOBACCO FREE IRELAND PROGRAMME STAFF	
General Programme Queries	TFI@hse.ie
Training Enquiries	training.tfi@hse.ie
QuitManager SuperUser Team	Quitmanager.tfi@hse.ie
Elaine Buckley, National Tobacco Cessation Coordinator Tobacco Free Ireland Programme/Project Manager for QuitManager	elaine.buckley1@hse.ie
Caitriona Reynolds, National WCQ Coordinator, Tobacco Free Ireland Programme	caitriona.reynolds1@hse.ie

