Thursday, 25 October 2012

Comments on the Record Keeping Requirement for Chiropractors Consultation Paper

Referring to point 2(b), can the Board clarify what is meant by "Each patient should have an individual health record containing all the health information held about them."

Many practice management systems/electronic health records use databases to store individual patient encounters. The nature of these databases is such that encounters for other patients are stored in the same database in a fragmented manner. As such they do not have an individual health record in the manner in which it is stored.

Other practice management systems use xml records where all that patient's clinical data is stored in one complete individual record, separate from all other patient’s data. Ours falls into this group. Our understanding is that there is a trend toward the latter being a preferred option.

Perhaps the Board could offer more detail on what actually constitutes an individual health record, specifically in relation to the storage mechanisms used in electronic health records, and whether a patient's data needs to be stored separately, or just needs to be able to be retrieved and collated into a single record.