CLINICAL DOCUMENTS MANAGEMENT

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Session overview

- Why you?
- What is it?
- The need to do this – background
- How was it done?
- What next?
- Interactive case studies

Why you?

- Essential front line staff
- First point of contact for external correspondence
- Great at multi-tasking
- Skilled at communicating
- Often have IT skills
- Your roles are constantly evolving

Clinical Documents

- These are documents, forms and letters that are sent to the practice from various sources :
  - Hospital
  - Hubs/111/OOH
  - Social Services
  - Solicitors/Insurance companies/DVLA
  - Importantly patients
- Documents can arrive by post, email, fax or handed in at reception.

Background

- Our team identified areas of improvement that they wanted to work on.
- There were inconsistencies around how individual reception/admin team members dealt with documents.
- Not to mention how clinicians dealt with it.
- Process needed clarity and re-vamping!

Baseline data

Week 1: (w/c 10.07.2017)	Monday GT	Tuesday TR	Wednesday GT	Thursday JM	Friday SG
Post documents (scanned on by PA team IN TOTAL)	**49**	**66**	**51**	**34**	**64**
Post items **coded by PA team** (after being checked by GP)	21		16		
Post items scanned on by PA team - **actioned and coded by GP**	28		35		
Post documents (OOH/A&E reports/111 reports) **straight to GP to code and action**	**60**	**16**	**23**	**35**	**13**
TOTAL documents	**109**	**82**	**74**	**69**	**77**
Documents handed in by patients to reception	1	0	0		1
Faxes for post (fwded by on-call GP)	0	0	0		3
Total number of reports	2	0	3	1	3
Number of 3rd party documents asked to be reviewed	1	0	0		0
Time taken to complete post	**3.5 hours (one report not fully completed)**	**w/i allocated time**	**w/i allocated time**	**w/i allocated time**	**w/i allocated time**
Notes: BCG vacc entry - can go to nursing team BCG DNA/change of details - who to deal with this? Smear results?					

Understanding the problem

- **Workload variation throughout the week**
  - e.g. beginning of the week & Fridays appear the busiest
- **Sufficient allocated time to complete post?**
  - Monday's documents not completed within allocated time
- **Post documents going to the most appropriate person?**
  - Does it always have to be a clinician?
- **Filtering system**
  - when was this last reviewed?
- **Coding**
  - Is the most appropriate person coding the relevant data?

Change Project

- **Training PA team (reception) to shift (as much as possible) workload to the most appropriate member of staff**

- **‘Any Patient Assistant and Any Prescribing clinician’**

- **Aims:**

We wanted to improve our current system with the overall aim of:
a) having high impact on our workload
b) ensuring that our team worked to the top of their skill set
c) improving efficiencies and
d) providing better experience for patients as well as ourselves

- **Measures:**

Number of documents forwarded to clinician
Time allocation to complete post documents (to be reduced)

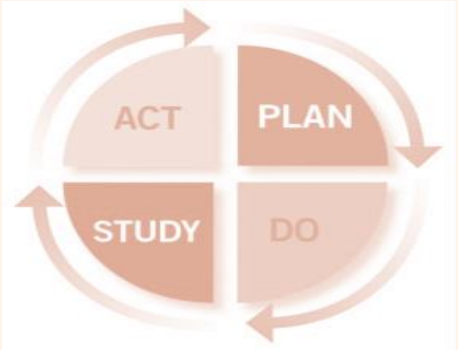
- **Checks and Balances:**

Filtering process reviewed with Post GP

PDSA Cycles and Results

- Data collection and process mapping
  - huge variation – high cause of inefficiency
  - reflection
  - highlighted need for change

- PDSA Cycles



- Findings

Whew!

Let's take a break!

15 minutes

Examples

- Types of post documents
- Which departments
- Terminologies

What to do…initial steps

- 1. Open post document/ review electronic documents/workflow/faxes/letters dropped off by patients
- 2. Stamp and data entry (e.g. date, dept, hosp, clinic type, and your initials)
- 3. Read document and decide where does it go? Options?

Decisions

- How do you know if this post document is for you or the named clinician?

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CLINICAL (POST) DOCUMENTS ARRIVE (electronic/paper)

PA team to sort into **3 GROUPS**

1) **PA team to code** directly and initial (and Post Dr initials)

2) To send/scan on directly to **relevant clinicians**

3) To discuss with **Post Dr/clinician** , if **unsure**

PA team can code:

- **NHS 111** summaries
- **OOH/HUB** summaries
- **Brief A&E** summaries
- **Moorfield casualty (A&E)** summaries
- **Diabetes foot clinic letters**
- **Post-natal summaries***
- **Clinic letters – no action needed**
- **DNA adults****
- **Appointment letters** (e.g. with CMHT)
- **DNA MRI/radiology appointments** (PN referring clinician)
- **3rd party notes** - check consent in place/payment agreed by requesting party and go through notes (refer to protocol/discuss with **GP** if any queries)

If **follow-ups** with **GP** are requested, have **Post Dr** review for necessity

HCAs/Nursing team can code and deal with:

- **Diabetes eye screening** (**HCAs**)
- **Foot clinic letters** – need to refer to EMIS (**re Dm check**) (**Nurses**)
- **BCG vaccination letters** (opportunity to check other immunisations too) (**Nurses**)
- **Cervical smear results**

GPs & **Pharmacists** can code and deal with:

- Other **foot clinic letters** – need to refer to EMIS
- **Detailed A&E** summaries***
- **Moorfield clinic letters**
- **Clinic letters – needing action******
- **DNA children** – refer to **safeguarding leads** (coded as 'not brought in')
- **MRI/radiology results** (**GPs**)
- **Reports**
- **Safeguarding reports**
- **Online access to EMIS notes for patients**

Generally, **only GPs** should do **referrals** and **pharmacists** are focused on **medication changes**

Actioned if necessary

- Book a follow-up/review
- Book a referral
- Contact patient directly

When sending PN tasks to clerks, please **make the task clear** (face-to-face/telephone, which clinician, topic, timescale etc.)

Example 1 – No action required

- 111 summary
- Urgent care/ooh discharge
- A&E brief summary
- Moorfield eye hosp A&E letters
- Screening letters
- Appointment letters
- Clinic letters

Example 2 – Administrative action needed (coding)

- Clinic letters
- Postnatal discharge summaries

Example 3 – Post documents to be forwarded to clinician

- Results e.g. MRI, radiology, endoscopy reports
- Clinical letters that need actioning
- Safeguarding letters/requests

Example 4 -DNA

- Adult DNA letters
- TWR DNA letters
- Children DNA letters

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