MATERNAL AND CHILD SCREENING: NEWBORN HEARING SCREENING WALES

GUIDANCE FOR HEALTH BOARD STAFF UNDERTAKING NEWBORN HEARING ASSESSMENT AND PEER REVIEW: STORAGE AND RETENTION OF ELECTRONIC RECORDS

ASSESSOR

1. All records (ABR traces, CMs, OAES, tympanometry traces) and RRS (Results Record Sheet) for each baby assessed must be clearly identified.
2. The Results record sheet and all records as above must be saved in secure personal or departmental folders identified for the purpose of NBHSW assessments
3. The RRS and scanned documents(ABR traces, CMs, OAES, tympanometry traces) must be stored within the individual record on Auditbase
4. When the case notes for an individual baby are accessed for an appointment then all paper /printed records from the assessment must be entered into the case notes.
5. The individual records must be retained and not destroyed for a period of 25 years.
6. If archived the records must be clearly identified for retrieval.

PEER REVIEWER

1. All records (ABR traces, CMs, OAES, tympanometry traces) and Results Record sheet received by peer reviewer can be saved for duration of time required for peer review (<=14 days) in secure personal or departmental folders.
2. The completed Peer Review form should be saved with identifiers* allowing retrieval in specified personal or departmental folders.
3. This Peer review form constitutes documentation for the purposes of clinical audit and must be retained for period of 5 years.
4. All documentation received from the audiology assessor for the purposes of peer review can be destroyed after agreed peer review. When variances from guidance are identified and notified to DC and DANL consideration should be given to retention of documentation for short period of time to facilitate discussion.

* Initials, NHS number, date of birth.

AFTER PEER REVIEW

An amended RRS (Results record sheet) as a result of peer review will need to be part of the clinical record for the baby and should be in paper form in medical case notes where these exist and in Auditbase.

This amended record must be retained for period of 25 years.

The peer review form for each diagnostic assessment returned to the assessor must be saved in individual or departmental folders with clear identifiers to aid retrieval for clinical audit purposes. These records must be retained for five years.

For departments where the peer review form is saved in an individual record on Auditbase this constitutes part of the individual clinical record and must be retained for 25 years.

References: Records Management Code of Practice Part 1 and 2.