

<b>Case Note Tracking Policy &amp; Procedures</b>	<b>Policy</b>  <b>Register No:</b> 05103 <b>Status:</b> Public once ratified
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Developed in response to:	IGG Toolkit requirement CQC fundamental Standards MEHT requirement
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## DOCUMENT REVIEW HISTORY

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1	Liz Stewart	January 2004
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3	Karen Hull	September 2005
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## 1.0 Purpose of Document

1.1 To provide a robust process for Trust staff to follow that ensures that all Patient Health Care Records are available to support the day to day activities of the Trust's business, including patient care and continuity of care, meeting legal requirements, supporting decision making, assisting medical and other audits and meeting the standards required by:

- Care Quality Commission
- Information Governance Toolkit Criteria
- NHS Records Management Code of Practice

## 2.0 Introduction

2.1 Patient Health Records are a valuable resource because of the information they contain. High-quality information underpins the delivery of high-quality evidence-based healthcare and many other key service deliverables. Information has most value when it is accurate, up to date and accessible when it is needed. An effective Records Management Service ensures that information is properly managed and is available whenever and wherever there is a justified need for that information.

2.2 Timely and accurate case note volume tracking will have a positive impact on patient care, in that it will ensure:

- ensure a contemporaneous account of care is available to inform clinical decision making
- operations are not cancelled because records are not available
- outpatient appointments are not cancelled because records are not available
- fewer complaints are received regarding non-availability of notes, both by patients and by clinicians
- fewer administrative staff are required to search for notes leading to better operational efficiency which would result in money savings for the use of clinical purposes – **“collecting notes takes less time than searching”**

2.3 Case note management and particularly case note volume tracking, is the responsibility of everyone who handles case notes, irrespective of their profession or grade. All staff have a legal and professional obligation to act in accordance with this policy.

Under the Public Records Act 1958 employees are responsible for any records that they create or use in the course of their duties. Therefore, any records created or received by an employee of the NHS are public records and may be subject to both legal and professional obligations.” (Records Management Code of Practice for Health and Social Care 2016).

## 3.0 Aims

3.1 To ensure that case notes volumes are available to the clinical teams at the point of patient consultation for both planned and outpatient episodes.

3.2 To ensure that each user understands their personal responsibility to track case note volumes or to assign a person to track on their behalf case note volumes that they dispatch, receive or pass on.

3.3 To undertake regular audits of areas holding case note volumes for tracking compliance (see table 2 for Audit schedule). The results will be shared with the user and their line manager, a summary of the Trust performance in relation to Tracking will be sent to the Medical Records Management Group for discussion and on going monitoring for areas of poor performance.

#### **4.0 Scope**

4.1 This policy relates to all paper clinical case note volumes held by the Trust and covers the Case Note Tracking for storage, retention and access to:

- current case note volumes (Lilac and Buff)
- temporary case note volumes (Pink)
- multiple volumes (overflow) folders
- single episode paperwork volumes

4.2 The Case Note tracking policy relates to any location (see appendix 1 for areas covered within this policy) where the Trust provides a clinical service to patients which form part of Trust activity, and where access to the Patients case note volumes are essential to the care being offered.

4.3 This policy excludes any Private Patient activity, where the patient holds their own notes.

#### **5.0 Users Responsibilities**

5.1 Each member of staff using, receiving, or passing on records is responsible for ensuring that the case note volumes are appropriately receipted or dispatched on the case note tracking system (Lorenzo). The tracking can be carried out by them or by someone else nominated to carry out the task, for example, medical staff might ask a ward clerk or HCSW to track on their behalf.

5.2 All users of case note volumes must check the volume management history in Lorenzo for a location before requesting from the Health Records Centre (HRC) – they may be in use elsewhere or already be within the Directorate that requires them.

5.3 If case note volumes are required by a borrower which are not held in the HRC when required it is the responsibility of the borrower to make arrangements direct with the current holder of the case note volume, to collect or send them - this is not an HRC function.

5.4 If case note volumes are moved whilst Lorenzo is unavailable, then a downtime label must be put in the plastic wallet on the front of the case note folder. This downtime label is yellow and has "to be tracked stamped" on it. Supplies of these labels are available from the HRC and are also held within the Contingency Boxes on each ward.

5.5 When Lorenzo becomes available again, any person in possession of case notes with a downtime label attached, must receipt them to their location, and so update the system. The labels can then be removed and kept for future use. If Lorenzo is down for a short, planned period, the borrower can plan their tracking tasks and so avoid the need for yellow cards.

- 5.6 It is the responsibility of staff that hold, use, or pass on case note volumes to know their borrower location and identify this in Lorenzo. If a location is not available, they should contact IT Helpdesk (ext 5000) in order to have a new location added.
- 5.7 Case note volumes should not leave MEHT sites other than for an outreach clinic held by a Trust Consultant, or with the patient once transferred to a GP ward based at Maldon or Braintree. The patients should never be given their case note volume to hold or transfer even if tracked – Refer to the Access to Records Policy (04086).

### **Health Records Service Responsibility**

- 5.8 All case note volumes received before 16:00 in the HRC will be tracked in on the same day but after 16:00 records may remain in the box they were delivered in until the next day (therefore it is essential that box numbers are logged on Lorenzo in the comments field to allow for speed of access if the notes are required in an emergency).
- 5.9 The HRC is responsible for tracking any case note volumes they remove from a borrower's office, unless the user makes other arrangements. In the absence of the borrower, the HRC staff will leave a "calling card", stating which case note volume they have removed and who in the Team has removed it.
- 5.10 The HRC Service is responsible for undertaking audits of holders of records to ensure that:
- all records tracked to that location are present
  - all records in the location are tracked
  - the tracking information is adequate to ensure ease of location
  - all tracking is to a geographical location rather than a named individual
- 5.11 At times when Lorenzo is unavailable due to IT failure, HRC staff will record all loans and returns on paper and update the CNTS once Lorenzo is available.
- 5.12 The HRC will supply case note volumes for a planned in-patient episode prior to admission on request, via the Trust email system, addressed to ERF (however this means if case note volumes have been supplied to a pre-admission clinic, it is the responsibility of the user to ensure that the case note volumes are kept safely and securely for the time period between the pre-admission clinic and the main admission and transporting and tracking them accordingly).
- 5.13 If the request for case note volumes is made 24 hours or less prior to needing them, then direct contact should be made to the HRC by telephoning Ext- 4211. This is to ensure case note volumes are received at the point of admission, prior to the patients planned episode, wherever possible (Sat – Sun between the hours of 12.00 to 16.00).

### **6.0 Outsourcing**

- 6.1 All case note volumes required for outsourcing patients must be logged and managed via the Inter Provider Office.
- 6.2 Case note volumes required for outsourcing will be tracked to a known location, using the appropriate borrower information, with a contact name and telephone number of the borrower placed in the comments field. This is to aid access to notes in case of emergency.

## **7.0 Volume Management**

- 7.1 Volume management enables the movement of case note volumes to be tracked electronically, by Patient Number, through the dispatching and receipting functions in Lorenzo. It allows all users of case note volumes, to see at all times, the precise location of case notes.
- 7.2 The primary location for all case note volumes is the Broomfield Health Records Centre.
- 7.3 Case note volumes should not be held for longer than 3 weeks, outside of the main HRC unless the patient is having active treatment within a ward or clinic setting.
- 7.4 A periodic report will be produced and sent to the borrower informing them of the case note volumes which have been out on loan longer than 3 weeks for review or return.

## **8. Procedures for Tracking**

- 8.1 Borrowers will use the "Receive Volume" function on receipt of case note volumes. When case note volumes are 'sent on' the Dispatching function must be used with the destination entered into the Destination Location box and the Comment field should state reason, e.g." B343 patient transferred in box 38b"
- 8.2 When the notes are passed from one area to another the sender must track the case note volume using the "Dispatch Volume" function to the receiver's location and in the comments field should state "collected by hand" by XXXXX Ext xxxx, or similar.
- 8.3 If case note volumes are being transferred by means of a box then the box number must be indicated within the comments field.
- 8.4 A user is responsible for the case note volume until the next borrower receipts them on to their borrower location.

### **Outpatient Clinic Case Note Volumes**

- 8.5 Once a clinic list has been pulled from within the HRC, the staff will use the dispatching function to track the case notes on Lorenzo using the relevant clinic (borrower) location and a reason for loan, which will be the date of the clinic and the clinic code.
- 8.6 Case note volumes will not normally be tracked in or out of the clinic area but will be sent directly from clinic within 12 hours of receipt to the relevant secretarial area for the outcome letter to be typed.
- 8.9 If case note volumes are to be retained by a secretary/clinician, then they will need to be receipted on Lorenzo entering the location and precise information in the comments field. If the clinician requires the case note volume they will be tracked using the consultant location.
- 8.10 Case note volumes should not be held onto for longer than 3 weeks, unless the patient remains an active patient where the case note volumes are needed for on going reference.

### **Inpatient Episodes**

- 8.11 HRC staff will track the case note volumes to the ward borrower location with a reason for loan, which will read In-Patient and the admission date.

- 8.12 Where the case note volumes transfer to the ward the correct ward location must be recorded on Lorenzo, if the patient has not been transferred to a new location following a change of plan or condition, then the ward should receipt the case note volume into their borrower location detailing the exact location within the ward if not the medical records trolley).
- 8.13 When the patient is discharged from the ward the case note volume will need to be dispatched to clinical coding, medical secretary or bereavement office (or any other borrower location) but only after all appropriate filing has taken place, and there is no loose documentation. All care pathways must have been incorporated. The box number must be stated in the comments field to aide timely retrieval.
- 8.14 When the secretary, clinical coding officer or bereavement office staff (or any other borrower) receives them, they must receipt them to their own borrower location.
- 8.15 Wards should pay special attention to tracking white temporary folders (folders used for ward use only) the words white folder “paper work only” must be entered in the comment field.
- 8.16 Wards must ensure that when they transfer a patient on Lorenzo to another ward that they also use the dispatch function to record the case note volume’s new ward location.
- 8.17 The ward is not required to track case notes when a patient goes to an area where their case notes will be travelling and then returning with the patient i.e. theatre or x-ray.

## **9.0 Requesting Case Note Volumes**

- 9.1 Ad hoc requests are dealt with by use of the internal email system using the email address [ERF@meht.nhs.uk](mailto:ERF@meht.nhs.uk) within the Trusts address book, or by telephone (Ext 4211) for the urgent next day requested. Borrowers should use the template provided and request no more than 8 sets of case note volumes per day.
- 9.2 Borrowers should first check the location of the case notes, using the Volume Management Transaction History tab to confirm the current location.
- 9.3 Where case note volumes are located in a nearby office borrowers are encouraged to collect directly or arrange the transfer of the case notes with the borrower. Only case note volumes located in main HRC will be provided direct by the HRC.
- 9.4 Further information can be obtained by referring to the Health Records Policy 11024.

## **10. Audits of Compliance**

- 10.1 The HRC will routinely carry out inspections of any area holding patients records. The purpose is to measure Trust compliance to tracking on a rolling programme of audit. See Schedule of Audit below.
- 10.2 Staff will not receive prior warning of the visit.
- 10.3 The internal auditor will arrive with a Lorenzo printout of all records logged to the location. They will check 10% of notes from the list, noting all other records which are located to the area but which are not recorded on the Lorenzo list.

- 10.4 The Trust standard is that 80% of notes found in the area must be correctly and accurately tracked to the location.
- 10.5 The results will be reported to the user and copied to their line manager. Actions will be agreed with the user(s) and their line manager if they fall below the Trust's threshold of 80% compliance. This may include attendance at a tracking refresher course if appropriate.
- 10.6 If an area fails their first audit, the area will be re audited within 3 months of the first audit. This audit will assess the compliance of 25% of the records tracked to the location.
- 10.7 If an area fails their second audit, the area will be re audited again within 1 month. This audit will assess the compliance of 50% of the records tracked to the location.
- 10.8 The findings of these audits will be reported to and escalated as detailed within Table 1 and action plans developed and agreed for non compliance users.

**Table 1**

<b>Audit</b>	<b>80% + Compliance Information shared with</b>	<b>&lt; 80% Compliance Shared with and Escalated to</b>	<b>Persistent &lt; 80% Compliance Shared with and Escalated to</b>
10%	User(s)/Line manager		
25%		User(s)/Line manager/Lead Nurse or Lead manager	
50%			User(s)/Line manager/Lead Nurse or Lead manager/ Executive lead

- 10.9 Each quarter a Trust wide audit report, summarising the audit findings, will be presented to the Information Governance Group and to the Health Records Management Group for review. Where indicated, actions will be developed with named leads. Timescales and progress with the actions will be monitored at subsequent meetings.
- 10.10 The key findings and any relevant identified actions will be disseminated to appropriate managers or governance group as indicated in table 2.



**Table 2**

<b>Schedule of Audit Monitoring</b>				
<b>Monitoring requirement</b>	<b>Monitoring method</b>	<b>Monitoring prepared by</b>	<b>Monitoring presented to</b>	<b>Frequency of presentation</b>
Case note tracking	A list will be generated for each location and manually checked against the records in that area (Annual rolling programme of audit)	Lead Manager for Patients Health Records	Users/Lead Nurse/ Line Manager  Executive Lead for Patients Records / Health Records Strategy Group/ information Governance Group	Following audit  Quarterly

**11. Implementation & Communication**

- 11.1 Corporate Services will ensure that the policy is uploaded to the intranet and website and notified to all staff in Focus.
- 11.2 The Health Records Manager will communicate the policy by email to key departments and individuals.

**12. Further Assistance**

Clinical System training department x 5000  
 Head of Health Records x 6704  
 HRC Team Leaders x 4093, x 6898, x 4431  
 HRC Administrator x6591

**13. References**

Record Management NHS Code of Practices (part 1) March 2006

## Appendix 1 - Lorenzo and NON Lorenzo Areas

Locations	Lorenzo or Non Lorenzo Area
WJC Maternity	Lorenzo
Broomfield	Lorenzo
St Peters Out-Patients	Lorenzo
St Peters Hospital GP Ward	Lorenzo
Braintree Community Hospital (GP Ward/ Outpatients)	Lorenzo
Nuffield Hospital Brentwood	Non Lorenzo
Queens Hospital	Non Lorenzo
St Margaret's (Epping)	Non Lorenzo
Basildon Hospital	Non Lorenzo
Springfield Hospital	Non Lorenzo
Chelmsford Medical Centre London Road	Non Lorenzo
Moulsham Grange Children's Centre	Non Lorenzo
Burnham- on Crouch Medical Centre	Non Lorenzo
South Woodham Medical Centre	Non Lorenzo
Blanford House Dr Surgery Braintree	Non Lorenzo
Witham Health centre	Non Lorenzo
Finchingfield Medical Centre	Non Lorenzo
Fern House GP Surgery Newland Street	Non Lorenzo
Crompton Road Clinic	Lorenzo