**Workflow processes (Dental)**

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **1** | **There is a system for processing incoming mail related to patients** | | | |
| Everyone is aware of the agreed process for dealing with mail e.g. results, hospital letters and referrals. |  |  |  |
| The system maintains an audit trail of when each item has been received, who has viewed it, any actions required and whether actions have been completed. |  |  |
| All action options are clear and unambiguous.  *(e.g. file, notes required, re-test, satisfactory, urgent consultation with dentist)* |  |  |
| Everyone is clear about any specific responsibilities they have within the process. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **2** | **There is an agreed process for scanning documents onto the patient system** | | | |
| It is clear who is responsible (including timescales) for scanning documents into the system and how items should be categorised or labelled . |  |  |  |
| There is a system to determine to which clinician a document should be forwarded. *(e.g. named dentist or practice principal.* |  |  |
| There are agreed protocols for action when that dentist is unavailable. *(e.g. holidays, sickness absence, part-time hours)* |  |  |
| If a locum is reviewing documents, practice protocols are known and understood. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **3** | **There is an agreed system for clinicians viewing and processing scanned documents** | | | |
| Clinicians receive notification when documents are forwarded to them. |  |  |  |
| Standards are agreed for reasonable timescales within which documents are viewed. |  |  |
| There are agreed protocols to determine to which member(s) of the team actions are forwarded. |  |  |
| The detail and urgency level of any required action is clearly documented. |  |  |
| There are sufficient actions and flexibility available to the clinicians within the workflow system. |  |  |
| If multiple actions are required, these are clearly prioritised for non-clinical staff. |  |  |
| Any limitations of the system, including associated risks, are understood by all staff. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **4** | **There is a clear system for non-clinical staff actioning documents** | | | |
| Staff are notified when actions are forwarded to them. |  |  |  |
| Standards are agreed for reasonable timescales within which routine and urgent actions should be undertaken. |  |  |
| Actions taken are clearly documented. |  |  |
| There is a mechanism to report back any failure to action a clinical request. |  |  |
| Actions requiring future follow-up are diarised for recall at a later date. |  |  |
| If an appointment is made for the patient as a result of a workflow action, this is clearly documented in the appointment slot. *(to safety net in the event of a patient cancelling or not attending)* |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **5** | **There is a clear system for dealing with problems within the workflow process** | | | |
| Notification protocols for misfiles and errors in communication and messaging. |  |  |  |
| Individual and team responsibilities are clear in relation to reporting. |  |  |
| Individuals use their own secure log-ins at all times so that an audit trail is available for reviewing incidents and identifying training needs. |  |  |