Requesting, Locating and Tracking Patient Records Policy

This procedural document supersedes: Policy for the Requesting, Locating and Tracking Patient Records – CORP/REC 4 v.5

This policy should be used in conjunction with
- **CORP/REC 5 - Clinical Records Policy**
- **CORP/REC 6 - Record Keeping Standards**

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Author/reviewer: (this version)	Judy Lane – Patient Services Manager Lucy Clark – Assistant Medical Records Manager
Date written/revised:	November 2017
Approved by:	Clinical Records Committee
Ratified by:	Policy Approval and Compliance Group
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Target audience:	Trust-wide

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 6	11 December 2017	• Changed to reflect introduction of iFIT system replacing CRT module of CaMIS PAS	Judy Lane
Version 5	1 April 2015	• Change in process point 4.1v)-paragraph 2 • 4.3-to read manager at the end of the paragraph • 4.4 and 4.5 amalgamated and service delivery times changed • 4.7 Tracking codes added • 6.2 Weekly spot check reduced to 10 casenotes as agreed at CRC-please refer to CORP/REC 1 Order of Filing Hospital Casenotes Policy • Appendix 3-RMP10 Searching for Misfiles Creating Temporary Folders • Appendix 4-Equality Impact Assessment	Julie Robinson Clinical Records Committee
Version 4	February 2012	**Major changes throughout – PLEASE READ IN FULL** • Introduction updated • Purpose identified • Guidance on requesting patient records updated • Guidance on confidentiality of patient records during transfer added • Tracker location maintenance and sub location guidance added • Casenote retrieval contact details updated. • Contact details for Maternity casenote retrieval added • Instructions for returning casenotes to casenote libraries added; use of in transit codes • Tracking of casenotes received in medical records libraries added • Education and training guidance added • Processes for monitoring compliance added • Links to other associated procedural documents added • Reference to local procedural document for checking for missing patient records added	Christine Coates
Version 3	March 2009	• Amendment form added • Contents added • Minor changes made throughout • Contact numbers updated	Christine Coates/ Clinical Records Sub-committee
Version 2	November 2006	• Section 1, paragraph 4 has been amended to include guidance on miscellaneous filing • Section 4, additional section to cover location of casenotes at Tickhill Road Hospital	Christine Coates/ June Hines

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1.   INTRODUCTION

The movement of all patient records must be recorded to provide an effective casenote location and retrieval service.

The iFIT System recognises patients NHS and district numbers, treatment numbers with which patients are registered on the PAS. All PAS users have access to iFIT. It is essential that staff across the Trust update iFIT whenever they move casenotes.

The system entirely replaces manual procedures for tracing case notes both in and out of filing locations and between other locations. It supports real-time case note requests, enquiries and movements. The use of iFIT increases efficiency by reducing the need for telephone calls; it improves the flow of case notes around the organisation.

If users have difficulty tracking casenotes they should contact a medical records department supervisor or the PAS training department for further advice.

2.   PURPOSE

To ensure that patient records are available at the right place at the right time when needed.

3.   DEFINITIONS

iFIT

Intelligent file inventory tracking

KPI's

Key performance indicators

IDOX

Name of company providing tracking system

RFID

Radio Frequency Identification

PAS

Patient Administration Service provided by EMIS formerly known as CaMIS

4.   DUTIES AND RESPONSIBILITIES

4.1   Requesting Patient Records

i)   Search iFIT to establish the current location of the patient's records.

ii)   Records located in the Medical Records Libraries should be requested via the iFIT system. A telephone answer phone service is available for urgent casenote requests on ext. 572795 for BH and 644320 for DRI and 649121 for MMH. Urgent requests will be given priority.

iii)   At Doncaster Royal Infirmary it is the responsibility of staff to locate and retrieve the casenotes themselves from the Medical Records Libraries for any miscellaneous filing.

4.2   Transferring Patient Records to another Location

i)   The transfer of patient records in and out of a location must be recorded on iFIT, this is <u>mandatory.</u>

ii)   Individual users, e.g. secretaries, must track records into their own sub-locations.

iii)   All casenotes leaving any medical records libraries will be labelled with an active RFID tag

iii)   Clinic notes should be tracked to the appropriate clinic code and will then be the responsibility of the relevant secretary or care group admin team member to track at the point of receipt.

iv)   Individual users are responsible for tracking and locating records which are booked into their own locations.

vi)   To maintain patient confidentiality, envelopes containing casenotes must be securely sealed and clearly addressed to the recipient and transferred as locally agreed.

vii)   Tote boxes carrying casenotes must be clearly addressed and sealed with a tie wrap to ensure confidentiality.

4.3   Tracker Location Maintenance

Specific location tracking is available on the iFIT system which enables a set of case notes to be recorded precisely within a parent location. For any new or additional locations this can be requested from the iFIT superusers via Medical Records Supervisors.

4.4   Patient Record Enquiries, Requests and Transfers by non-iFIT Users and iFIT users

All enquiries, requests and transfers of patient records by non-iFIT users, advice and support must be sought from any Medical records department.

<u>Requests for casenotes for emergency retrieval are as follows;</u>

Health Records, DRI (Including General, Fracture, Maternity)	
Resus requests for casenotes tracked to General Records between the hours of 8am-5pm Monday to Friday	Bleep 1850
Monday-Friday 8am-5pm	Bleep 1850
Saturday/Sunday 9am-5pm	Bleep 1850
Monday-Sunday 5pm-8am	Bleep 1850
Bank Holiday	Bleep 1850
Saturday/Sunday 8am-9am	Bleep 1850
Bassetlaw Records	
Monday-Friday 8am-5pm	572795
Saturday/Sunday	Admissions 572067
Monday-Sunday 5.30pm-8am	A&E department 572050
Montagu Records	
Monday-Friday 8am-5pm	649121
Saturday/Sunday	Bleep lead nurse via switchboard
Bank Holiday	Bleep lead nurse via switchboard

When the casenotes have been located, the casenotes will be tracked to the required destination. For out of hour's requests the bleep holder will contact the requester and advise if the casenotes are available.

If the Bleep holder cannot find the casenotes in their current location, using the iFIT system and supporting devices the bleep holder can undertake additional search for the last known location on the RFID system.

If a temporary set of casenotes is required, due to a missing set of casenotes, this must be reported by raising an incident on the Datix incident system. It is the responsibility of the staff member requiring the casenotes to raise the incident form.

The Bleep holder will leave a written message for the relevant medical secretary or department staff that the casenotes have been removed.

4.5   Users Returning Patient Records to Casenote Libraries

Track all casenote folders to the relevant 'In Transit to File' tracker location Code.

- BFILE   - In transit to file - Bassetlaw Records Department

- DGFILE   - In transit to file - DRI General Records Department

- DOFILE   - In transit to file - DRI Orthopaedic Records Department

- DAFILE   - In transit to file - DRI Antenatal Records Department

- PFILE   - In transit to file - DRI Maternity Records Department (Post Natal Store)

- MFILE   - In transit to file - Montagu Records Department

Individual volumes of casenotes must be tracked.

4.6   Casenotes Received by Medical Records Libraries

All incoming casenotes will be labelled and associated with an active RFID tag. Medical records libraries will file (track) casenotes using location based filing into the receiving library.

The structure of filing is based on library, rack, column and shelf

- DL1 – Main General File DRI
- DL2 – Small General File DRI
- ML – Montagu File
- BN – Bassetlaw New File
- DFM – Fracture DRI File
- DMRC – Maternity Office DRI

5.   EDUCATION AND TRAINING

iFIT access is restricted to trained staff. Training is available for all iFIT users; new staff in areas that use iFIT must attend formal training delivered by the PAS training team. Individual line managers are responsible for arranging training by completing a computer services on line training request form.

iFIT Training Documents are given to all attendees, copies can also be downloaded from the intranet.

6.   MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

6.1   Key Performance Indicators (KPI's)

Medical Records department performance is measured on key performance indicators. The KPI's include accurate tracking of clinic casenotes and returned casenotes to medical records libraries in location based filing.
The iFIT system allows reports to be generated on the following
- Invalid Track Logs – this is run daily
- Invalid Tag Logs – this is run daily
- File Audit – this is run monthly
- Number of Missing Casenotes – this is run monthly
- Number of temporary sets created – this is run monthly
- Access to casenotes to clinic – this is run monthly (currently under development with IDOX)

6.2   Casenote Structure, Filing and Tracking Audit

CORP/REC 1 – Policy for the Order of Filing in Hospital casenotes requires that each medical records department must monitor compliance with this policy by undertaking a weekly spot check of 10 casenotes using the audit form attached (Appendix 1) to the policy. Audit action reports are submitted to the Patient Safety Review Group.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Tracking quality	Medical records Supervisor	Daily	Responsible Medical records clerk/Patient Services Manager
Tagging quality	Medical records Supervisor	Daily	Responsible Medical records clerk/Patient Services Manager
Filing Audit	Medical records Supervisor	Monthly	Responsible Medical records clerk/Patient Services Manager
Missing casenotes Audit	Medical records Supervisor	Monthly	Responsible Medical records clerk/Patient Services Manager
Temporary casenotes Audit	Medical records Supervisor	Monthly	Responsible Medical records clerk/Patient Services Manager

Casenote Preparation Audit	Medical Records Supervisor	Weekly	Responsible Medical records clerk/Patient Services Manager

7.   EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 2).

8.   ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- CORP/REC 1 - Order of Filing in Hospital Casenotes Policy
- CORP/REC 2 - Safeguarding Patient Records held Separately from Medical Records Libraries and in Transit Policy
- CORP/REC 5 – Clinical Records Policy
- CORP/EMP 4 – Fair Treatment for All Policy
- CORP/EMP 27 – Equality Analysis Policy

APPENDIX 1 – CLINIC PREPARATION AUDIT FORM

NHS
Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Clinic Preparation Audit Form

Date	Patient Number	F/Sheet & Labels	Section	Recon Slip	Relevant Volume	Tagged/ Tracked	Specialty	Temp
01/01/1900	D1234567	✓	✓Example✓		✓	✓	✓	X

APPENDIX 2 – EQUALITY IMPACT ASSESSMENT – PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Requesting, Locating and Tracking Patient Records Policy	Performance	Lucy Clark	Existing policy	November 2017

1) Who is responsible for this policy? Performance

2) Describe the purpose of the service / function / policy / project/ strategy? To provide guidance on the tracking and requesting of patient records

3) Are there any associated objectives? National casenote standards –Records Code of Practice

4) What factors contribute or detract from achieving intended outcomes? Non-compliance

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

- **If yes, please describe current or planned activities to address the impact**

6) Is there any scope for new measures which would promote equality? No

7) Are any of the following groups adversely affected by the policy? No

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 √	Outcome 2	Outcome 3	Outcome 4

*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a **Detailed Equality Analysis form in Appendix 1***

Date for next review: November 2020

Checked by: Judy Lane   **Date:** November 2017