

Intercepting Records for Paper Light Practices – Practice Guidance

Version 1.2



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1 Introduction

1.1 Background

Where practices have previously scanned their medical records, it can be difficult to maintain paper light processes as they continue to receive paper records for new patients joining the practice. This means the benefits of bulk scanning could be short lived as paper records build up at the practices. In order to prevent the accumulation of new paper records at digitised practices it is necessary to consider a change to current processes so that paper records destined for paper light practices are digitised at the point of transfer.

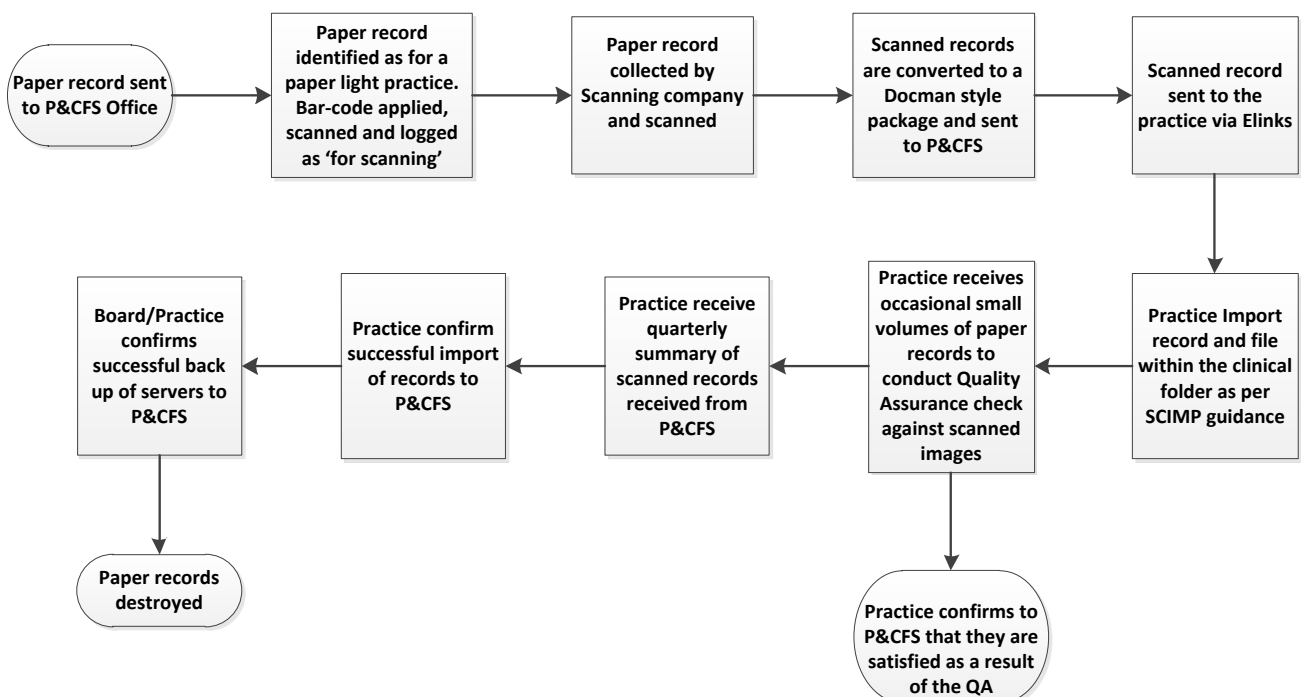
In order to ease the burden on these practices, Practitioner and Counter Fraud Services (P&CFS) is implementing a process where by any paper medical records destined for practices which have been identified as paper light would be scanned and sent to the practice electronically.

1.2 Process Overview

The new process will build upon the way current medical records transfers are handled wherein paper records will be sent via P&CFS offices but rather than sending these onto the new practice by courier, the paper records will instead be redirected to be scanned.

P&CFS consulted with SCIMP as well as numerous practice and Health Board staff regarding the most appropriate format for the records. Whilst there were arguments presented for and against the possible options much of the feedback focused on the ability to search the record as the most pertinent quality required to facilitate ease of working at practices. Taking on board this feedback and recommendations about minimising the risk of misfiling documents, the records, including multiple volumes, will be scanned as a single PDF document.

The digitised record will then be transferred securely via P&CFS to the GP practice using existing electronic record transfer technology such as eLinks. The record will then be imported by the Practice into Docman and be viewable from the Clinical folder within the patients Docman record, as per the SCIMP guidance. The process is outlined in the diagram below.

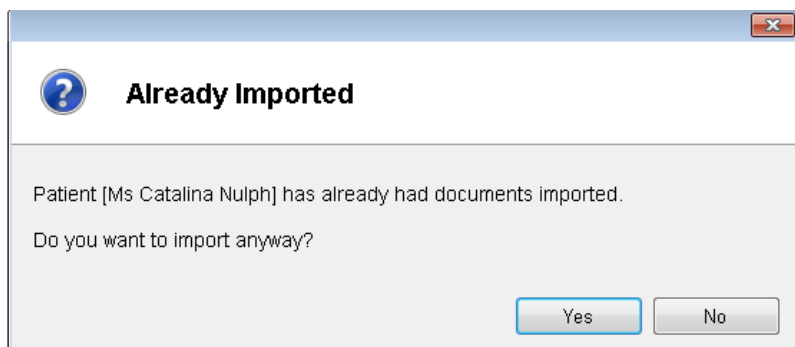


2 Record Handling

2.1 Records Receipt and Filing

By building upon existing records transfer technology, P&CFS aims to minimise disruption for practices from the introduction of the new process. As such, the records will be delivered to practices using eLinks for integration with Docman and the practice will import the back scanned record in the same way as other electronic records.

As the practice may have already received an electronic record for the patient, for instance from the patients previous practice, in many circumstances you will receive the message in the screenshot below to indicate that the patient has already had records imported into Docman and you would click Yes to perform the additional import. This is the same process that you currently follow when you receive additional correspondence for a patient after the initial electronic record has been received by the practice.



Once the record has been imported into Docman, it can be located within the Clinical folder in the patients record and is easily identifiable as it will have the following filing details applied to it.

- Folder: Clinical
- Event Date: 01/01/2000
- Description: Back Scanned Record
- Organisation: PSD
- Department: Back Scanned Record

The screenshot below shows how the document will be listed within Docman

Event	Filing Date	Description	Organisation	Department
01 Jan 00	05 Aug 20	Back Scanned Record	PSD	Back Scanned Record

By default, Docman sorts documents by Event Date so that the newest documents are listed first. The back scanned document will have an Event Date of 01/01/2000 so please note that the record will be located on the last page of the patients Docman record.

After importing the record, it is advised that the practice accesses the patient records and reviews the document. The practice should then summarise the record as per their normal working procedures.

2.2 Supplier Quality Assurance Process

While it is recommended that practices review all records received to ensure these are of a sufficient quality and cover the expected patient history period, there will be a requirement for verified quality assurance checks on a proportion of the records. The scanning supplier will conduct initial quality checks ensuring that the number of pages in the scanned record matches the number of pages expected from the paper record and conducting a page-by-page visual quality check of 20% of the records. If any issues are found within the 20% sample an entire check of the batch will be carried out.

2.3 Practice Quality Assurance Process

In addition to the supplier quality assurance checks, a proportion (1%) of the paper records will be returned to the practices for quality checks. It is anticipated that this will only consist of a small number of records needing to be checked by each practice due to the nature of the process and this will be managed on a rotating process so as to avoid overburdening practices with this additional workload. The practices must confirm to P&CFS that they have conducted a page-by-page visual quality check of the records indicated. The practice must sign and date the note that accompanies the record to signify that the record is part of the records scanning quality check process to confirm that this check has taken place. The paper records should be returned to the PSD office with the signed note attached so that these can be securely destroyed.

2.4 Confirmation and Destruction

P&CFS will also issue practices a report periodically detailing records that should have been received by the practice as part of the scanning process and are approaching their expected destruction period. Practices must confirm to P&CFS that all the records have been successfully stored within the patient records and that this has been subject to the Practices IT back up process and confirm the date the backup process has been checked and verified. Only following confirmation of this will P&CFS give approval to the Supplier to destroy the records.

3 Step by Step of Process

- 3.1 Practice will receive the records via e-Links into their Docman Import folder
- 3.2 Practice will import records into Docman using existing record import process
- 3.3 Practice will review and summarise the records as per normal working procedures
- 3.4 Practice will receive a proportion of paper records from Practitioner Services and must review this against the scanned record in a page-by-page verification
- 3.5 Practice must sign and date the covering note that accompanied the record to signify that it is part of the records scanning quality check process to confirm that this check has taken place and that they are satisfied with the quality
- 3.6 Practice will return the checked record along with the signed and dated covering note so that these can be securely destroyed
- 3.7 If the practice has concerns or issues with the quality of the scanned record, they should contact PSD and provide details of the issues so these can be investigated with the scanning supplier
- 3.8 Each quarter the practice will receive a report from Practitioner Services detailing all the records that have been sent through the process in the past quarter.
- 3.9 The practice must review this report and confirm that all the records listed have been imported successfully into Docman.
- 3.10 The practice must also confirm the date of the last checked and verified server backup (often referred to as a Tape/Cartridge Verification) that has been performed on the practice system, enabling PSD to destroy the paper records transferred prior to this date.