# FILING ROOM ORGANIZATION

## SPOTLIGHT ON RECORDS MANAGEMENT

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### Average Monthly Headcount: 1100

## IMPROVEMENT AREA & AIM

Many records were kept in systems that lack a coherent organizational structure which led to lost records, record duplications, and wasted materials. In turn, this led to increased work for health-records officers as well as increased wait time for patients and delays in clinical care.

**Our aim** was to improve records management through a more organized record room and record management system.
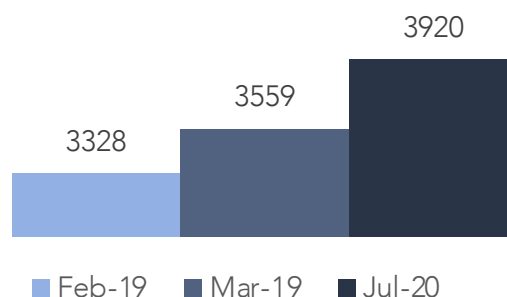
## DESCRIPTION

The records room organization was accomplished through archiving inactive files, bringing in new materials to organize active files, and implementing systems and protocols for standardization. The records management system was crafted as a health patient registration system (HPRS) centred around a health patient record number (HPRN) for each patient in the system.

## OUTCOMES

The new management system facilitated timely retrieval of patient files, which reduced patient wait time, and ensured information contained in patient files was complete and up-to-date. This served as a prerequisite for improvements in patient management, linkage to care, and improving adherence and retention. Facility staff responded positively to the changes saying that their work-load was decreased and decanting eligibility was made clearer.

### Total Patients Retained on ART

| Feb-19 | Mar-19 | Jul-20 |
|--------|--------|--------|
| 3328 | 3559 | 3920 |

# STEPS TO IMPLEMENT

## ORGANIZE FILING SYSTEM

- ☐ Differentiate between active and dormant files (a patient has not come to the facility in 2+ years).
- ☐ Archive dormant files from 2–5 years in boxes on site, archive dormant files from 5+ years to off-site archives.
- ☐ Identify duplicate files and merge into one.
- ☐ Introduce an organized file numbering system.
- ☐ Label shelves to indicate number ranges.
- ☐ Place file dividers between files to keep them in place.
- ☐ Use filing boxes to separate bundles of files.

## IMPROVE ACCURACY IN PATIENT FILES

- ☐ Mentor Clerks to complete file information at registration for every visit (update phone and address as needed).
- ☐ Test out-call numbers while the patient is still at the facility.
- ☐ Open health patient registration system (HPRS) record on every patient.
- ☐ Establish process to review files for completeness and updated information.
- ☐ Ensure that the HPRS computer is connected to the internet, at least periodically, to synchronize information.
- ☐ File laboratory reports as they arrive in the correct patient files.

## PRE-RETRIEVE AND SORT FILES

Filing Clerks (FC):
- ☐ Assign responsibility for generating a list of appointments and for pulling files.
- ☐ Refile all sorted files daily.
- ☐ Place a note card in the space where a file was removed and note who has taken the file for easy refiling.
- ☐ Retrieve files from service points throughout the day.
- ☐ Create a single centralized drop-off point for patient files for refiling.
- ☐ Maintain a file control sheet showing the files retrieved and returned to the file room.
- ☐ Place files of patients who missed appointments in a box for follow-up and tracing.

## MAINTAIN FILING SYSTEM

- ☐ Linkage Officer (LO) calls patient who missed appointments and uses the track and trace tool.
- ☐ LO separates patients who were misclassified as missed appointments and hands to a Clinician to correct the information.
- ☐ Data Capturer (DC) captures file in TIER.Net.
- ☐ FC sends/takes file to the filing room for immediate refiling.

### FACILITATORS

- Involved the district management team from the beginning—had the acting Manager participate in the quality improvement (QI) meeting.

- Set up daily feedback sessions on data retrieval with Clinicians and DCs.

- Extended patient hours from 16:00 to 18:00.

- Used appointment books as a backup when a patient file could not be traced.

- Worked together with the Clinicians, appointed a Data Manager (DM) each month to oversee office file management.

- Rotated the DM every month.

- Promoted the positive impact of the change to facilitate staff buy-in.

### CHALLENGES & ADAPTATIONS

Initial resistance from DC → Introduced pulling patient records once a day in advance. So, during the day, most files were ready, except for walk-in patients.

## ABBREVIATIONS

- ✓ ART – antiretroviral therapy
- ✓ DC – data capturer
- ✓ DM – data manager
- ✓ FC – filing clerk
- ✓ HPRS - health patient registration system
- ✓ HPRN – health patient record number
- ✓ LO – linkage officer
- ✓ QI – quality improvement
- ✓ TROA – total remaining on ART

## STORAGE ROOM

- ✓ Security gate
- ✓ Fire-proof door and roof
- ✓ Fire extinguisher
- ✓ Not near water pipes
- ✓ Small windows or dark blinds
- ✓ Shelves or cabinets made of coated metal
- ✓ Lowest shelf at least 100 mm off the floor
- ✓ Top of the shelving should not be less than 320 mm from the ceiling
- ✓ Aisles and shelves labelled
- ✓ Counter and/or a sorting table
- ✓ Proper lighting
- ✓ Ensure that the temperature is 20 degrees Celsius or below
- ✓ Clean and dust free
- ✓ Free of rodents and other pests

## REGISTRATION SYSTEM

Generate a unique registration number for each patient record using:

- ✓ surname of patient
- ✓ identity document number or date of birth of patient
- ✓ a set of numbers or alphabet letters or a combination of the two