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| 1. JOB IDENTIFICATION |
| **Job Title: HEALTH RECORDS CLERICAL OFFICER**  **Responsible to: HEALTH RECORDS SUPERVISOR**  **Department(s): HEALTH RECORDS**  **Directorate: DIGITAL & INFORMATION**  **Operating Division: CORPORATE**  **Job Reference:**  **No of Job Holders:**  **Last Update: AUGUST 2022** |
| 1. **JOB PURPOSE** |
| TO PROVIDE 24 HOUR CLERICAL SUPPORT WITHIN DHR SUPPORT, SWITCHBOARD AND MIU & A&E RECEPTIONS  Special Features  As part of the Digital Health Records Support role, staff will work on a rota basis providing clerical and administrative support to DHRS, Scanning department, A&E, MIU and Switchboard.  Training may be carried out within NHS Fife Switchboard to support our integrated service.  In the event of annual leave/sickness leave staff will be required to work additional shifts to ensure that the service is covered at all times. This may require working at either VHK or QMH.  If the job holder’s shift falls on a Public Holiday they are obliged to work, to provide essential cover.  If Christmas Day/Boxing Day/New Years Day falls at the weekend, this is regarded as a normal working day not as a designated Public Holiday. Leave would be requested following local guidelines |

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| **3. DIMENSIONS** |
| To provide administration and clerical tasks within Patients Records and Information Department and support to nursing & clinical staff.  To provide an efficient telecommunications service for NHS Fife covering alarm activation and out of hours on call staff. |

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| 1. **ORGANISATIONAL POSITION**   Health Records Manager    Health Records Team Leaders  Health Records Daytime Supervisors  Switchboard Supervisor  Health Records Evening & Weekend Supervisors  DHRS/Scanning/A&E/MIU  (Advertised Post)  Switchboard Operators |

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| **5. ROLE OF DEPARTMENT** |
| The overall aim of the Digital and Information Directorate is to deliver and maintain a comprehensive integrated digital information technology and health information strategy in order to ensure that the right information is provided in the right place at the right time, to support highest possible levels of diagnosis, treatment and care of patients and clients, to support continuous improvement of the health of the populations we serve and to achieve more effective integration between Health and the care services of our Local Authority partners.    This includes patients’ case notes and other information for clinicians working in the community and primary care, in outpatient clinics, on the point of admission for inpatients/day cases and for review after discharge:  it includes developing and supporting electronic information systems for clinical and management use: and it includes collection and analysis of data required by the Scottish Executive Health & Social Care Department, for local monitoring of activity or performance, and for surveillance and protection of the health of our populations  The Digital and Information Department has approximately 300 staff, a revenue budget of approximately £11m, annual capital budget of approximately £1m. The Digital and Information Directorate comprises the following departments:   * **Operations** – responsible for the overall IT service delivery to NHS Fife, H&SCP, Contractor Services and partner organisations including the delivery of the underpinning technical infrastructure and applications to support the health and corporate directorates across NHS Fife and partner organisations to agreed KPI’s and SLA’s. * **Strategy and Programmes** - responsible for the development of the medium to long term Digital and Information/IM&T Strategy and the delivery of a large number of highly complex programmes and projects including significant service reconfiguration * **Information Management** – responsible for the collection and analysis of information, information governance and delivery of knowledge management services. This service comprises Knowledge Services, Information Governance and Business Intelligence Acute, Partnerships and Public Health. * **Health Records** - delivery of Health Records services across NHS Fife. * **Business and Resource Management** – responsible for financial management, procurement & contract management, audit & FOI co-ordination and aspects of HR, health & safety, General Governance and facilities management activities.   . |

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| **6. KEY RESULT AREAS** |
| 1. It is the job holder’s responsibility to ensure that the all ward activity is entered on the computerised hospital information system (TrakCare) in accordance with ISD definitions and codes, timeously and accurately in order to assist a LIVE bedstate. 2. Register emergency admissions on TrakCare, retrieving or creating medical records for onward transportation to wards or departments. 3. Merging of duplicate numbers and creation of new CHI numbers. 4. Trace casenotes for unplanned admission. Track casenotes electronically to appropriate location. 5. Scanning and upload of A&E cards/casenotes to clinical systems. 6. Scanning and upload of significant number of discharge documentation to clinical systems 7. Maintain a tidy and well organised work area, ensure that electronic tracking systems are maintained and regulations regarding confidentiality, access and security of patient records is adhered to. 8. Generate daily activity reports, check accuracy, data quality and amend and rerun as necessary. Notifying GP’s & Registrar Office of Deaths. File DHR Support copies of reports. 9. The job holder will be trained on MIU and A&E receptions as part of the DHRS role. Duties would include the receiving, registering and processing of documentation for patients presenting at A&E and MIU receptions during shift. 10. Follow up outcome for patients treated in A&E Department and MIU by making appointments as appropriate, informing patients where other instructions are appropriate, ensuring entry of outcome on TrakCare, generating and forwarding relevant documents to Records Department as required. 11. Filing and retrieval of A&E and MIU records, ensuring that regulations regarding confidentiality, access and retention are adhere to. Ensure that filing areas are maintained accurately and tidily. 12. Respond to routine enquiries from patients, relatives, other hospitals, police etc, relating to any patient activity ensuring that they are dealt with efficiently and courteously and with regard to confidentiality regulations and that non-routine enquiries are referred to appropriate person/s. 13. Assist the Death Certification Review Service in locating clinicians and casenotes for review. 14. Culling, Prepping and Scanning of casenotes and any duties carried out within Health Records. 15. Undertake miscellaneous duties as required by the Manager/Team Leaders/Supervisors to meet the needs of the service. 16. Responsible for contacting other departments to make requests ie Repairs and following this up to ensure any requested work is carried out. 17. Open and action written email and all ward e-mail, responding where appropriate and directing/prioritising to assist in the efficiency of the service delivery 18. Switchboard role will include answering incoming and facilitate outgoing calls efficiently and courteously to ensure the smooth transfer of alls to clinical and non-clinical staff and departments within all sites covered by the Telecoms Centre. 19. Initiate procedures for cardiac arrest, paediatric neo-natal, obstetric and gynae emergency calls to ensure the prompt response to a request for urgent medical assistance and record the call details and follow up action if required |

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| **7a. EQUIPMENT & MACHINERY** |
| PC’s/printers to operate computerised Hospital Information System (TrakCare)  Follow You Reports Printer  Photocopier  Scanners  Filing cabinets – reception areas  Storage cupboards for scanned documentation |
| **7b SYSTEMS** |
| Computerised Hospital Information System (TrakCare)  Manual filing system  Scanning application – Therefore & Microtech Backscan  CHI 24  Computerised Switchboard – ARC  Manual process for movement of scanned notes |
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| 8. ASSIGNMENT AND REVIEW OF WORK |
| Work originates from a number of sources, namely:  The admission/transfer and discharge for emergency patients  Medical/Nursing staff within wards and A&E Department and MIU  Telephone enquiries regarding location of patients, internal and external  Business Object reports  Scanning Health Records  Work is allocated by Team Leaders and/or Health Records Manager/s within established routines/rosters.  Established structures exist covering the clerical work within which the job holder prioritises workload. Limited supervision is given although advice and guidance is available. Review of work is through meetings with Health Records Supervisor. |

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| **9. DECISIONS AND JUDGEMENTS** |
| All work undertaken is subject to procedure, and decisions made are within established structures. Prioritising and meeting time scales in a multi-task environment whilst dealing with patients, medical, nursing and records staff from other departments.  Any queries/problems arising outwith the procedure would be referred to the DHR Support Supervisor, Switchboard Supervisor, Team Leader or Health Records Manager. |
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| **10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB** |
| Lack of communication and information from ward staff regarding admissions/transfers and discharges.  Non-availability of patient casenotes leading to extensive searches including archive records.  If computerised systems are unavailable, manual records have to be kept and arrangements to ensure that this information is recorded and entered retrospectively in TrakCare when it becomes available.  Dealing with anxious/upset patients/relatives and several external agencies e.g. GP’s, Social Services who require to be dealt with courteously.  Managing time effectively, prioritising work to meet the needs of the service and deadlines in an environment where the post holder is constantly interrupted by the telephone and in demand by a wide range of professionals with competing demands.  Having to use own initiative when no supervisor/colleague available.  Working under pressure.  Dealing with initial complaints from irate callers. |
| **11. COMMUNICATIONS AND RELATIONSHIPS** |
| 1. WITHIN OWN UNIT/DIVISION/DEPARTMENT  Daily contact both face to face, telephone and email with medical and nursing staff and also clerical  colleagues regarding work allocation and to give/receive advice.  Remaining calm when working at front facing reception areas and dealing with challenging behaviour from patients and relatives  2. WITHIN OTHER UNIT/DIVISION/DEPARMENT  Regular contact – both face to face and by telephone with ward staff to check bedstate data etc.  Contact with other hospitals requesting casenotes for emergency admissions.  Contact with porters re collection/delivery of casenotes.  Contact with security staff re access to offices etc.  Contact with Bed Manager/Co-ordinator and Medical/Clinicians.  3. EXTERNAL TO THE HEALTH SERVICE  Patients/relatives/GP’s/Police & Pension Service & other agencies to answer queries  request information. |

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| **12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB** |
| **Physical Skills**  Keyboard skills requiring speed and accuracy.  Lifting and handling of heavy casenotes daily.  Use of step stools and bending to file and retrieve casenotes.  Walking distances between departments and wards.  **Mental Demands**  Concentration required when inputting patient information, gathering information from ward staff on admissions/discharges and transfers, filing records and dealing with enquiries. The ability to remain calm and assured while working on own initiative.  Concentration required when searching or inputting data into Patient Administration System.  Intense concentration required whilst booking in patients at MIU/ A&E.  Intense concentration whilst scanning patient casenotes to ensure quality is 100%.  Frequent interruptions.  **Emotional Demands**  Exposure to distressed/anxious patients/relatives, and possibly aggressive/violent patients/relatives can be distressing. Exposure to clinical information can also be distressing.  **Working Conditions**  Routine use of computer systems is a significant part of daily work.  Lifting and tracing for casenotes in remote areas of the hospital.  Intense concentration required selecting casenotes for removal for scanning/destruction to ensure accuracy of work.  Sitting at desk and using screen for long periods of time.  Exposure to verbal aggression from patients/families, face-to-face and on telephone. |

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| **13. knowledge, training and experience required to do the job** |
| Experience, knowledge and skills   * Significant clerical/administration experience * Previous clerical/administration experience in a hospital setting * Up to date keyboard skills with a working knowledge of Microsoft Word & Excel packages * Numerate * Good organisational / problem solving / interpersonal skills with calm disposition * A level of English language competency and communication skills necessary to perform this role safely and effectively * Ability to work on own initiative and as part of a team * Good level of accuracy and attention to detail * Mandatory Induction Standards and Code of Conduct for Healthcare Support Workers – NHS Circular CEL(2010)23 * Your performance must comply with the “Mandatory Inductions Standards for Health Care Support Workers in Scotland” 2009; and with the Code of Conduct for Health Care Support Workers, both as amended from time to time, which will be issued with your contract (further copies can be obtained from Human Resources). Failure to adhere to the Standards or to comply with the code may result in poor performance measures or disciplinary action and could lead to dismissal; or if you are self-employed, such failure will be deemed to be a breach of an essential term of your contract, allowing us to terminate with or without notice. |

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| **14. JOB DESCRIPTION AGREEMENT** |
| A separate job description will need to be signed off by each job holder to whom the job description applies.  **Job Holder’s Signature: Date:**  **Head of Department Signature**: **Date:** |

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**History:**

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| Version | Date | Comment |
| V1.0 | 01/12/04 | Implementation of Agenda For Change |
| V1.1 | May 2019 | Updated to reflect current Health Records status/scope. |
| V1.2 | November 2020 | Updated to reflect integration of services |