Singapore Healthcare Management 2019

Going Paperless!

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Background

OGC aims to convert from current practice of using hardcopy casenotes to electronic medical records. This is to align with the nationwide & hospital's goal for patient medical records to be available electronically. Furthermore, after smart OGC renovation is completed, the existing sorting room will be removed and no more space will be designated for casenotes trolley.

Methodology

Several discussions with the different stakeholders were held to identify the reasons for the challenges in converting to electronic medical records. The required actions identified were as below:

	Doctors	Clinic Staffs	MRO
Setting dateline	Communication with all to inform about dateline set to stop sending hardcopy casenotes to OGC.		
Communication on implementation	Communication with doctors and clinic staffs on how the implementation will take place.		
Change of habits	Encourage doctors to actively convert more patient's medical history to electronic records.	Constantly remind clinic staff to stop collecting and providing casenotes to doctors habitually.	
Gradually reduce hardcopy casenotes sent to OGC	Identify doctors who are ready to stop using casenotes prior to dateline.		Engage MRO to stop providing casenotes to doctors who are ready to go electronic.
Work with MRO to identify and digitize or file documents.			Discussion with MRO to identify what should scanned or still to be filed away.

Signages was placed in the sorting room to help staff familiarize on how to separate the hardcopy documents received (as seen below):

FOR FILING ONLY

TO PUT IN PATIENT'S BROWN FOLDER:

1. CONSENT FORM
2. TIME OUT FORM FOR PROCEDURE
3. ACKNOWLEDGEMENT FOR ADDITIONAL COST
4. CTG FORM
5. COLPO LOOSE NOTES IMAGES

FOR SCANNING ONLY

TO PUT PATIENT'S BROWN FOLDER

1. ULTRASOUND REPORTS
2. DOCTOR'S LOOSE NOTES
3. RESULTS (SGH & RESULTS)

Results

After 4 months of intensive drive to promote usage of ClinDoc, the ClinDoc utilization rate increased.

MRO no longer needs to retrieve hardcopy casenotes for all doctors, only on ad-hoc request.

OGC porters no longer need to collect casenotes at the end of the clinic session and were able to be deployed to assist with other areas within the clinic (e.g. assessment desk).

OGC sorting room PSA can be deployed to assist with other service station as well. OGC clinic staff also do not have to prepare casenotes at the start of each session as well.

Space in OGC can be utilized for other purposes that can enhance patient care & experience.

Conclusion

It is important to communicate with the doctors to understand the difficulty of converting to electronic medical records and to assist them with the process.

Careful planning together with MRO is also required as the changes will affect the manpower deployment within their own department to assist with the filing & scanning. Furthermore, advice is required from MRO to determine whether all documents are suitable for scanning as the image resolution could be affected.

Clinic staff were initially concerned that there will be unhappiness amongst the doctors when casenotes are not provided to them. Therefore, clinic staff were informed that the doctors had been informed. Over time, staff were more comfortable and also felt the benefit of not requiring to prepare casenotes.