



## Background

Traditionally, clinicians refer to hardcopy casenotes for patients' medical history prior to consultation, as well as to document their notes/ diagnosis/ treatment plans etc into the casenotes during consultation. Even after ClinDoc (e-documentation) has been rolled out, most clinicians still prefer to have hardcopy casenotes around in their clinic just in case they need them.

## Aim

- To **reduce dependency** on hardcopy casenotes and encourage the use of e-documentation among clinicians
- To eventually do away with the need for a tracer so that staff can be **deployed to other areas of work**

## Initial State

- Trolleys containing hardcopy casenotes are delivered 2 days in advance for checking by a tracer. Hence at any point in time, there are 3 casenotes trolleys in the clinic, which takes up a lot of space
- Often times, for patients with multiple appointments across various outpatient clinics, casenotes are not delivered to the clinic on time, even when patient had completed their consultation with the previous clinic. Hence the patient has to wait for casenotes to arrive in the clinic before the doctor can see him/her; in some cases, some doctors resort to seeing patients without casenotes
- There are cases where hardcopy casenotes are misplaced during transition, resulting in HIMS (Health Information Management Services) and clinic staff wasting valuable time and effort to locate them



## Methodology

To understand why the doctors still prefer hardcopy casenotes in the clinic, we conducted interviews with the doctors to understand their concerns and collated the following issues:

- ✗ Doctors are not familiar with using ClinDoc (e-documentation)
- ✗ Doctors are not familiar with using SMR (Scanned Medical Records)
- ✗ They prefer to have the casenotes around just in case they need to refer to them
- ✗ The clinicians are not being reassured that if the clinic goes paperless, adequate support would still be provided in the event that casenotes are really needed by them

## Solution Development

To address the various issues identified, the team worked with the clinic staff to brainstorm different ideas and implemented the following:

- Arranged with HIMS and IHIS to conduct refresher briefing sessions and on the use of electronic notes such as SMR and ClinDoc, so that users are more confident and proficient in going electronic
- Got buy in and support from HIMS to turnaround casenotes requests within 30 minutes, so that clinicians are assured of quick access to notes when needed
- Briefed the clinic staff to take note of and highlight to the in-charge doctors and Allied Health colleagues who actively used ClinDoc and seldom referred to hardcopy casenotes
- Convinced these doctors to run clinic sessions without casenotes until they were confident without the notes. We then worked with HIMS to cease the delivery of the casenotes for these clinic sessions

## Results

- Since June 2016, we had successfully transitioned all the Senior Residents, Medical Officers, Associate Consultants, ~60% of the Consultants/ Senior Consultants, as well as for the Diabetes Nurse Educators (DNEs) from hardcopy to electronic notes
- This has reduced the quantity of casenotes delivered by approximately **60%**, and resulted in savings in man-hours of approximately **60%** for HIMS staff to retrieve casenotes for DMC Level 3.
- In addition, this has also resulted in time savings of approximately **50%** for clinic staff (tracer) to sort out the casenotes, allowing the staff to be deployed to room assisting or counter duties.
- Another benefit is reducing the weight of the casenotes trolley, hence lowering chances of work related injuries.
- Most importantly, going digital enables doctors to have almost immediate access to patient notes as and when required and consultations will not be delayed due to unavailability of notes.

## Conclusion

- The successful implementation has resulted in man-hours savings as well as increase in staff productivity.
- Staff morale has also improved greatly as they do not need to waste time sorting out hardcopy casenotes, knowing full well that many of the doctors do not refer to them.