Policy Governing the Processing of Patient Letters Using the Dictate IT Transcription Service System

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For more information on the status of this document, please contact:	
Policy Author	Lynn Pyman, Clinical Systems Administrator
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Audience	Users of Dictate IT, including clinicians, Service Managers, Clinical Office Admin team, Associate Directors of Operations, Clinical Systems Admin team, Head of IT

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1. Executive Summary

- **All** outpatient letters must be stored in the Dictate IT transcription system to ensure full visibility to authorised staff. It is acceptable for copies to be stored in other systems. The storage of reports should be raised with the Health Informatics Department and will be considered on a case-by-case basis.

- The preferred process is for patient letters produced by the transcription system to be electronically approved by the clinician who dictated the letter. However, where this is not possible the dictator should give written authorisation to the Clinical Office Administration Team to e-Approve the letters on their behalf.

- Each clinician is responsible for ensuring that there is a process in place for their letters to be signed off during any absence.

- In accordance with the IG Policy clinicians must ensure that their dictations contain no patient identifiable information. Please note that it is not acceptable to use surname and first name together.

- While outpatient letters will be stored indefinitely, the original voice dictation will be deleted from the system after 2 months.

- It is essential that Clinical Office Administration teams notify the System Administrator or Dictate IT of anticipated increases in volumes in order that Dictate IT may achieve a 24-hour turnaround.

2. Introduction

This policy was developed to formalise the arrangements that exist between the dictators of patient letters and the clinical office administrators who process the letters in order to maintain efficiency and continuity of service, to ensure that the processes are clear for reporting errors, faults or risks and identify responsibilities

3. Scope

This policy applies to all users of the Dictate IT transcription service system and the clinical offices within which they work.

4. Purpose

The purpose of this document is to set out the key areas of responsibility in the use of the Dictate IT transcription service and to protect clinical office administrators from any repercussions that may arise from errors contained within a letter that they have been asked to sign on behalf of a dictator. The document is also designed to state best practice and express the Trust's expectations from users of the system.

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5. Explanation of terms

Transcription system: The software that is used to capture dictations and store the resultant patient letter. The Trust uses Dictate IT's DIT2 system.

Transcription service: The process whereby audio dictations are converted into text by a team of transcribers working for Dictate IT.

TAT: Turnaround Time. The Trust has a Service Level Agreement (SLA) with Dictate IT who undertake to process all letters on AVERAGE within 24 hours of upload, but they do not guarantee that ALL letters will be returned within 24 hours.

Quality: The Trust has an SLA with Dictate IT regarding the quality of their transcriptions (text returned by the transcribers).   The company is required to achieve a minimum score of 98% AHDI (Association for Healthcare Documentation Integrity) for all letters.

E-Approval: Is the name given to the stage of the transcription system which requires a patient letter to be signed electronically. This process can be performed either by the dictator (the preferred method) or by a clinical office administrator who has been given authority.

Super Users – normally a member of the clinical office admin team and will also occupy the "Secretary" category. Super users are generally trained by Dictate IT or the system administrator.

6. Duties and responsibilities

6.1. Approval of letters:

It is good practice for patient letters produced by the transcription system to be electronically approved by the clinician who dictated the letter.

The Trust has a contractual responsibility to its Patients' Commissioners and GPs to ensure that letters are turned around within five working days. Any delays should be avoided by forward planning of absence. Clinicians are required to ensure sign-off arrangements are in place.

If it is not possible for a clinician to electronically approve (e-Approve) their letters, they may authorise the Clinical Office Administration Team to e-Approve the letters on their behalf. The phrase "Dictated but transcription not reviewed before sending" will be inserted in the clinician's sign-off at the bottom of their letters to reflect this.   Whether or not a clinician e-Approves their letters, they will assume full responsibility for the contents, including any errors and/or omissions.*

- A clinician who does not e-Approve their own letters must give their written consent before a member of the Clinical Office Administration team will perform this action on their behalf. An e-mail to the relevant Clinical Office Administrator, cc'd to the Team Leader and Service Manager is acceptable. The disclaimer will

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provide authorisation for the Clinical Office Administrator to insert the phrase "Letter dictated by consultant but not reviewed before sending" into the signature block field in the clinician's profile on the transcription system

In order to ensure letters can be signed off during absence, each clinical team must have a Standard Operating Procedure in place. A documented (emailed) agreement between the clinician and Service Manager is sufficient. This should include the name/s of the colleague who will be countersigning their letters in their absence. This should be provided by the clinician when an absence is approved. Countersigned letters must include the phrase "Dictated but transcription not reviewed by consultant" inserted into the signature block. This agreement must be communicated via email to the Clinical Admin team members in advance of any leave.

Dictators working from other NHS premises can e-Approve their letters via the web link https://dictate.asph.nhs.uk/eapprove/Account/Login but will not be able to add attachments.

Dictators working from home will need to use a Remote Access Token in order to access the web e-Approve feature using the following link:

http://trustnet/connected/remote.htm

If further amendments need to be made to a letter once it has been completed, a member of the Clinical Office team will be required to send an e-mail for the attention of the Systems Administrator (c/o the Clinical Applications Team) requesting that the incorrect patient letter on Dictate IT be cancelled. The Clinical Office team should also complete an Evolve Administration Request in the patient's record to ask that the incorrect letter be removed. A replacement letter should be dictated if appropriate.

The original voice dictation will be deleted from the system after 2 months.

*Clinicians employed by Ashford and St Peter's Hospitals NHS Foundation Trust have indemnity under the Trust's policy for any clinical potential claims and/or litigated claims.

6.2. Turnaround Times (TAT):

Dictate IT undertakes to process all letters on AVERAGE within 24 hours of upload, but does not guarantee that ALL letters will be returned within 24 hours. If departments produce more letters than originally agreed with Dictate IT this could have an impact on the turnaround times experienced by other departments. It is therefore essential that Teams notify the System Administrator and the Company of anticipated increases in volume so that the transcription teams can prioritise accordingly.

6.3. Urgent TAT:

From January 2016, Dictate IT will no longer be required to return letters which have been marked under the Urgent TAT within 4 hours of upload. However, users can

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continue to use the Urgent button for the sole purpose of highlighting urgent jobs. These jobs will continue to be flagged in red.

Should an author require a letter or clinic urgently, Dictate IT Support should be contacted by telephone in the first instance and confirmation sent by email.   Alternatively, users can also produce letters in-house using the Create Job button. Training material is available in T:Dictate IT Training Material.

6.4. Complaint TAT:

This enables Authors to dictate a response to a patient complaint along with any other patient correspondence which an author does NOT want sent to the electronic medical record (Evolve), GP or patient.   By selecting this option, the author is forcing the letter to take a different route to normal to prevent the electronic transmission of that document.   The clinical office administrator should make any changes necessary and merge the letter into a template. This will then be printed for the Author to **manually** sign.   The letter can then be "completed" and will not pass through the system any further.

6.5. Other Correspondence:

DICTATE IT is a medical transcription service provider and as such, their transcribers are trained accordingly. The system is entirely designed around dictations relating to patient medical care. In addition, each letter incurs an individual cost which is met by each department's budget.

Any non-clinical correspondence should be dealt with internally by the Clinical Office. Dictaphones are kept in each clinical office for emergency use (staff who do not have access to the system) or for use at outreach clinics and can be used for other correspondence ie. staff references, minutes of meetings etc. Production of these should be discussed with the Team Leader/Service Manager.

Any abuse of the system will be reported to the Service Manager and may be subject to disciplinary action.

6.6. Quality:

The Trust has an SLA with Dictate IT regarding the quality of their transcriptions. The company is required to achieve a minimum score of 98% AHDI (Association for Healthcare Documentation Integrity) for all letters. Failure to achieve this will result in the Trust being able to claim financial credits. Dictate IT perform audits on samples of letters selected at random in order to ensure that the SLA is being met. Orthopaedics is on a higher level SLA whereby Dictate IT has to achieve a minimum score of 99% AAMT (American Association for Medical Transcription). AAMT is a more stringent scoring methodology than AHDI.

Dictate IT produce a range of reports including a monthly quality audit report. In House-auditing is also encouraged via the Feedback button on the client.

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6.7. Management Reporting:

It is the responsibility of the Service Managers for each specialty to review the activity and trends, act on weekly reviews, letter processing performance and escalate any concerns or trends that may affect the rest of the Trust or result in failure to achieve targets. Ad hoc reports may be requested via the System Administrator.

Service Managers are responsible for ensuring that the 5-day turnaround target is met. If this is not the case, escalation should be through existing performance management structures.

6.8. Support:

Faults or errors identified in any step of the dictation or transcription process should be acted on as soon as possible.

Problems which cannot be resolved by the Clinical Office staff or their Super User, should be escalated to the Clinical Systems Office to be triaged before referral to the Dictate IT Helpdesk as necessary. If a member of the Clinical Systems Office is unavailable the matter should be raised with Dictate IT directly. If the problem requires an urgent response (ie. cancer related) then this should be made clear when logging the fault. Dictate IT first line support service is available Monday to Friday 0900hrs – 1730hrs on 020 3307 1501 or email support@dictate.it .

Please see Appendix 2 for the Support Workflow process for resolving issues.

6.9. The role of the Super User:

Changing passwords, unlocking passwords, clinic references (create, add, remove), dictators' signature blocks (add/remove/amend), qualifications (add/remove/amend), reassigning jobs to other users, taking jobs back a stage, creation of canned text.

6.10. The role of the System Administrator:

Create user profiles (including Read Only), mail merge data, profile stages and work pools, add/remove users from work pools, authorise new letter templates, creation of standard texts, troubleshooting and problem resolution. Can also perform Super User functions listed above and provide first line support to Trust users and escalate as appropriate.

Please see the Dictate IT Customer Support Model V 2.0 for more detailed information on case escalation.

6.11. Out-of-Hours:

There is no specific Out-of-Hours support for Dictate IT. For Trust-wide system issues out of normal working hours please contact the IT On Call service via the Switchboard – 01932 872000. Users must first ascertain that this is a Trust-wide problem. Any

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issue raised should be escalated and logged with the Service Manager/Team Leader on return to work in order to ascertain the demand for extra Out-of-Hours support.

6.12. Business Continuity:

The Trust has signed an SLA with Dictate IT to ensure that the system maintains operational integrity. The details of Dictate IT's response times are listed below:

Priority Level	Incident Definition	Dictate IT Response Time	Dictate IT Fix Time	Key Performance Indicator
1	**Critical Service Impact:** Issue critically affects the whole system. Characteristics of a Severity 1 issue include: Whole system is not operational, Production system crashes, Data integrity at risk or production backup and recovery operations fail	1 hour during business hours	4 hours during business hours	95%
2	**Significant Service Impact:** The system is seriously affected; no workaround is available	Within 4 hours during business hours	Within 1 working day	90%
3	**Moderate Service Impact:** The system is moderately impacted, no data has been lost and the business service is still functioning. The issue maybe temporarily circumvented using an available workaround	Within 1 working day	Within 5 working days	90%
4	**No Service Impact:** Non critical issues, general questions, enhancement requests or documentation issues	Within 5 working days	Within 10 working days	80%

The Trust's transcription server is regularly backed up by the IT Department and is hosted in a virtual environment. This makes it possible to recover from a serious incident with minimal disruption.

6.13. Downtime Procedures:

As with any electronic system, departments must be prepared for extended outage periods by having a Business Continuity Plan which includes Downtime Procedures. While these occurrences will be rare, the risk must be mitigated. Downtime

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Procedures may include reverting back to using DVRs or to the Clinic Support Team or the clinicians themselves composing the letters.

6.14. Information Security:

Clinical Office staff, clinicians and managers access the Dictate IT transcription service system using software installed on Trust workstations. Dictations are uploaded into the system, transcribed, edited and approved before being distributed (electronically via Docman and physically via the mail outsourcing solution, Synertec). The system allows users to check on the status of jobs at all stages of the transcription process.

The Dictate IT system runs on a virtual DIT2.0 server which is hosted in the Trust's secure computer room.

Dictators must ensure that their dictations contain no patient identifiable information other than the hospital number, which can be used by the Secretary to verify that the dictation is uploaded against the correct patient. Transfer of the anonymised audio file takes place via NHS N3 secure connection to the UK Dictate IT Data Centre. In all data transfer circumstances Dictate IT is expected to employ the highest industry standard security measures and use the same technology as internet banking transactions:-

- Secure Socket layer (SSL) connection for all communications to ensure no unauthorised interception of files can take place

- Data transfer encrypted to 256 bit standard

- User name and password challenge authentication mechanism invoked at the commencement of communications.

When transcription audio files are uploaded to the Dictate IT Data Centre servers they are automatically allocated to transcriptionists and editors. Access to the files is via secure VPN.

When the files have been transcribed, edited and electronically approved (e-Approve) they are automatically returned to the Trust DIT2.0 server. Upon receipt of the final transcriptions, the Trust DIT2.0 server relinks the anonymised transcriptions back to the original patient identifiable information identified by the unique transcription ID.

HL7 data interfaces on the DIT2.0 server provide the mechanism for integrating this information with patient records on clinical systems.

7. **Policy Overview**

- All outpatient letters must be stored in the Dictate IT transcription system to ensure full visibility to authorised staff. It is acceptable for copies to be stored in other Trust-approved systems. In a few circumstances it is possible for the original letter to be

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created in another Trust-approved system but there must be an accepted and ratified Standard Operating Procedure in place to ensure a copy is then placed in Dictate IT, which is considered to be the central repository for outpatient letters. A Trust-approved system is a system which has been implemented in accordance with the Trust's IT Projects Policy and is registered on the Information Systems Portfolio, and is therefore compliant with the Information Governance Toolkit. It is not acceptable for letters and other patient correspondence to be created or stored in a system which is not Trust approved and therefore not subject to rigorous control.

- The preferred process is for patient letters produced by the transcription system to be electronically approved by the clinician who dictated the letter. However, where this is not possible the dictator should give written authorisation to the Clinical Office Administration Team to e-Approve the letters on their behalf.

- Each clinician is responsible for ensuring that there is a process in place for their letters to be signed off during any absence.

- Clinicians must ensure that their dictations contain no patient identifiable information other than the hospital number, which can be used by the Secretary to verify that the dictation is uploaded against the correct patient.

- While outpatient letters will be stored indefinitely, the original voice dictation will be deleted from the system after 2 months.

- It is essential that Clinical Office Administrative teams notify the System Administrator or Dictate IT of anticipated increases in volumes. Otherwise Dictate IT may not achieve its 24 hour turnaround.
- The Trust has a contractual responsibility to its patients' Commissioners and GPs to ensure that letters are turned around within 5 working days. Any delays should be avoided by forward planning of absence.

8. Training

Users of the Dictate IT transcription service system fall into one or more of four categories for training:

Read only – users can read letters but cannot create or change them. These users only need to know how to use the search facility within DIT2, which can be accomplished by referring them to a user guide stored on the T: drive. Typically MDT coordinators and patient pathway staff, etc, fall into this category.

Dictator – usually a clinician. Clinicians are trained how to create a dictation and e-Approve the resultant patient letters whilst in clinic by a member of the IT Training staff, the DIT2 system administrator or a member of the clinical office. Training materials are available on the T: drive.

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Secretary – usually a member of the Clinical Office Admin team. The holder of this role is trained how to process and distribute a letter by a member of the IT Training staff, the DIT2 system administrator or a colleague within the clinical office admin team.
Super Users – normally a member of the clinical office admin team and will also occupy the "Secretary" category. Super Users are generally trained by Dictate IT or the System Administrator.
Please see Support Workflow document.

Note
System Administrator – the System Administrator is available for ad hoc advice on streamlining processes.

9. Stakeholder Engagement and Communication

This policy has been created under the auspices of the Transcription Service project and the policy has the full support of the project board. In addition, clinicians have been engaged via the medical director.

10. Approval and Ratification

Ratification through Policies Committee

11. Dissemination and Implementation

Policy will be disseminated via each divisional director and via the Service Managers to the clinical offices

12. Review and Revision Arrangements

The document will be reviewed every two years by the Trust's System Administrator

Any change to the Dictate IT contract, the Administration structure ,Change in National Guidance or failures in the processes that need to be acted upon.

13. Document Control and Archiving

The policy will be kept on the Trust intranet as per all other Trust policies.

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14. Monitoring compliance with this Policy

Measurable Policy Objective	Monitoring/ Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/ committees, inc responsibility for reviewing action plans
Policy will be reviewed by author at least annually to ensure that it remains valid and in date	Compliance audit of sample of policies(including Review History)	Annual	Associate Director of Quality	Management Executive

1. Supporting References / Evidence Base

Not applicable.

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APPENDIX 1: EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment Summary

Name and title: Julian Rolls, IT Project Manager

**Policy: Governing the Processing Of Patient Letters Using
The Dictate IT Transcription Service System**

Background • *Who was involved in the Equality Impact Assessment?* Policy Author
Methodology • *A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)* • *The data sources and any other information used* • *The consultantion that was carried out(who, why and how?)* Conducted by policy author by means of the template provided in the "Policy on Policies: Writing, Review and Ratification" policy dated Dec 2013.
Key Findings • *Describe the results of the assessment* • *Identify if there is adverse or a potentially adverse impacts for any equalities groups* No discrimination.
Conclusion • *Provide a summary of the overall conclusions* No discrimination.
Recommendations • *State recommended changes to the proposed policy as a result of the impact assessment* • *Where it has not been possible to amend the policy, provide the detail of any actions that have been identified* • *Describe the plans for reviewing the assessment* N/A

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IT TRAINERS – IT.training@asph.nhs.uk

Responsibilities:
To train new doctors and administration staff upon completion of an IT User Access Form: http://trustnet/useful/docs/ituserform.PDF One week's notice is required for any training requests. Forms not completed correctly will be returned to the relevant Team Leader for amendment.

Departmental SUPER USERS
Responsibilities:
Changing passwords, unlocking passwords, signature blocks (add/remove/amend), qualifications (add/remove/amend), reassigning jobs to other users, taking jobs back a stage and creation of canned text.

SYSTEM ADMINISTRATOR/CLINICAL SYSTEMS OFFICE
Responsibilities:
Create user profiles (including Read Only), profile stages and workpools, add/remove users from work pools, authorise new letter templates, troubleshooting and problem resolution. Can also perform Super User functions listed above.

DICTATE IT – Support Desk – 020 3307 1501
support@dictate.it 9.00am to 5.30pm

Responsibilities:
Able to perform all functions covered by Super Users and System Administrator. In addition, they can answer queries about transcription quality, system functionality, late jobs, turnaround times (TATs) and provide 3rd level support when required and any issue which cannot be resolved by the System Administrator.

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