



DATA CARE SOLUTIONS

Clean data, safe patient care

Practice Finance Workshop 4

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www.datacaresolutions.co.uk





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Welcome

Agenda

Time	Topic	Speaker
09:00	Registration and introduction	
09:30	Work smarter by maximising QOF payments (importance of prevalence) and keep a multi-morbidity register	JV/TF
10:00	Break	
10:15	Use IT systems to help deliver enhanced services easily. Pointers to stay organised with EMIS Templates, protocols Searches / F12 shortcuts	SN
11:00	Break	
11:15	Workshop session - Bring in your laptop and dongle and work with us to design templates/protocols to maximise enhanced services.	JV/SN
12:30	Evaluation and close	



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Prevalence - why bother?

What is prevalence?

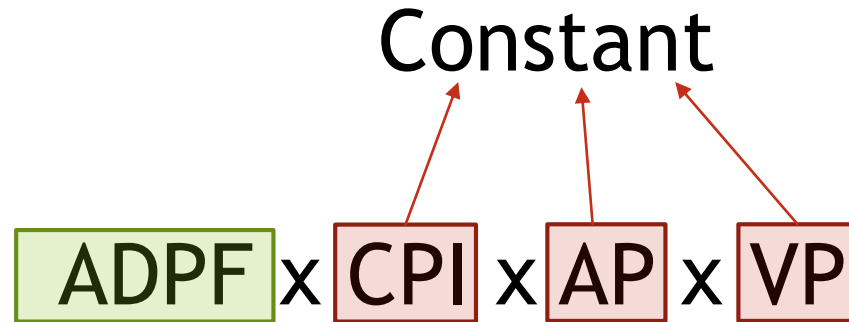
- ▶ The degree to which a condition is prevalent; *especially* : the percentage of a population that is affected with a particular condition at a given time
- ▶ Prevalence of asthma in UK = Number of patients with asthma diagnosis in UK / total population in UK
- ▶ Practice prevalence of asthma = Number of patients with diagnosis of asthma / total practice population

Why is it important?

- ▶ Adjustment Disease Prevalent Factor (ADPF)
- ▶ $\text{ADPF} = \text{Practice prevalence of the disease} / \text{national prevalence of the disease}$
- ▶ Contractor population index (CPI) = practice list size / national average list size
- ▶ Achievement Points (AP) - number of points achieved in the domain up to the maximum allowed (e.g. asthma 45 points)
- ▶ Value per QOF point (2018/2019) (VP) = £179.26
- ▶ $\text{QOF earnings for the domain} = \text{ADPF} \times \text{CPI} \times \text{AP} \times \text{VP}$

$$\text{ADPF} \times \text{CPI} \times \text{AP} \times \text{VP}$$

Constant



For example asthma
National prevalence = 6%

If practice prevalence is 5.5% then
total payment for asthma = $(5.5/6) \times (5500 / 8096) \times 45 \times \text{£}179.26$
= £5,050.82

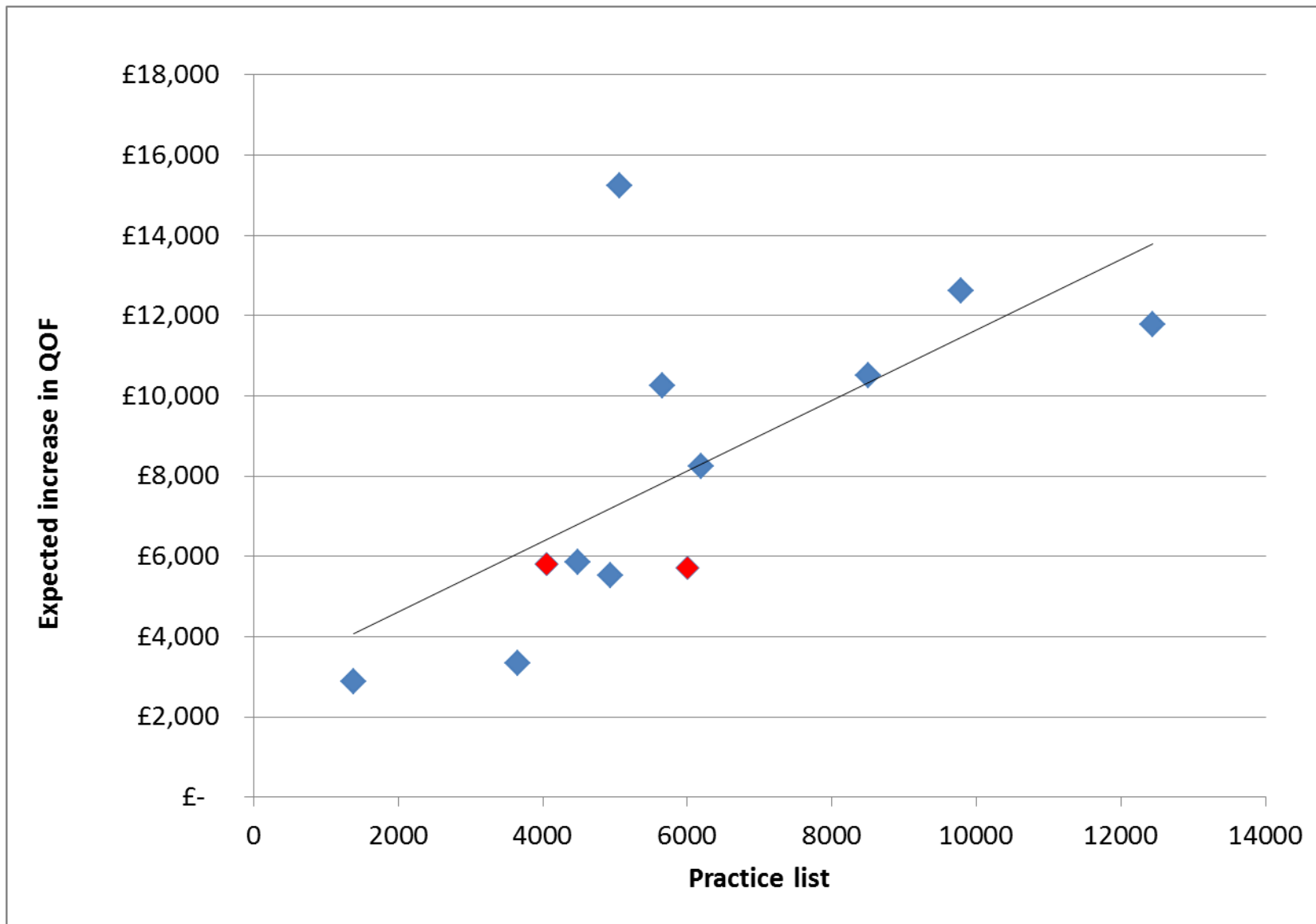
If practice prevalence is 6.5% then
total payment for asthma = $(6.5/6) \times (5500 / 8096) \times 45 \times \text{£}179.26$
= £5,936.80

Increase in Prevalence = Increase in Earnings

- ▶ Prevalence of 5.5% in a practice population of 5500 is 302
- ▶ Prevalence of 6.5% in a practice population of 5500 is 358
- ▶ Having 56 more patients on the asthma register increases practice income by £886.00 or increase of about £15.82 per patient added to register.
- ▶ This is independent of how many points you achieve in each domain.

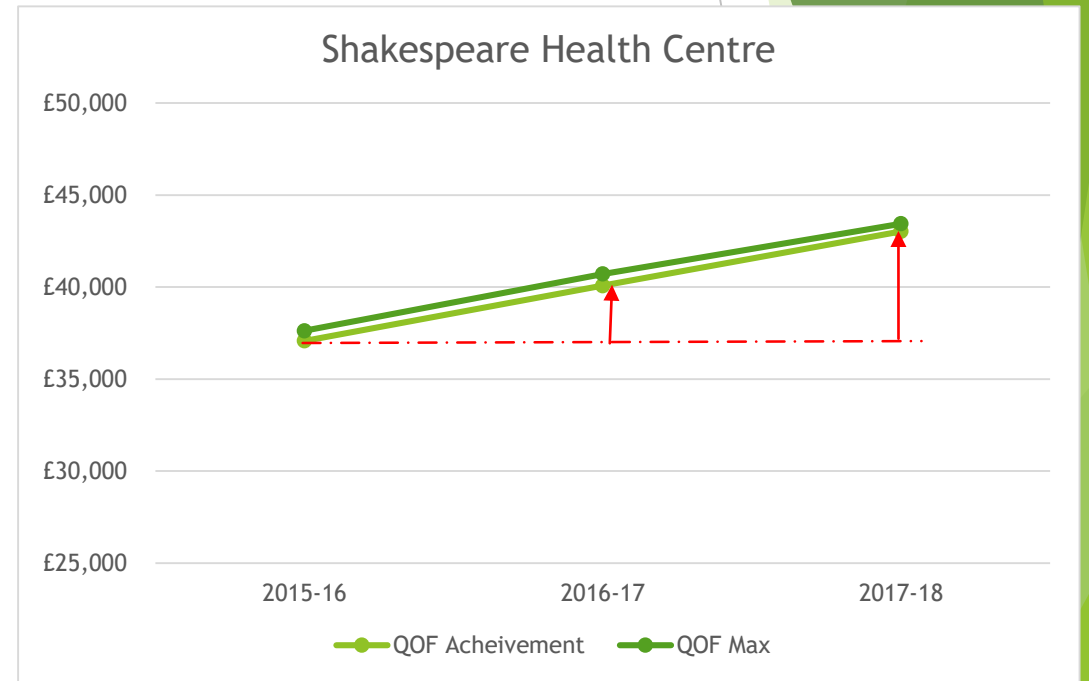
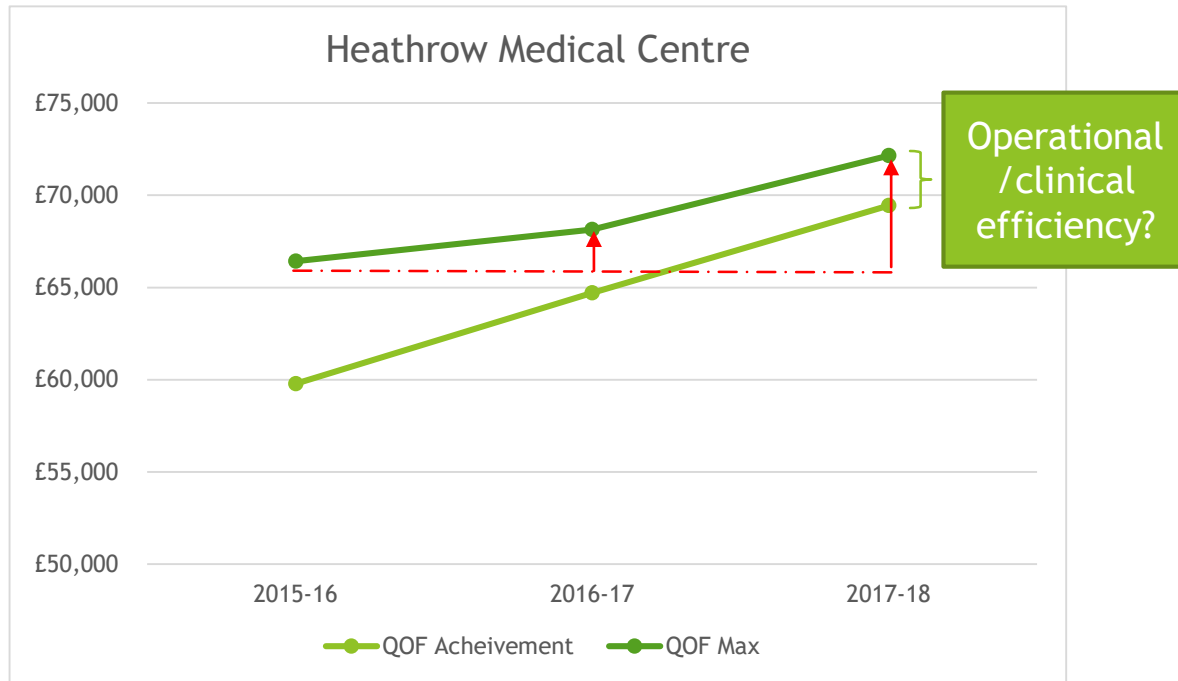
3			Reference number	20180018			Practice list size	5062			Value per QOF point	£179.26		
4							National average practice list size	8096			Global sum payment per weighted patient	£87.92		
5			Audit Date	26/04/2018			CPI ratio	0.6252470			Learning Disability payment per health check	£140.00		
6														
7	Clinical Indicators	Current register	New register	Current prevalence	New prevalence	National prevalence	Current APDF	New APDF	Max QOF points	Current register	New register	Increase in QOF	Estimated conversions	£/pt
8	Coronary Heart Disease	177	193	3.50%	3.80%	3.200%	1.093	1.188	35	£4,287	£4,662	£375	16	£ 24.22
9	Heart Failure	47	66	0.93%	1.30%	0.80%	1.161	1.627	29	£3,772	£5,289	£1,517	19	£ 80.26
10	Stroke & TIA	91	100	1.80%	1.98%	1.80%	0.999	1.098	15	£1,679	£1,845	£166	9	£ 18.45
11	Hypertension	946	1001	18.69%	19.77%	13.90%	1.344	1.422	26	£3,918	£4,145	£227	55	£ 4.14
12	Diabetes	299	306	5.91%	6.04%	5.40%	1.094	1.118	86	£10,544	£10,777	£234	7	£ 35.26
13	COPD	83	92	1.64%	1.82%	1.90%	0.863	0.958	35	£3,385	£3,757	£371	9	£ 40.79
14	Epilepsy	33	36	0.65%	0.71%	0.60%	1.087	1.177	1	£122	£132	£10	3	£ 3.69
15	Cancer	201	217	3.97%	4.29%	2.60%	1.527	1.651	11	£1,883	£2,036	£153	16	£ 9.37
16	Mental Health	52	54	1.03%	1.06%	0.90%	1.141	1.177	26	£3,326	£3,431	£105	2	£ 63.97
17	Asthma	475	509	9.38%	10.06%	6.00%	1.564	1.676	45	£7,888	£8,453	£565	34	£ 16.61
18	Dementia	39	45	0.77%	0.89%	0.80%	0.963	1.111	50	£5,397	£6,226	£829	6	£ 138.39
19	Depression	135	145	2.67%	2.86%	7.30%	0.365	0.392	10	£409	£440	£30	10	£ 3.03
20	Chronic Kidney Disease	278	323	5.49%	6.37%	3.30%	1.664	1.932	6	£1,119	£1,299	£180	45	£ 4.03
21	Atrial Fibrillation	115	118	2.27%	2.33%	1.80%	1.262	1.292	29	£4,102	£4,199	£96	3	£ 35.67
22	Learning Disability	19	43	0.38%	0.86%	0.50%	0.751	1.711	4	£337	£767	£430	24	£ 17.71
23	Peripheral Arterial Disease	33	33	0.65%	0.65%	0.60%	1.087	1.087	6	£731	£731	£0	0	£ -
24	Osteoporosis	4	91	0.08%	1.81%	0.20%	0.395	9.034	9	£399	£9,113	£8,714	87	£ 99.64
25	Rheumatoid Arthritis	76	82	1.50%	1.62%	0.60%	2.502	2.700	6	£1,683	£1,816	£133	6	£ 22.14
26	Public Health Indicators													
27	Blood Pressure	2281	2281	45.06%	45.06%	1.10%	1.000	1.000	15	£1,681	£1,681	£0	0	£ -
28	Obesity	205	691	4.05%	13.65%	7.80%	0.519	1.750	8	£486	£1,569	£1,104	486	£ 2.27
29	Total	5589	6425					Total	452	£57,127	£72,367	£15,240	836	

Anticipated increase in QOF



$R^2 = £1.22$

QOF earnings when compared with CQRS



Asthma Resolved

Patients with diagnosis of asthma who are coded as *asthma resolved*

This report identifies patients who have asthma resolved codes that may have been added in error. They may have more than one of these codes added which prevents these patient from being picked up in the asthma register. If the clinician feels this code has been added incorrectly then these patients can have this code removed or a diagnosis of asthma (H33) added as either first or new episode immediately after the recent asthma resolved code.

Number of patients: 18				Action				
EMIS	Age	Usual GP	Total inhaler prescriptions over the past 5 years	C	CR	R	NC	DQ
649*	74	XXX	7					
1108	58	XXX	11					
1427	69	XXX	42					
11035	52	XXX	23					
11344	53	XXX	9					
11616	35	XXX	17					
11808	21	XXX	12					
12538	17	XXX	8					
14574	14	XXX	21					
14583	77	XXX	18					
14660	49	XXX	51					
16016	75	XXX	12					
16346	11	XXX	49					
16685	18	XXX	8					
17546	8	XXX	25					
18910	5	XXX	8					
500115	17	XXX	8					
501213	32	XXX	15					

Changed
Change
Recommended
Review
Not Changed
Data Quality

* This patient will require a diagnosis of asthma added in addition to removing the asthma resolved code.



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Is a multimorbidity register useful?

Planning your QOF clinics

Key challenges faced with multimorbidity- the clinical point of view[^]

Patients	Clinician
Fragmentation and poor coordination of care	Disorganisation and fragmentation of care
Polypharmacy	Chronic disease management
Treatment burden	Medicines management
Mental health difficulties	Promoting patient centred care
Functional difficulties	Short consultation times
Reduced quality of life	
Increased healthcare utilisation	

[^]Wallace et al. Managing patients with multimorbidity in primary care, *BMJ* 2015;350:h176 doi: 10.1136/bmj.h176 (Published 20 January 2015)

NICE definition

Multimorbidity refers to the presence of two or more long-term health conditions (LTCs), which can include:

- 1) defined physical and mental health conditions such as diabetes or schizophrenia;
- 2) ongoing conditions such as learning disability;
- 3) complex symptom such as frailty or chronic pain;
- 4) sensory impairment such as sight or hearing loss;
- 5) alcohol or substance misuse.

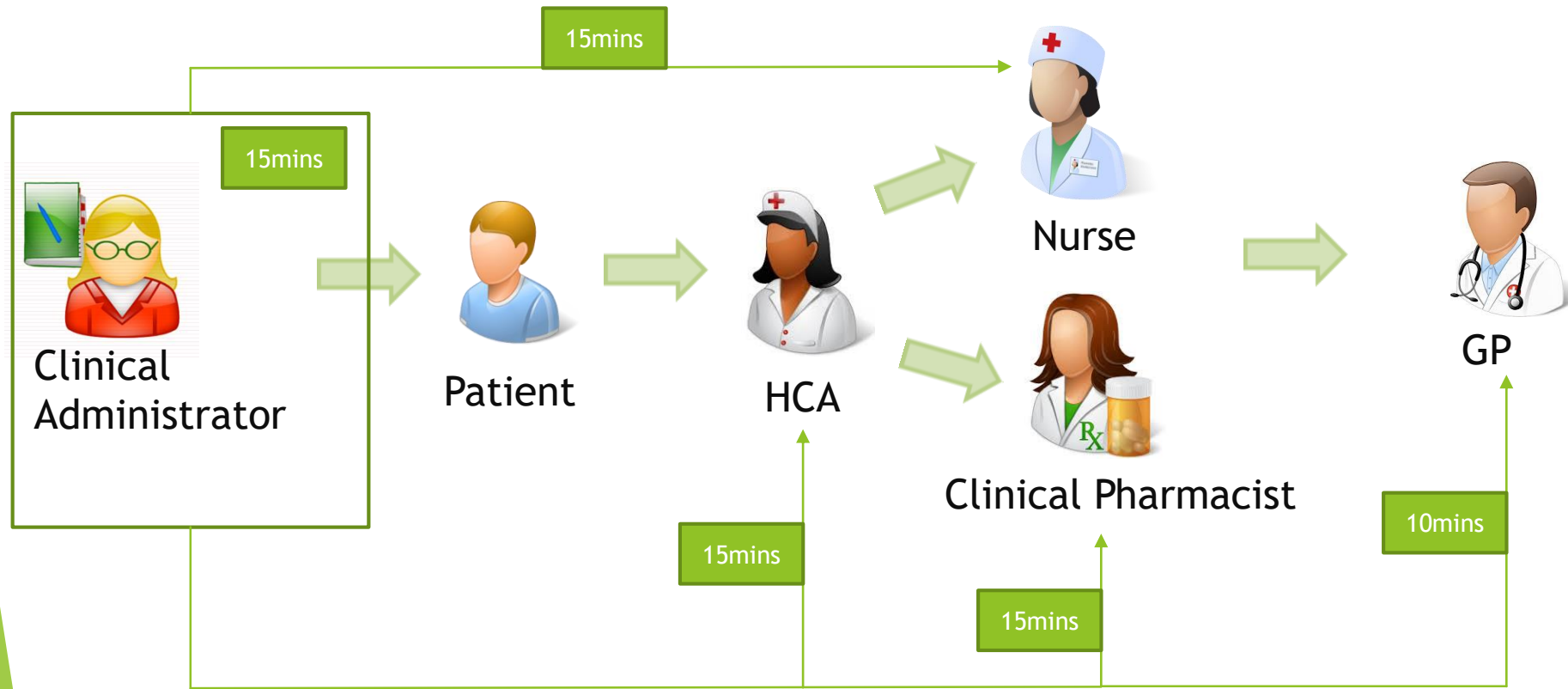
Importance of continuity of care

The cross sectional study using the UK CPRD database reviewed the records of 230472 patients aged between 62 and 82 years and who experienced at least two contacts with a general practitioner between April 2011 and March 2013. In this study they found the following*:

- a) Average number of contacts per patient was 11 over a two year period
- b) Continuity of care was lower in large practices with more doctors (7+ FTE) and higher in small practices (up to 3FTE).
- c) Higher levels of continuity of care were associated with a lower rate of admission with ambulatory care sensitive conditions.
- d) They estimated that improving continuity of care by 20% would reduce admissions by 6.2% (4.9-7.5%)

*Barker I, Steventon A, Deeny S. Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: cross sectional study of routinely collected, person level data, (BMJ 2017;356:j84)

There are multiple challenges with patients with multimorbidity fragmentation and poor coordination of care is causing dissatisfaction amongst patients and clinicians alike. **



Total time taken if seeing all personnel= 70mins

The cost point of view

Staff	Cost per hour	Fraction of an hour	Time spent	Final cost per unit of time
Receptionist	10	0.25	15 mins	2.5
Clinical Administrator	12	0.25	15 mins	3
HCA	15	0.25	15 mins	3.75
Nurse	25	0.25	15mins	6.25
Clinical Pharamcist	30	0.25	15 mins	7.5
GP	90	0.17	10 mins	15.3

The cost argument

To increase income:

- ✓ Increase prevalence
- ✓ Reduce costs



QOF Operational
Cost

Sample report- compiling all searches

Number of Patients: 72						Action				
EMIS	Age	Usual GP	Number	Possible Comorbidities	Search Name	C	CR	R	NC	DQ
567	76	MKM	3	Atrial Fibrillation	Patients on medications for rate or rhythm control with no other diagnosis					
				Cancer	Patients with invalid or absent cancer codes					
				Hypertension	Patients with high blood pressure readings and on treatment for					
1108	58	MKM	3	Asthma	Patients with diagnosis of asthma and on treatment with asthma resolved					
				Hypertension	Patients with high blood pressure readings and on treatment for					
				Peripheral Arterial Disease	Patients with referral to vascular clinic with evidence of PAD					
14660	49	MKM	3	Asthma	Patients with diagnosis of asthma and on treatment with asthma resolved					
				COPD	Patients with possible diagnosis of COPD					
				Coronary Heart Disease	Patients with possible CHD but not on the register					
16016	75	MKM	3	Asthma	Patients with diagnosis of asthma and on treatment with asthma resolved					
				Chronic Kidney Disease	Patients with 2 or more eGFR values less than 60 including the latest one					
				Osteoporosis	Patients with a diagnosis of osteoporosis without a diagnosis of fragility					
6407	91	MKM	3	Asthma	Patients who have some form of asthma related code in the notes					
				COPD	Patients with possible diagnosis of COPD					
				Osteoporosis	Patients with neither fragility fracture nor osteoporosis diagnoses					
6936	86	MKM	3	Asthma	Patients who have some form of asthma related code in the notes					
				COPD	Patients with possible diagnosis of COPD					
				Heart Failure	Patients on a diuretic and have a cardiovascular ailment predisposing to HF					
7615	90	MKM	3	Asthma	Patients who have some form of asthma related code in the notes					
				COPD	Patients with possible diagnosis of COPD					
				Chronic Kidney Disease	Patients with 2 or more eGFR values less than 60 including the latest one					
1934	87	MKM	3	Coronary Heart Disease	Patients with possible CHD but not on the register					

Changed
Change Recommended
Review
Not Changed
Data Quality

Sample report- compiling all QOF related conditions

Number of Patients: 434					Action				Comments
EMIS	Age	Usual GP	Number	Comorbidities	IR	IC	AM	RC	
5321	74	MNR	6	Atrial Fibrillation					
				Cancer					
				Coronary Heart Disease					
				Chronic Kidney Disease					
				Peripheral Arterial Disease					
				Stroke & TIA					
604604	54	SRI	6	Atrial Fibrillation					
				Asthma					
				COPD					
				Coronary Heart Disease					
				Chronic Kidney Disease					
				Heart Failure					
1733	74	MNR	6	Asthma					
				COPD					
				Coronary Heart Disease					
				Diabetes					
				Heart Failure					
				Stroke & TIA					
607994	68	SRI	6	COPD					
				Coronary Heart Disease					
				Chronic Kidney Disease					
				Depression					
				Heart Failure					
				Stroke & TIA					
1100295	97	SRI	6	Coronary Heart Disease					
				Chronic Kidney Disease					

IR: Initial Review

IC: Investigations Completed

AM: Appointment Made

RC: Review Completed

Comment: "Book with Nurse/GP"



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Questions?

If you would like a **free data quality report**, please give your details to Ms Lisa Levy

Voucher code: LMC 50



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Break

Next Part2

Efficient use of IT systems



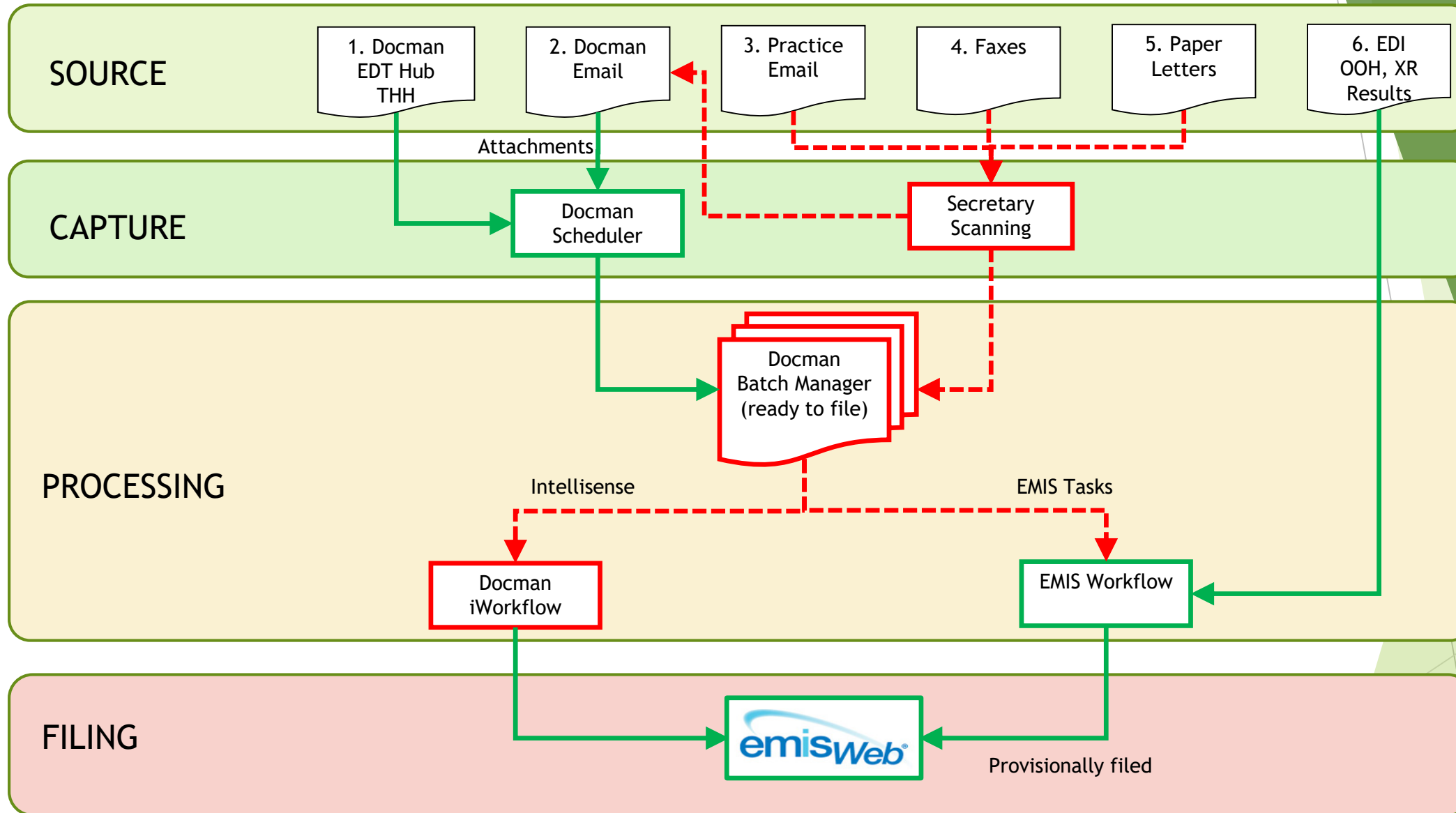
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Efficient use of IT systems

Sukin Natarajan

GP Practice workflow pathways

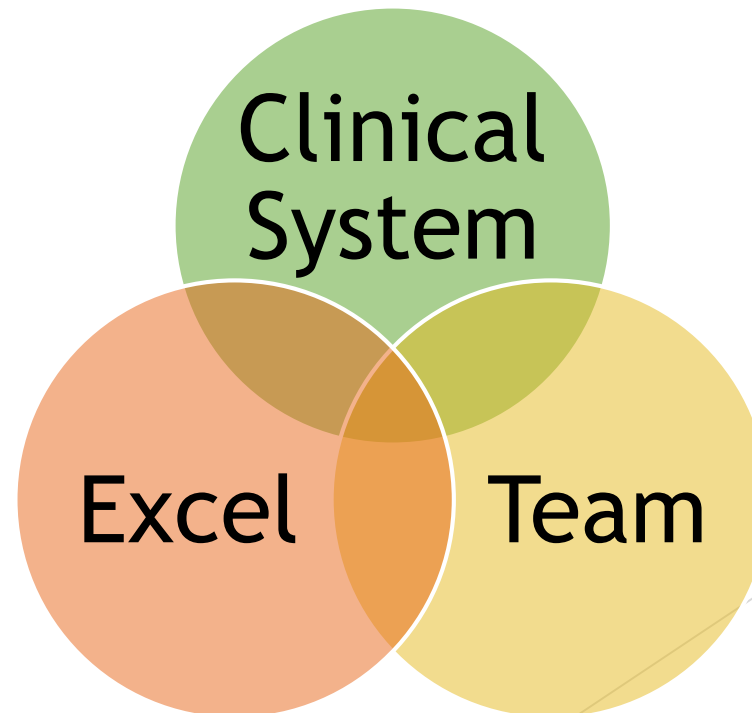


—————▶ Automatic pathways

- - - - -▶ Manual pathways

Use IT systems to help deliver enhanced services easily

- ▶ Know your clinical system - coding, searches, template tools
- ▶ Know basic excel - great for calculations and tracking performance (KPIs) near real-time
- ▶ Know your team
- ▶ Design a system that supports YOUR practice procedure



Enhanced Service

ES Contract review



Process Design



Testing



Implementation



Reporting (Searches)

1. EMIS Document Templates Referral Form Folder

Templates & Protocols Document Template		Name	Description
Heathrow Medical Centre			
Heathrow Medical Centre			
1. FEDERATION			
Apr18 EMIS			
2WW v2			
BMA			
FORMS			
PPWT V4			
EMIS Library			
EMIS templates - 2750			
EMIS templates - 50004			
mswdocs			
Patient Templates			
Practice Letters			
QMasters			
tariq			
X-Awaiting Approval			
		Antenatal Care NWL v1510	v1510 Antenatal Care NWL
		Bone scan referral form DEXA NWP v1602	v1602 Bone scan referral form DEXA NW
		Cardiac Integrated Services SPA v1709	v1709 Cardiac Integrated Services SPA (Heart Fail
		Cardiology Direct Access Referral v1512	v1502 Cardiology For ECG, Echo or Holter ECG mo
		Care of the elderly referral v1705	v1705 Care of the elderly referral (COTE)
		CCT (Care Connection Team) Referral v1804	v1804 CCT (Care Connection Team) Referral
		CCT Personal Care Plan (2.2) v1711	v1711 CCT Personal Care Plan (2.2) for use in Hillir
		CCT Personal Care Plan Review (2.2) v1711	v1711 CCT Personal Care Plan Review (2.2) for us
		Cervical cytology request HMR101 v1703	v1703 Cervical cytology request HMR101 (Smear)
		Cervical Smear Recall Removal Form v1707	v1707 Cervical Smear Recall Removal Form v1703
		Child 6-8 week check form v1612	v1612 Child 6-8 week health review SPOTRN (for
		Child Development Centre (CDC) referral v1803	v1803 Child Development Centre (CDC) referral Ch
		Child Protection Case Conference Hillingdon LCSB v1802	v1802 Child Protection Case Conference Hillingdon
		Childrens Social Services Inter Agency Referral Form v1803	v1803 Children Inter Agency Referral Form (MASH
		Chonic Fatigue Syndrome Referral v1709	v1709 Chonic Fatigue Syndrome Referral
		Community Adult Bladder and Bowel v1711	v1711 Community Adult Bladder and Bowel

2. EMIS Templates and Protocols

- ▶ Check all EMIS library templates & protocols are appropriate and active. Protocols are especially useful.
- ▶ Other local templates and protocols are available via the resource link
 - ▶ Eg. [AF, Care Connection Teams (CCT) and Prostate]
- ▶ Awaiting EMIS Resource Publisher for automatic deployment

3. EMIS searches

EMIS Web Health Care System - Heathrow Medical Centre - 2750

Population Reporting Enquiry Manager FP34D Reports MIQUEST Batch Data Manager

Add Properties Cut Copy Paste Export Import Run Edit View Results Export Results Print Mail Merge Batch Add Check Patient Patient List Patient + Address Age / Sex Auto Full Hierarchy Folder Hierarchy Find

Heathrow Medical Centre

- Heathrow Medical Centre
 - 1. FEDERATION
 - Apr18 Searches
 - CCT
 - Data Quality
 - Medicines Managemen
 - NHS Contract**
 - NHS HC
 - Service Usage
 - Appointments
 - Child Health
 - Dashboard
 - Data Quality
 - dexa scan
 - Dr Khan
 - Dr Rajan
 - Dr Sri
 - Eliz






















Name	Population Count	%	Last Run	Search Type
DMARD				
LHRH				
Referral Reflection				

Details Definition Age / Sex Trend Population Included Population Excluded

No report selected

NHS *Practice Manager HMC | NATARAJAN, Sukin (Mr) | Location: Heathrow Medical Centre | Available

Data Quality Audits - NHS Health Check

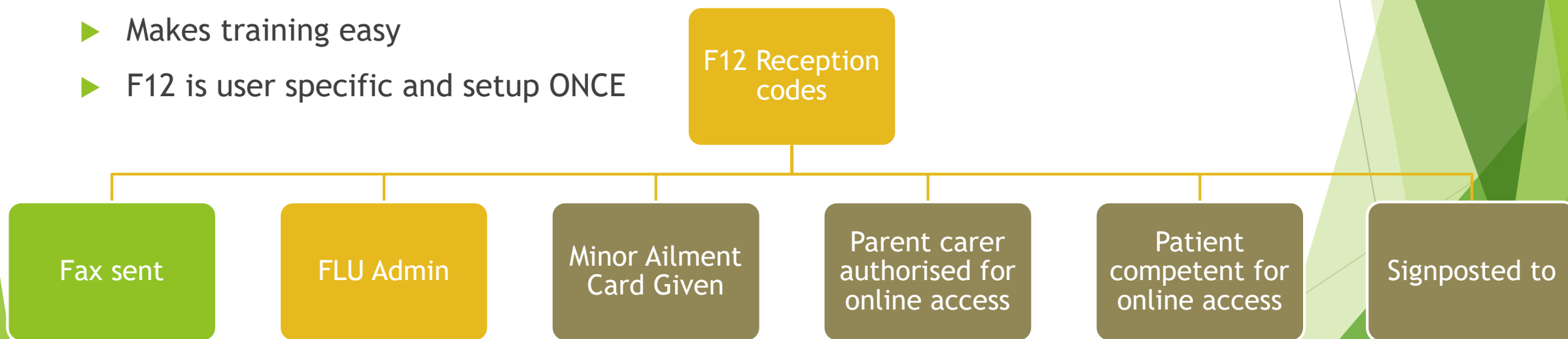
Name	Population Count	%	Last Run	Search Type
 NHS Health Check completed this fiscal year	107	1%	08-Jan-2018	Patient
 NHS Health Check completed this quarter	33	31%	08-Jan-2018	Patient
 00 Age <40 or >74 years	0	0%	08-Jan-2018	Patient
 00 More than 1 NHS HC completed last 5Y	1	3%	08-Jan-2018	Patient
 01 Missing NHS HC invite 2Y	0	0%	08-Jan-2018	Patient
 02 Missing Smoking status 6M	0	0%	08-Jan-2018	Patient
 03 Missing Smoking advice 6M	0	0%	08-Jan-2018	Patient
 04 Missing Alchol data 6M	0	0%	08-Jan-2018	Patient
 05 Missing BP 12M	0	0%	08-Jan-2018	Patient
 06 Missing Height 12M	0	0%	08-Jan-2018	Patient
 07 Missing Weight 12M	0	0%	08-Jan-2018	Patient
 08 Missing BMI 12M or unusual	0	0%	08-Jan-2018	Patient
 09 Missing Waist circumference 12M	2	6%	08-Jan-2018	Patient
 10 Missing GPPAQ 12M	0	0%	08-Jan-2018	Patient
 11 Missing Cholesterol Total+HDL+Ratio 12M	0	0%	08-Jan-2018	Patient
 12 Missing Glucose 9M*	0	0%	08-Jan-2018	Patient
 13 Missing Serum Creatinine 12M	1	3%	08-Jan-2018	Patient
 14 Missing QRisk 12M	0	0%	08-Jan-2018	Patient
 NHS Health Check Invitations last quarter	56	1%	08-Jan-2018	Patient
 00 More than 1 NHS HC invite last 5Y	11	20%	08-Jan-2018	Patient
 00 More than 1 NHS HC invite last 5Y	11		08-Jan-2018	Patient

NHS Health Checks - Almost done

Name	Population Count	%	Last Run	Search Type
🔍 40 to 74 year olds - Eligible patients for NHS health check (2)	2391	40%	08-Jan-2018	Patient
🔍 Patients with no pre-conditions or on a statin	1319	55%	08-Jan-2018	Patient
🔍 Patients not attended a NHS health check in the last 5 years	516	39%	08-Jan-2018	Patient
🔍 *Had blood tests in the last 6months	13	3%	08-Jan-2018	Patient
🔍 Waist circumference recorded past 5y	8	62%	08-Jan-2018	Patient
🔍 Invited for NHS check	8	100%	08-Jan-2018	Patient
📅 NHS Health Checks Report Minimum Data Set	8		08-Jan-2018	Patient
🔍 40 to 74 year olds - Eligible patients for NHS health check (2) (2)	2391	40%	08-Jan-2018	Patient
🔍 Patients with no pre-conditions or on a statin	1319	55%	08-Jan-2018	Patient
🔍 Patients not attended a NHS health check in the last 5 years	516	39%	08-Jan-2018	Patient
🔍 No Blood test past 6M	503	97%	08-Jan-2018	Patient
🔍 *Had appt with HCA in last 9M	16	3%	08-Jan-2018	Patient
🔍 Missing values - need another appt	9	56%	08-Jan-2018	Patient

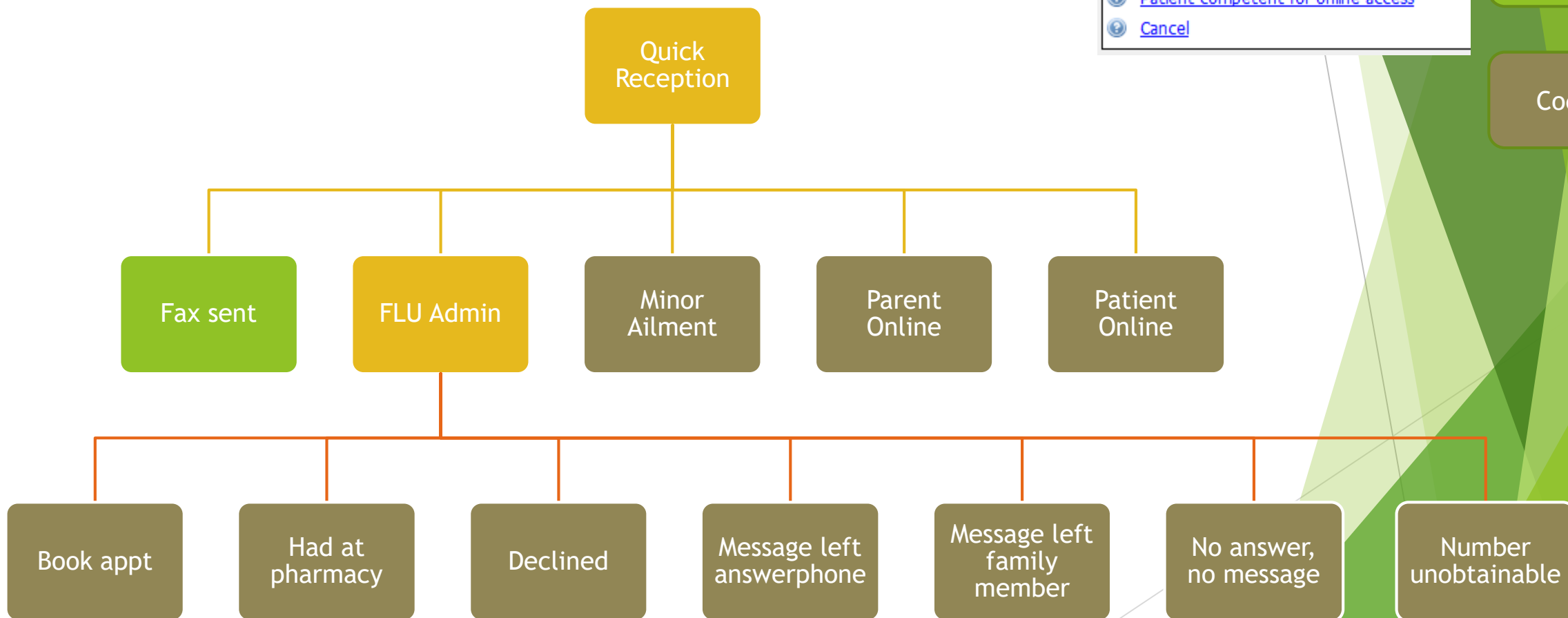
F12 Shortcut to Templates & Protocols Menu

- ▶ Allows you to standardise (preselect) templates and protocols and codes used by staff
- ▶ Staff do not need to worry about consistent coding
- ▶ Makes training easy
- ▶ F12 is user specific and setup ONCE



- Main protocol links offers customisable pick list of individual protocols
- All protocols are updatable globally and do not require further user input

Quick Reception Coding Pick List



Multiple Choice Question

*** SINGLE CLICK ***

The following entries will be added to the care r

- ☐ [Fax Sent](#)
- ☐ [FLU admin](#)
- ☐ [Minor Ailment Card given](#)
- ☐ [Parent carer authorised for online access](#)
- ☐ [Patient competent for online access](#)
- ☐ [Cancel](#)

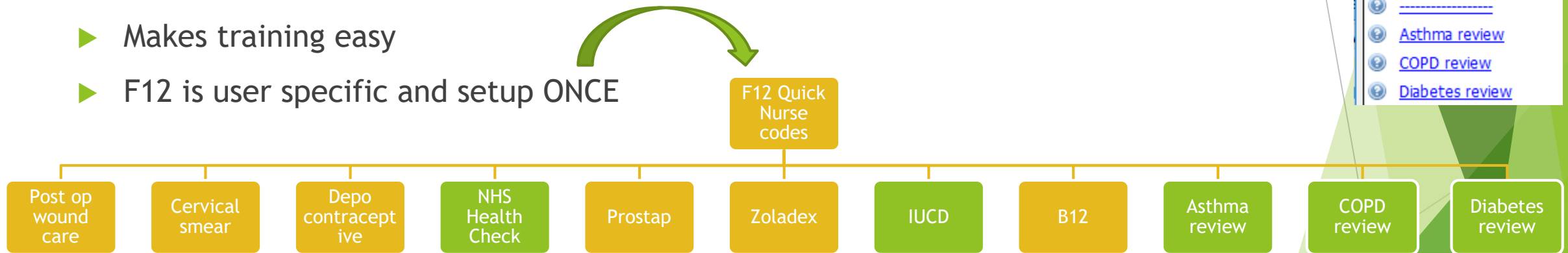
Protocol

Template

Code

F12 Shortcut to Templates & Protocols Menu

- ▶ Allows you to standardise (preselect) templates and protocols and codes used by staff
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- Main protocol links offers customisable pick list of individual protocols
- All protocols are updatable globally and do not require further user input

Multiple Choice Question

*** SINGLE CLICK ***

Practice nurse protocols for

- ☐ [Wound care](#)
- ☐ [Cervical Smear](#)
- ☐ [Depo Contraceptive](#)
- ☐ [NHS Health Check](#)
- ☐ [Prostag](#)
- ☐ [Zoladex](#)
- ☐ [IUCD](#)
- ☐ [B12](#)
- ☐ [Vitamin D](#)
- ☐ [Asthma review](#)
- ☐ [COPD review](#)
- ☐ [Diabetes review](#)

Protocol groups assigned to job roles

Immunisation Protocol

Multiple Choice Question

SINGLE CLICK

This protocol will correctly record th
as well as any who decline. Which v

- ☐ [Full Imms Template](#)
- ☐ [Child Imms Template](#)
- ☐ ---
- ☐ [1. Flu protocol](#)
- ☐ [2. Fluenz protocol](#)
- ☐ [3. Men ACWY](#)
- ☐ [4. Pertussis \(Boostrix-IPV\)](#)
- ☐ [5. Pneumo \(Pneumovac\)](#)
- ☐ [6. Rotavirus \(Rotarix\)](#)
- ☐ [7. Shingles \(Zostavac\)](#)
- ☐ [8. Tetanus \(Revaxis\)](#)
- ☐ [Cancel](#)

Nurse Protocol

Multiple Choice Question

*** SINGLE CLICK ***

Practice nurse protocols for

- ☐ [Wound care](#)
- ☐ _____
- ☐ [Cervical Smear](#)
- ☐ [Depo Contraceptive](#)
- ☐ [NHS Health Check](#)
- ☐ [Prostap](#)
- ☐ [Zoladex](#)
- ☐ [IUCD](#)
- ☐ [B12](#)
- ☐ [Vitamin D](#)
- ☐ _____
- ☐ [Asthma review](#)
- ☐ [COPD review](#)
- ☐ [Diabetes review](#)

Reception Protocol

Multiple Choice Question

*** SINGLE CLICK ***

The following entries will be ad

- ☐ [Fax Sent](#)
- ☐ [FLU admin](#)
- ☐ [Minor Ailment Card given](#)
- ☐ [Parent carer authorised fo](#)
- ☐ [Patient competent for onl](#)
- ☐ [Cancel](#)

Doctors Protocol

Multiple Choice Question

The following entries may be added to th

- ☐ [Qrisk CVD template](#)
- ☐ [Flu/Fluenz declined](#)
- ☐ [Chlamydia screen](#)
- ☐ [Quick consultation](#)
- ☐ [HCCG 16-17 LIS](#)
- ☐ [Paediatric Respiratory MDT Review](#)
- ☐ [Baby 6-8 week check](#)
- ☐ [Cancel](#)

Summariser Protocol

Multiple Choice Question

Quick Summary Codes

- ☐ [Rapid response encounter](#)
- ☐ [Community nurse team encounter](#)
- ☐ [CAMHS encounter](#)
- ☐ [Cancel](#)

File simple text emails in EMIS eg Hillingdon Rapid Response Assessments



Dear Heathrow Medical Centre

Re: [REDACTED] of Birth: [REDACTED]
NHS Number: [REDACTED]

The above patient has been assessed by the Hillingdon Rapid Response Team on 25/03/2018 10:45.

If you have any queries in the meantime please contact the service directly on 01895628816.

Upon the patients discharge a discharge summary report will be emailed to yourself.

Kind Regards,
The Rapid Response Team

Options

1. Print, scan and file
2. Print to PDF and file
3. Copy and paste into consultation
4. Code a concise summary into consultation

Quick Email Protocol

Code a concise summary into EMIS

Start


Multiple Choice Question

Quick Summary Codes

- Rapid response encounter
- Community nurse team encounter
- CAMHS encounter
- Cancel


Template Runner

Email from Rapid Response

☐ Seen by rapid response team 16-Apr-2018  No previous entry

Text Hillingdon - contact 01895 628816


Email from District Nurse

☐ Seen by district nurse 16-Apr-2018  No previous entry

Text team 01895 484 870 (referred by Hospital)

☐ email summary: Text Patient will continue to be treated by the District Nursing service and you will be sent a discharge summary


Email from CAMHS

☐ Email received from third party 16-Apr-2018  21-Mar-2018

Text CNWL CAMHS referral received. They will be assessed and treated by our service, and you will be sent a summary

Fax Sent to

Enter what was faxed
(Who requested, organisation, fax no, what was faxed)
eg. Booking centre, THH, 01895279902, ENT referral

☐ Fax sent to: 16-Apr-2018  23-Jul-2014

Text



DATA CARE SOLUTIONS

Clean data, safe patient care

Thank you

Questions?

Work Examples

Workshop

- ▶ F12 Examples
 - ▶ Summariser Rapid Response email notification
 - ▶ Nurse B12 injections
 - ▶ Doctor 6-8 week baby check