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## MEDICAL RECORD REVIEW RESEARCH PROJECTS Guidelines for Applications

1. For medical/chart review only, a full Ethics Application is not required. Instead, a one-page application form (& NSW Health Privacy checklist\*\*) should be completed. **It must be word-processed or typed. Hand-written applications will not be accepted.** The form is available from the Research and Development Office. Please contact Eleanor Thackray - Research Ethics Manager, on ext. 53017 or on the intranet.

*If you will be contacting patients or their families as part of your research, you will be required to submit a full ethics application. Please contact Eleanor should you require further information.*

**\*\* From 1 September 2004 – In addition to the Medical Record Review Application Form a Privacy Checklist is required to be completed. See Privacy Information Sheet and Checklist on the intranet at: [Ethics/Resources/Human Ethics/Medical Record-Chart Reviews and Audits/Privacy Checklist](#)**

2. In general, chart review projects undertaken by researchers who are not staff members or under the supervision of a staff member of the Hospital require the written consent of a parent or guardian of the patient. In this case, a Parent Information Sheet and Consent Form must be submitted, which have been prepared according to the standards which apply to all Ethics Committee Applications. The Ethics Committee may waive this rule at its discretion.
3. The relevant attending medical officers must be consulted before a chart review project is undertaken. Note that in the case of reviews of surgical procedures, the surgeons who performed the operations must also be consulted, even if they are not the attending medical officers responsible for the ongoing care of the patient.
4. The completed 'Medical Record Review Application,' must be submitted to the Research and Development Office for approval. To avoid undue delays, the Chair or Secretary of the Ethics Committee may give covering approval so that a chart review project may commence, pending confirmation at the next Ethics Committee.
5. When approval is granted an approval number will be issued to the first-named investigator. Medical Records cannot release records until they have been advised that approval has been granted.
6. **Approval is valid for 12 months.** If you do not commence and complete your review within the 12 months, you will need to re apply and complete a new application form.
7. Medical Records will require 7 days notice to collect the records required. The review must commence within 2 months of the charts becoming available. Upon receipt of approval to retrieve your records you will need to complete the medical records retrieval form available on the intranet at: [Medical Records/Resources/Forms/Request for Record Retrievals](#)
8. These guidelines apply to chart reviews undertaken for research purposes. Quality Assurance projects do not need to be approved by the Ethics Committee - instead they should be reported to the Service Improvement Unit.
9. Before sending your application, please ensure you have read the attached rules.

Ms Eleanor Thackray  
Secretary, Ethics Committee

## **MEDICAL RECORD REVIEW RESEARCH PROJECTS RULES FOR RESEARCHERS**

### **1. CHW Human Research Ethics Committee - Seeking Ethics Approval:**

- 1.1 Ethics approval is mandatory when review of the physical or electronic medical record is requested for a study or when a list of patient medical record numbers (MRNs) and/or patient names is requested for a study.

Will you be contacting patients or their families? If yes, a full ethics application must be submitted. Please contact the Research Office on x53017 should you wish to submit a full ethics application or email Carolyn Casey.

- 1.2 Medical Record staff will not begin to process a request until the Ethics Committee has approved the study.

If your application is approved, the Research and Development Office will notify you and you will be supplied with a Research Project Approval Number.

### **2. CHW Human Research Ethics Committee – Storage and reporting of information:**

- 2.1 Please ensure that all identifying data collected, is stored in a secure location at The Children's Hospital. Only Investigators named on your application form should have access to this data.

- 2.2 Should the results of your research be published, ensure that all patient data is de-identified or reported as group data only.

### **3. Medical Records - Once Ethics Approval has been granted:**

- 3.1 You must complete a Record Retrieval Request form and indicate your research project number on this form. This must be done whether you are requesting a disease index listing or requesting that medical records be pulled for you to review.

- 3.2 This completed form along with any lists if applicable must be forwarded to Medical Records reception.

- 3.3 When you are ready to start your project, please contact the Medical Records Department by phone on x52356 so that the process can commence.

- 3.4 You must allow for at least 7 working days for the generation of a list. Similarly at least 7 working days notice must be given when requesting medical records. We will endeavour to complete your request as soon as practicable depending upon our available resources and priorities. We are under no obligation to exceed these time frames if you are running behind schedule and have not allowed enough time to conduct your project.

- 3.5 A maximum of 20 records will be retrieved at any one time. Further records will not be retrieved until you have reviewed the last batch and returned them to the research returns box. You must allow 7 days after each batch is completed for the next batch.

- 3.6 You will be notified as each batch of records has been prepared for you to review. Records will be held in the Research Room for a maximum of two months. If records are not reviewed within this time frame they will be returned to our main file and need to be reordered and will be retrieved again.

- 3.7 You must retain a copy of your research list that you have submitted to Medical Records. It is your responsibility to keep this list and keep it up to date to ensure you know which records you have and have not reviewed yet.
- 3.8 Records are to be reviewed in the Research Room. Under no circumstances are records to be removed from the Research Room or from the Medical Record Department.
- 3.9 Please ensure should the results of your research be published, that all patient data is de-identified or reported as group data only.
- 3.10 If the person responsible for the review is not a CHW employee and they need to access electronic records, please ensure they obtain a user name and password. Please view the **Accessing Powerchart by researchers or others involved in improvement activities or case studies** Policy and Procedure at:  
<http://intranet.kids/o/documents/policies/policies/2007-8113.pdf>

**AGREEMENT**

I have read and understood these rules. I agree to adhere to the rules when accessing and reviewing medical records.

*Submit this signed agreement with your application form.*

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Signed

\_\_\_\_\_  
Dated