

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Student documentation within Cerner eMR
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/509
DATE OF PUBLICATION	February 2022
RISK RATING	Low
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Standard 1 – Clinical Governance
REVIEW DATE	February 2024
FORMER REFERENCE(S)	N/A
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director, Clinical Governance and Medical Services
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POSITION RESPONSIBLE FOR THE DOCUMENT	Co-Chairs, SESLHD Health Records and Medico-Legal Committee Dr Antony Sara and Donna Martin
FUNCTIONAL GROUP(S)	Records Management Health
KEY TERMS	Student notes, co-signing, eMR
SUMMARY	This procedure outlines the requirements for co-signing (verifying) of student notes within the eMR.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

This procedure has been developed to support the [NSW Health Policy Directive PD2012_069 Health Care Records – Documentation and Management](#) requiring the co-signature of a supervising clinician after the review (and/or amendment) of student documentation.

2. BACKGROUND

- The purpose of this procedure is to provide a clear procedure outlining the requirements for co-signing (verifying/authorising) of student notes within the electronic medical record (eMR).
- It aims to ensure there is a consistent approach for student documentation within eMR and that unique eMR accounts are provisioned for all students who need to access eMR.
- The procedure covers all student positions that have access to eMR including:
 - Medical students
 - Nursing and midwifery students
 - Allied health students

3. DEFINITIONS

Emr: Electronic medical record.

Clinicians: Clinicians include registered health practitioners (nursing, midwifery, medical and allied health).

Students: Students that are on placement at a Local Health District (LHD) facility including nursing, midwifery, medical and allied health students.

Unverified/Unauthorised and Verified/Authorised: Unverified/unauthorised refers to the status of a document when signed by a student practitioner. The status changes to verified/authorised once the document is signed by a clinician.

4. RESPONSIBILITIES**4.1. Clinical Applications Support Manager will:**

- Develop and maintain this procedure.
- Liaise with Healthcare Records Committee to ensure that the procedure is relevant and useful.

4.2. Site Medical Record/Health Information Managers will:

- Ensure procedure is followed.
- Conduct quality audits to ensure that the procedure is being adhered to and that data integrity is maintained and corrected if required.

4.3. Healthcare Records Committee will:

- Advise on any policy requirements regarding documentation management that may be relevant to this procedure.

SESLHD PROCEDURE

Student Documentation within Cerner eMR

SESLHDPR/509

4.4. End users – students will:

- Ensure that a personal account is used for accessing eMR and electronic documents have been created correctly.

4.5. End users – supervising clinician will:

- Co-sign (and/or amends) student documentation within a timely manner.

4.6. Clinical School Managers/ClinConnect Coordinators for relevant discipline (allied health, medical and nursing) will:

- Ensure students have personal eMR accounts by creating online account requests (individual forms), or by requesting bulk creation of student accounts at beginning of student term.
- Organise training for students with the site eMR training and support officers.

5. PROCEDURE

5.1. Creation of New Student eMR Accounts

5.1.1. Request for eMR account for student(s) is received.

5.1.2. Individual named eMR account is created for the student practitioner.

5.2. eMR Training

5.2.1. Student Supervisors to liaise with site eMR training and support to request training for student(s).

5.2.2. Students have basic working knowledge of eMR and procedures to document.

5.3. Student Documentation

5.3.1. Student documents appropriate form or clinical note within the electronic medical record.

5.3.2. Note or form is created in an unverified/unauthorised state and viewable within eMR.

5.3.3. Student notifies supervising clinician of unverified/unauthorised documentation awaiting review and co-signing. Supervisor ensures to regularly check same with student.

5.3.4. Supervising clinician reviews student documentation content and co-signs and amends if required.

5.3.5. Note or form becomes a verified/authorised document and is viewable within eMR.

6. DOCUMENTATION

Health ICT Account Creation Form.

7. AUDIT

- Regular audits are performed by site Medical Record/Health Information Managers to ensure student documentation has been co-signed.
- Ad hoc report produced within eMR that will highlight student documentation requiring co-sign.

SESLHD PROCEDURE

Student Documentation within Cerner eMR

SESLHDPR/509

- Follow up with relevant unit managers.

8. REFERENCES

- [NSW Health Policy PD2012 069 - Health Care Records – Documentation and Management](#)
- [SESLHDPD/310 - Information Security Policy](#)
- [eMR Quick Reference Guide – How to sign saved Progress Note and co-sign student progress notes](#)
- [eMR Quick Reference Guide - Co-Sign Medical Student Documentation](#)

9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
December 2014	1	Author: Lee Speir (initial draft)
October 2015	2	Author: Hayley Ryan (conversion to SESLHD standard format)
November 2015	3	Reviewed and Approved: SESLHD Health Records and Medicolegal Working Party
March 2016	4	Author: Leonie Patterson added in terminology around unauthorised and authorised
	5	Reviewed and Approved: SESLHD Health Records Steering Committee
October 2016	6	Incorporated comments into procedure
December 2016	6	Endorsed by DET
September 2020	7	Executive Sponsor updated from SESLHD Health Records Steering Committee to Director Health ICT. Approved by Executive Sponsor. Published by Executive Services.
February 2022	8	Minor review to update links and minor grammar corrections ahead of detailed review. Approved by Executive Sponsor.