



Requesting, Locating and Tracking Patient Records Policy

This procedural document supersedes: Policy for the Requesting, Locating and Tracking Patient Records – CORP/REC 4 v.6

This policy should be used in conjunction with

- CORP/REC 5 - Clinical Records Policy
- CORP/REC 6 - Record Keeping Standards



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| | |
|---------------------------------|----------------------------------------------------------------------------------------|
| Executive Sponsor | Rebecca Joyce – Chief Operating Officer |
| Author/reviewer: (this version) | Judy Lane – Patient Services Manager Lucy Clark – Assistant Medical Records Manager |
| Date written/revised: | October 2021 |
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| 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 7 | 28 October 2021 | <ul style="list-style-type: none"> Minor changes only | Judy Lane Lucy Clark |
| Version 6 | 11 December 2017 | <ul style="list-style-type: none"> Changed to reflect introduction of iFIT system replacing CRT module of CaMIS PAS | Judy Lane |
| Version 5 | 1 April 2015 | <ul style="list-style-type: none"> 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 case notes as agreed at CRC-please refer to CORP/REC 1 Order of Filing Hospital Case notes Policy Appendix 3-RMP10 Searching for Misfiles Creating Temporary Folders Appendix 4-Equality Impact Assessment | Julie Robinson Clinical Records Committee |
| Version 4 | February 2012 | <p>Major changes throughout – PLEASE READ IN FULL</p> <ul style="list-style-type: none"> 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 Case note retrieval contact details updated. Contact details for Maternity case note retrieval added Instructions for returning case notes to case note libraries added; use of in transit codes Tracking of case notes received in medical records libraries added | Christine Coates |

| | | | |
|-----------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| | | <ul style="list-style-type: none"> • 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 | |
| Version 3 | March 2009 | <ul style="list-style-type: none"> • Amendment form added • Contents added • Minor changes made throughout • Contact numbers updated | Christine Coates/ Clinical Records Sub-committee |
| Version 2 | November 2006 | <ul style="list-style-type: none"> • Section 1, paragraph 4 has been amended to include guidance on miscellaneous filing • Section 4, additional section to cover location of case notes 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 case note location and retrieval service.

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

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.

All staff who receive or transfer case notes must be trained on iFIT (please see section 5)

If users have difficulty tracking case notes they should contact a medical records department 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 System provided by EMIS also known as CaMIS

4. DUTIES AND RESPONSIBILITIES

4.1 Requesting Patient Records

- Search iFIT to establish the current location of the patient's records.
- Records located in the Medical Records Libraries should be requested via the iFIT system. A telephone answer phone service is available for urgent case note requests on ext. 572795 for Bassetlaw Hospital (BH), 644320 for Doncaster Royal Infirmary (DRI) and 649121 for

Mexborough Montagu Hospital (MMH). Urgent requests will be given priority e.g. urgent admissions.

- At Doncaster Royal Infirmary it is the responsibility of staff to locate and retrieve the case notes themselves from the Medical Records Libraries for any miscellaneous filing as this is an 'open' library

4.2 Transferring Patient Records to another Location

- The transfer of patient records in and out of a location must be recorded on iFIT; this is mandatory.
- Individual users, e.g. secretaries, must track records into their own sub-locations.
- All case notes leaving any medical records libraries will be labelled with an active RFID tag
- 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.
- Individual users are responsible for tracking and locating records which are booked into their own locations.
- To maintain patient confidentiality, envelopes containing case notes must be securely sealed and clearly addressed to the recipient and transferred as locally agreed.
- Tote boxes carrying case notes 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 super-users via Medical Records.

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.

Requests for case notes for emergency retrieval are as follows;

| Health Records, DRI (Including General, Fracture, Maternity) | |
|---------------------------------------------------------------------------------------------------------------|-------------------|
| Resus requests for case notes 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 case notes have been located, they will be tracked to the required destination. For out of hour's requests the bleep holder will contact the requester and advise if the case notes are available.

If the Bleep Holder cannot find the case notes 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 case notes is required, due to a missing set of case notes, this must be reported by raising an incident on the Datix incident system. It is the responsibility of the staff member requiring the case notes to raise the incident form.

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

4.5 Users Returning Patient Records to Case note Libraries

Track all case note 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

All Individual volumes of case notes must be tracked.

4.6 Case notes Received by Medical Records Libraries

All incoming case notes will be labelled and associated with an active RFID tag. Medical records libraries will file (track) case notes using location based filing into the receiving library. Maternity Records returned to the Maternity Records post-natal library are labelled and associated with an active RFID tag, tracked on IFIT and filed in terminal digit order. Maternity Records returned to the ante natal library are labelled with an active RFID tag, tracked on IFIT and filed alphabetically by surname.

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
- BM – Bassetlaw Main File
- BPGS – Bassetlaw Post Grad
- BNSR – Bassetlaw New Side Room
- BMHR – Bassetlaw Manual Handling Room
- 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 or complete the eLearning module on ESR.

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 case notes and returned case notes 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 case notes – this is run monthly
- Number of temporary sets created – this is run monthly

6.2 Case note Structure, Filing and Tracking Audit

According to Trust policy 'Order of Filing in Hospital Case Notes' (CORP/REC 1) each medical records department must monitor compliance with this policy by undertaking a weekly spot check of 10 sets of case notes 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 | Weekly | Responsible Medical records clerk/Patient Services Manager |
| Missing case notes Audit | Medical records Supervisor | Monthly | Responsible Medical records clerk/Patient Services Manager |
| Temporary case notes Audit | Medical records Supervisor | Monthly | Responsible Medical records clerk/Patient Services Manager |
| Case note 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. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- CORP/REC 1 - Order of Filing in Hospital Case notes 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 PREPERATION AUDIT FORM



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Clinic Preparation Audit Form - INSERT DATE/CLINIC HERE/INITIALS

| Clinic Date | Patient Number | Clinic | F/Sheet & Labels | Section | Recon Slip | Merging/Amalgamating | Relevant Volume | Tagged/ Tracked | Specialty | Temp | Comments |
|-------------|----------------|--------|------------------|---------|------------|----------------------|-----------------|-----------------|-----------|------|--------------------------------------|
| 01/01/1900 | B123456 | ABC123 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | X | N/A |
| 01/01/1900 | D1234567 | ABC123 | ✓ | ✓ | ✓ | X | ✓ | ✓ | ✓ | X | Didn't merge all sets - Folder Tatty |
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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 | October 2021 |
| 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 | | | | |
| <ul style="list-style-type: none"> • 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 | |
| <i>*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</i> | | | | |
| Date for next review: October 2024 | | | | |
| Checked by: Judy Lane | | | Date: October 2021 | |

