

# Health Records: out of the frying pan?



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**W**e have all experienced it. The nightmare is a busy clinic, we are running late, and groan at the site of twelve inches of chaos – our next patient's notes – spewing across the floor in our haste to get to their heart. We hope that our frantic thumbing through them will guide us to our dream – that crisply written summary that will light our way through the tricky consultation.

Like motherhood and evidence-based medicine, we all believe in secure, accessible, standardised patient records. The Association of British Neurologists (ABN) agrees that medical records are a crucial component of patient care and need to be as full, accurate and up to date as possible. Balancing accessibility and security is essential. They must be accessible to health care professionals and patients, yet secure and protected from abuse, tampering or inappropriate access.

The early NHS hospital records were easy to navigate, at least the 'medical bits' were accessible. For each 'episode' the order of in-patient sections was pretty standard throughout the UK – history of presenting complaint, general health, past medical history, family history, social history, physical examination and then follow-up notes. For the doctor, this standard form allowed rapid navigation, even when starting a job in a new hospital. What was chaotic was the order in which the various sections relating to different encounters with the hospital were arranged (outpatient notes, outpatient letters, tests) and the lack of care in keeping the notes in order. The chaos and the bulk have worsened, with the addition of nursing and other notes (the single patient record), along with long protocols that have little written on them (for example the Waterlow score sheets).

Electronic notes provide a wonderful opportunity to sort out the chaos and to have a standard format across the UK allowing the professionals involved with patient care quickly to locate the sections they need. As clinical care becomes fragmented, with multiple hand-overs between teams, and with doctors and other professionals moving up and down the spokes from work in the community to activity at the hub, and with movement of patients and doctors around different areas of the UK, it would be wonderful to have a standard system with a familiar format e-record for each individual patient, available in primary, secondary and tertiary care, and also accessible to the patient.

Implementation of this should not be hasty, as complex issues are involved. The suggested goal of making this operational within five years is probably over-ambitious. We must

avoid the mistakes that occurred with other systems – for example, in the electronic forms used in MTAS; problems with PACS (with reporting of delays, mistakes and clinical incidents to the National Patient Safety Agency and the Joint Neuroscience Council attesting to the problems) and Cerner implementation in some hospitals with high-profile adverse clinical incidents. Extensive trials will be needed by the many professional groups involved. Issues of patient consent, decisions about information access to those outside the immediate care team, data security (without being cumbersome) need careful consideration. The format has to be correct. "Consumer" confidence in the Government track record to get IT right (loss of government-held personal data and MTAS for example) is at a low ebb. Resources for this task must be adequate – ongoing close working partnerships between IT and medicine are essential if past mistakes are to be avoided.

Getting the electronic-records right will be extremely time-consuming, and must be funded and tested to destruction. The momentum must be kept up, and liaison between active clinicians and IT specialists is paramount, as well as frequent feedback to organizations with an interest in the system for dissemination to their members, in order to maintain enthusiasm for the vast task.

Although it may seem obvious to clinicians, the evidence that standardisation of patient records improves patient care and outcome is limited. We suggest that the evidence-base should not be overstated. If it is, this will attract criticism and deflect attention from implementation. It will be crucial to cull the established (electronic) record systems in use which are not standardised across all locations. Duplication of records is cumbersome and potentially risky, as pieces of information can be overlooked or erroneously transcribed. Although a computer looks neater than a dozen sets of disorganized notes, the potential for chaos and mistakes is just as great.

Each 'stakeholder' – in our case UK neurologists – must ensure their special needs are addressed or, as in the past, they will splinter off and set up their own departmental records. Some of the needs specific to neurology are:

- plenty of space for a free-hand history (but then e-records should have unlimited space)
- a neurological examination proforma (may be one comprehensive system for neurologists and another, abbreviated version, for medical SHOs)

- electronic, ideally clickable, links to radiology and pathology images and neurophysiology results.
- a fail-safe system for clinicians to reliably receive results of ordered tests electronically. With results arriving erratically and at unpredictable intervals, it is impossible for the clinician to chase results on all tests ordered. There are many examples of serious clinical incidents due to failure of results being fed back to clinicians. Previously, results were sent back to the clinician on paper. This is now haphazard, and a reliable system of returning results electronically to the clinician for action is essential for patient safety.
- Decent record keeping and updating of records is vital. This has been a major problem with paper notes. So often the paper notes fall into disarray in the hands of under-funded records departments. There is no inherent magic in an electronic system, and processes and resources will be required in order to keep these tidy. Clinicians should not be expected to take on this process without IT and administrative back-up.
- There must be an audit trail – records will no doubt be updated – and the responsible clinician must review who writes what and when, and be able to edit the information if necessary
- There is a need for sections to be printable and downloadable.
- Incorporation of downloadable information sheets, or web-links to patient information – and clinical information such as the BNF or current version of MIMS
- A system allowing the records to follow the patient from hospital to hospital linked to GP records.
- Clinical records should be person-based – independent of (that is, not determined by) location or clinician
- Records and the related structure and content standards should follow a patient through stages of care.
- There must be scope for 'pages' to be added and deleted. For example, do all users want a page on 'information given to patients' in the summary to the General Practitioner?
- The whole thing needs to be cleverly designed, like the very best websites, so it is easily navigated and amended.
- Patients should be involved at an early stage – but there is a danger of slowing down the process if too many parties are involved in formulating details of the records. We suggest that early patient involvement should focus on consent, access and the considerable ethical issues.
- We support the use of names, as well as numbers for identification, as this provides additional security and is less open to transcription errors.

The ABN will continue active involvement in the project and can offer a representative to champion this. We support the model of involving active clinicians, not just web designers who may need guidance in the aims and needs of the system that evolves. The ABN is well organised to seek consensus with consultants, to liaise with colleagues in Neurosurgery and Neurophysiology and (importantly) with trainees who write most in the electronic notes, as well as other health care professionals, such as neuroscience nurse practitioners. Some of our members already work in centres with electronic records and so have first-hand experience.

The Association of British Neurologists (ABN) looks forward to working with the Royal College of Physicians and others on standards for the structure and contents of health care records. We applaud the efforts to date, but emphasise the need for enough time and resources to implement these safely and correctly. ♦

## 2009

### NOVEMBER

#### Functional Fascial Taping

9 November, 2009; Leicester, UK  
www.physiouk.co.uk

#### MS Trust Conference

8-10 November, 2009; Kenilworth, Warwickshire  
E. conference@mstrust.org.uk

#### Parkinson's Plus study day

9 November, 2009; Derby, UK  
www.ncore.org.uk

#### Cervical Auscultation

10 November, 2009; Derby UK  
T. 01332 254679,  
www.ncore.org.uk

#### UKABIF Annual Conference: Developments in Acquired Brain Injury

11 November, 2009; London, UK  
T. 01752 601318,  
E. ukabif@btconnect.com  
www.ukabif.org.uk

#### University Classes in Multiple Sclerosis VI

11 November, 2009; Lisbon, Portugal  
E. m.friedrichs@charcot-ms.eu  
www.charcot-ms.eu

#### Functional Fascial Taping

12 November, 2009; London, UK  
www.physiouk.co.uk

#### European Charcot Foundation Symposium "A new Treatment Era in Multiple Sclerosis"

12-14 November, 2009; Lisbon, Portugal  
E. m.friedrichs@charcot-ms.eu  
www.charcot-ms.eu

#### Functional Fascial Taping

13 November, 2009; Winchester, UK  
www.physiouk.co.uk

#### Functional Fascial Taping:

Make an instant difference to Pain & ROM in nearly any patient

14 November, 2009; Bristol, UK  
www.physiouk.co.uk

#### Motivating the Unmotivated: helping 'difficult' patients

17 November-2009, Derby, UK  
T. 01332 254679,  
www.ncore.org.uk

#### Bringing down the Barriers - Translational

Medicine in Inherited Neuromuscular Diseases  
17-19 November, 2009; Brussels, Belgium  
E. stephen.lynn@ncl.ac.uk

#### Brain Injury Rehabilitation Trust Seminar

18 November 2009; Liverpool, UK  
E. redford.court@thetdgroup.org

#### 5th National Autism Today Conference

17-18 November, 2009; Edinburgh, UK  
MA Healthcare Ltd,  
T. 0207 501 6762,  
www.mahealthcarevents.co.uk

#### 6th International Congress on Vascular Dementia

19-22 November, 2009; Barcelona, Spain  
E. vascular@kenes.com

#### West of England Seminars in Advanced Neurology (WESAN)

19-20 November, 2009; Exeter, UK  
www.aquavenuesolutions.com/wesan2009

#### Neurological Cancers Study Day

20 November, 2009; Middlesex, UK  
Anni Hall, T. 01923 844177,  
E. anni.hall@mvh-ljmc.org

#### Brain Injury Rehabilitation Trust Seminar

20 November 2009; Milton Keynes, UK  
E. tem@birt.co.uk

#### Be Activated Courses:

A unique NMS treatment technique  
21-22 November, 2009; London, UK  
www.physiouk.co.uk

#### Multidisciplinary Brain Tumour Study Day 2009

23 November, 2009; London, UK  
E. malcolm.galloway@royalfree.nhs.uk

#### Complaints Management and Investigation

24 November-2009, Derby, UK  
T. 01332 254679,  
www.ncore.org.uk

#### Be Activated Courses: A unique NMS treatment technique

24-25 November, 2009; Manchester, UK  
www.physiouk.co.uk

#### Brain Injury Rehabilitation Trust Seminar:

"Measuring Outcomes of Rehabilitation at Fen House"

26 November 2009; Ely, UK  
E. fh@birt.co.uk

#### Royal College of Physicians Of Edinburgh

Symposium: Neurology  
27 November, 2009; Edinburgh, UK  
www.rcpe.ac.uk/education/events/  
neurology-nov-09.php,  
E. Christina.Gray, C.Gray@rcpe.ac.uk

#### 9th Annual King's Neuromuscular Symposium

27 November, 2009; London, UK  
T. 020 7848 5541/2,  
E. Sophie.Morris@iop.kcl.ac.uk  
www.iop.kcl.ac.uk/events/?id=809

#### BSRM Conference:

The Work Agenda: from novice to expert  
27 November 2009; Bristol, UK  
T. 01249 814910,

E. philippa@thecatalogue.co.uk

#### Be Activated Courses: A unique NMS treatment technique

28-29 November, 2009; Scotland, UK  
www.physiouk.co.uk

#### RAatE 2009

30 November-1 December, 2009; Coventry, UK  
http://www.hdti.org.uk/raate

### DECEMBER

#### Posture & Balance in Neurological Conditions, lower limb, Qualified staff

1-2 December-2009, Derby, UK  
T. 01332 254679,  
www.ncore.org.uk

#### 4th UK Stroke Forum Conference

1-3 December, 2009; Glasgow, UK  
E. Helen.Chapman@stroke.org.uk

#### 4th International Congress on Brain and Behaviour & 17th Thessaloniki Conference

3-6 December, 2009; Thessaloniki, Greece  
T. 30 210 749 9353,  
E. lianae@triaenatours.gr

#### Edinburgh Neuroscience Christmas Lecture

Stem Cells for Neurological Disorders - where now?

4 December, 2009; Edinburgh, UK  
E. edinburgh.neuroscience@ed.ac.uk

#### Epilepsy Study day

4-December-2009; Derby, UK  
T. 01332 254679,  
www.ncore.org.uk

#### Attention & Information Processing: Advanced

Cognitive Rehabilitation Workshop  
4-5 December, 2009; Gatwick airport,  
London, UK.

E. enquiries@braintretraining.co.uk  
www.braintretraining.co.uk

#### 10th Annual UK Movement Disorders Meeting

4-5 December, 2009; London, UK  
E. neurology@boehringer-ingenelheim.com

#### 63rd Annual Meeting of the American Epilepsy Society

4-8 December, 2009; Boston, USA  
T. 860 586 7505,  
E. csluboski@aesnet.org