

Experiences of Writing-up a [*Health Care Organisation focused
0160*] Video Conferencing (VC) Clinical Safety Case Report
(CSCR)

FCI Clinical Safety SIG

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VC CSCR walkthrough – all in 10-mins!

- Research suggested no Health Care Organisation (HCO) VC CSCR have been produced to date
 - Not surprising and I spent a long time looking at a blank CSCR!
- The VC CSCR
 - 9-iterations [5-iterations of supporting hazard log]
 - Peer reviewed on 2-occasions
 - Written-up over 19-days / 64-hours actual effort
- Reflections
 - Over last 20-years, written well over 100 CSCRs and reviewed / approved well over a further 300 for both HCO's and Health IT vendors
 - ✓ With each, I still get an adrenalin rush (sweaty palms, feeling of inadequacy), imposter syndrome
 - ✓ So, still excited, always learn something and ... hopefully doing something well and adding value

Creating the VC CSCR: walkthrough chronology 1

1. Scope (*Section 6.0 on page 12*)
 - Note nuances and significance of potential clinical use of VC
 - ✓ Considerable amount of time reflecting on intended clinical use
 - ✓ Note no specific VC software platform, scope considers ‘generic’ VC hazards (weakness?)
2. Limitations and developing the concept of a ‘Hybrid’ CSCR (*Section 5.0 on page 11*)
 - Note impact of C-19 (goes to CSCR urgency – without impacting quality)
3. Approach, Analysis Method & Process (*Section 7.0 on page 11*)
 - Less is more
 - ✓ Thus, what could go wrong, how bad, what can be done to mitigate [KISS]
 - Method follows DCB 0160 Standard
 - Process
 - ✓ Considerable amount of time reflecting on ‘how’ to generate VC ‘candidate’ hazards without running hazard workshop [CSCR weakness?]
 - ✓ Use of SWIFT

Creating the VC CSCR: walkthrough chronology 2

4. Risk matrix, acceptability criteria added (*Section 11.0 on page 30*)
 - Note specific to HCO
5. Assurance Section Added (*Section 8.0 on page 15*)
 - Best part summarising research findings (related / non-related to scope)
 - ✓ Relevant research credited and reproduced in full
 - ✓ References provided (*Section 12.0 on page 33, Related Documents with links provided on page 3; Key sources provided as attachment in Section 13.0 on page 35*)
 - ✓ Without doubt, the most time spent, but very useful in terms of validating 'candidate hazards'
6. CSCR sent for 1st review / comment
 - ✓ NB: within CSCR, Service Users are patients in an NHS setting and clients or service users in social care settings

Creating the VC CSCR: walkthrough chronology 3

7. Outcome of Safety Assessment (*EXCEL VC Hazard Log / reproduced in CSCR in Section 9.0 on page 18*)
 - Hazards named, described, clinical impact considered and likely causes at this stage
 - 9-hazards, note intended use applicability
 - ✓ Credit to NHS D in respect of GP Futures Generic Hazard Log [for e-consultation hazards] / research validated / transfer well to hazard considerations of VC
 - ✓ Value of research for validation
 - Hazards ranked initially
 - ✓ NB subjective, don't get too excited!
 - Hazard controls considered, added
 - ✓ Arranged within configuration, training, business process categories
 - ✓ Controls, generally the consideration / application of common sense
 - ✓ Note: Hazard No. 3, linked to concurrency of users on VC platform with highest assessed risk based on assessed use within HCO [7,000 staff]

Creating the VC CSCR: walkthrough chronology 4

8. Introduction (*Section 3.0 on page 9*)

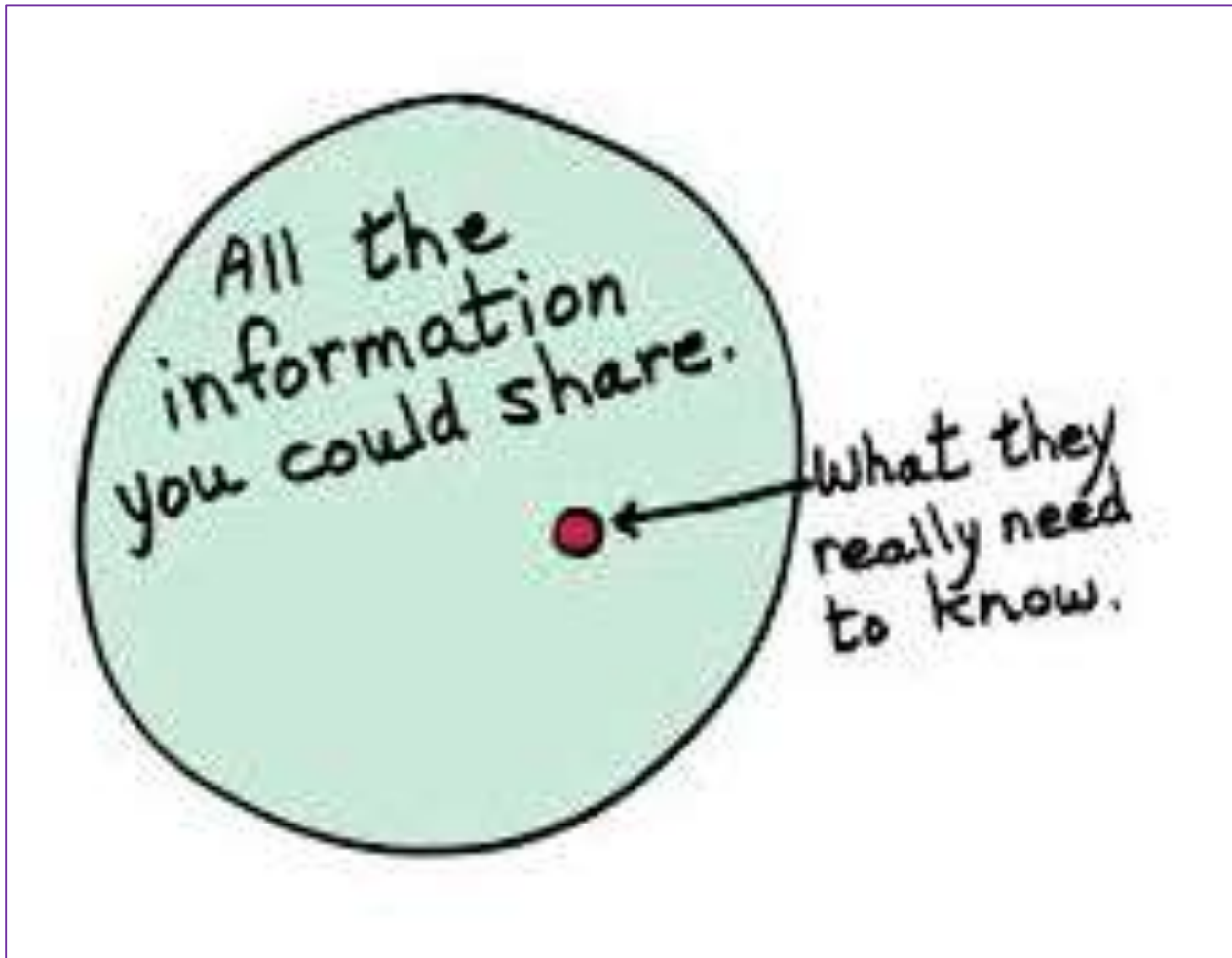
- By this stage, I've obtained a better understanding of VC intended use within NHS (NHS Plan, NHS Improvement etc.), so more confident to write-up
 - ✓ Note inclusion of benefits: practical, economic and environmental [goes to balancing VC CSCR risk considerations in wider use] and C-19 reference
 - ✓ Note too, final decision to use, or not use VC (and choice of platform) ultimately rests with clinician, thus CSCR not prescriptive but informative, evidenced based to assist decision making [policy / SOP] and practice

9. Reasons for Producing [the VC] CSCR (*Section 4.0 on page 10*)

- Written-up, based on previous CSCR, features;
 - ✓ Best endeavours
 - ✓ Good practice [CQC, other post C-19 audit] / corporate memory
 - ✓ NHS Digital 0160 compliance

Creating the VC CSCR: walkthrough chronology 5

The pause, reflect, sanity check stage!



Creating the VC CSCR: walkthrough chronology 5

10. Pause, reflect, sanity check: **THE VALUE ADD STAGE** (*Section 10.0 on page 27*)
 - What am I trying to communicate?
 - Does the VC CSCR add value?
 - Significance of **Section 10.0** – a re-ordered presentation of required hazard actions arranged for:
 - ✓ Clinicians / Care Professionals
 - ✓ IG Professionals
 - ✓ Informatician Professionals
 - ✓ IT Technical / Facility Professionals [note ‘VC bandwidth’], and
 - ✓ Service Users
 - Essentially, comprising the required audit trail to evidence application of the provided / suggested controls to enable (Client CCIO) sign-off for board requirement in respect to 0160 due diligence and compliance

Creating the VC CSCR: walkthrough chronology 5

11. Completing the VC CSCR

- Adding the Clinical Safety Statement and Safety Justification (*Section 2.0 on page 8*)
 - ✓ NB: an NHS Digital point of interest in any review
- Adding the Executive Summary (*Section 1.0 on page 7*)
 - ✓ Noting an assessment [with the controls applied and evidence!] of VC platform residual risk
- Page turn document review for consistency
 - ✓ Related Documents (*Page 3*) added and links checked
 - ✓ Glossary of terms added (*Page 4*)
 - ✓ Hazard log reproduced in CSCR (*Section 9.0 on page 19*)
 - ✓ References reviewed, checked and added [including links] (*Section 12.0 on page 33*)
 - ✓ Attachment added (*Section 13.0 on page 35*)

12. CSCR sent for 2nd review

13. CCIO approval / sign-off

Segway to Maggie Lay ...

