

# Admin Documentation Policy for Mental Health & Addiction Services

## MHASPPM/8100

<b>Approved by:</b>	Service Director – Mental Health & Addiction Services	<b>First Issued:</b>	February 2008	
<b>Signature:</b>		<b>Review Date:</b>	December 2020	
		<b>Next Review:</b>	December 2026	

## Purpose

The purpose of this document is to:

- ensure all typed work produced at Mental Health & Addiction Service (MHAS) meets organisational administrative professional standards with respect to timeliness, presentation and quality.
- ensure correct templates are used at all times.

## Principles

This document is to be used in conjunction with MHASPPM/8953 – [Mental Health Service Policy](#) which outlines the standards and principles to be met by personnel, and should be read and understood in relation to Mental Health & Addiction Services by staff.

The following legislation and NZ Standards are applicable to this document:

- [Privacy Act 2020](#)
- [Health information Privacy Code 2020](#)
- NZS 8153:2002 [Health Records](#) (copy held in Health Records Department)

## Scope

All Mental Health & Addiction Service employees

## Definitions

Term/Abbreviation	Meaning
MHAS	Mental Health & Addiction Service
Urgent	For completion within one working day
Semi-urgent	For completion within two to five working days
Routine	Maximum 10 working days
Clinical Typing	Includes any typing / correspondence relating to individual patient / client care or management i.e. this includes both dictated and copy typing.
Non-Clinical Typing	Relates to word processing, spread sheeting, presentations and desktop publishing work not related to individual patient management
CTR	Clinical Template Replacement Tool

## Roles and Responsibilities

Role	Responsibility
MHAS Administration Coordinators	To ensure all correspondence is presented and sent accurately and professionally and agreed timeframes are met
All MHAS staff	To ensure all correspondence is sent out accurately and professionally

## HBDHB Standards

### Timeframes

- 1 A Typing Request Slip (see example Appendix 2) should be completed and given to the appropriate administration staff for all copy typing requests (if identified as a service requirement).
- 2 Timeframes for administration staff to complete typing requests are:
  - a. Urgent (for completion within one working day).
  - b. Semi-Urgent (for completion within two to five working days).
  - c. Routine (for timeframes over one week / five working days).
  - d. For semi-urgent and routine requests, a completion date must be included/notified.
- 3 **Urgent work must be handed to the designated administrative support person, not sent through the internal mail.**
- 4 If unable to achieve identified timeframe for typing work (clinical or non-clinical), it is the responsibility of the administrative staff member, as soon as possible, to contact the author prior to the requested completion date. This is to ensure that alternative arrangements, or a time extension, can be arranged.

### Formats and Standards

- 5 All typing will be completed as per HBDHB templates available on 'The Hub' in the ["Forms & Templates"](#) section.
- 6 Correct letterhead & footer to be used at all times : see Appendix 1 and located on ["Our Hub"](#) under Forms and Templates.
- 7 All typed documentation relating to clients should include client details in the letter – full name, NHI number, date of birth, and address, date of dictation, date of typing.
- 8 The CTR tool should be used wherever possible to ensure most recent client information is used.
- 9 The draft template should be selected at all times via the CTR tool and the document saved correctly to the S Drive (see below) once approved by author.
- 10 Follow on pages from the letterhead front page should identify the patient name and NHI number in the headers. Page numbers, i.e.: page 1 of 3, is to be used in all documentation.
- 11 All clinical correspondence to be saved on Health Services Drive :- [\\FS1\HealthServices\ClinicalDocs\MHAS\](#) and in the appropriate folders according to author.
- 12 Documents should be named as e.g.: BLOGGS Joe ABC1234 011211 (Surname First name NHI# Date : DD/MM/YYYY)
- 13 For all word processing work, the following standards are to be used:
  - a. Font "Arial" (10 -12 for body text)
  - b. Headings bolded
  - c. Justified body text
  - d. Line spacing at single
  - e. Page number bottom right hand corner (Page 1 of 3)
  - f. Hawkes Bay DHB Logo (as appropriate)
  - g. Service / discipline logo where appropriate i.e. Recovery Centres
  - h. MHS Service letter head footer to be used (available via Our Hub)
- 14 Using the HBDHB Letterhead logos or paper is limited to:
  - a. External correspondence
  - b. Human Resource correspondence
  - c. Formal correspondence

- 15 The administrative staff member must ensure all typing work is:
  - a. Spell checked
  - b. Grammar checked
  - c. Proof read
  - d. Tagged electronically “Sighted but not Signed” where indicated
  - e. Draft work should be stamped with a “DRAFT” stamp or an electronic draft watermark/identification
- 16 A practitioner may choose to complete their own typing then the electronic version should be forwarded to an admin staff member to ensure correct formatting has occurred and letterhead footers are used appropriately

## Equipment Used

- 17 The following equipment is utilised:
  - a. Dictaphones
  - b. Winscribe
  - c. Computers
  - d. Printers

## Points to Note

- 18 Confidentiality of information must be maintained at all times. Any typing containing patient information, relating to Human Resources, complaints or commercially sensitive material should be marked:
  - a. “Private and Confidential” if sent through the internal mail
  - b. Flagged as “Confidential” if emailed
  - c. Drafts/spare copies of such material should be shredded or placed in the document shredding bins.
  - d. Documents should not be emailed to addresses outside of the HBDHB.
  - e. When emailing draft documents for checking/approval please ensure the hyperlink option is used, do not email the document as an attachment.
- 19 If staff are asked to complete typing work that is not deemed appropriate (non-work related) the issue should be referred to the appropriate Clinical Nurse Manager or Administration Manager.
- 20 If completing work for external agencies i.e. Ministry of Health (MoH), Land Transport etc you may be required to adhere to their standards/templates.

## Measurable Outcomes

Individual MHAS business units will be responsible for instigating “spot audits” on:

- compliance to the standards
- appropriateness of timeframes set by clinicians

## Related Documents

HBDHB/OPM/033 – [Privacy Policy](#)

HBDHB/OPM/074 – [Health Record Policy](#)

## References

[Privacy Act 2020](#)

[Health information Privacy Code 2020](#)

NZS 8134:2021 - [Ngā Paerewa Health and Disability Services Standard](#)

## Key Words

Documentation  
Standard

***For further information please contact the Administration Manager –  
Mental Health & Addiction Service***

**APPENDIX 1**

**Approved Service Footer**

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**COMMUNITY MENTAL HEALTH SERVICE – MENTAL HEALTH AND ADDICTIONS DIRECTORATE**

*Hawke's Bay Fallen Soldiers' Memorial Hospital*

Private Bag 9014, Hastings, New Zealand

Telephone: 06 878 8109 Ext. 5700 Fax: 06 878 1359

Email: [Firstname.Lastname@hawkesbaydhb.govt.nz](mailto:Firstname.Lastname@hawkesbaydhb.govt.nz)

**APPENDIX 2**

**Typing Slip**

<b>Name:</b>		<b>Request Date:</b>	
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Date work required by – please tick

Urgency:

**URGENT**  
**(Same Day)**

**Semi Urgent**  
**(2 to 5 Days)**

**Routine**  
**(6 to 10 Working Days)**

Message/Comments:
