Guideline

Health
Hunter New England
Local Health District

CHIME Standards and Definitions

Sites where Clinical Guideline applies	All sites that use CHIME
Target audience	All CHIME users
Description	Guideline for utilisation of CHIME to comply with documentation, data and reporting requirements

Go to Guideline

Keywords	eHealth record, documentation, CHIME, Medical Record
Document registration number	HNELHD Guideline 14_01
Replaces existing document?	Yes HNELHD Guideline 14_01 Version 1, 18 May 2014

Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:

- PD2013_033 Electronic Information Security Policy Health Records and Information Privacy Regulation 2012
- GL2007_024 Client Registration Policy
- Privacy Manual (Retention and disposal of personal health information – Page 53)
- PD 2012_069 Health care records- Documentation and Management
- PD 2009_057 Records Management
- Health records Part 2: Digitized (Scanned) health record system requirements (AS 2828.2 (int)_2012
- **Clinical Supervisors of Students should refer to PD2012_069:PCP 4 Students Documenting in Health Records for additional information specific to students using CHIME**

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Note: Over time links in this document may cease working. Where this occurs please source the document in the PPG Directory at: http://ppg.hne.health.nsw.gov.au/

GLOSSARY

Acronym or Term	Definition
Activities	A process or procedure undertaken by a Service Provider[2]
Activity Based Funding (ABF)	Commonwealth funding stream based on a "service event" for a client not related to the activities in the diary
Activity Codesets	The list of codes and code descriptors used in the CHIME application. The Codesets in CHIME are the ICD-**10-AM** (International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification) or the National Community Codeset, or subsets of these codes which are discipline specific, identify practice and can be found in Activity Templates
Acute Health Care Facility	A facility in which the clinical intent or treatment goal is to manage labour (obstetrics), cure illness or promote definitive treatment of injury, perform surgery, relieve symptoms of illness or injury (excluding palliative care), reduce severity of an illness or injury, protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function and/or perform diagnostic or therapeutic procedures.
Allocated Service Provider Node	Stores information captured by the Service Request Wizard, and subsequent information related to the progression of the Service Request through a service. The information captured includes a list of Service Providers (past and present) that the Service Request is, or has been allocated to, and the action taken by the Service Provider.
Assessment	The evaluation of an individual's abilities, age and disability status, cultural background, deficits, delays, environment, functional performance and/or maladaptive behaviour
Best Practice Principles	Identifying and matching the best performance of others.
Care Plan Objectives	The Objectives List, which is associated with the Issue(s) and is a list of planned goals to achieve with the Client, to resolve or relieve the Client's Issue(s) or Diagnosis
Carer	A family member or friend who provides support to children or adults who have a disability, mental illness, chronic condition or are frail aged and have a compromised ability or are unable to look after themselves.
CHIME	Community Health Information Management Enterprise is a software program that is used by Community Health staff as the primary client health record for the purpose of recording client clinical records and for data collection.
Client	An individual or a group who receives assistance from a Community Health Service.
Client Issues	Describes the identified reason for referral and current needs of the client to be addressed by the service. These are in the form of Issues and/or diagnoses which form the foundations of the client's care plan
Clinical Note Templates	Used in CHIME to enable clinical notes to be written in a structured manner.

Clinical Pathway	A documented plan of care in which treatments are based on best practice (evidence based) and sequenced along a specified timeline
Clinician	A health professional that is responsible for providing services**.**
Course of Treatment	A method of combating, ameliorating or preventing a disease, disorder or injury.
Discipline	A strand of occupation within the Health Industry. For example, an Aboriginal Health Education Officer, a Registered Nurse or an Occupational Therapist.
Health Service Provider	Staff employed by HNELHD to provide care, support and/or treatment to Clients of HNELHD, this includes, but is not limited to-Aboriginal Health Liaison Officers, Enrolled Nurses, Speech Pathologists, etc
Intake	The initial stage of a client's progress through a process of care[2] within the Community Health Service using CHIME. It includes collection of clinical and administrative information regarding a client.
Intake Officer	An employee who processes referrals for intake services and offers information regarding these services.
Minimum Data Set (MDS)	The mandated data required for data collection,
Occupational Therapy Home Modification	A health rehabilitation service designed to help people of all ages to remain and function within their home environment.
Organisational Unit	The units (Teams) within the Health entity that actively use the CHIME application.
Position	A named role, for example a Physiotherapist, in an Internal Organization Unit. The position may be filled by a single Incumbent (Service Provider) or it may be filled by a number of Providers with different disciplines.
Primary Service Type	Describes the main service stream addressing the Client's current needs
Referral and Information Centre (RIC)	A centralised unit that processes referrals for the Greater Newcastle Cluster Community based services and provides information regarding service entry criteria
Respite Care	The provision of temporary care for a patient who requires specialized or intensive care or supervision that is normally provided by his or her family at home. Respite care provides relief for the caregiver.
Service provider	A Service Provider is a person, Position or Organisation, which plays a role in the delivery of services to clients.
Service Request Creation Wizard	Used to create the Service Request and record information such as details, the reporting requirements of the Service Request, the referring source (the person initiating the request), the initial urgency level, the presenting issue(s) that are to be addressed, the diagnoses, the requested activities and physical resources required and the client's awareness of and agreement to the Service Request.
Service Request Management List	The Service Request Management List window enables a Service Provider to enter search criteria and search for all active and/or inactive Service

(SRML)	Requests that have been assigned to themselves (the logged on User) a position, or an organization.
Treatment	The client's stage of progress through a process of care in CHIME.

PURPOSE AND RISKS

Clinical care is to be recorded to comply with medical records documentation guidelines and reporting requests dependent on funding source. Example HACC clients require Minimum Data Sets to be completed to comply with Department of Health mandatory reporting guidelines.

Documentation and reporting must comply with the mandatory MDS across all community based services, this guideline sets out the minimum requirements for clinical and non-clinical staff to comply. Non Compliance can result in poor documentation of clinical care, which, at any time, can be released for the purposes of response to legal and or auditing purposes.

Risk Category*: Clinical Care and Patient Safety*

GUIDELINE

While not requiring mandatory compliance, staff must have sound reasons for not implementing standards or practices set out within guidelines issued by HNE Health, or for measuring consistent variance in practice.

This Guideline does not replace the need for the application of clinical judgment in respect to each individual patient.

Please find the guideline below.

IMPLEMENTATION, MONITORING AND AUDIT

Managers should utilise quality activity and compliance reports within CHIME to monitor.

REFERENCES

http://qualitysafety.bmj.com/content/17/5/351.full

FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.

CHIME Standards and Definitions

Hunter New England Local Health District

Updated May 2017

NSW GOVERNMENT Health
Hunter New England
Local Health District

Contents

Background

CHIME is an electronic health record with the capacity to report health data. Health Service Providers use this guide to comply with policies and procedures with clinical documentation requirements.

To assist in maintaining the integrity of the clinical record and data quality, staff should utilise the information on the CHIME website including 'How to Guides' in the first instance before contacting the helpdesk for assistance via HNELHD-CHIMEHelpdesk@hnehealth.nsw.gov.au

Reports are available in CHIME and via the Reporting Access Portal to assist Health Service Providers, Administrative Staff and Managers with compliance. A list of suggested reports is in Section 13.

1. CHIME Integration

CHIME forms part of the wide health record of patients attending community health and outpatient services which are live to HealtheNet, CAP and my Health Record

2. Documentation in CHIME

As with any health record, documentation enables care interventions to maintain continuity and consistency and assists in decision making processes related to care delivery.

All Health Service Providers are encouraged to complete documentation education. Clinical record entry education 'Clinical Documentation – Getting it Right', can be found online at My Health Learning

CHIME is the primary record of care provided to and on behalf of a client within community based services, and some outpatient services.

Any health related encounter must be documented, by the attending Health Service Provider.

2.1 Role of Administrative Staff in CHIME

Hunter New England has an obligation to ensure that information contained in the Medical Record is accurate and secure. To achieve this, documentation within CHIME by Administrative Staff is limited as appropriate to their scope of work.

Refer to Policy Compliance Procedure: PD2012_069:PCP 11 Scope of Practice for Administrative Staff Accessing CHIME

3. Service Requests

Service Request Guides can be found on the CHIME Website

3.1 Primary Service Type

Definition
The Primary Service Type describes the main service domain addressing the Client's current needs. For example, if the Primary Service is dealt with by Early Childhood, the Primary Service Type is Child and Family. If a Primary Service is dealt with by a Mental Health service, the Primary Service Type is Mental Health. When a Service Request is created the Primary Service Type is selected. A Client may have needs that cross several Primary Service Types, therefore, you should choose the one that is applicable to your service domain.

Some Primary Service Types trigger data collections. For example Drug and Alcohol enables the Drug and Alcohol Minimum Data Set.

Mental Health services should consult their standards regarding primary service type

3.2 What is a Service Request

Definition
A Service Request represents the referral.
A Service Request in CHIME is a request that is received for the provision of service(s) by a Community Health Service such as a Community Nursing service or service delivering care in the community such as hospital based Occupational Therapy services. It may involve assessment and delivery of treatment interventions to address the Client's Issue(s).
There should only be one open Service Request per client per Team/Org Unit

3.3 Standard for Creating Service Requests

Service Requests should be created using Service Request templates for the service type.
A Service Request that is created at any time other than at the time the request for service is made is to **be backdated to the date the Service Request was received by the service**.

If a referral is faxed to the service on Friday afternoon at 17:30hrs and is not retrieved until Monday morning at 9:00 am the Received date of the Service Request is Friday's date at 17:30.

3.4 Accepting Service Requests

Definition
Accepting a Service Request in CHIME is the final recognition that a client is appropriate for service. Service Requests may be generated from a central service or locally by clinical and non-clinical staff.
Non-Clinical staff creating Service Requests should comply with PD 2012_069.

Service Requests are accepted to the Org Unit, except for MAC Referrals which sit at Allocated. MAC Referrals are then accepted by the Team providing the requested service. Service Requests are not allocated to individual providers. If clients are case managed, the case manager is to use the Care Coordination Tool.

Mental health services should consult their definitions regarding acceptance of Service Requests.

3.5 Closing Service Requests

Clinical closure of Service Requests must be backdated (if required) to reflect the date the service was completed.

Administrative Staff may close client's Service Request ONLY in circumstances where it has been approved by the line manager and manager CHIME Support Team. The clinical note template 'AA(All)Administrative Closure' MUST be used in conjunction with the service request closure. Administrative closures are not to be backdated and must be closed on the present date.

3.6 Re-opening Service Requests

1. Service Requests originally created Pre Makeover where the Org Unit was not Closed but Updated: **YES, Service Request can be Reopened (if Clinically Appropriate**)
2. Service Requests originally created Pre Makeover when the old Org Unit was Closed and a new one was Created: **NO, you cannot reopen service requests that sit under an expired Org Unit.**
3. Service Requests created Post Makeover where the Service Request was opened under the New Org Unit: **YES, if Clinically Appropriate, these Service Requests can be reopened.**

   If you are unsure whether a Service Request can be reopened or not, please contact the CHIME Support Team for advice.

3.7 QSR (Quick Service Requests)

QSR has been developed for use with hospital based Allied Health Service Providers who provide a service predominantly to admitted patients where CHIME is NOT used to record the clinical note. The CHIME QSR Function is used to record and report activity.

The Allied Health Management Information System (**AHMIS**) which has been used to record and report activity for the majority of hospital-based allied health staff in HNELHD since

2001, is being replaced during the 2015 /2016 year to QSR (Quick Service Request) in CHIME as part of the CHIME Makeover.

Who does this apply to?

All Allied Health staff across acute and non-admitted services, staff who manage Allied Health Services and staff who provide clinical care as part of a multi-disciplinary team which involves Allied Health staff. The term Allied Health Services in this document will be referring to all clinical staff who work in the disciplines of Social Work, Occupational Therapy, Speech Pathology, Physiotherapy and Dietetics or other disciplines as directed by HNE Health executive management. This policy extends to both admitted and non-admitted allied health services

Key Features of QSR

- CHIME QSR users record their Clinical Note in the Clients Medical Record – NOT IN CHIME
- CHIME QSR and the related appointments are created manually directly into CHIME by Allied Health Staff OR
- Clients with a CHIME QSR Service Request will remain flagged as CHSP (HACC) Ineligible
- The QSR Service Request (Referral) is a cut down version suitable for hospital-based services
- Phase change is minimal when using QSR

4. Managing Clients

Education on managing clients can be found on the CHIME Website

4.1 Clients who are allocated and Waiting for Decision

Definition:
Before a Service Request is accepted, it may appear on the Navigator or Service Request Management List (SRML) as either '**Allocated'** or **'Waiting for Decision'**, depending on the method used to allocate the client to a team.

Allocated in the SRML indicates that the Service Request has been allocated during the creation wizard and ownership of the Service Request is immediately transferred to the selected Organisational Unit, Position, or Individual.

'Waiting for Decision' in the SRML indicates the Service Request has been allocated following the completion of the creation wizard i.e. through the 'Allocated Service Provider' tab.
Ownership of the Service Request remains with the Owner of the Service Request and appears on the SRML of the Owner and the Organisational Unit, Position, or Individual to which the Service Request has been allocated, until accepted by that service.

4.2.1 SRML/Navigator for services with central intake

Managers and/or Health Service Providers should access SRML/Navigator at least daily to identify new service requests, the urgency of a Service Request and to facilitate continuity of care.

Remember: Not all Service Requests are allocated initially to a Team. In some cases new Service Requests are allocated to a primary position, a “Community” position or similar. These were determined as part of the Makeover

Example: Community nursing may need to access SRML/Navigator three or more times in the day, while Occupational Therapy Home Modifications may only require access to their SRML/Navigator once daily.

4.2.2 SRML for services completing their own Service Requests

The SRML/Navigator is recommended to be checked daily for referrals.
The SRML/Navigator can also be utilised to manage caseloads.

4.3 Standard for Accepting Service Requests

Each discipline/service stream is responsible for the process of accepting Service Requests. This is in line with operational systems of identifying referred clients that are specific to each discipline. Managers and Service Providers are required to be aware of the legal implications of ownership of Service Requests and the implications of identifying a client as appropriate for service within Hunter New England Local Health District**.**

Accepting a client indicates that the client has met eligibility requirements for service from the specific team, though this may be modified by subsequent investigations/assessments. It does not necessarily mean that the specific team will necessarily be providing treatment.

4.3.1 Standard for accepting Service Requests for Mental Health/DACS

For Mental Health Services acceptance further indicates that the client has been assessed as suitable for treatment, is willing to participate, and there are appropriate resources available.

For Drug and Alcohol Services there is a further requirement of updating Phase to indicate the most appropriate Treatment type.

4.4 Standard for Inappropriate Service Requests

Service Requests generated by a third party (i.e. central intake) which are identified as inappropriate for service and/or site by the Organisational Unit Manager or the Position Manager will be reallocated/closed as directed locally.

Inappropriate for Site – Service Request needs to be transferred/reallocated.

Inappropriate for Service – Service Request needs to be closed and discharge processes followed.

If there is a consistent pattern of inappropriate Service Requests, this should be discussed with the third party concerned to seek a remedy.

5. Phase

Education on phases can be found on the CHIME Website

5.1 Definition

Phase function in CHIME is used to describe the Client's stage of progress through the episode of care. Phase in CHIME is automatically set at Intake and the phase start date and time matches the Service Request received date and time when a Service Request is created .[4]

5.1.1 Phase Start Date Time

A phase start date and time cannot be back dated.
If the Service Request received date and time is incorrect at creation the Intake Phase start date and time cannot be changed.

5.1.2 Intake Phase

Is the period between when the client is first referred for service and a Clinical Assessment is performed

5.1.3 Assessment Phase

A clinical assessment is defined as the collection of information about a client and their condition from which a clinically appropriate individualised treatment plan can be developed that is of sufficient detail to prevent an adverse health outcome if followed.

5.1.4 Treatment Phase

Treatment is defined as the delivery of an intervention of therapeutic benefit beyond the development of a treatment plan and in the mode in which future therapeutic interventions are planned. Primary Service Types of Drug and Alcohol and Palliative Care have multiple treatment phases that can be selected as per their service stream business rules

5.1.5 Closed Phase

Treatment has ceased as the issue has been resolved or has reached some other end point of care and no further interventions are required or can be delivered. Mental Health has specific business rules relating to re-opening Service Requests

5.1.6 Follow-up Phase

This is used for inactive clients that need to be reviewed within 6 months.

5.2 Changing Phases

Where ever possible the start date and time and the change of Phase in the Service Request, should comply with data reporting and service stream business rules such as clinically appropriate wait times and ABF.

5.2.1 Standard for Intake to Assessment Phase

The Phase must be changed from Intake to Assessment when the client has their first face-to-face appointment. In instances where the initial phone contact to introduce the service and set up appointments evolves into a clinical discussion regarding the care of the prospective client, the phase can be changed at this time to assessment.

For clients who do not proceed to a face to face contact see Exemptions to Standards for Phase.
Some specialised services such and Drug and Alcohol and Mental Health may have service specific standards relating to their Data collections and these should be followed.. See HNE Mental Health Service Ambulatory Business Process for External Referrals

The date and time of the Phase change should reflect the date and time of the first face-to-face appointment.

5.2.2 Standard for Assessment to Treatment Phase

For the purpose of this document Treatment phase is representative of all treatment phases used across Service streams.

The Phase must be changed from Assessment to Treatment when the clinical treatment commences. This can occur on the initial appointment, phone call or a subsequent appointment. The commencement of treatment may vary between disciplines. The date and time of the Phase change should reflect the date and time treatment commences. e.g.

Change during the Same Contact
When initial clinical assessment is undertaken for the referred issue is performed during the first contact and treatment for those presenting and associated issues commences during the same contact. The phase would change from Intake to Assessment and Treatment on the same day.

Initial Assessment Followed by a Separate Treatment Contact
The first visit is an initial clinical assessment process while the next scheduled appointment is for the commencement of treatment interventions. The Phase would be changed to Assessment after the first interaction and then changed to Treatment at the date and time of the next scheduled appointment.

5.2.3 Standard for Treatment to Closed

The Phase must be changed from Treatment to Closed (Clinical) when the clinical treatment is no longer required. The date and time of the Phase change should reflect the date and time treatment completes, entering the most appropriate closure reason.
Staff should use the discharge node in CHIME to ensure all components of the clients file are completed prior to closure.

5.2.4 Standard for Closed (Clinical) to Re-Open (Clinical)

Some service streams have specific business rules restricting the Clinical re-opening of Service Request you need to check your Service Streams business rules such as Drug and Alcohol Clinical Services and Mental Health. If your stream allows the Clinical re-opening of a Service Request this can be done only if;

- The client is re-referred within 3 months of closure
  AND
- It is for exactly the same issue(s) as listed in the closed Service Request
  AND
- The Client's Service Request was not CHSP or CCSP eligible.

5.2.5 Standard for Treatment to Follow-up

Is where the client is not actively receiving treatment however, needs to be maintained on client lists for review within 6 months. The phase start date and time should reflect the date and time the decision for Follow-up is made

5.2.6 Follow-Up to Treatment

Once contact is made with the client, the phase should be changed from Follow-Up to Treatment and the phase start date and time should reflect the start date and time of the contact.

5.5 Exceptions to Standards for Phase

When a client is only receiving telephone or tele-health interventions, the Phase should be changed from Intake to Assessment on the first scheduled intervention and from Assessment to Treatment when, or if treatment commences.

When the client does not proceed to clinical assessment or intervention, the Phase should be changed from Intake to Closed at the completion of the contact.

The Phase change from Intake to Assessment applies when the Health Service Providers first face-to-face appointment is with the carer or parent of the client, and treatment interventions will also involve the carer or parent of the client.

Example: Occupational Therapy Home Modifications Service Requests may only involve the carer due to the client's admission to a health care facility and the need for Home Modification prior to discharge.

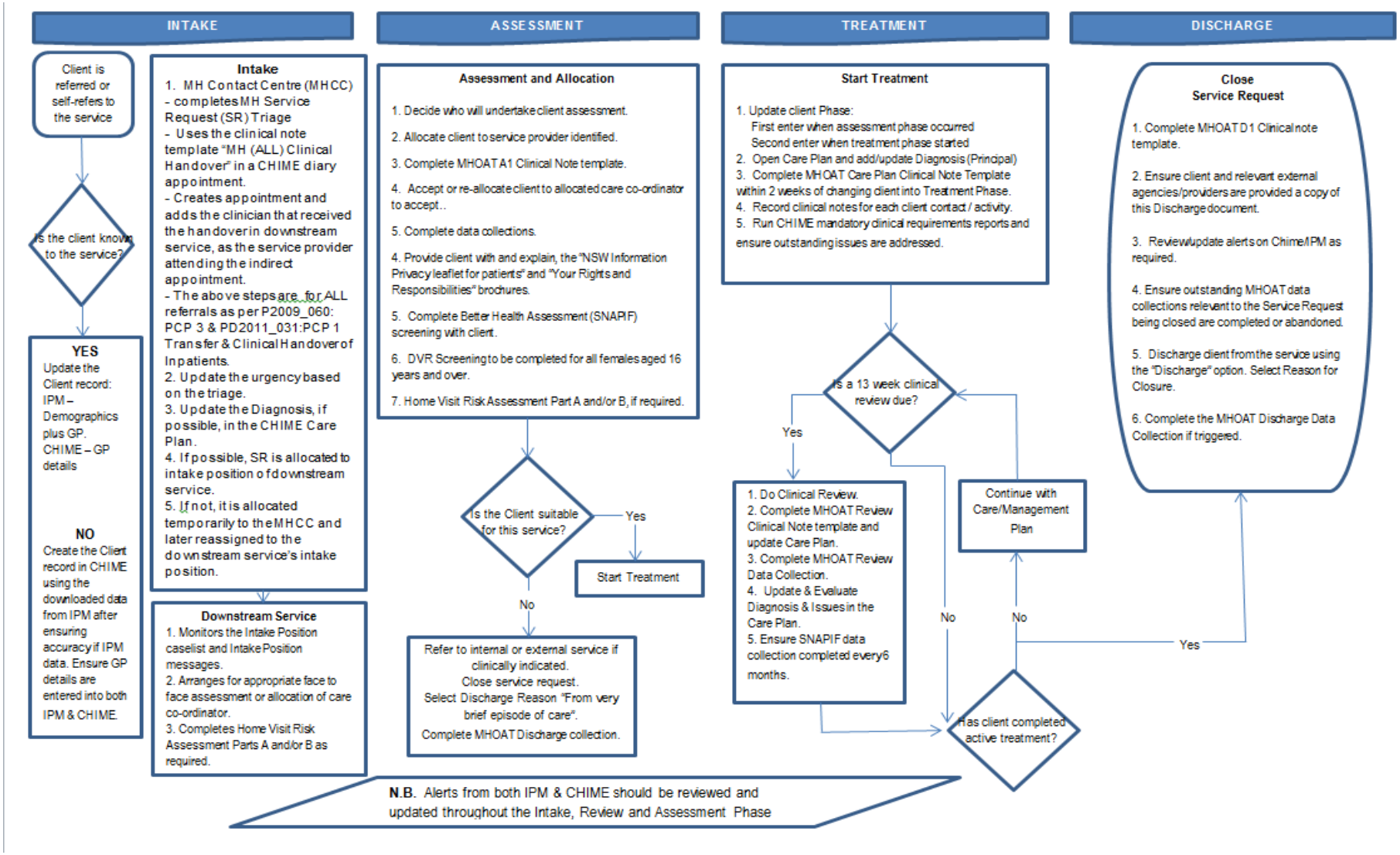
Example: Psychology intervention may only involve the parent of a child (the child being the client of the service.)

5.5.1 Other Phase types

Palliative Care services utilise additional phases as determined by Palliative Care Australia guidelines. Palliative Care phase categories are Stable, Unstable, Deteriorating, Terminal or Bereaved.

Drug and Alcohol Services treatment types are Consultation activities, Counselling, Involuntary drug and alcohol treatment (IDAT), Maintenance pharmacotherapy (Non-opioid), Maintenance pharmacotherapy (Opioid), Other Drug and Alcohol treatment, Rehabilitation activities, Withdrawal management (detoxification), Support and case management only. For Drug and Alcohol Main treatment types contact your local Drug and Alcohol Data Coordinator. Mental Health Services should see their guide to specific phase changes.

5.5.2 HNE Mental Health Service Ambulatory Business Process for External Referrals



6. Managing Diaries

6.1 Diary Appointments

Education on the CHIME diary can be found on CHIME Website

Definition
The CHIME diary provides an electronic view of the Health Service Providers and/or client appointments and service contacts. Appointments can be defined as time planned in the CHIME Diary for clinical intervention.

6.1.1 Client related appointments

Are those where the activity being performed is attributable to an individual Client or Group and where the activity contains clinical content that is recorded in the client's file. This also includes carer by proxy appointment / contact types. This does not mean a discussion to plan an appointment.

Appointments of this nature are entered with a Focus of "Direct" where the client is in attendance, or "Indirect" where the client is not required to attend.

See Fast Fact Friday Issues #15 and #36 – Direct VS Indirect Service Contacts and Standard 6.7.1

6.1.2 Client related by Carer or Proxy

Where a client is unable to actively engage in the appointment and the care and treatment is discussed with the carer as proxy, as if they were the client, the appointment is Direct, client not required to attend, Carer attended.
The person must be ticked in the personal relationships node as the carer (this includes parents).
See Fast Fact Friday Issue # 58 – Carer as Proxy

6.1.3 Reserve Time

Reserved Time can be used to record time spent doing Non Client Activities. This can be an effective way of demonstrating what activity you were doing when not completing Direct or Indirect Activity. As CHIME is an Electronic Medical Record, Clinicians are not required to enter Non Client Related Activity in their CHIME Diary.

Reserved Time is intended to:

- Account for qualitative measures included in Minimum Data Sets for some Service Streams in Health. These Service Streams have standard reserved time guides.

- Indicate available or unavailable time for the purpose of clinic bookings.

Refer to Fast Fact Friday #135 Appropriate Use of Reserved Time

6.1.4 Inreaching Acute Hospitals (Inpatient Facilities), Residential Aged Care Facilities and Multipurpose Services

Clinical staff who are employed by Community Health Services and provide service to clients admitted into a HNLHD Hospital Facility MUST document the care of the client using the correct Location and Program Code within the Service Contact/Appointment

See Fast Fact Friday Issue # 72 - Documenting of Health Records: Acute Hospitals, RACF's and MPS

6.2 Standard for Planned Appointments

Pre-Planned client related appointments will be entered in the CHIME diary at the time they are arranged, or before the end of that working day.

The appointment will accurately reflect the planned time of day the appointment will occur, and the planned length of the service contact.

Where, possible appointments should be forward planned, ideally at least a week in advance. Planned appointments appear in CAP and form part of the clients discharge summary if they have an inpatient episode of care while receiving community based services.

Some services such as podiatry will forward plan appointments made with the client and can be many weeks in advance.

It is appropriate to forward plan regular client appointments when known.

6.2.1 Standard for Occurring Appointments

Client related appointments are to be occurred at the completion of the service contact or as soon as possible following service contact, and at least by the next working day to facilitate continuity of care. It is the responsibility of the Clinician to check that the details of the appointment are accurate prior to occurring. Diary appointments form part of the clinical record and as such clinical documentation.

Diary Appointments that remain un-occurred do not comply with PD2012_069, medical records management and impact activity counts for data reporting requirements and should be completed as soon as practicable following the completion of the clinical contact.

Failure to occur appointments impacts funding via ABF (Activity Based Funding)

6.3 Standard for Indirect Appointments

Indirect Client related appointments are to be entered in CHIME diaries to accurately record activities where the client is not in attendance.
Indirect activities may have other providers/ participants attending i.e. GP's/ carers.
Occurring an appointment of this type records that a treatment activity did occur with a Service Provider/carer/ other provider in attendance and the Client not in attendance.

6.4 Standard for Non-Client Related Activity – Reserved Time

Refer to Standard 6.1.3 Reserved Time

6.5 Standard for Cancelling Appointments

Cancelling an appointment in CHIME should reflect a true cancellation and where possible not be a result of incorrect data entry**. Incorrect data entry i.e. incorrect information in the appointment should be changed so it becomes a valid planned appointment.**

The Non-Occurrence reason entered in CHIME should accurately reflect the reason for the cancellation. A clinical note is to be entered if the Clinician discusses the cancellation with the client/carer or proxy.

PD2012_069 requires Clinicians to record *Did Not* attend in the clinical record

In some circumstances a Clinician may have unplanned leave and an Administrative assistant is asked, by the Manager, to cancel appointments.

In this instance the Administrative assistant should cancel the appointment using Clinician unavailable as the cancellation reason.

6.6 Standard for cancelling appointments where org unit maintenance is occurring

At times a Manager or Clinician may be required to 'clean up' an organisational unit where a Clinician has resigned, or left the service unexpectedly.

The Manager should review the clinical record to see if corresponding clinical notes are present, if so the appointment can be occurred by the Manager

The Manager reviewing the files should make a clinical note entry noting the maintenance of the record.

If after investigation there is no evidence of the appointment being attended, then the appointment should be cancelled.

The activity AA(all) occurred after file review; case coordination and management (activity nature).

6.7 Standard for Direct client activity

Direct Client related appointments are to be entered in CHIME diaries to accurately record activities where the client is in attendance.

Direct activities can be between one Service Provider / Clinician and a Client or other providers/ participants may be in attendance e.g. GPs/ carers.

Occurring an appointment of this type recognises that a treatment activity did occur with the Client present.

6.7.1 Direct vs Indirect Service Contacts (Appointments)

See Fast Fact Friday Issues #15 and #36 – Direct VS Indirect Service

DIRECT SERVICE CONTACT

Direct – This means that the Activity was attributable to an individual client and the **CLIENT PARTICIPATED** in the appointment. **–OR**- The *Client's Carer* (acting as proxy/stand-in for the client) participated in the appointment. The problem/issue must be the client's **not the carers'**. If the problem is the carers, you should register the Carer as a client in their own right.

Occurring this appointment implies a CLINICAL Treatment activity did in fact occur with BOTH the Provider and Client/Carer in attendance/participating. This includes Face to Face or by Telephone/ videoconference/telehealth and other technology.

"Service Contact by other technology", although a valid entry for the Medical Record, **does not count** as OOS under the DoHRS reporting rules.

INDIRECT SERVICE CONTACT

Indirect – the activity is attributable to an individual client BUT the client **WAS NOT REQUIRED TO ATTEND** with either the Carer or the Provider. Occurring this appointment implies a treatment activity did in fact occur with a Provider in attendance and the **CLIENT NOT REQUIRED TO ATTEND**

NB: - Any supporting clinical documentation – i.e. clinical note entry should not contradict the above entries
For Instance – Do Not mark the client as attending, the service contact as occurred and then a clinical note saying the appointment was cancelled because the client as unavailable**.**

7. Alerts

Education on alerts can be found on CHIME Website

Refer to the CHIME Alerts Guideline 16_069

8. Commonwealth Home Support Program (CHSP)

(Previously known as HACC)

Education on CHSP can be found on CHIME Website

Vision

The Commonwealth Home Support Programme will help frail, older people living in the community to maximise their independence.

Definition

The Home and Community Care (CHSP) Program provides basic maintenance and support services for frail aged people and people with a disability, and their carers. It assists people to maintain their independence in the community and avoid their premature or inappropriate admission to long-term residential care.
The CHSP Minimum Data Set (HACC MDS) applies if a client is living at home and has a disability or chronic condition that affects their ability to function in their daily life. The CHSP MDS also applies if a client is receiving a CHSP type service that will help them to stay at home, or is the carer of a person who meets the eligibility criteria.

8.1 Standard for Collection of CHSP Data

All services within Community Health will collect data for clients that are classified as CHSP (HACC) eligible by the Guidelines identified in "A Quick Reference Guide to the CHSP Minimum Data Set for Allied Health Workers and Nurses."

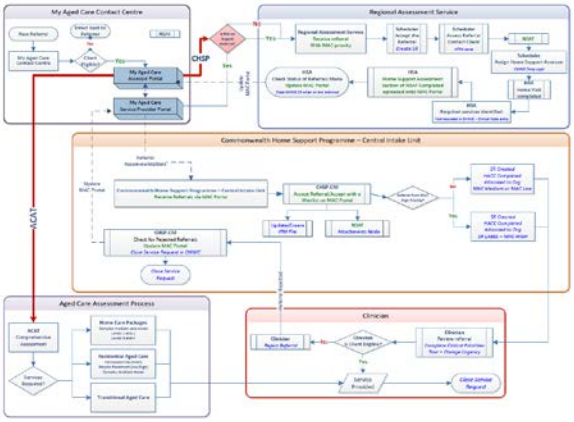
When a new client is identified as CHSP eligible, the data will be entered before the end of the working day or by the next working day for continuity of care.

8.2 Standard for Updating CHSP Data

CHSP Data for clients previously identified as CHSP eligible will be updated for each new Service Request and as required, for changes in the client or carers' circumstances. Data will be updated before the end of the working day or by the next working day for continuity of care. Staff can revisit the online CHIME training to review how to enter CHSP information via the CHIME Website

8.3 My Aged Care

My Aged Care Process *(click on image to view online)*



9. Clinical Notes

Education on clinical notes can be found on CHIME Website

Definition
A Clinical Note is a Health Service Providers written record of a clinical interaction or consultation and may be used to record and communicate any textual notes that a Service Provider records, in relation to a Service Request and the provision of care.

The CHIME support team recommends **all Health Service Providers** review their obligations for medical records documentation.

All Health Service Providers should read PD 2012_069 and complete the online education on clinical documentation available on My Health Learning. All Health Service Providers are encouraged to complete documentation education.
All Health Service Providers are responsible for their clinical documentation and are to be familiar with CHIME guidelines on clinical documentation including strikethrough and attachments.

Administrative staff should refer to PCP "Scope of Practice for Administrative Staff accessing CHIME'

9.1 Standard for Where to Record Clinical Notes

Clinical Notes in CHIME for individual client appointments are recorded from the CHIME diary for direct and indirect service contacts and from the Service Request Notes icon when no related appointment exists.

The clinical note of a multi-client service contact (i.e. multiple individual clients and/or a group client) will appear in each client's file. Utilise the Open client button and navigate to the Clinical Note node of the Service Request to add individual entries. Clinical Notes in

CHIME for multi-client appointments is i.e. family sessions, the open client button is used to go to Service Request Notes to do individual notes.

9.2 Info Path Assessment Tools

Please refer to the CHIME Assessment Tool Guides

9.2.1 Standard for When to Record Clinical Notes

Clinical Notes in CHIME are recorded:

- At Intake
- On Assessment
- At every direct and indirect client contact (diary appointment)
- At change of treatment or health status
- At Client Review (See Standard 12)
- On Discharge
- When the Service Request is re-opened for completion of documentation
- When a file is accessed for release of information including subpoenas

The following guides will support Clinical Note documentation:

CHIME Clinical Note Guides
Using the Attachments Node
Importing Word Documents into CHIME
Importing Photos into CHIME

Scanning of old medical records, progress notes that are handwritten is not to occur.

10 Care Plans

Education on care plans can be found on CHIME Website

Definition
A Care Plan is a coherent plan of treatment within a Service Request for an Individual or Group Client. It is an overview that guides the activities of one or more Health Service Providers with the Client. The Care Plan is the global view of the care process for a whole team, or related teams who are addressing the same set of Client Issues.

10.1 Standard for Care Plan Issues

Care Plans in CHIME should be constructed for every client requiring ongoing care i.e. any client requiring more than one visit or ongoing activity by a Clinician. Care Plans will address the presenting issue at the time of referral, as well as any issues subsequently identified.

See PCP PD2011_015 for Mental Health Care Planning

10.2 Standard for Care Plan Objectives

Care Plans in CHIME will describe an Objective that is related to each identified issue. The Objective will be Specific, Measurable, Achievable, Relevant and Timely (SMART), and have Activities attached that accurately reflect clinical practice.

10.3 Standard for Care Plan Activities

Care Plan Activities are to reflect current clinical practice and best practice principles. Care Plan Activities are to be selected from the discipline specific Activity in CHIME where available, or from the CHIME Activity. These do not replace clinical note entries

10.4 Standard for Care Plan Construction

Care Plans are to be constructed at assessment or by the next working day, and prior to the next planned visit. Subsequent issues, objectives and activities will be added at the time of identification by the Health Service Providers, or by the next working day.

10.5 Standard for Care Plan Closure

Issues, Objectives and Activities listed in the Care Plan are to be closed when they are resolved or completed by the Health Service Providers Clinicians finalising the clinical care.

See Fast Fact Friday Issue # 24 – Care Plans

11 Client Review

Education on Client review can be found on the CHIME website

Definition

Client Review can be defined as a process to ensure care and treatment plans reflect standards of best practice in an environment where clinical knowledge and expertise is shared. The Client Review process aims for the achievement of health care objectives identified in consultation with the client.

11.1 Standard for the Client Review Process

Every client requiring ongoing care will have a process for Client Review. This may include informal review as well as the formal review process. The guidelines for Client Reviews are discipline and/or service stream specific.

11.2 Standard for Client Review Documentation

A Clinical Note that reflects the discussions/decisions of the Client Review will be written by the next working day as part of the review process.

An Infopath tool 'Treatment Review' is available and staff are encouraged to utilise it.

12 Closing Service Requests

Education on closing Service Requests can be found on the CHIME Website

Service Requests in CHIME must only be closed by a Health service provider/ Clinician involved in the clinical care of the client, including program coordinator/managers and when:

- All provision of care to the client has been completed and the Activities and Objectives in the Management Plan have been measured.
- The client requests the provision of service to cease.
- The Service Provider withdraws service.
- The client is admitted to an acute health care facility, or nursing home/hostel. In rural areas community health may be the only provider of certain services i.e. foot care
- The client is deceased.
- Where there are no future planned appointments and there have been no clinical notes or occurred contacts for greater than 3 months.

  Refer to CHIME Report: 1029 Service Request Status Report

12.1 Closure of Service Requests for clients not seen more than 3 months

In some circumstances such as org unit "clean up" a number of Service Requests may be active when the care has been completed.

Managers or clinical staff working in the org unit should review the Clinician file for evidence of service required.

If it is determined from the clinical notes that the care is completed, then the Service Requests should be closed and a **clinical note entry made outlining closure** reason.

Outstanding appointments should be treated as per Standard 6.6

12.2 Deceased clients with other open Service Requests

The clinical service that is notified of a client's death should notify other Service Providers so they can complete the Service Request and close.
A Clinician should not close a Service Request for another provider, unless management approval under Standard 12.1 is agreed.

12.3 Standard for Re-Opening Service Requests

A Service Request can be re-opened for the purpose of the completion of documentation. The Service Request should be closed as soon as documentation is complete.

Service Requests are not to be re-opened for clinical treatment post CHIME for A Makeover. Post Makeover the re-opened Service Request will be sitting in a closed Org Unit.

See CHIME Guide for reopening of Service Requests in response to a Subpoena

13 Standards for Updating Patient Demographic Information

Under Privacy Laws, it is a requirement to keep personal health information up-to-date and accurate. Corrections or updates to client demographic details must be action in the Area Health Service-Wide client registration Database. iPM is the master medical record system for all clinical systems across HNELHD therefore; demographic information must be changed in iPM not CHIME

Client/patient details should be checked and confirmed or updated as appropriate, each time a client presents for a new phase of treatment. This includes:

- Address of usual residence
- Mailing address
- Telephone number/s
- Preferred language
- Interpreter requirement
- Medicare eligibility and Medicare number
- Health Fund
- GP Details
- NOK / Person to contact

See also Fast Fact Friday # 39

Reference: Client Registration Policy PD2007_094

14 Reports in CHIME

There are a number of reports in CHIME to assist health Service Providers and mangers in maintaining the integrity of the clinical record as well as managing services, case lists and reporting key Performance indicators.

USEFUL FOR (BY SUBJECT)	REPORT NAME & DESCRIPTION	IN CHIME OR RAP
Quality Assurance	**Appointment Errors Impacting Data** Used for checking errors within appointments and shows missing client identifiers including Indigenous Status and Medicare Number	RAP DHaCH Reports > KPI Reports > Quality Assurance Reports
Quality Assurance	**1037 Planned Clinical Appointments by Org Unit** Shows appointments that need to be occurred for the Org and Date Range selected	CHIME
Quality Assurance	**1083 QA Direct Occurred Service Contacts without a Clinical Note** Shows occurred appointments that do not have a clinical note. ALL Direct Occurred appointments MUST have a clinical note	CHIME
Quality Assurance	**NAPLOAD Monthly Data for DHaCH V2** Shows what data has been loaded and not loaded to WEBNAP	RAP DHaCH Reports > Activity Reporting
Quality Assurance	**Individual Provider Activity Report** This report shows the Activity Performed for a Service Provider within the selected Date Range for all the Org Units they worked in during that timeframe.	RAP Home > DHaCH Reports > KPI Reports > Quality Assurance Reports > Individual Provider Activity Report
Security/Confidentiality	**CHIME Secure Org Access** Shows all Service Providers that currently have access to a Secure Org Unit. Service Providers no longer working for that secure Org Unit must have their Data Sharing Rights removed via self-help form To be used by Service Managers of Secure/VPN Org Units.	RAP Found under DHaCH Reports
KPI	**Better Health by Team and Org Unit** Shows the percentage of clients with completed Better Health Assessments by Org Unit, Month and Year	RAP DHaCH Reports > KPI Reports > Better Health > Better Health KPI Reports
KPI	**KPI's for Current Clients v3** Shows the current clients for the org unit and Privacy, rights & responsibilities Assessments performed.	RAP DHaCH Reports > KPI Reports > Quality Assurance Reports
KPI	**Privacy Rights and Responsibilities for Current Clients** Shows the current clients for the org unit and Privacy, rights & responsibilities Assessments performed.	RAP DHaCH Reports > KPI Reports

USEFUL FOR (BY SUBJECT)	REPORT NAME & DESCRIPTION	IN CHIME OR RAP
Maintenance	**Active Incumbencies by Org Unit** Shows all incumbencies for the selected Org Unit Useful for checking which staff can be expired from their Positions if they are no longer working within that Org Unit	RAP Found under DHaCH Reports
Maintenance	**Org Unit Org Search Report** Shows the Org Unit and Positions within that Org Unit, including the Org and Position ID's	RAP DHaCH Reports > Chime Information
KPI (Mental Health Services)	**MHR001M – Key Performance Indicators (1025)** Key Performance Indicators relating to client contacts for Hospitals/Teams and providers for the selected date range NB. This report is NOT available in CHIME and is being Managed by Anthony Landers (Data Manager)	N/A (Contact Anthony Landers)
KPI (Mental Health Services)	**MHR006M – Care Plan Usage** Reports on completion of initial care planning within two weeks of acceptance and ongoing requirement to review the care plan every thirteen weeks.	RAP DHaCH Reports > Client Information Reports > Mental Health
KPI (Mental Health Services)	**491 – MHRO11M MHOAT Data Collections Due** Returns all MHOAT Data Collections that are due by Org Unit, Service Provider and date range	CHIME
KPI (Mental Health Services)	**495 – MHRO12M Triage Response** Response on triage times for a team over the selected date range	CHIME
Quality Assurance (CHSP Eligible Services)	**485 – Current Clients for Org** This report shows all client in the related Organisation Unit and can show, those with missing HACC eligibility (select Mandatory Information in the Secondary Grouping Parameter)	CHIME
Quality Assurance (CHSP Eligible Services)	**CCSP CHSP Report Requirements** This report shows Providers what needs to be completed for their current clients in regards to CHSP / CCSP Data Collection	RAP > DHaCH Reports > KPO Reports > Quality Assurance Reports

15 Exceptions to Standards

When technical failures occur, including network connections and coverage, power and equipment. Details are to be entered in CHIME when technical failures are overcome or by the next working day.

When the Health service provider/ Clinician is unable to complete their work due to exceptional circumstances requiring documentation, CHIME details are to be entered on the next working day. The manager may transcribe documentation to facilitate continuity of care where the Health service provider/ Clinician is not rostered or unable to return to work.

Amendment History

Version No.	Description of Change	Author	Date
0.1	Original Draft	Jenny Simpson Dorothy Muir	20.10.2004
0.2	Introduction changed to Background	CHIME Support Team	30.04.2012
	Principles for Creation, Management, Storage and Disposal of Health Care Records Policy Directive updated to PD2005_127	CHIME Support Team	30.04.2012
0.2	Episode definition standards deleted	CHIME Support Team	30.04.2012
0.2	Primary Service Type definition added	CHIME Support Team	30.04.2012
	2.3 added when to re-open a Service Request	CHIME Support Team	30.04.2012
0.2	All references to CAML changed to SRML	CHIME Support Team	30.04.2012
	8.2 No. 7 added	CHIME Support Team	30.04.2012
0.2	8.4 mandatory clinical note templates	CHIME Support Team	30.04.2012
0.3	Whole document	CHIME Support Team	12.08.13
0.3	Whole Document	CHIME Support Team	7.10.15
0.4	Whole Document	CHIME Support Team	May 2017