# Introducing an electronic plastic surgery clerking proforma

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# Background:

- documentation raised by Poor notes multidisciplinary team
- Impacting on patient care and management especially on a multi-speciality ward with cross-cover

### Why electronic clerking?

- Treatment planning, care provision and patient safety
- Follow-up, audit and research
- Clinical coding
- Paperless notes

## Methods:

## Cycle 1:

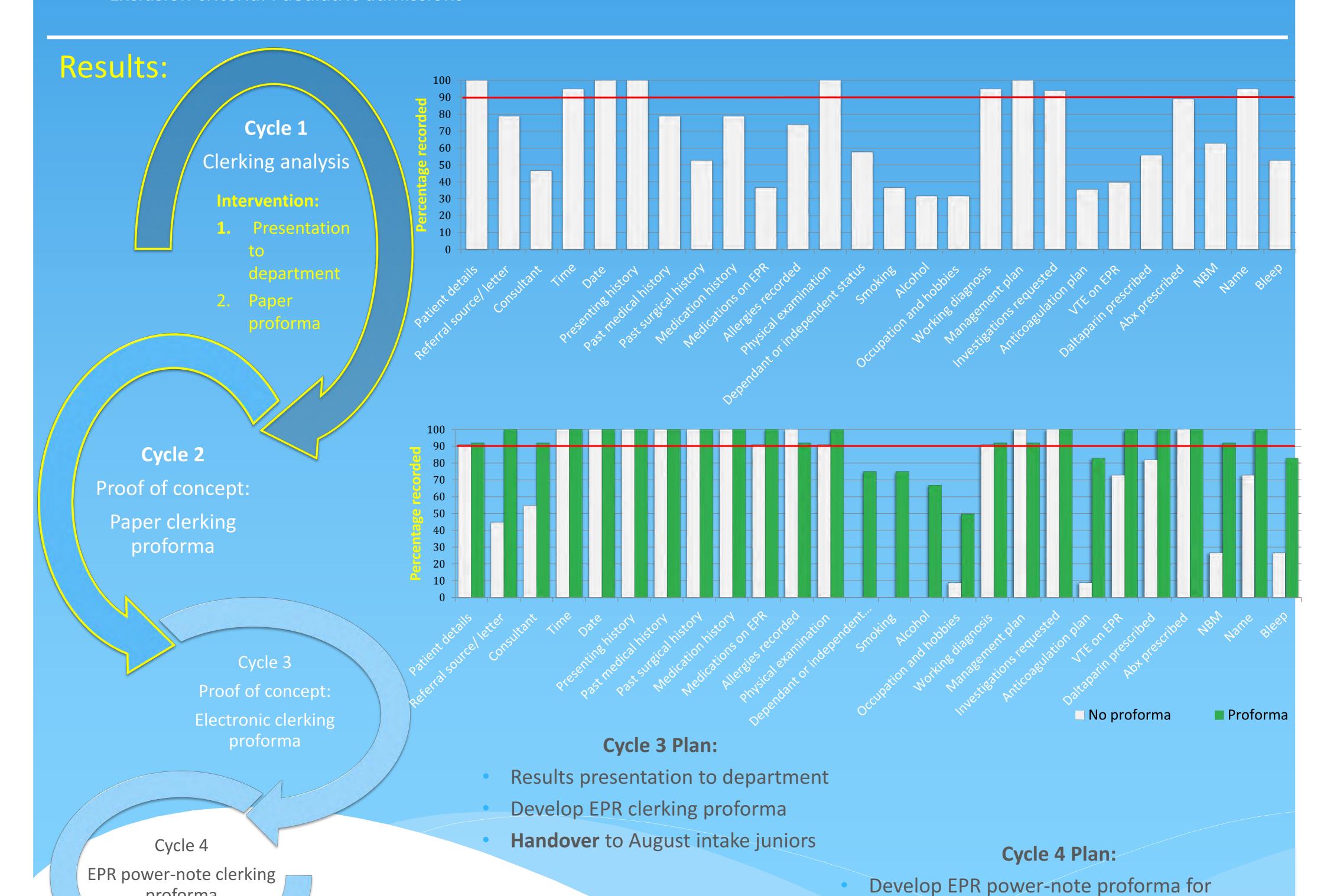
31 patients notes analysed over a 3 week period

- Admission clerkings assessed for quality (RCSE, GMC, Published audits, MDT opinion)
- Inclusion criteria: All adult admissions
- Exclusion criteria: Paediatric admissions

# Cycle 2:

23 patient notes analysed over 2 week period

- Admission clerkings assessed as per cycle 1
- Inclusion criteria: All adult emergency admissions
- Exclusion criteria: Paediatric cases + elective admissions



#### **Summary:**

Poor quality of clerking documentation within the department

proforma

- Clerking proforma improves documentation
- Appropriate to introduce electronic clerking strategy

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## References:

- **GMC** clinicians guide to record standards.
- The Royal College of Surgeons of England. Guidelines for clinicians on medical records and notes. London, RCSE, 1990 and revised in 1994

intakes

specific plastic surgery presenting complaints

Continue handover of project to subsequent

- The surgical admission proforma: Does it make a difference?, J, Ehsanullah, U, Ahmad, K, Slanki, J, Healy, N, Kadogloue, Ann Med Surg (Lond), 2015, 4(1): 53-57
- The STAR score: a method for auditing clinical records, H, Tuffaha, T, Amer, P Jayia, C, Bicknell, N Rajaretnam, P Ziprin, RCS Annals, 2012, 94(4): 235-239H