



SystmOne User Guide

<u>Name</u>





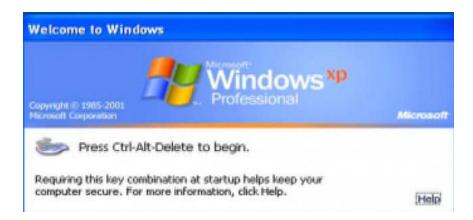
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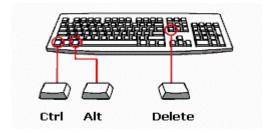
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Windows Log on

When you sit down at your PC you should be faced with the following message.



To log onto the PC press Ctrl-Alt-Delete



You then need to input your username and password, the username is usually fisrtname.surname and your password defaults to Password1 – you will be prompted to change this to a more personal password the first time you log on.



Telephone Use

Logging in

Lift the handset.



Press the green headset button and ensure the button is lit.



Press the **green** login button (right hand side of the phone)



Enter your personal telephone pin followed by the hash key (#) and replace the handset.

Making a call

Press the extension button.



Dial 9 for an outside line followed by the telephone number.

Hold and Secrecy

To put a patient on hold press the 'hold' button



To release the patient press the extension button



Releasing a caller

To release a caller press the **RED** button.



Logging out

To log out make sure you press the 'make set busy' button **TWICE**.



Calling 999 Ambulance

Tell the patient you are calling an ambulance for them.

Dial 999 ambulance on a new line

When you are connected to the operator you need to ensure you tell them to "disregard the calling number" (YOU NEED TO ENSURE YOU SAY THIS TO THE FIRST PERSON YOU SPEAK TO i.e. THE OPERATOR).

When speaking to the operator control room hand over the details of the patient to them.

Take ambulance reference number. Add this to your triage notes.

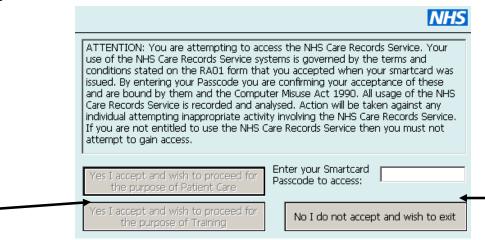
Logging In

Double click on the SystmOne Live icon and insert your smart card into the reader (located to the right of the keyboard).

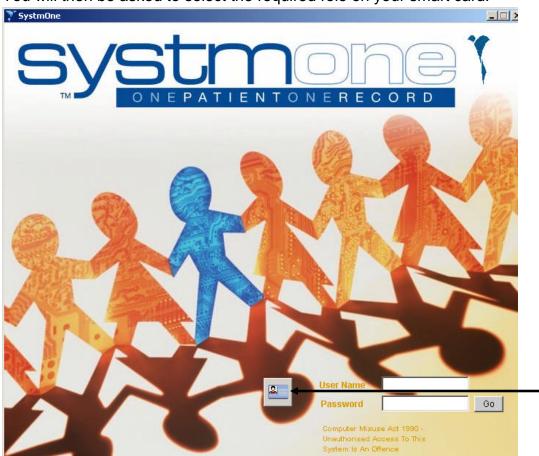




Once you have selected this option the following box will appear. In this you need to input your smart card password and click the top box on the left to access systm1.



After you have entered the correct password the following box will appear. You need to click the smart card icon to access the information on your smart card. You will then be asked to select the required role on your smart card.



Select the role you require and click 'go'

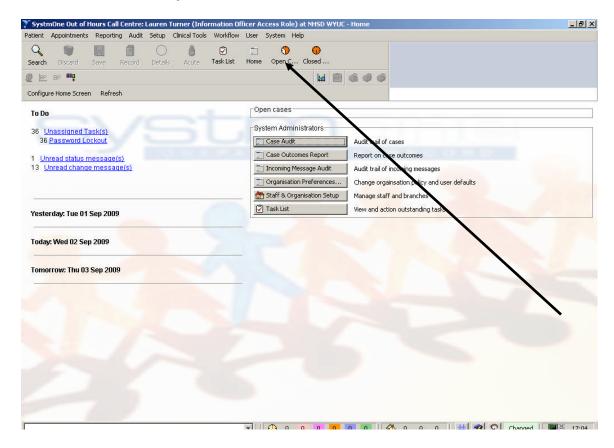


SystmOne Introduction

Finding Your Way around the Screen

To view the Open Cases screen

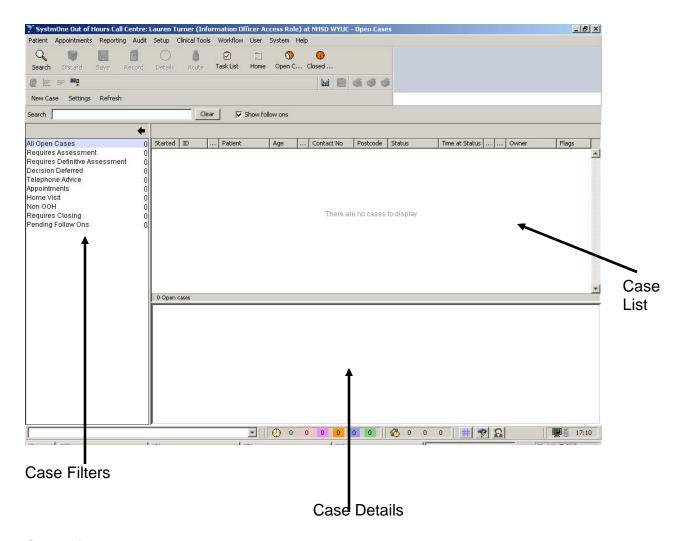
select Open Cases from the Main Menu



This screen is used at both the Call Centre and the Primary Care Centre and shows all the cases that need processing.

The screen is divided into three panes:

- Case Filters in the left-hand pane
- Case List in the upper right-hand pane
- Case Details in the lower right-hand pane



Case Filters

The filters displayed in the left-hand pane of the Open Cases screen allow you to break down the list of open cases so only those with particular attributes are shown, e.g. select 'Mobile Unit' to only view those cases that require or are being attended by a Mobile GP. You may find that for your job role you only need to use one or two of these filters.

The number of cases within each filter is displayed beside the filter name. Filters in **bold** type contain cases; those in normal type are empty.

Case List

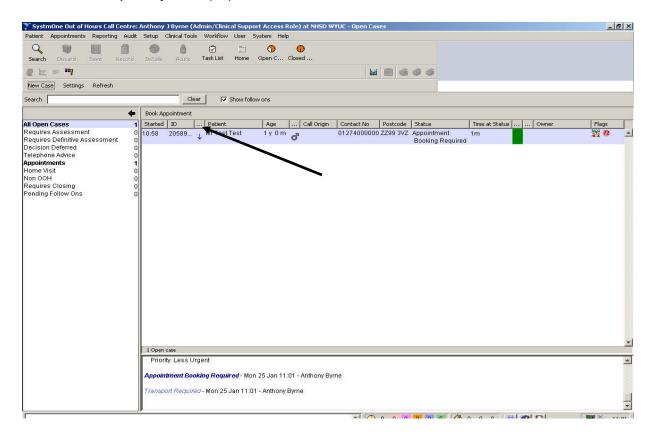
The upper right-hand pane of the screen displays a summary of the cases that fall within the filter you have selected from the left-hand pane of the Open Cases screen.

Correct configuration of columns

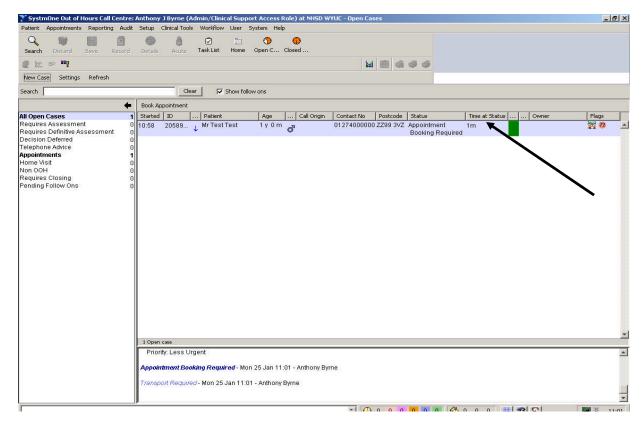
The information displayed for each case is detailed in the index. For your telephone consultations we require you to configure the columns using the following filters:

Column Heading	Description
Priority	Shows a coloured arrow to represent the urgency of the case: (red) - Emergency. (green) - Urgent.
	(blue) - Routine/Less Urgent. Hover the mouse pointer over the arrow for a description.
Time at Status	How long since the current status was first set, in hours and minutes. To quickly see which cases have not been worked on for a while, click on the Time at Status column heading twice to sort the entries so that the ones that have not been progressed for the longest time are displayed at the top.

First click the priority filter (...):



And then the 'Time at Status' filter



Case Details

This pane allows you to see the details of the selected case's progression at a glance, including consultation notes and exceptions recorded.

Headings in bold type in the Case Details pane denote 'Status events', e.g. the time a case was Clinically Assessed.

Headings that are not in bold type denote 'Non-status events', e.g. updating the registered practice of a patient.

Right-Click Options

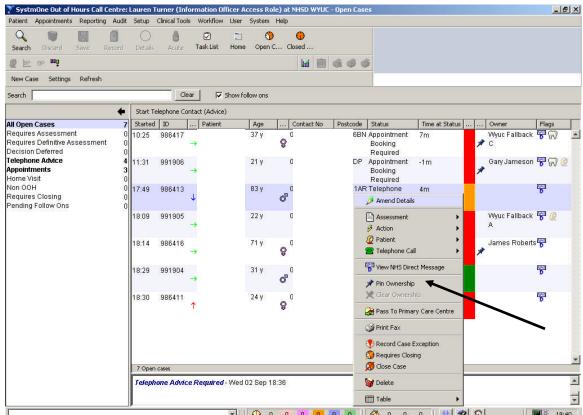
The options listed in this section may be available from the right-click menu when you right-click on a case on the Case List pane of the Open Cases screen (options not relevant to the case will be unavailable).

Please see the index for a full list of right-click options you will require.

Performing a Telephone Clinical Assessment

The Telephone Clinical Assessment options allow you to record a consultation on the patient record and then set a priority on the case.

Selecting a Patient and Claiming Ownership of the Call



To begin a call you first need to select the case from the Telephone Advice Required and take ownership of the call. This ensures that you are the only person who will be assessing this patient. You can take manual ownership by 'pinning' your name on the case to stop anyone else from working on it until you remove your name. To do this:

- Right-click on the case.
- 2. Select Pin Ownership from the right-click menu. Your name will appear in the Owner column beside the case and a icon shows beside it. No one else can work on the case until you remove the icon by clearing ownership or closing the case.

To clear manual ownership of a case:

- 1. Select the case from the Open Cases screen.
- 2. Right-click on the case and select Clear Ownership from the right-click menu.

Note: Closing a case will also clear manual ownership. System Administrators can also clear manual ownership from cases if necessary.

Best Practice: Ensure that you clear manual ownership (remove the icon) from any cases you have been working on before finishing your shift; otherwise it will prevent other users from working on these cases unless the ownership is cleared by a System Administrator.

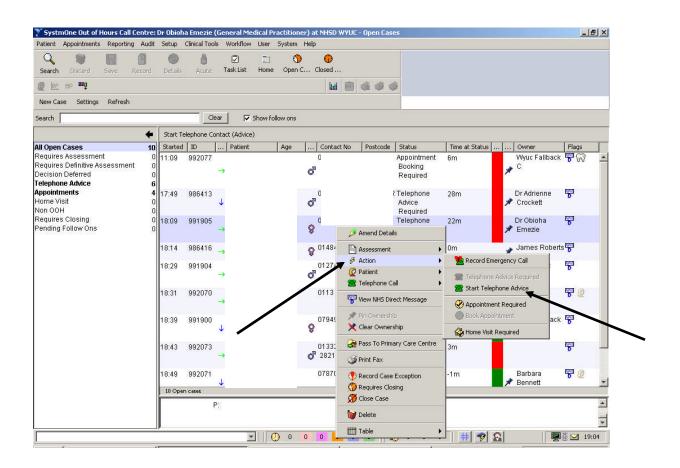
Beginning the Consultation

To perform a telephone consultation and record a Clinical Assessment:

Right-click and select Action from the right-click menu and then click Start Telephone Advice.

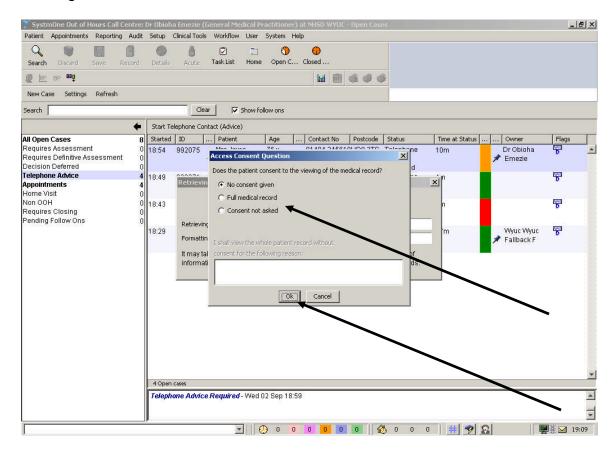
<u>Please Note – Do not use any other option when</u> beginning your consultation.

Also – remember to only select patients in lowercase letters as these have been matched to the central spine.



Obtaining Consent

Whenever you access a patient record, you need to have permission from the patient to view it, or you need to have a valid clinical reason for overriding/not seeking consent.



Select one of the following options before proceeding:

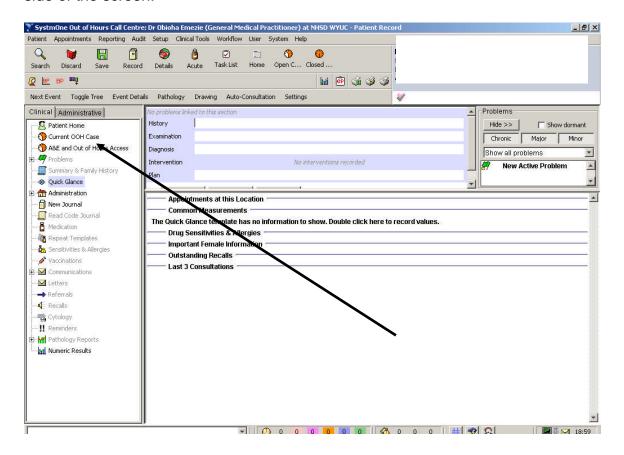
- No consent given you have asked the patient for consent to open their medical record and they refused. When you click Ok, only the patient's personal details are displayed (e.g. name, contact details, date of birth) and any existing clinical information is hidden. If you select this consent option, you will be prompted to record consent again the next time the record is retrieved. This is because the patient may not want staff at the Call Centre to view their record but would be happy for the clinician treating them to do so.
- Full patient record you have asked the patient for consent to retrieve their full medical record and the patient agreed. The complete record will be available and you will not be asked to record consent again for the duration of the OOH case.

Consent not asked - you have not asked the patient for permission to retrieve their patient record. If you want to proceed without their permission, you must type an explanation in the box at the foot of the dialog, e.g. "Patient is unconscious". When you click Ok, the patient's full medical record is displayed, including all clinical information. If you select this consent option, you will be prompted to record consent again the next time the record is retrieved.

Click Ok.

Viewing the details of the call

To view the information about the patient taken from NHS Direct during the initial assessment, click the 'Current OOH Case' link from the clinical tree on the left side of the screen.

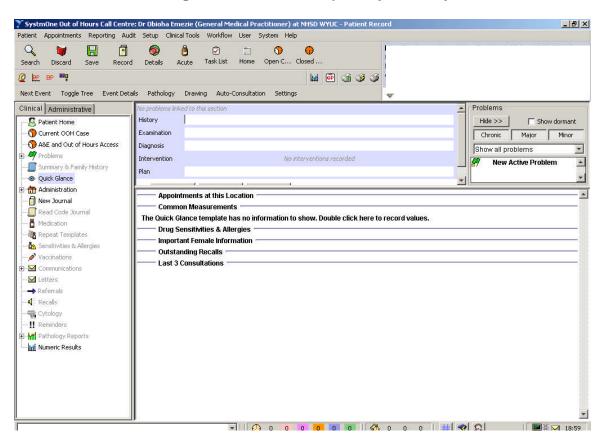


Performing the assessment and recording it in the Consultation Panel

This is where you record the background of the patient and any information you receive from speaking to the patient. You can then record the action you are going to take in the 'plan' section. A full breakdown of the information required for each section can be found in the index.

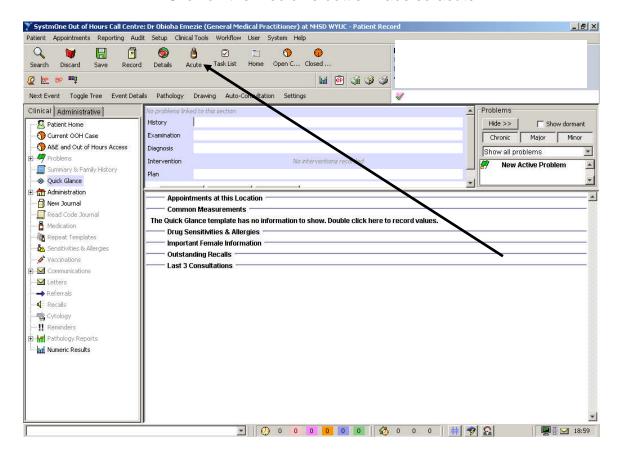
FOR A HOME VIST ALWAYS PUT THE PRIORITY i.e. 0-2, 0-6 IN THE PLAN SECTION

For a home visit during PLT sessions the priority is always 0-6.

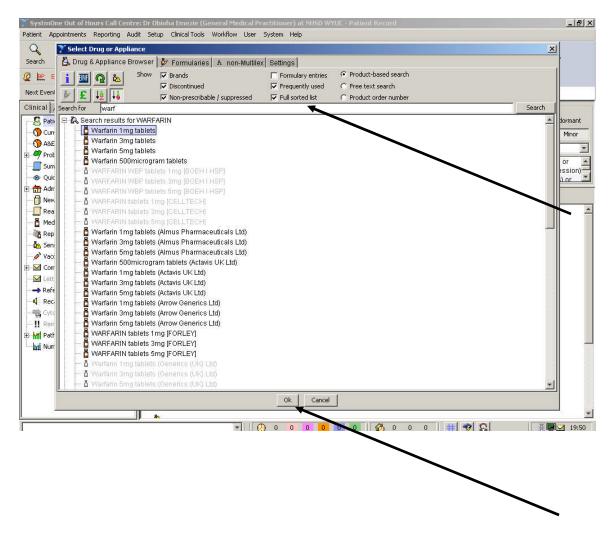


Printing Prescriptions

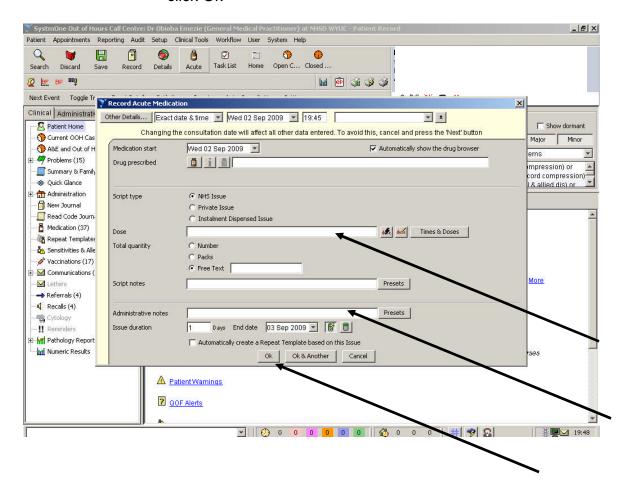
1. Click on the Medicine bottle - labeled acute



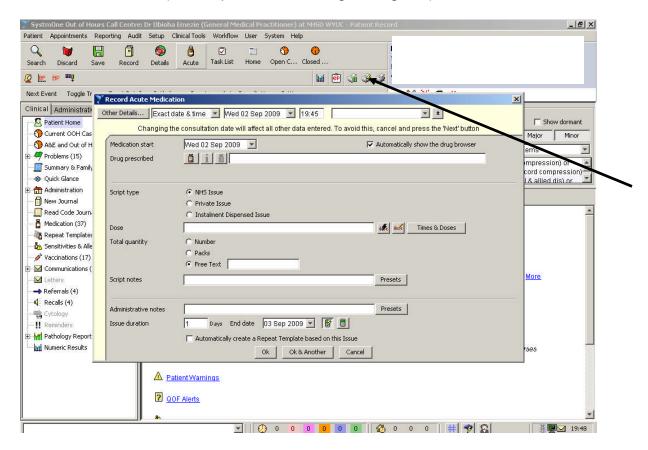
2. Type in the search box the medicine required and select the relevant option from the list provided and click Ok.



3. Change the relevant information e.g. dose and duration and click Ok



4. Select to print the prescription from the prescription printer (middle printer with the lightening bolt)

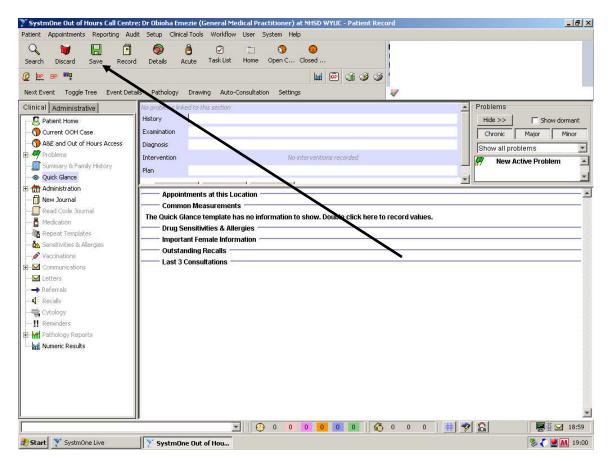


REMEMBER:

- no controlled drugs
- Only prescribe enough for two days (if weekend) or until the patient's own surgery opens

Saving the Record

Click the large **Save** button Hin the toolbar.

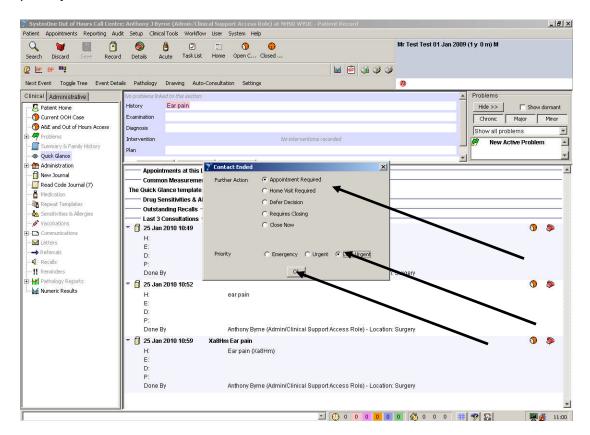


Deciding on the Relevant Action

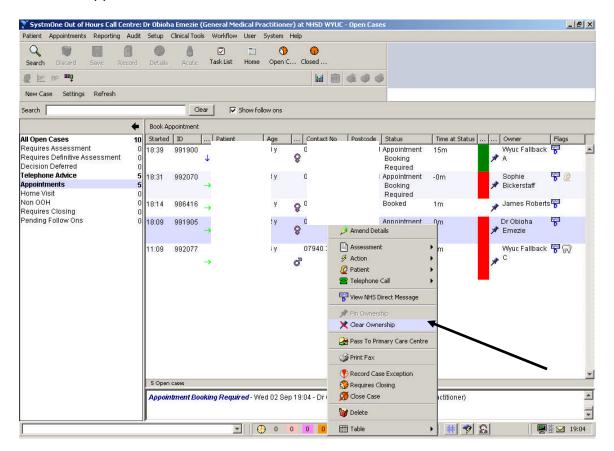
When you have completed your call with the patient and decided upon the relevant action you need to ensure that the patient journey is complete or passed on to the appropriate provider.

Requesting an appointment at a PCC

When you save the record, the following box will appear. If you have decided that the patient requires an appointment at a PCC select 'appointment required', the priority and Ok.



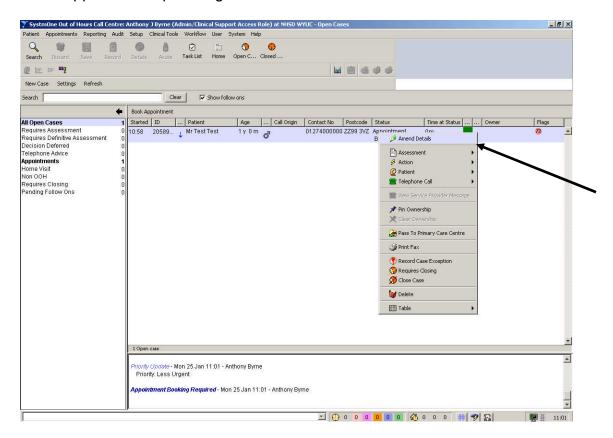
If you select to book an appointment you need to clear your ownership of the call, in the appointment filter, so the booking agents can access the patient details, to book the appointment



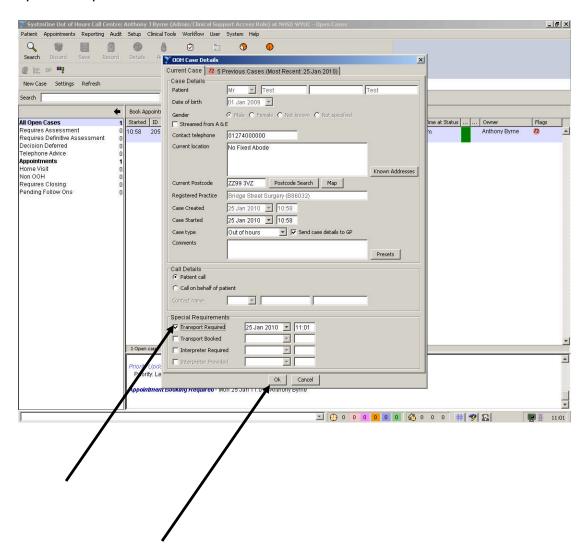
Requesting an appointment at a PCC with transport

If a patient requires transport to get to their appointment follow the same process for booking the appointment but also follow the steps below:

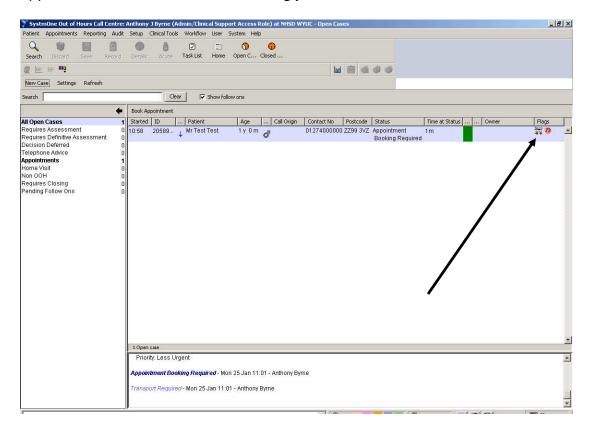
In the appointment queue right click and select 'amend details'



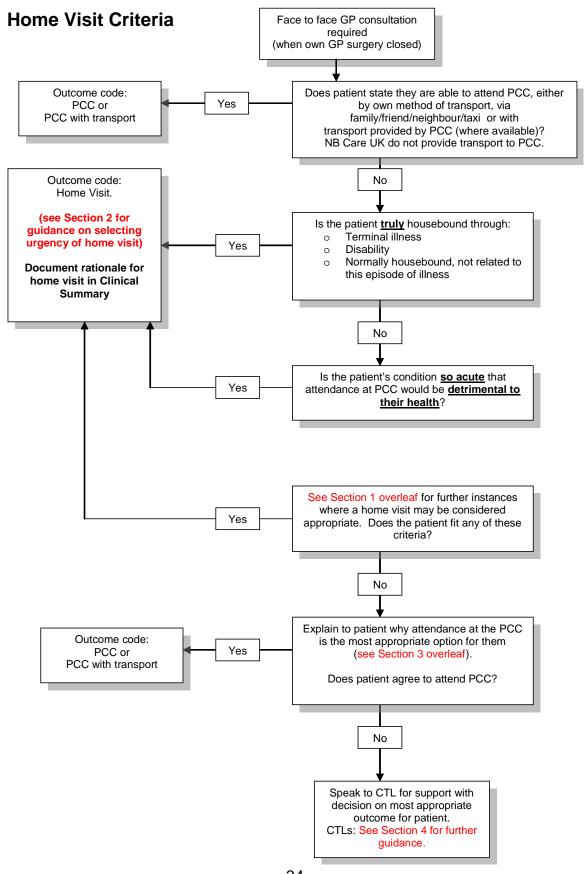
In this screen that appears you need to tick the 'transport required' option in the special requirements section and then click 'Ok'.



The call should now appear with a taxi icon. This will indicate to the booking agent that the patient requires transport to get to the appointment and the appointment can be booked accordingly.



IMPORTANT – if a patient requires transport their appointment has to be a non-urgent 0-6 hour appointment.



Section 1

Other instances where a home visit may need to be considered:

- o If the patient is immobile and is unable to safely enter and exit a vehicle.
- If the patient needs an urgent face to face consultation and there are no PCC appointments available (ie Care UK after 11pm).
- o If it is felt that there is a risk of the patient being violent/aggressive, for example due to intoxication / mental health issues. Some patients with mental health problems may need to be seen in their home environment, even if they are physically well enough to travel.
- There is an increasing number of single parent families with several children, living in socially deprived areas, often with no support network of family or friends. Although home visits should not be offered purely for social reasons, there are arguments as to the acceptability of asking a single parent and several small children to travel to the centre in the middle of the night, thereby disturbing the other children in the family.
- Elderly many elderly patients are independent, mobile and/or have relatives/friends/neighbours who could transport them safely to a PCC. It is more likely that their clinical condition, or another one of the criteria as on the flowchart or above would indicate a home visit, rather than the fact that they are elderly.

Section 2

Guidance on selecting urgency of home visit outcome code:

- Home visit emergency (0-1hrs): This outcome should be used very rarely, and in exceptional circumstances only (for example, a palliative care patient or a patient possibly needing emergency hospital admission).
- Home visit urgent (0-2 hrs): this should be used for patients who's symptoms require an <u>urgent</u> GP assessment only, and have symptoms that would, without urgent attention, lead to rapid deterioration, severe distress, and potential life compromising conditions. This would be urgent enough for a doctor to leave their scheduled duties in order to visit the patient immediately.
- Home visit less urgent (0-6): this should be used for the bulk of home visits where the patient's needs are still urgent, however it is envisaged they can wait up to 6 hours to see a GP, and are given specific worsening instructions.

Section 3

Benefits of attendance at PCC:

- Patient is likely to be seen quicker and given a specific appointment time, rather than having to wait for a GP to visit (which could be up to 6 hours).
- The PCC is better equipped to perform a more thorough clinical assessment of the patient in more appropriate clinical surroundings.
- Ready access to onward referral where required, which may be to a specialty co-located within or in close proximity to the treatment centre.
- There may be a choice of treatment centres and/or times for the patient to attend at their convenience.

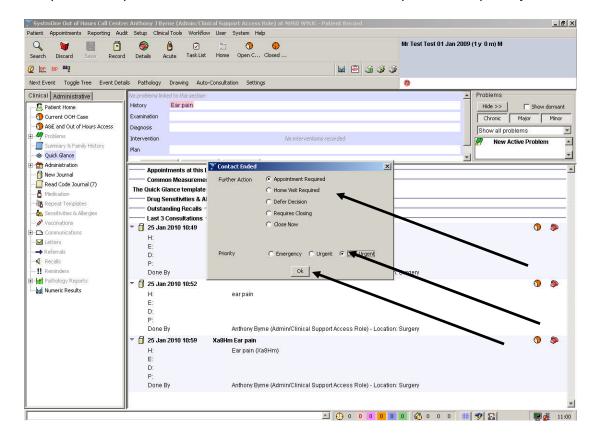
Section 4

Guidance for C/TLs:

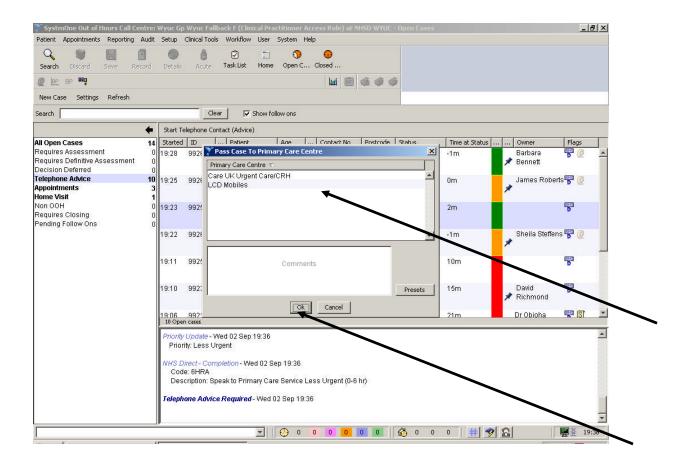
- Check that all criteria on flowchart and in Sections 1 & 2 have been explored <u>fully</u>.
- Make clinical decision as to whether a home visit is appropriate in each case. If home visit still inappropriate, then advise NA to pass call through as 'Speak to GP' outcome, making a note in the clinical summary of rationale for passing through for GP advice. The GP will then assess the patient and decide on the most suitable place of care for their current condition.

Requesting a home visit

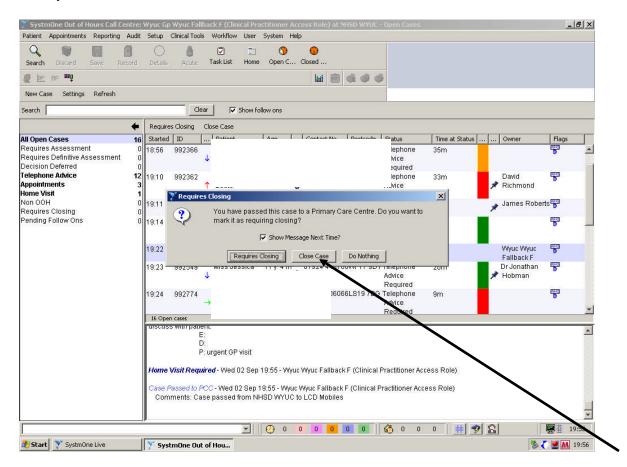
When you save the record, the following box will appear. If you have decided that the patient requires a home visit select 'home visit required', the priority and Ok.



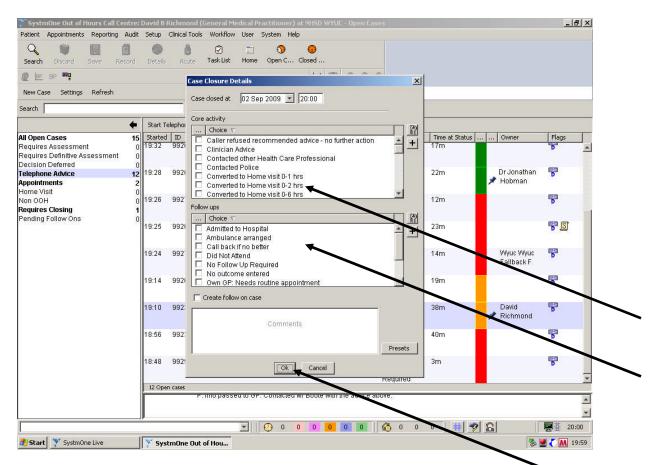
For a home visit you are required to consult your map (located in the index) and decide which provider covers the area where the patient is located and click Ok.



Next you need to select Close Case



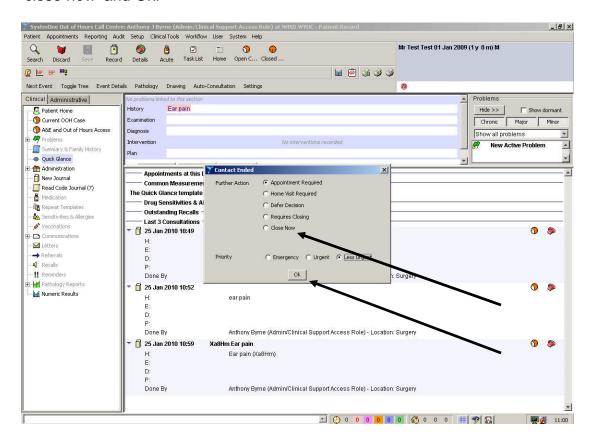
Once you have selected the relevant provider and closed the case a Case Closure Details box will appear. In the top box you need to select 'Converted to Home Visit' and select the priority. In the bottom box you need to select the Follow up Information



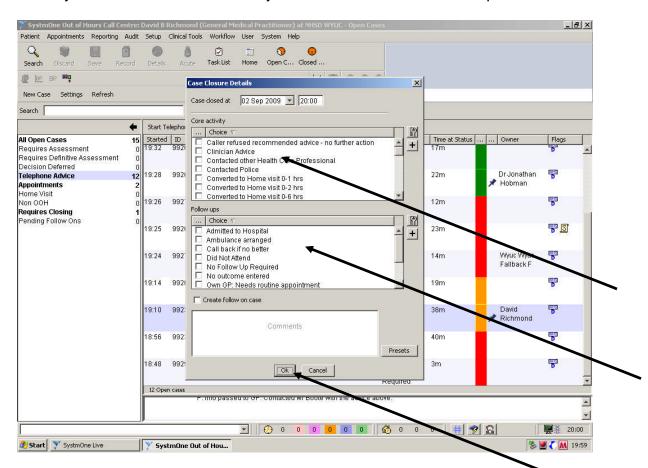
Once you have selected this information you can add information to the comments box and click Ok.

Closing case (if providing advice or prescription)

When you save the record, the following box will appear. If you have decided that the patient does not require an appointment at a PCC or a home visit select 'close now' and Ok.

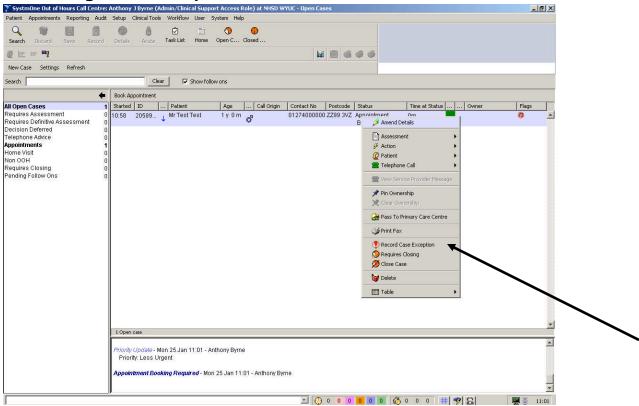


The Case Closure Details box will appear. In the top box you need to select the action you took. In the bottom box you need to select the Follow up Information



Once you have selected this information you can add information to the comments box and click Ok.

Recording Case Exceptions



There may be situations where a case breaches one of its National Quality Requirements targets through no fault of staff at the OOH Call Centre.

To record a Case Exception from the Open Cases screen, right-click on the case and select Record Case Exception.

To complete the Record Case Exception dialog:

- Check that the exception is being linked to the correct status event (status events are shown in bold type in the lower pane of the Open Cases screen); if not, select the relevant status event from the Exception linked to drop-down list.
- 2. Amend the date and time of the exception if appropriate.
- 3. Enter the circumstances in the upper pane. If you often need to type the same text, you can use Presets. This allows you to type in and select standard messages.
- 4. Check the lower pane for any other exceptions recorded against this case.
- 5. Click Ok.

Recording Notes for an Unmatched Patient

If possible, cases should be matched to a SystmOne record/Spine record or, where none is available; a new SystmOne patient record should be created.

If matching the case to a record or creating a new patient record is not possible, you can still record notes against the appointment, however, this approach is not advised.

To do this:

- 1. Select Appointments>Appointments Overview from the Main Menu
- 2. Right-click on the relevant appointment slot and select Amend Appointment.
- 3. Type any information into the Details field and click Ok.
- 4. Bear in mind that this information can be viewed by any user who has access to the Appointments Overview/Appointment Ledger at your organisation.

Handling Cases Involving Prisoners

If you receive a case for a prisoner, you should *immediately* change the 'Case type' to 'Prisoner'. Do not attempt to match the case to a SystmOne/Spine record.

To change the 'Case type' of a case to 'Prisoner':

- 1. Select the case from the Open Cases screen.
- 2. Right-click on the case and select Amend Details from the right-click menu. The OOH Case Details dialog is displayed.
- 3. Select 'Prisoner' from the Case type drop-down list.
- 4. Read the warning message and click Ok.
- 5. Complete the dialog and click Ok.
- 6. Read the warning message and click Ok.

Once the case has been flagged as prisoner-related, SystmOne will no longer allow it to be matched to a patient record on SystmOne/Spine, i.e. the case will remain textual.

If the case has already been matched to a patient record on SystmOne or the Spine, when you amend the case type to 'Prisoner' using the instructions above, the case will automatically be un-matched, removing any link to an electronic patient record.

The only options available for cases involving prisoners are advice or home visits.

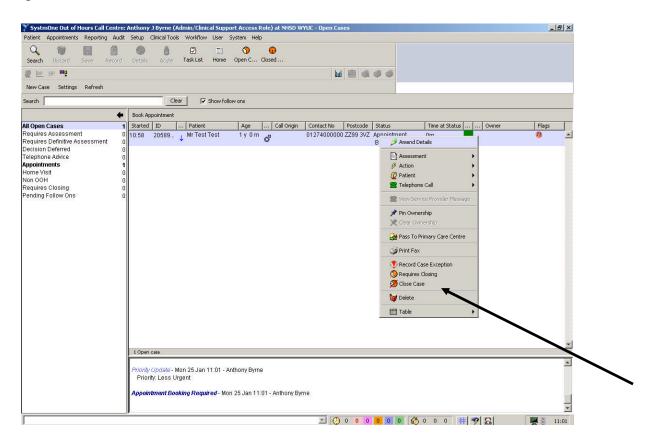
Information relating to OOH treatment provided to prisoners must not be visible to the prisoner's home GP in their electronic patient record.

Closing a case involving prisoners

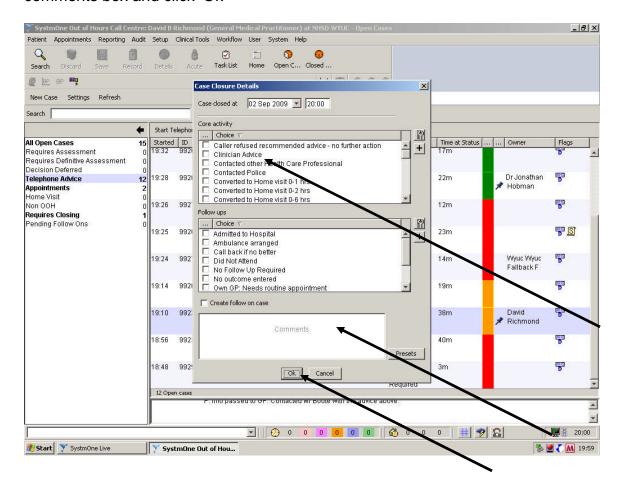
As no information relating to OOH treatment provided to prisoners must be visible to the prisoner's home GP in their electronic patient record the case has to be closed in an alternative way.

If you have provided advice:

Right click and select 'Close case'

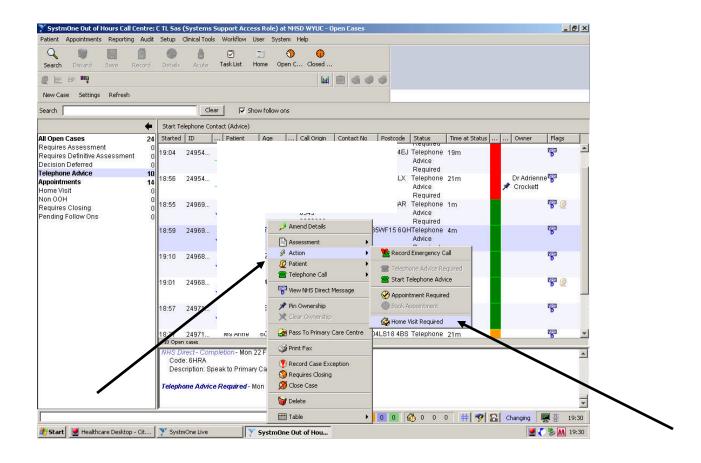


In the box that appears select the appropriate action, write your notes in the comments box and click 'Ok'

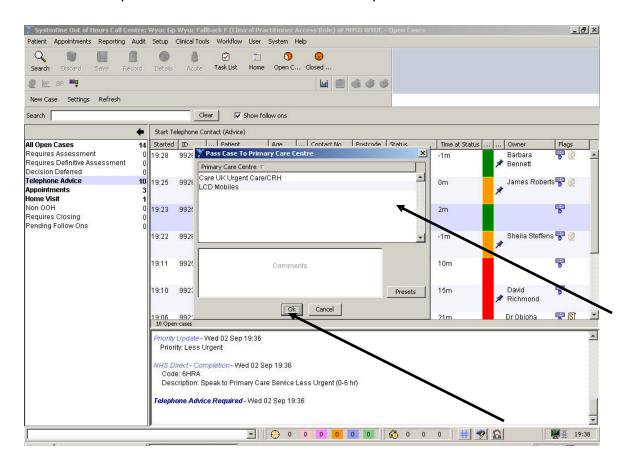


If you have decided that the prisoner requires a home visit

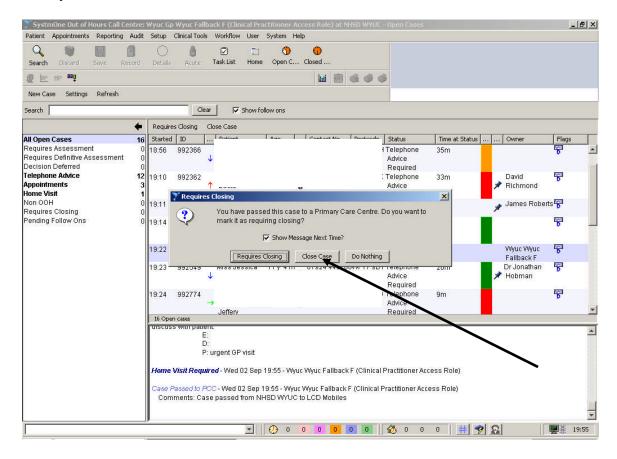
Right click select 'Patient' and then 'Home visit required'.



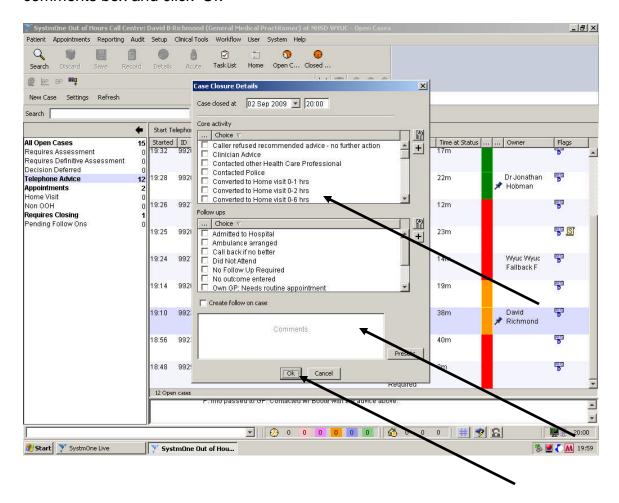
For a home visit you are required to consult your map (located in the index) and decide which provider covers the area where the patient is located and click 'Ok'.



Next you need to close the case:



In the box that appears select the appropriate action, write your notes in the comments box and click 'Ok'



<u>Index</u>

Case details displayed for each patient

Column Heading	Description
Started	Time the case began, i.e. the time the patient called or walked in.
ld	A unique identification number for the case.
Priority	Shows a coloured arrow to represent the urgency of the case:
	(red) - Emergency.
	(green) - Urgent.
	(blue) - Routine/Less Urgent.
	Hover the mouse pointer over the arrow for a description.
Patient	Patient's first name and surname.
Age	The patient's age.
Gender	Shows an icon to represent the patient's gender:
	o- male
	Q
	female
	Blank - not known/not specified
Contact No	Telephone number the patient has given where they can be contacted.
Postcode	The postcode of the patient's current location.
Status	E.g. 'Started', 'Booked', 'Clinically Assessed'.
Time at Status	How long since the current status was first set, in hours and

	minutes.
	To quickly see which cases have not been worked on for a while, click on the Time at Status column heading twice to sort the entries so that the ones that have not been progressed for the longest time are displayed at the top.
Progress	The colour-coding used shows whether a case conforms to National Quality Requirements. Hover the mouse pointer over the cell to view additional details.
	The following colour-coding is used:
	Blue/Purple - clinical assessment required
	Green - case currently within NQR targets
	Orange - case close to breaching NQR targets
	Red - case has breached NQR targets
Ownership Flag	A icon indicates that the person shown in the Owner column has 'pinned' their name to the case to prevent other users from working on it.
	The user must select Clear Ownership from the right-click menu to
	relinquish the case or the icon can be removed by a System Administrator.
Owner	The user who is currently working on the case. If a case has an owner, other users will not be able to work on that case until the corresponding cell in the Owner column is blank.
Flags	Hover the mouse pointer over an icon to see details. The icons that may be shown include:
	- case passed from Call Centre
	- case referred by NHS Direct
	- case needs matching to SystmOne/Spine record
	- case being processed by a PCC that is linked to you (hover the mouse pointer over the icon to see which one)
	<u> </u>

- Special Notes patient
- Palliative care patient
- Dental case
- Prisoner case
- Transport Required
- Interpreter Required
- Patient triaged before in last 72 hours
- Safe Haven

Right click options

Option	Description
Action - Start Telephone Advice	Record a telephone consultation with the patient.
Pin Ownership	Take manual ownership of the selected case (a icon is displayed beside the Owner column). When you are working on a case, ownership is automatically given to you to prevent other users from working on the case at the same time. If you need to take ownership manually, you can use this option. Note: System Administrators can clear manual ownership from cases if necessary.
Clear Ownership	Clear ownership from the selected case.
Print Fax	Allows you to print out a fax for the selected case to be sent manually to the patient's GP practice. A 'SystmOne Out of Hours Call Incident Report' for the selected case is sent to your printer ready for faxing to the patient's registered practice according to your local procedures.
	The Awaiting Faxing tab on the Closed Cases screen lists faxes that are waiting to be sent automatically by SystmOne. If SystmOne is unable to send an automatic fax or an electronic message for any reason, the case is moved to the Failed To Send tab of the Closed Cases screen with an entry in the Failure Reason column so that you can either correct the problem or send the case details manually via fax.
Record Case Exception	Record an exception for a case that has breached its NQR targets.
Pass to Primary Care	Out of Hours Call Centre only Allows you to pass the case to the PCC manually.

Information Required in Consultation panels

Section	Description
H istory	The background of the presenting complaint, as given by the patient.
Examination	Your observations of the patient and the results of any physical examination, e.g. BP readings.
D iagnosis	Your conclusions about the patient's condition. If your diagnosis is not definite, try to use a 'Suspected condition' Read code and not an actual Read code.
Intervention	Action taken, e.g. drugs prescribed, recalls, referrals, pathology requests, vaccinations. Any acute or repeat issues created while a complaint is selected are automatically displayed in the 'Intervention' section of the relevant complaint. In the case of acute issues, they will also be displayed in the 'Linked Acute Issues' section of the Read Code Details dialog (when you double-click on the pink box containing the Read code). Manual or electronic pathology requests made while a complaint is selected are also automatically displayed in the 'Intervention' section of the relevant complaint. If you have multiple complaints recorded within the same guided consultation and want to link an intervention to more than one of the complaints, you must select the relevant complaints from the Guided Consultation Panel before recording the intervention. See below for details on how to select multiple complaints. To control/change which interventions are linked to the various complaints recorded within the current consultation: 1. Right-click on a label beside one of the complaints (History, Examination, Diagnosis, etc.) and select Amend interventions from the right-click menu. 2. Select/deselect the appropriate tick-box(es) to control which interventions are linked to each complaint. 3. Click Ok. The changes you have made are displayed in the Consultation Panel.
Plan	Future course of action, advice given to the patient, details of any treatment plan, narrative on any referrals made, any other details.

Call Procedure Guidelines

The following has been suggested as an example of overall good practice when managing a call:

- GP to introduce themselves (your name and where calling from) to the caller
- GP confirm the identity of the caller (their name, DOB and 1st line of their address)
- GP to request consent to access patient records via system1
- GP to identify reason for call, symptoms, history etc
- GP to explore / question clinical issue / undertake triage assessment
- GP to show empathy
- GP negotiate a suitable outcome with patient (home visit, referral to PCC, GP advice only, etc)
- GP to discuss safety netting (what to do if symptoms worsen)
- GP to summarise with the caller their understanding of the outcome of the call
- GP to ensure patients records are updated accordingly
- Expedite outcome (where appropriate)
- GP to close call appropriately
- Make ready for next call