



Patient Administration System

Healthcare Contacts
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HC1 Contacts - V.N2.5





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Patient Administration System (P.A.S) Course

1 GENERAL COURSE INFORMATION

COURSE TITLE METHOD OF TRAINING DURATION PRE-REQUISITES

HEALTHCARE WIDE SCHEDULING - CONTACTS Classroom 3 hours

3 hours PMI(1) - Add & Revise.

ABOUT THE COURSE

This functionality will allow you to record patients that have been referred to a specific service, clinician or an agreed generic area code, plus details of their contacts and the outcomes of these visits.

SUITABLE FOR

All Staff - Clerical & Clinical within a Healthcare environment

OBJECTIVES

This course will enable the student to:

- 1. State their personal responsibilities for Data Protection and the Caldicott Principles.
- 2. Log on and off of the P.A.S. system.
- 3. Find and select a Patient.
- 4. Record a referral.
- 5. Record contacts.
- 6. View episodes and contacts.
- 7. Revise referrals and contacts.
- 8. Use the delete functions.

2 INFORMATION GOVERNANCE

Information Governance (IG) sits alongside the other governance initiatives of clinical, research and corporate governance. **Information Governance is to do with the way the NHS handles information about patients/clients and employees, in particular, personal and sensitive**





information. It provides a framework to bring together all of the requirements, standards and best practice that apply to the handling of personal information.

Information Governance includes the following standards and requirements:

- Information Quality Assurance
- NHS Codes of Conduct:
 - Confidentiality
 - Records Management
 - Information Security
- The Data Protection Act (1998)
- The Freedom of Information Act (2000)
- Caldicott Report (1997)

Further information can be accessed through the Trust Intranet:

Information Governance (Departments sections), and Management Policies (Policies section)

2.1 What can you do to make Information Governance a success?

2.1.1 Keep personal information secure

Ensure confidential information is not unlawfully or inappropriately accessed. Comply with the Trust IT Security Policy, Confidentiality Code of Conduct and other IG policies. There are basic best practices, such as:

- Do not share your password with others
- Ensure you "log out" once you have finished using the computer
- Do not leave manual records unattended
- Lock rooms and cupboards where personal information is stored
- Ensure information is exchanged in a secure way (e.g. encrypted e-mails, secure postal or fax methods)

2.1.2 Keep personal information confidential

Only disclose personal information to those who legitimately need to know to carry out their role. Do not discuss personal information about your patients/clients/staff in corridors, lifts or the canteen or other public or non-private areas.

2.1.3 Ensure that the information you use is obtained fairly

Inform patients/clients of the reason their information is being collected. Organisational compliance with the Data Protection Act depends on employees acting in accordance with the law. The Act states information is obtained lawfully and fairly if individuals are informed of the reason their information is required, what will generally be done with that information and who the information is likely to be shared with.

2.1.4 Make sure the information you use is accurate

Check personal information with the patient. Information quality is an important part of IG. There is little point putting procedures in place to protect personal information if the information is inaccurate.





2.1.5 Only use information for the purpose for which it was given

Use the information in an ethical way. Personal information which was given for one purpose e.g. hospital treatment, should not be used for a totally separate purpose e.g. research, unless the patient consents to the new purpose.

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2.1.6 Share personal information appropriately and lawfully

Obtain patient consent before sharing their information with others e.g. referral to another agency such as, social services.

2.1.7 Comply with the law

The Trust has policies and procedures in place which comply with the law and do not breach patient/client rights. If you comply with these policies and procedures you are unlikely to break the law.

For further Information Governance training refer to: <u>http://www.igte-learning.connectingforhealth.nhs.uk/igte/index.cfm</u>

Written by PHT Information Governance Manager, Sept 2010





3 CONFIRMATION OF DETAILS PROCEDURES

To ensure that the Patient Administration System (PAS) contains up to date particulars of all patients being treated, staff must verify with patients their personal details. This should be undertaken when the patient is arriving at the hospital on admission or when attending for an outpatient clinic or other types of appointment.

The types of details we must verify are those within the Patient Master Index (PMI) function within PAS and covers the following items:

- Patient Forename, Surname and Title
- Date of Birth
- NHS Number (If not one shown on screen)
- Address and Postcode
- Telephone Number Home and Work numbers
- Name and Practice Address of GP
- Religion
- Marital Status
- Next of Kin
- Ethnic Group
- Military No (If applicable)

By checking the above details with the patient, we are ensuring the following:

- * PAS contains the latest details for all our patients.
- * Mistakes or "old" details can be amended.
- * Information relating to the patient's well-being, such as Religion and Ethnic Group, can be used in patient care.
- * Emergency contact details for relatives are up to date.

In some circumstances it will be difficult to verify the details highlighted above as the patient may not be coherent at time of arrival (eg emergency admission, A&E, etc). However, it is important that at the earliest opportunity, the details are verified and amended accordingly.

<u>Important – If details are amended*, please remember to print a new set of labels, remove and destroy any incorrect labels from casenotes. We must not retain any labels that do not contain current details.</u>

Many thanks for your cooperation.

Prepared by: IT Information Manager Issued: January 2003 Reviewed: July 2011 Version No: V1.2 * To amend patient details you will need to have access to PMI at level 1. Please book the course PMI Add and Revise. In the meantime make sure you ask a colleague with access to amend the patient record.





4 INTRODUCTION

This functionality will allow you to record referrals for patients of a specific Service, Clinician or an agreed Generic Area Code plus details of their contacts and the outcomes of these visits.

All Departments have a specified Service Group code to be able to identify their activity e.g.:

Department	
------------	--

Service Group Code

UrologyUFDisablement ServicesDSRheumatology Nurse SpecialistRFBreast Care NursesBCRespiratory NursesREAdult Mental HealthANCommunity Stroke Rehabilitation TeamCS	SC HEUM CN SP HH SRT
Community Stroke Rehabilitation Team CS	SRT
Occupational Therapy 01	FC

5 Logging In

Log in:	prd:	(if required)	<return></return>
	Username:	e.g. bloggsj	<return></return>
	Password:		<return></return>
	Hospital:	(as appropriate)	

Your password lasts for 90 days; you will be warned that it is running out so you have time to think of a new one.

If you forget your password or need to reset it, please contact IT Service Desk on SJH 7703 2680.

Your Default Function Set is PMI - To change function set press the ${\bf F6}$ function key once and select HC1

Function Set Function	:HC1 :	HEALTHCARE WID	E CLINICIANS	





5 SEARCHING FOR YOUR CLIENT/PATIENT

5.1 LIST <LIS>

Function Set :HC1 HEALTHCARE Function :LIS PMI List	WIDE CLINICIANS
Available	Functions
DAP - Delete Appointment DER - Delete Service Group Referral DP - Document Print EPI - Episode Enquiry HWL - Waiting List Add/Rev/Del/List MAH - Maintain Address History MSH - Maintain Surname History NID - DW Inpatient Name Enquiry PE - Patient Diary : By Patient	DCC - Delete Community Contact DFU - DNA Follow Up DSD - Delete Service Group Discharge FBA - Follow up Book Appointment LIS - PMI List MGH - Maintain GP History NI - Inpatient Name Enquiry OCC - SG Clinical Coding PEL - Patient Diary : By List
PLH - Patient Letter History	PMI – PMI Add/Revise

The function <LIS> is the means to establish if a patient has had past contact with NHS services in Portsmouth or the Isle of Wight. If they have then all or part details will be found on the PMI (Patient Master Index), searches can be made using various combinations of patient demographic information, i.e. surname and forename initial, date of birth or approximate age and sex, or any combination. If no matches are found, a list of similar sounding names may be made available to you. To ensure entries are not duplicated, use case note number only as a last resort.

6 BASIC GUIDE

- 1. From the Healthcare menu select function <LIS> and press <RETURN>.
- 2. To search for the patient always start by using the recommended SEARCH PROCEDURE of surname, forename initial, date of birth, sex .

Press <RETURN>. A list of possible matches will be displayed, e.g.

	Matching P	atient Records	PMI Li (Name Search)	s t	20/04/07 13:35 QAH
Seq	PAS No.	Name	Sex	DOB	Dth Address
79	01124001	ANGUS &ABBY	F	01/12/1940) Flat 21 High St
80	01124001	ANGUS ABIGAIL	F	01/12/1940) Flat 21 High St
81	23044203	ANNALS FRANK	М	23/04/1942	2 172 Northern Parade PORTSMOUTH
82	01017026	ANON ARTHUR	М	01/01/1970) 13 Redlands Ln EMSWORTH
83	01016410	ANORY JACK	М	01/01/1964	4 2 Sandcroft Ave RYDE
84	02022202	ANOTHER_TR	М	02/02/1922	2
(M	ore Availa	ble)			
Sele	ct Patient	, press <p> for</p>	previous page	, or <retur< td=""><td>n> to continue 🛛 : 🗖</td></retur<>	n> to continue 🛛 : 🗖





3. Select correct patient from list by entering the appropriate Sequence Number found on the left hand side of the screen. Press <RETURN>. The patient's basic details will be displayed (see below). Check that they are correct and that you have the correct patient.

NOTE: You must select the sequence number, even if only one patient is displayed on the screen.

PMI List					
Basic D	etails		20/	04/07 13:39 QAH	
PAS No.	:01017026				
NHS No	:	Sts :RT			
Military Surname DOB Preferred Title Address *Full*	: :ANON :01/01/1970 Name : :MR :13 Redlands :EMSWORTH :Hants	37Y Ln	Forenames :ARTHUR Age : Work Ph :0771 457 60 Phone :	Sex :M 13	
Postcode	:P010 7SN	Emsworth,Hants			
HA CODE Postal	Q38	SOUTH CENTRAL H	IA		
Comment	:				
Enter: 1-	Details 1, 2-D	etails 2, 3-Case	e Notes, 4-Episodes, o	r <return> :</return>	
ALL DETAILS	MUST BE CONFIR	MED AT EVERY COM	TACT WITH THE PATIENT		

For other details select from the taskbar at bottom of screen:-

- 1. **DETAILS 1** Displays General Practitioner (GP) Details, Next of Kin, Religion, Marital Status, NHS Number etc.
- 2. **DETAILS 2** Displays General Dental Practitioner (GDP) Details, Ethnic Origin, etc.
- 3. **CASENOTES** Displays casenote number(s), base location of notes and status (current or withdrawn).
- 4. **EPISODES** Displays all previous and current activity, attendances and episodes of care; eg: inpatient, outpatient and service group events, in reverse chronological order (most recent dates are at the TOP of the list).

Press F1 to exit <LIS>, or <Enter> to return to the Search screen.

NOTE: If details need to be amended this maybe administered whilst recording a referral.





7 MANAGING REFERRALS & CONTACTS

7.1 Community Contact by Clinician <CCC>

This function will allow the entry of the Service Group Referral onto P.A.S. Before proceeding with this function you should ALWAYS search for and check the patient's details in function LIS.

The Referral Screens will be tailored for your departmental needs. Development of the Healthcare function is ongoing therefore additional fields may be added to the referral Screens.

Whilst adding a referral you will get the opportunity to add or revise demographic details if necessary. To add a referral you must know the clinician or generic area code; and who the client/patient has been referred to. Some areas such as Physiotherapy are an exception to this rule as they have a temporary code of Unknown Physio.

1. From the Healthcare Menu select CCC- Community Contact by Patient.

Training system	/dev/pts/175	16/02/07 15 :4 2
Function Set :HC1 HEALTHCARE Function :CCC Community Contact by	WIDE CLINICIANS	
	Functional	
AAD - Record Attendance and Disposal	ABT - Appointments Blo	ck Transfer
ACR - Cancel Clinic and Reschedule	ALR – Allocate Chair	
APE – Appointment Enquiry	BWL – Waiting List Boo	k Appointments
CAB - Cancel and Rebook Appointment	CAP - Cancel Appointme	nt .
CBK - Clinic Booking Summary	CCO – Community Contac	t by Patient
CCA - SG Code Clinic Attendance	CCC - Community Contac	t by Clinician
Illuin Diary	UCE - Cancelled Clinic	Enquiry
UEW - Ulinic Enquiry	UMG - Ulinic Managemen	T (Un data
LMH - LIINIC Management (by Date)	UNE - Ulinician Enquir	y/update
IL - Palient contact Enquiry	UIE - MAINEAIN IREATME	nt Episude
Press 'NEXT' for next page		

HC1 – Available Functions

2. At Clinician Code enter the clinician or the agreed generic code that you are recording the patient/client activity for.



Clinician Contact Screen





3. Recall your patient using the last patient command (L).

C o m m Patient Sele	unity I ction Details	Contact b	y C	li	nician 20/02/071	.2 : 55 QAH
[- Select Patient -				
PAS Number		Casenote	No	:		
NHS Number	:	Old NHS N	0	:		
Military Number	:					
Surname	:					
Forenames	:					
Date of Birth	:	Age	:		Years +/-	:
Sex	:	Postcode	:			

Patient Selection Details Screen

4. Revise the Basic Details if required.

C o m m u r Basic Details	nity Contact by Clinician 16/02/07 15:44 QAH
Do you wish to rev	vise the following ? :NO
PAS No. :0605593 NHS No : Military :FJFDDS Surname :PIKE	32 Sts :RT Forenames :JANICE
DUB :06/05/3 Preferred Name : Title :MRS Address :30 West *Full* :HAVANT :Hants :	1959 47Y Hge : Sex :F Work Ph :023 9256846 Phone :023 9278 5319 tways
Postcode :PO9 3LM HA CODE Q38 Postal Comment :JSP TRE	N Havant,Hants SOUTH CENTRAL HA Maintain Postal Address : AINING PATIENT Enter? :

Basic Details Screen





5. If there is not a current referral for your Service Group, you will be asked if you wish to create one. To proceed enter Y.

C c Basic De	ommunit; etails	y Contact by Clinician 16/02/07 15:44 QA	Н
Do you wis	sh to revise t	he following ? :NO	
PAS No. NHS No Military	:06055932 : :FJFDDS	Sts :RT	
Surname DOB Preferred	:PIKE :06/05/1959 Name :	Forenames :JANICE 47Y Age : Sex :F 	
Title Address	:MRS :30 Westways	Create Referral? : 🔳 023 9278 5319	
111	:Hants		
Postcode HA CODE Postal	:PO9 3LN Q38	Havant,Hants SOUTH CENTRAL HA Maintain Postal Address	
Comment	:JSP TRAINING	PATIENT Enter? :	

6. At Case Note Details Screen use F9 and select the current Case Note (Super help Screen). If there is no current case note number telephone Health Records Library Registration or if your department hold new case note folders issue a new number. If you keep your own department notes only ie Physio, Cardiac Rehab the Location Code will be no Case Notes Issued (NCI).

C o m m u Command and Cas	nity Contac se Note Details	ct by (Clinician 16/02/07 1	5:44 QAH
- PIKE, JANICE			PAS No. 06	055932 -
Casenote No :				

Command and Case Note Details Screen

7. Amend the first Registration Details Screen if necessary, with the patient's Registered Dentist,

	C o m m Registration	u n i t y Details	3 o n t	act	bу	Cliı	n i c 16∕0	i a n 02/07 15	:45 QAH
Г	PIKE, JANICE						PAS	No. 060	55932 -
	Blood Group O	Rh Negative		Allergies Recorded	; TEST	03/07/8	Т 2006 е	EST Ny B9E	
	Patient Needs?	NO							
	Patient's GDP Patient's GP is Next of Kin is	is MR J KELLY s DR HA BAGS GREG & ADR	HAW IANNE P	IKE)o you ()o you ()o you (wish t wish t wish t	o view? o view? o view?	:HO :HO :HO
	Do you wish to	revise the f	ollowin	g patient	detai	ils? :NO	D		
	Religion Marital Status Ethnic Group	:CE CHUR :D DIVO :1 BRIT	CH OF E RCED ISH	NGLAND Place	of Bir	Carer (rth : POI	Suppor RTSMOL	t : ITH	
	Occupation Occn(Spouse)	:COMPUTER TR	AINER	S	ichool	:			

Registered General Practitioner, Next of Kin etc.

Registration Details Screen 1



iT department

8. Amend the second Registration Details Screen if necessary.

It is very important to reflect the source of your referral.

GP – This will default to the client's/patient's registered GP details' from the previous screen. If the referring GP is not the registered GP, please amend with referring GP details; use F9 to locate GP code.

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	C o m m Registration	unity Co Details	nta	ct by Clinician 16/02/07 15:45 QAH
[PIKE, JANICE			Consultant Non-Written Referral Request
	Do you wish to Agreement	revise any of th :		Dental CON Written Referral Request Dental CON Non-Written Referral Request
	Commission Ref	: • G P	GDN GDP	GDP Non-Written Reierral Request GDP Written Referral Request GP Written Deferral Dequest
	GP Code Surname	:830968 Org Co :BAGSHAW	GPN OPT	GP Non-Written Referral Request Optician
	Title	:DR Initia	OTH SLF	Other Self Referral
	Address :280 HAVANT ROAD DRAYTON PORTSMOUTH HANTS			Do you wish to view? :ND
	Postcode Phone Reason For Char	:PO6 1PA :023 92374022 nge :		

Registration Details Screen 2

Referred By Choices

Con – The code for Referrals from an Internal (within your Trust) or Tertiary Consultant (from outside your Trust). At Consultant Code F9 to search for an Internal Consultant code or enter NSC for a Tertiary Consultant.

Ъ	Registration Name TRIAL, MANNIE	C l i Details	.nician Diary	01/06/05 15:06 QAH PAS No. 01018604
	Do you wish to Agreement Commission Ref	revise any o : :	of the following details Line :	:YES Episodic Address 1 Westways HAVANT
	Referred by Cons Code Provider Code	:CON : :	Postc	Hants ode PO9 3LN Q17
			Temporary A Do you wish	ddress is not recorded to view? :NO
	Reason For Cha	nge :		





Occupational Health -Select <OTH>

Registrati	Clinician Dia on Details	ary 01/06/05 15:06 QAH
TRIAL, MANNI	E	PAS No. 01018604
Do you wish Agreement	to revise any of the following deta :	ails :YES Episodic Address 1 Westwaus
Commission R Referred by	ef: Line: :OTH	HAVANT Hants
	F	Postcode PO9 3LN Q17
	Tempora Do you	ary Address is not recorded wish to view? : <mark>NO</mark>
Reason For C	hange :	

Patient Referral Screen 1

- 9. The Patient Referral Screen will reflect the choice made on the previous registration Screen. Complete the screen with factual information. The referral date must reflect when the referral was received by your Service.
- NOTE: Referral Source must reflect the correct code. Use F9 to view options.

	Commur	nity Co	ontact by Clinician
	Patient Referrai	l	16/02/07 15 : 47 QAH
[- PIKE, JANICE		PAS No. 06055932
	Service Group	:IMT	INFORMATION AND TECH
	Lead Clinician	:TRAIN7	TRAIN,7
	Referral date/time	:01/02/2007	09:00
	Referral Source	:GP	GENERAL PRACTITIONER
	Referral Type Patient Category Priority	:NEW :NHS :ROUTINE	NHS PATIENT INFORMAL
	Predicted Outcome	:	

NOTE: Predicted Outcome is not a required field press enter to bypass.





REFERRAL CODES

Referral By	Con/GP Code		Patient Referral screen ref by & ref name field
GP	GP		Accept default
Internal Consultant	CON	Cons Code F9 search on the surname of the internal clinician.	Accept default
Tertiary Consultant	CTR	NSC (Non- Specified Consultant)	Over type with Non PHT Consultant details.
Occupational Health	OTH		OCH
Social Worker	OT		SW

10. The Referral Diagnosis/Outcome and Severity Codes will be provided for you on laminated cards, (these codes reflect your data pen codes). F9 will show codes that are used throughout the two Trusts (Acute & Community) and not just for your Service.

C o m m u Patient Referra	nity Contact al	by Clin	i c i a n 16/02/07 15:47 QAH
PIKE, JANICE			PAS No. 06055932 -
Refer Diagr	rral Diagnosis/ nosis Outcome	Severity	
Primary :OTMH	OTHER - MENTAL HEALTH	:	
Subsidiary		:	
Secondary		:	
		:	
Comment 1 : 2 :			
Referral Outcome	:		
Enter? :Y			

Patient Referral Screen 2





11. There are two types of Contacts: Face to Face or Indirect (Perhaps a telephone discussion with patient / client or perhaps Multi Disciplinary Team Meeting etc). A Contact may be added for the past, present or future.

C o Pati	m m u n i t y ent Contact	Conta	ct b	y Cli	. n i c i a 16/02/0	n 7 15:50 QAH
PIKE, JANIC	E				PAS No.	06055932 -
Command Planned Con Actual Cont Contact Typ Location	:ADD tact Date/Time act Date/Time e :FACE :CH	:14/02/2007 :14/02/2007 TO FACE CLIENTS H	14:00 14:00 OME	Contact	Duration	:
	Contact Diagnosis/				ļ	
Primary	:OTMH OTHER -	MENTAL HEAL	ТН	:		
Subsidiary	:			:		
Secondary	•			:		

Patient Contact Screen 1

C o Pati	m m u n i t y ent Contact	Contact	by Cl	inician 20/03/07 15:47 SJH
PIKE, JANIC	E			PAS No. 06055932
Command Planned Con Contact Typ Location	ADD: tact Date/Time e :INDI :	:21/03/2007 10:0 RECT)0 Contact	Duration :
	Γ	Vali	d Codes	
	CANCELLED	Previously planr	ned contact	has been cancelled
	FACE TO FACE	Face to face cor	itact betwee	n clinician and patient
	INDIRECT	Related to Patie	ent but Betw	een Clinician & Others
Primary	:1111 DIAGNOS	IS DESCRIPTION	:	
Subsidiary	: :		:	
Secondary	:		:	

NOTE: The Attend/DNA field is not used. The Activity and Contact Outcome Codes provide the stats required.





Communit Patient Contact	y Contact	t by Clinician 16/02/07 15:50 QAH
PIKE, JANICE		PAS No. 06055932
Clinician :TRAIN Team : Attend/DNA :	7 TRAIN,7	14/02/2007 14:00
Activity :ASSI ASS.INIT. :TG TREATMENT GIV : : : Other Service Group Cl	EN inicians	Activity Time :00:15 :00:15 : :
Contact Outcome :	ONG ON GOING	
Enter? :¶ ∎	C Complete	

Patient Contact Screen 2





8 EPISODE ENQUIRY VIEW <EPI>

If you wish to view Service Group details in episode enquiry, select the appropriate SG REG. The referral details will be displayed on the screen; press return through these details to view a list of the Contacts.

NOTE: SG - Service Group a with Contact activity attached. The Date is the first contact date not the date that the referral was received by the Service.

	-IN-	Select Epi	sode	Epis	ode	e En	qч	i r	Ъ	20/02/	′07 15 : 12	QAH
1	- P:	IKE, JANICE								PAS No	0605593	32
	No 	Status 	Date 	Cons 	Spec	Hosp W	ard (Cat	Casenote	9	WL-Cd A/F	-
	1	SG	14/02/07	Cli:TRA	AIN7	SGp:I	MT N	чнѕ	J006055			
	2	WL ACTV	01/11/06	GEH	110	QAH	٢	чнѕ	Q257981		GEHWL	
	з	OP REG	07/08/06	ITAJ	110	QAH	٢	чнѕ	Q257981		ITAJOWL	
	4	OP REG	04/07/06	MJW	100	QAH	٢	чнѕ	Q257981			
	5	SG REG	11/05/06	Cli:JO	HC 1	SGp:S	PNT N	чнs	Q257981			
	<mo Sele</mo 	ore availab act∕Continu	le>									

Referral Details:

	Service Group Rei	erral Detai	ode Enquiry ils	20/02/	07 15 : 16	QAH
Г	PIKE, JANICE			PAS No	. 0605593	32 -
	Service Group Lead Clinician Patient Category	:IMT :TRAIN7 :NHS	INFORMATION AND TECH TRAIN,7 NHS PATIENT INFORMAL			
	Referral Source	:GP	GENERAL PRACTITIONER			
	Referral Type Referral date/time Priority	:NEW :01/02/2007 :ROUTINE	7 09:00			
	Discharge Date/Time Reason Discharge Outcome	: : :			Paturna	

Contact Details:

Appointments within	E p i s o o Episode	d e	Enq	uiry	20/02/	07 15:	:16	QAH		
r PIKE, JANICE	PIKE, JANICE PAS N									
Status Department Site	Date	Day By	Time Date/Ti	Clinic me	Appt With Rev Date	Type /Time		CAB		
IMT	19/02/2007	MON	09:00		TRAIN7	FACE	TO	FACE		
	14/02/2007 ** End o:	WED f Lis	14:00 st XX		IKHTNA	FACE	IU	FHCE		





9 RECORD CLINICIAN ACTIVITY <RAC>

Many teams record group sessions with just a number of patients rather than face to face contacts for each patient seen. Some clinicians may do Health Promotion Work etc. with classes of school children it is not appropriate to put a referral on for each child with a face to face contact so these are collected as group numbers for commissioners.

- 1. Select RAC
- 2. Clinician Code Enter Code or F9 to search
- 3. Date Date of event
- 4. Time Time session is to take place
- 5. Activity Enter Code or F9 to search
- 6. **Duration** Length of Session
- 7. **Location** Where the event will take place
- 8. Group No's How many client / Patients are attending the Group Session.

Record Clinician Clinician Activities	A c t i v i t y 19/03/08 13:44 QAH
Clinician Code :TRAIN7 TRAIN,7	
Date :19/03/2008	
Time Activity :13:00 :BCC BACK CARE CLASS :14:00 :GT05 GROUP THERAPY 0-5 : : : : : : : : : :	Group Durtn Loctn No's :01:00 :PHY :10 :02:00 :HZ :5 : : : : : : : : : : : :
Enter? :	

To Revise - RAC and overwrite.

To delete – RAC and F2 details.





The activity displays in CCD Clinician Diary:

Clinician Diary Daily Diary View 19/03/08 13:54 QAH
MISS 7 TRAIN Wednesday 19 March 2008 Incomplete (I) Times Patient/Activity/Clinic Event Type Locn Status
09:00-10:00 BCC BACK CARE CLASS GROUP PHY
13:00-17:00 Clinic:TRN7 L Last date with activity 18/03/2008 (or press '-' for 18/03/2008) N Next date with activity 20/03/2008 (or press '+' for 20/03/2008)
V : Change Diary View R : Diary Report F : Refresh Q : Quiet A : Clinician Activity P : Select Patient S : Shrink

Select activity to list details or to revise or delete.

Da	aily Diary Vi	Cli ew	nicia.	an D	ia	гy	19/03	1/08 13	:54 QAH	
MISS 7 1 Times	FRAIN 3 Patient	/Activit	Wea y/Clinic	dnesday	19 M	larch 2 Eve			E RECORD	
09:00-1	[Clinician	Activit	y⊢		REVISE	REVIS	E RECORD	
10:00-1	TRAIN7 T	RAIN,7			1	9/03/20	908			
L Last N Next	Command	:L <mark>IST</mark>								
	Time	:10:00								
	Activitu	:GT05	GROUP THE	ERAPY 0-	5					
	Durtn	:02:00								
	Loctn	:BCR	Breast Ca	Breast Care Reception						
	Group No's	:5								





10 CONTACT ENQUIRY FUNCTIONS

10.1 Patient Contact Enquiry <CPE>

This function will allow you to view the patient's contacts in the following ways:-

INDIVIDUAL REFERRAL	An Individual Referral
ALL REFERRALS	All Community Referrals
SERVICE GROUP	All Referrals for a Service Group
TREATMENT EPISODE	All Referrals for a Treatment Episode

10.2 Patient Contact Enquiry by Individual Referral <CPE>

- 1. Select CPE & search for the patient that you wish to view the Contacts for.
- 2. Select the Service Group Episode for the contacts that you wish to view.
- 3. A list of contacts for that Service Group will be displayed.

CARDIAC REH 31/05/2005 TUE 14:45 CJS FACE TO FACE CARDIAC REH 24/05/2005 TUE 14:45 CJS FACE TO FACE CARDIAC REH 20/05/2005 FRI 14:45 CJS FACE TO FACE CARDIAC REH 20/05/2005 TUE 14:45 CJS FACE TO FACE CARDIAC REH 17/05/2005 TUE 14:45 CJS FACE TO FACE CARDIAC REH 10/05/2005 TUE 14:45 CJS FACE TO FACE CARDIAC REH 10/05/2005 TUE 14:45 CJS FACE TO FACE CARDIAC REH 06/05/2005 FRI 14:45 CJS FACE TO FACE CARDIAC REH 03/05/2005 TUE 14:45 CJS FACE TO FACE CARDIAC REH 03/05/2005 TUE 14:45 CJS FACE TO FACE CARDIAC REH 03/05/2005 TUE 14:45 CJS FACE TO FACE CARDIAC REH 22/04/2005 FRI 14:45 CJS FACE TO FACE CARDIAC REH 22/04/2005 FRI 14:45 CJS FACE TO FACE CARDIAC REH 22/04/2005 FRI 14:45 CJS FACE TO FACE CARDIAC REH 22/04/2005 FRI 0.00:30 DIC FACE TO FACE	Status Department Site	Date	Day By	Time Clinic Date/Time	Appt With Rev Date	Type e/Time		CAB
CARDIAC REH 16/03/2005 FRI 14:45 CARDIAC REH 06/05/2005 FRI 14:45 CARDIAC REH 03/05/2005 TUE 14:45 CARDIAC REH 22/04/2005 FRI 14:45 CARDIAC REH 19/04/2005 TUE 14:45 CARDIAC REH 10/04/2005 TUE 14:45 CARDIA	CARDIAC REH CARDIAC REH CARDIAC REH CARDIAC REH CARDIAC REH	31/05/2005 24/05/2005 20/05/2005 17/05/2005	TUE TUE FRI TUE TUE	14:45 14:45 14:45 14:45 14:45	CJS CJS CJS CJS CJS	FACE FACE FACE FACE FACE	T0 T0 T0 T0 T0	FACE FACE FACE FACE FACE
	CARDIAC REH CARDIAC REH CARDIAC REH CARDIAC REH CARDIAC REH CARDIAC REH	10/03/2005 06/05/2005 03/05/2005 22/04/2005 19/04/2005 25/02/2005	FRI TUE FRI TUE FRI	14:45 14:45 14:45 14:45 14:45 09:30	CJS CJS CJS CJS CJS DJC	FACE FACE FACE FACE FACE FACE	T0 T0 T0 T0 T0 T0	FACE FACE FACE FACE FACE FACE





10.3 Patient Contact Enquiry by all Referrals <CPE>

The date range will default to the earliest and most recent activity recorded. A comprehensive list of all Service Group contact activity will be displayed.

- 1. Select CPE
- 2. Select Patient
- 3. Select All Referrals

A list of contact across all the service group referrals will be displayed.

	Across Service Groups Contacts between 12/09/1997 and 16/03/2005														
	Date	Event	Тур	Locn	SGrp	Clinician	Activity								
	17/05/02	PCONT	F2F	SC0020	SNC	103133	SN004 HEARING RECEPT SN190 BACK TO CORE PROGRAMME								
	15/04/02	15/04/02 PCONT F2F SC0020			SNC	103133	SN004 HEARING RECEPT SN113 SN/SW								
	31/08/01	1 PCONT F2F HC0470 D				200136	CGXCR EXAMINATIO/CONSULTATION/RE								
	30/08/01	PCONT	F2F	HC0470	DEN	200136	SN999 CONTACT NOT POSSIBLE								
	19/03/01	CONT	F2F	GP0126	VHC	105319	HV039 CHS 36 MONTH REVIEW								
	02/02/01	CONT	F2F	HC0470	DEN	113011	CGXCR EXAMINATIO/CONSULTATION/RE								
	23/01/01	CONT	F2F	GP0126	VHC	105319	HV039 CHS 36 MONTH REVIEW								
	10/08/00	CONT	F2F	HC0470	DEN	111971	CGXCR EXAMINATIO/CONSULTATION/RE								
							CPOHI OHI								
	07/12/99	CONT	F2F	HC0470	DEN	111971	CP0DA DIET								
Sel	lect :														

NOTE: The different SGrp, listing Dental (DEN), School Health Service (SNC) & Health Visitor (VHC) Activity.





10.4 Patient Contact Enquiry by Individual Service Group <CPE>

This will allow you to display activity for a specific Service Group.

- 1 Select CPE
- 2 Select the Patient
- 3 Select the option Service Group
- 4 Select the Service Group Code (using F9 if code not known)

Contacts for the specific Service Group will be displayed, in this example DEN – Dental.

			Cont	For S	Servi	ce Group DE	N - DE	NTAL
	Date	Event	Тур	Locn	SGrp	Clinician	Activ	ity
D	Change	date ra	nge					
0	Change	option						
R	Request	: Report						
	16/03/0	5 PCONT	F2F	HC0470	DEN	TRAIN9	CGFML	FAMILIARISATION
							CPFRS	FISSURE SEALANTS
							CGRDG	RADIOGRAPHS
	10/01/0	5 PCONT	F2F	HC0470	DEN	201391	CGXCR	EXAMINATIO/CONSULTATION/RE
	14/10/0	4 PCONT	F2F	HC0470	DEN	201391	CP0DA	DIET
							CPFRS	FISSURE SEALANTS
	19/08/0	4 PCONT	F2F	HC0470	DEN	200449	CGXCR	EXAMINATIO/CONSULTATION/RE
							CGFML	FAMILIARISATION
							CPSAP	SCALE & POLISH
Se	lect :							

11 REVISION OF AN EXISTING REFERRAL <SGR>

- 1. Select SGR
- 2. Select the patient for whom you are revising the referral for.
- 3. Revise the Basic Details if Required.
- 4. Select the SG REG that you wish to revise.
- 5. At the Command prompt F9 and select the option to Revise the patient Record.

Service Group	Referral
Command and Case Note Details	23/12/05 11:10 QAH
- Name	Valid Codes
H TRIAL, MANNIE	LIST LIST PATIENT RECORD
	REVISE REVISE PATIENT RECORD
Command :	





12 REVISION / LISTING OF AN EXISTING CONTACT <CCC>

- 1. Select CCC.
- 2. Select the patient whose contact you wish to revise.
- 3. Select the SG REG for your Service Group that has the contact attached that you wish to revise.

Community Contact INFORMATION AND TECH Patient Contact	by Patient 28/02/07 13:55 QAH Valid Codes Inn ann peropo
	LIST LIST RECORD
Command :	REVISE REVISE RECORD
Planned Contact Date/Time :	L
Actual Contact Date/Time :	Contact Duration :
Contact Type :	
Location :	
Contact Diagnosis/	Severitu
Diagnosis Outcome	Sever ity
Primaru :	:
	-
Subsidiary :	:
· · ·	
Secondary :	:

- 4. At the Command prompt F9 and Select the option to revise.
- 5. At the Planned Contact Date/Time F9 and select the contact that you which to Revise/ List.

	- Name L	C o m Patie	m u r nt Cor	n i t ntact	y	С	0	п	t	а	С	t	b	y	С	1	i	п	i c i 28/02	a n /07 1	4:19	9 Q A	н
	TRIAL,	MANNI	E																PAS N	o. 01	0186	504	
	Command :REVISE Planned Contact Date/Time : Actual Contact Date/Time : Contact Type : Location :									Cor	nta	act	∣Pa Da	tie te/	Cont ent 'Tim	ac [.] Cor	t I ht: Li	Dur act	ration Supe ation	: rhelp Cont	├ act	Тур	e
	Primary Subsidi Seconda	ary : ry :	Contac Diagno	t Di sis	agno Outo	si: om	5/ 9			18,	/02	2/2	007 007	09):15		C	H		FACE FACE	TO TO	FAC	E





13 DELETING A CONTACT <DCC>

- 1. Select DCC.
- 2. Select the patient whose contact you wish to delete.
- 3. Select the SG REG for your Service Group that has the contact attached that you wish to delete.
- 4. F9 at Contact Date/Time to select the Contact that you wish to delete.
- 5. Only state Yes at View Contact Screens if you wish to view the details of the Contact prior to deletion.

Delete Patient Contact	Community Contact 28/02/07 14:39 QAH
TRIAL, MANNIE	PAS No. 01018604
Contact Date/Time : View Contact Screens :	
	Contact Date/Time Location Contact Type
	18/02/2007 09:00 CH FACE TO FACE 13/02/2007 10:15 CH FACE TO FACE

6. At the prompt are you sure you wish to delete enter Y.





14 DELETING A SERVICE GROUP REFERRAL <DER>

- 1. Select DER.
- 2. Search for and select the patient that you wish to delete the Service Group Referral for.
- 3. Select the Episode for the Service Group Referral that you wish to delete.
- 4. The next two screens will show you the details of the referral that you are about to delete.

	D e l Delete Serv:	ete Serv ice Group Referr	ice Group Ref al	erral 28/02/07 15:05 QAH
Γ	TRIAL, MANNIE			PAS No. 01018604
	Service Group Lead Clinician	:IMT :TRAIN7	INFORMATION AND TECH TRAIN,7	
	Referral date/ Referral Source	time :23/12/2005 e :GP	11:08 GENERAL PRACTITIONER	
	Referral Type Patient Categor Priority	:NEW ^y :NHS :ROUTINE	NHS PATIENT INFORMAL	
	Predicted Outco	ome :		
L				<return> :</return>

5. You will be asked if you are sure that you wish to delete. Only delete if the referral was recorded in error.





15 DELETING A SERVICE GROUP DISCHARGE <DSD>

A Service Group Episode is discharged when the Contact Outcome is completed with a Discharge Code.

Delete Service Patient Referral	Group Referral 28/02/07 15:05 QAH
TRIAL, MANNIE	PAS No. 01018604
Referral Diagnosis/ Diagnosis Outcome	Severity
Primary :	:
Subsidiary :	:
Secondary	:
	:
Comment 1 : 2 : Referral Outcome :	
Are you sure you want to delete? :Y	

A Discharge Episode Status reads SG DSCH, opposed to an open Service Group Referral which status reads, SG (if a Contact is attached) or SG REG (if a clinic appointment is attached).



- 1. Select DSD.
- 2. Search for and select the patient that your wish to delete the Service Group Discharge for.
- 3. Select the Episode for the Service Group Discharge that you wish to delete (SG DSCH).
- 4. You will be asked if you are sure you wish to delete.

PIKE, JANICE	PAS No.	06055932
Discharge Dat	e/Time :20/03/2007 15:48	
Reason	:IR Inappropriate referral	
	Discharge Diagnosis/ Severity	
	Discharge Diagnosis Outcome	
Primary :	1111 DIAGNOSIS DESCRIPTION :	
1		
Subsidiaru :	:	
Secondaru :	1	
-	:	
Discharge Out	come :1DIS DISCHARGE	
last Pevision	Date :20/03/07	





16 FAULT REPORTING

Contact IT Service Desk:

Email

it.servicedesk@porthosp.nhs.uk

Phone

02392 323 333

Some of the reasons you may need to contact the IT Service Desk:

EQUIPMENT FAILURE SOFTWARE PROBLEMS SCREEN FREEZES PASSWORD NON-ACCEPTANCE *

You will need to give the Service Desk certain information, so always ensure you have the following information available. They may need to know:

Your Username.

The KB Number of the equipment. This is found on a small label (usually red or blue) stuck to the equipment.

The function set and function you were working in.

The patients details e.g. case note no.

Exactly what you were attempting to do, e.g. log on, admit patient, register patient.

16.1 Out of Office Hours

Contact the IT Service Desk and leave a message on the answer machine. They will deal with the problem as soon as they can. Alternatively email them.

If you feel there is a major system problem contact the switchboard for them to contact the engineer on call.

HELP WITH USING PAS

If you have only just attended the course and feel you may need additional support, help or advice, you can contact the IT Training Office.

* If you have not used PAS for more than 12 months you will be required to re-attend your training.

Email

it.training@porthosp.nhs.uk

 Telephone
 02392 323 333





17 IT TRAINING CANDIDATE APPEALS PROCEDURE

- Candidates who are unhappy with any aspect of the end of course/test assessment decision should first discuss the problem with the IT Trainer at the time of receiving the result.
- The reasons must be made clear by the candidate at this time.
- If the candidate is still unhappy with the result further discussion should take place involving the IT Training Manager within 3 days of the course/test date.
- The IT Training Department will keep a record of such discussion together with date and outcome.
- Where necessary the 1st marker will be asked to re-mark and the marking checked by the IT Training Manager.
- It should be noted that if the candidate was borderline double marking should already have been undertaken.
- If this does not provide satisfaction the candidate may raise a formal appeal.
- Appeals will only be accepted if made in writing (not e-mail) to the Head of Engagement & Delivery within 10 days of the candidate receiving their result, outlining clearly the circumstance of the appeal.
- The 1st & 2nd markers will meet with the Head of Engagement & Delivery to consider if there are any aspects that should be taken into account in the candidate's performance.
- In some circumstances the candidate may be offered a re-test (e.g. hardware or software problems).
- If this is not the case and the result remains unchanged and the Training Manager is unable to resolve the impasse then the candidate may write to the Head of Engagement & Delivery (within 5 days of receiving the 3rd result) who will consider all evidence and circumstances of the appeal also taking into consideration responsibilities to the Trust and Data Protection Act to make a final decision.

IT Training QAH April 2015





18 MANUAL VERSION CONTROL/LOG

Manual	Healthcare Wide Scheduling – HC1 Contacts	
Version	VN2.5	
Date	April 2015	
Revisions		Page
Updated	Headers and footers updated	All
Updated	ICT changed to IT	All

Manual	Healthcare Wide Scheduling – HC1 Contacts	
Version	VN2.4	
Date	July 2011	
Revisions		Page
Updated	Helpdesk title updated to Service Desk	5-1
		• -

Manual	Healthcare Wide Scheduling – HC1 Contacts	
Version	VN2.3	
Date	July 2011	
Revisions		Page
Updated	The manual has been updated to reflect new manual template design of Headers and Footers	
Updated	Addition of link to the Information Governance training tool web site	2-2
Updated	Confirmation of details procedures – Patient Amendments	3-1

Manual	Healthcare Wide Scheduling – HC1 Contacts	
Version	VN2.2	
Date	March 2008	
Revisions		Page
New	Confirmation of Details	3-1
New	Record Clinician Activity <rac></rac>	9-1
New	Support	18-1

Manual	Healthcare Wide Scheduling – HC1 Contacts	
Version	VN2.1	
Date	February 2008	
Revisions		Page
Updated	Formatting and text refinements (unlisted as content and meaning unchanged)	All