Allied Health Professionals

the documentation challenges, opportunities and the role technology can play

About this report

Having commissioned a detailed and independent analysis of time spent by clinicians on clinical documentation, Nuance convened a roundtable to discuss the impact of clinical documentation on allied health professionals. This report was written following the roundtable event held in Leeds and chaired by Alicia Ridout, Chief Allied Health Professions Officer (CAHPO) Digital Innovator of the year 2017.

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1 Introduction

Allied Health Professionals is a term used to describe registered practitioners who work across a diverse landscape of health and care services in the statutory and private sector. The term now includes 14 professions, each with their own professional body but all regulated by the Health and Care Professionals Council (HCPC) apart from Osteopaths who have their own regulator rather than being regulated by HCPC.

AHPs now make up one in 10 of the NHS workforce and they also work at scale across local authorities, in private practice, in education, in medico-legal and other diverse and innovative roles. AHPs work with people at every stage of their life in public health, primary, secondary care and specialist services. The diversity of the professions, the roles they undertake and the variety of environments in which they work present both challenges and opportunities in relation to record keeping, documentation and the use of technology.

As an Occupational Therapist now working in a digital context and providing Clinical Safety Officer support to services and developers, on a daily basis I see the innovative work of AHPs using technology as well as the struggles regulated health professionals have with record keeping and documentation across systems of care. This has come about because technology has often been implemented in an organic way that does not reflect the context in which AHPs are trying to work, often in a community setting.

The Chief Allied Health Professions Officer team at NHS England has helped to raise the profile and 'voice' of AHPs and enabled a crowd-sourced policy initiative in England that is being widely adopted. AHPs-into-Action has enabled AHPs to mobilise behind a collective agenda while also retaining the diversity of the capabilities each profession brings to people using their services.

A key element of this work has been to highlight the issues working across such a complex provider backdrop. Supported by arms-length bodies, such as Health Education England and NHS Digital, work is ongoing to define the future requirements of the workforce particularly in relation to to a digital-ready AHP service. Competence and confidence in the use of digital tools and systems at a clinical level is critical and even more so given the development of a new generation of Chief Clinical Information Officers and Informatics professionals.

A series of national consultation workshops were held in early 2018, funded by the CAHPO team, to support deep engagement in the development of a digitally mature workforce ready to meet the digital challenges in their organisations. The outcomes of these are now at the heart of the new AHP Digital Maturity Strategy being refined by that team. While this does not address the diverse context of AHP operational delivery in education/schools, private sector or non-statutory services, its impact cannot be underestimated. Going forward, this will provide a spring board to be widely adopted for the benefit of those using our services.

It was in this context that the roundtable was convened to consider the challenges AHPs face in creating, reviewing, updating, managing and sharing clinical documentation as one leg of the stool requiring further definition.

The meeting was preceded by the CAHPO workshops and a tweetchat via @WeAHPs to start to explore key areas for discussion in the roundtable. While AHP documentation needs vary, there are common challenges such as the scale of work time it consumes - up to 50 per cent of a work day was reported by some staff using paper-based systems. The issues relating to cross sector referrals and effective transfers of care between AHPs who work across the health, care and private sector were extensive and multiplied by time pressures, hardware that was not meeting the needs of community-based staff and a lack of access to real-time data for service improvement.

AHP's using paper-based systems report that documentation consumes up to 50% of a work day

The aim of the roundtable and this report is to surface insights into these challenges and explore ways to overcome them. We are heading rapidly to P2020 (NHS staff) and the next iterations of digital interventions are already up on us, with innovations in Artificial Intelligence, machine learning, Virtual and Augmented Reality. AHPs are already using some of this technology but in the context of the day to-day-challenges in the use of electronic patient record systems, this can be eclipsed.

This report provides further discussion points for AHPs and others such as CCIOs and arms-length bodies to consider as we move the agenda forward at pace. In my role in mHabitat, I am often required to apply my professional expertise to optimise the use of technology, to review its clinical safety in different contexts and with a range of users. There are few Clinical Safety Officers who are AHPs and I hope this will grow as the informatics work of the AHPs-into-Action Digital Maturity Strategy is implemented.

Our diverse group of volunteer AHPs at the roundtable openly shared their experiences, insights, ideas and huge passion for the work they do. We would like to thank them for giving up their time and energy as we further define plans to build a digital ready workforce with the technology to meet their needs.

Alicia Ridout
Deputy Director, mHabitat

2 The documentation challenge

AHPs are unique – they work across the health and social care pathways in a wide range of organisations in the NHS, for private sector companies (often commissioned by the NHS) and community interest companies. They can be found working in the community, in hospital trusts, in peoples' homes or for specialist providers. AHPs are the third largest workforce in health and care in England with almost 70,000 professionals in the UK delivering over 4 million client and patient interactions per week.

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Patient records and clinical notes are vital when it comes to communication between all those providing care to the patient and with patients themselves and their relatives and carers. AHPs also have a role to play in medico-legal cases and litigation as information from patient records can be used to provide evidence in the event of any claims that may result in legal action. In many cases, these claims may be investigated some time after the actual event, thus requiring completeness and accuracy. Patient records also provide data for use in audit and research and are the key to good clinical governance, as well as monitoring hospital targets and performance.

Given the range of professions and working environments, AHP documentation requirements vary greatly. However, there are common challenges that were highlighted during the roundtable discussion that are preventing AHPs reaching their full potential. There are also significant opportunities to improve documentation, which will inevitably have an impact on patients and clients.

Time challenges
According to a tweetchat poll run by @WeAHPs, just under half of those involved said they spent one to two hours on patient record keeping every day, while 28 per cent spend two to three hours. It is also having an impact on work-life balance as 40 per cent said that completing documentation has an impact on them going home late at the end of the working day.

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Silo challenges
One of the most significant challenges arises from sharing patient documentation across organisational boundaries and between professionals. Working effectively with other health and care professionals requires information sharing.

In practice, AHPs can find themselves unable to read information recorded by other professionals in the patient record. Roundtable attendees reported that even though they could be treating the same patient as a colleague in secondary care, they were not able to see what information had been recorded by them. This can lead to duplication and delays in professional referrals from one AHP to another.

Culture challenges
The ability to share information will have an impact on clinical decision making. However, there are also cultural factors at play when it comes to documentation. AHPs can also find that information they have entered isn't read by other professionals. One described spending a lot of time getting the quality of information right and putting their heart and soul into a care plan and then not knowing whether the GP had spent the time reading it.

Access challenges
Shared decision making is an important aspect of every AHP role and this means working with patients and their carers and families. Providing accurate information and access to patient records is at the heart of shared decision making. As AHPs into Action sets out: "Improving the health and wellbeing of individuals and populations depends on AHPs and people who use services, their families and carers working together and employing strategies to manage demand, prevent dependency and support individuals and their families to live healthy fulfilling lives at home,

or as close to home as possible, for as long as possible." Being unable to access patient records was raised by more than one roundtable attendee and makes shared decision making a challenge.

Legacy IT and system interoperability challenges
There are several contributory factors that hinder the sharing of clinical documentation and one of the most significant is the number of different systems being used.

With many systems in use, more time is required for staff training. There are also issues around systems that AHPs use to access patient information not being able to link with systems used by other professionals. Although systems are supposedly designed to 'talk' to each other, in practice they don't. This leads to what one AHP described as: "multiple ways of entering data and getting it out". In addition, there can be a limit to the number of systems that can be opened on a computer screen at any one time – forcing AHPs to choose between them.

Legacy systems and security restrictions are also placing additional pressure on AHPs. Often information is shared via email because sharing notes, even between AHPs, is not possible.

Relatively simple tasks like opening PDF attachments are sometimes impossible. For AHPs this leads to frustration. Some AHPs reported that there had been a collapse in confidence in IT systems amongst colleagues. "I can see why colleagues who are less confident are giving up," said one.

Capturing the patient story accurately within existing systems can also be a challenge for AHPs. There are also fewer templates and standardised care plan tools than in other areas of healthcare such as nursing. AHPs often write in front of patients, which in turn presents a challenge in terms of maintaining connection and eye-contact with the patient.

Some AHPs felt that the electronic patient record (EPR) - heralded as a way of releasing time to care and enabling a greater patient focus - has in fact resulted in more time being spent on documentation.

The situation is compounded by concerns over the medico-legal challenge. The Health and Care Professions Council makes duties regarding record keeping clear. AHPs must keep full, clear, and accurate records for everyone they care for, treat, or provide other services to. They must complete all records promptly and as soon as possible after providing care or treatment. However, recording information in a timely way that accurately reflects clinical need can be impossible as each system requires information to be recorded in different ways. There is also the human error factor that can lead to missing entries.

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3 How does good quality clinical documentation impact care?

The quality of clinical documentation inevitably has an impact on decision making and patient care. When patient records and other documentation are accurate and comprehensive, AHPs can spend more time with patients rather than trying to chase colleagues for information.

Systems that are interoperable allow AHPs to access information in shared records at the right time and place, often within the patient's home or with family and carers. Sharing information in this way helps to improve communication between healthcare professionals.

From the patient perspective, having accurate records that are shared quickly between healthcare professionals puts a stop to the patient/client having to repeat the same details. It also reduces duplication of effort and improves the confidence of patient in the care they are receiving.

Comprehensive records that incorporate other clinical information about blood tests, X-rays and other diagnostic testing can be useful when it comes to avoiding litigation

4 How do we get clinical documentation right for AHPs?

Despite the challenges facing AHPs there are opportunities to improve the way clinical documentation is shared and accessed. In most cases small changes are needed to make sure that AHPs are involved at the outset when new IT systems are implemented. Common templates can also help and again AHPs should be leading on their design and adoption.

Ensuring common templates across Sustainability and Transformation Partnerships will avoid repetition while ease of entering information could also help AHPs when it comes to completing documentation accurately and in a timely manner. The roundtable heard how discussions about bringing in a single template had been derailed. “One GP saw the templates and thought they were great but said his colleagues would want to do it differently.” System-wide templates will require time and resource to map out what is needed in terms of better interdisciplinary and cross disciplinary pathways and workflow.

AHPs, like many NHS staff, have many competing demands on their time but having protected time to spend working on improving documentation is a vital first step. Given that up to three hours a day can be spent on completing documentation and the remainder on delivering patient care, there appears to be little time spare to work with colleagues on improving the quality of information recorded and the way it is recorded.

One of the recurring themes from the roundtable was the continuing failure to demonstrate the benefits and value of joined up systems to IT managers and other stakeholders. Systems that allow seamless communication enable easier access to clinical documentation. By giving frontline AHPs the opportunity to highlight the problems they face every day, they will be more likely to encourage and affect change. One roundtable attendee suggested interoperability standards should be mandatory when IT contracts are tendered and this can be done by developing a business case to make sure the IT is fit for purpose.

Getting the basic IT infrastructure right might seem obvious, but it was clear from the roundtable that AHPS are increasingly frustrated with IT infrastructure. Some felt that other colleagues were able to make use of the latest tablets and smartphones, whereas they were last in the queue when it came to spend on IT.

Encouraging a greater patient focus was highlighted as another way to overcome the AHP documentation challenges. The question: ‘What is the patient documentation for?’ should instead be ‘What is the patient’s documentation for?’. Giving patients great control will help to improve the quality of documentation, but also help to close the gap between patients, systems and technology. The roundtable heard how one trust is piloting a smart technology solution. Patients are given a handheld tablet on admission and then data about the patient is gathered as they progress through the treatment pathway. “Patients no longer have to repeat information at the front desk of each department because they are taking the information with them on the device.”

Helping AHPs understand how information is pulled from templates to create performance reports could also help overcome some of the challenges around documentation. Giving AHPs access to SNOMED CT coding as part of their documentation process will also help.

One roundtable attendee suggested interoperability stand-ards should be mandatory when IT contracts are tendered

There is now much greater awareness in the NHS of the impact that documentation has on coding, which in turn payment by payment by results (PbR), the payment system used in the NHS. Coding must be completed to strict deadlines so that hospitals can be reimbursed for their activity under PbR.

5 Case studies

Improving patient communication and work-life balance

DynamicHealth, provided by Cambridgeshire Community Services NHS Trust, provides NHS physiotherapy and specialist services in addition to occupational health physiotherapy and pelvic health physiotherapy across Cambridgeshire and Peterborough for people aged 16 years and over.

DynamicHealth has been recruiting specialist physiotherapists to address the demand on community services. Some have stayed within acute care, treating patients on the wards but increasingly they are being deployed into community clinics. This approach ensures that the patients can see the right professional at the right time, improves access, ensures effective treatment, reduces the need for investigations and lowers rates of prescribing pain killers.

A specialist can see between eight and 12 patients per day. In the past, the client/patient assessment was typed by each physiotherapist into the electronic patient record (EPR) and the GP/ patient letter created by an administrator from the physiotherapist's analogue dictation. The turnaround time of a letter was between six to 12 weeks (six weeks on average). The letters would often need additions or amendments and the physiotherapist would regularly need to review notes to remind themselves of the case.

To accommodate the growth in demand for services and reduce the dependence on back-office support, Sarah Saul, service manager, DynamicHealth partnered with technology providers to maximise front-line services and reduce/release administration backlogs and workload. Dragon Medical Practice Edition was one such initiative. This front-end speech recognition software incorporates over 60 medical specialty vocabularies and, most importantly for this team, a musculoskeletal vocabulary. This boosts the speed and accuracy in capture of the patient story into treatment plans and other clinical documentation.

The benefits for the team have been significant with reduced report and letter backlogs, faster referrals to secondary care and time freed up to chase diagnostic reports and patient and other patient-facing activities. The quality of notes within the team has improved with more accurate spelling, fewer abbreviations and more complete notes. This has helped to improve communication with patients, within the team and with other specialties. Physiotherapists can manage their time better and complete their administrative tasks within the contractual hours.

Using software to keep on top of workload

Worcestershire Health and Care NHS Trust was recently named a Global Digital Exemplar. The trust provides mental health services and is committed to using software and technology to improve working practices for staff and care for patients.

It has been using speech to text software to help staff use their voice to create emails, enter information into the electronic patient record and write letters. Karen Edwards is a community occupational therapist who believes this technology has changed her life and, consequently, those of her patients too. Karen suffers from dyslexia and a mild form of dyspraxia. She was finding it hard to co-ordinate her thoughts while searching for and making keystrokes on a keyboard. As a result, she became overloaded

with the administration of entering notes and it was keeping her working until 10pm or 11pm at night as she was unwilling to lean on her colleagues to help her. Having started using speech to text software, her life has changed.

"It has made recording my case notes incredibly easy," she says. "I'm now able to use these notes in a really efficient way. The pressure that I felt to type up all my notes, which was really difficult for me, has been taken away."

Karen also believes it has allowed her to focus more on client interventions and in particular two patients who were having suicidal thoughts because of depression. It has also helped to inspire her to think about ways technology can be used to improve the lives of her clients.

6 Ten recommendations from AHPs

Our roundtable attendees have made a series of recommendations:

- Ensure end-to-end AHP care pathways are taken into consideration (secondary, primary, community, social, carer, patient) when reviewing documentation requirements
- Ensure AHPs are at the forefront when it comes to designing IT systems which are interoperable
- Use common templates across STP regions to avoid repetition and help AHPs complete patient documentation in a timely and accurate way
- Give AHPs the opportunity to agree on core templates while improving the visibility of the information and increase the role of portals
- Ensure IT systems are designed for interoperability and shared record viewing so all Healthcare Providers (HCPs) can view relevant health and social care data across a health economy
- Patients must be at the centre of process – their experience, their outcomes, their care record - 'What is the patient's documentation for versus 'What is the ***patients***' documentation for?'
- Move from the general to the specific i.e. build solutions and process around what benefits the individual patient and their specific/personal outcomes
- Combine the introduction of new software and technology solutions with bone fide change management and stakeholder engagement.
- AHPs must take the lead and be influencers, not victims of change imposed upon them. They are amongst the best placed to develop relationships over long term with patients/clients/service users. Every AHP profession must be at the table and involve their individual organisations
- Staff need to be trained and given time to learn new ways of working with technology and there must be easy ways for AHPs to highlight when technology is not working

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