

# Mandatory Records List

Document control | REC-FRM-001 | New

| Field                            | Content                                                                                                                     |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Title                            | Mandatory Records List                                                                                                      |
| Document ID                      | {{facility.code}}-REC-FRM-001                                                                                               |
| Version and status               | 1.0   Approved by the ASF Expert Committee                                                                                  |
| Prepared by                      | {{roles.quality_lead.name}}, Quality lead                                                                                   |
| Reviewed by                      | {{roles.clinical_director.name}}, Clinical director    date: _____                                                          |
| Approver and signature           | {{roles.clinical_director.name}}, clinical director<br>Signature: _____    Date: _____                                      |
| Effective date                   | {{document.effective_date}}                                                                                                 |
| Next review                      | {{document.review_date}} (12 months after effective date)                                                                   |
| Supersedes                       | None (new document)                                                                                                         |
| Standards and criteria supported | Standard 1, criterion 1.11                                                                                                  |
| Evidence basis                   | E-007, E-009                                                                                                                |
| Status of this document          | Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria. |

## 1. Purpose

The list of entries every patient record must contain, used by the audit.

## 2. How to use

Complete one form per patient, per area or per period, as the purpose states. Tick Yes, No or N/A. Any No is actioned at once and reported to the person named in the procedure.

## 3. Items

| # | Item to check                         | Standard [evidence] | Yes                      | No                       | N/A                      | Action if No           |
|---|---------------------------------------|---------------------|--------------------------|--------------------------|--------------------------|------------------------|
| 1 | Patient identity (two identifiers)    | Present [E-007]     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 2 | Allergies and alerts                  | Present [EC]        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 3 | Diagnosis and care plan               | Present [EC]        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 4 | Consent (where required)              | Present [EC]        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 5 | Medicines given, with time and person | Present [EC]        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 6 | Discharge or transfer summary         | Present [EC]        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |

Completed by (name and role): \_\_\_\_\_ Date/time: \_\_\_\_\_ Signature: \_\_\_\_\_

Retention: {{facility.records\_retention\_years}} years, filed as set in the retention schedule (REC-POL-001).

## 4. Evidence

| ID    | Source                                      | Link / status |
|-------|---------------------------------------------|---------------|
| E-007 | WHO Patient Safety Solutions series (2007). | see source    |
| E-009 | ASF Expert Committee consensus.             | see source    |

*EC = ASF Expert Committee consensus.*