

NIGHT DUTY CLINICAL SUPPORT OFFICER

SPOTLIGHT ON RECORDS MANAGEMENT

uMgungundlovu | Msunduzi | Caluza | PHC
Average Monthly Headcount 8000



IMPROVEMENT AREA & AIM

Without a Clinical Support Officer (CSO) on night duty, patient files were not retrieved and patients were not registered with Health Patient Registration System (HPRS). This resulted in the morning shift focusing on clearing the filing backlog from the previous night, long wait times for patients (both day and night shifts), and patients leaving before being seen.

The aim of the project was to reduce patient wait time from an average of 6 hours to a maximum of 90 minutes and improve file retrieval and re-filing after patients have been seen.



DESCRIPTION

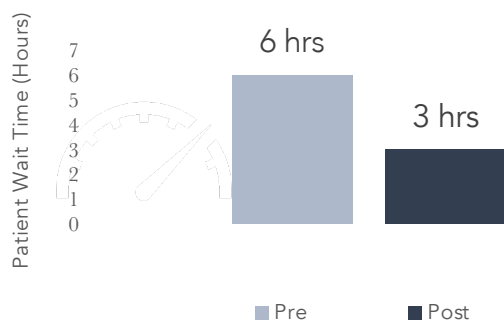
Two CSOs were moved from day shifts to night shifts, with one on duty each night. During the night shift, CSOs: retrieved files and entered patients into HPRS for patients seen at night, organized files from earlier in the day that were unable to be re-filed due to work loads, and prepared files for patients with morning appointments.



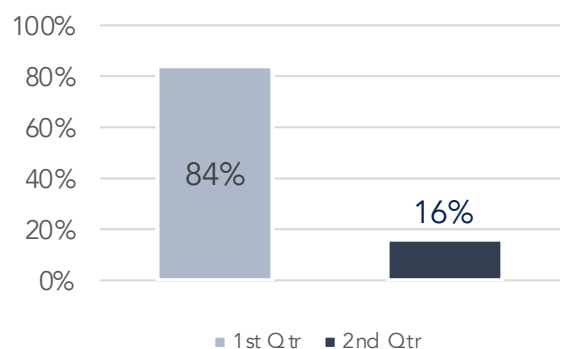
OUTCOMES

This intervention resulted in decreased patient wait time (during the day and night shifts), improved job satisfaction for night shift workers, and decongested the day shifts.

Night Shift Average Patient Wait Time



Patients Arriving Between 2AM – 3AM
Seen by 5AM



STEPS TO IMPLEMENT

PRE-IMPLEMENTATION

- ❑ Operational Manager (OM) convenes a meeting with all Clinical Support Officers (CSOs).
- ❑ OM explains the change idea to the CSO emphasizing the reduced wait times and increased productivity.
- ❑ OM asks for volunteers (2) to change from day shift to night shift.
- ❑ OM ensures all CSOs have access to patient file cabinets during the night shift.

DURING THE NIGHT SHIFT

CSO :

- ❑ Registers patients in HPRS.
- ❑ Retrieves patient files for night and the following day.
- ❑ Files back files from patients seen in the afternoon by day staff.
- ❑ Files blood results.
- ❑ Merges duplicate files.

FACILITATORS

- Having the OM explain the problem and ask for volunteers to change from day shift to night shift led to early buy-in from CSO staff.
- Buy-in and support from Facility Operations Manager.
- Specific job responsibilities for night CSO were made clear.
- CSOs saw immediate positive impact from the change which reinforced buy-in.

CHALLENGES & ADAPTATIONS

- No EN to do observations/take vitals after hours
- No proper handover for CSOs because day CSO finishes at 1600 and night duty CSO starts at 1800
- Shortage of RX because there are no lockable cabinets → Day staff left medications for the night staff in boxes in locked consulting rooms.

ABBREVIATIONS

- ✓ ART – Antiretroviral therapy
- ✓ CSO – Clinical Support Officer
- ✓ EN – Enrolled Nurse
- ✓ HPRS - Health Patient Registration System
- ✓ HPRN – Health Patient Record Number
- ✓ OM – Operational manager
- ✓ 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

Disclaimer: This Spotlight was developed and implemented by Health Systems Trust and DoH staff, with support from OPIQ South Africa. This resource can be freely used and distributed, with acknowledgement of Health Systems Trust and DoH, so long as it does not result in commercial gain. The findings and conclusions in this Spotlight are those of the authors and do not necessarily represent the official position of the funding agencies: this project has been supported by the President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for the Disease Control and Prevention (CDC) under the terms of grant number: 6 NU2GGH002227.