HSC Business Services Organisation

Revised 11/23

Preparing your Prescriptions for submission

Providing Support to Health and Social Care

Guidance for Pharmaceutical Contractors

It is important that contractors use current HS30 forms and ensure they don't borrow HS30 from another contractor. HS30 and address labels can be ordered by emailing pharmacystationeryorders@hscni.net

What constitutes a submission of poor quality?

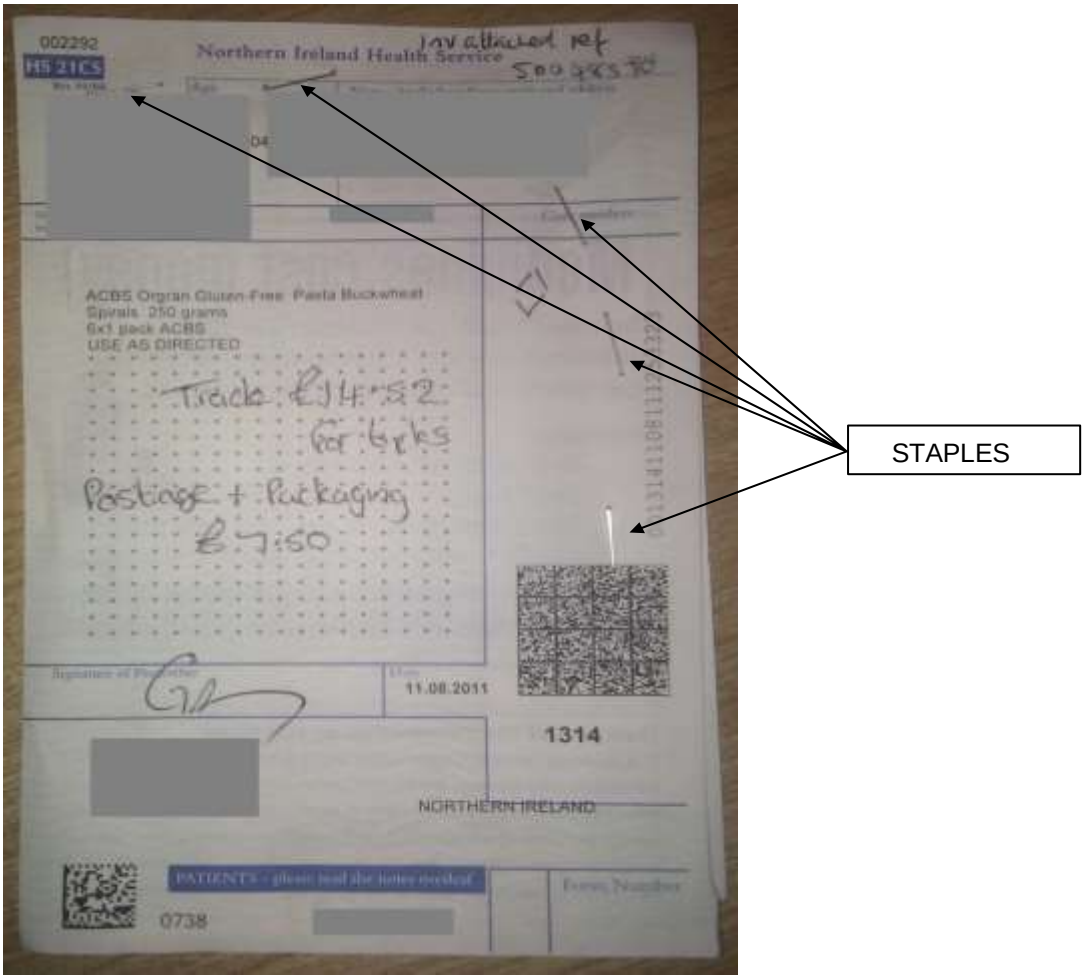
- Use of staples.
- Patient Information slip still attached.
- Scripts with folded edges.
- Bent, folded or crumpled prescriptions.
- Unsorted / poorly packed.
- Edges requiring trimming.
- Torn or repaired prescriptions.
- Other problems

  Sticky Labels Cellotape
  Powdery Residue (Talcum Powder)

Where possible the images on the following pages provide examples of each of these

Staples

This is a particularly bad example of a script with multiple staples present.



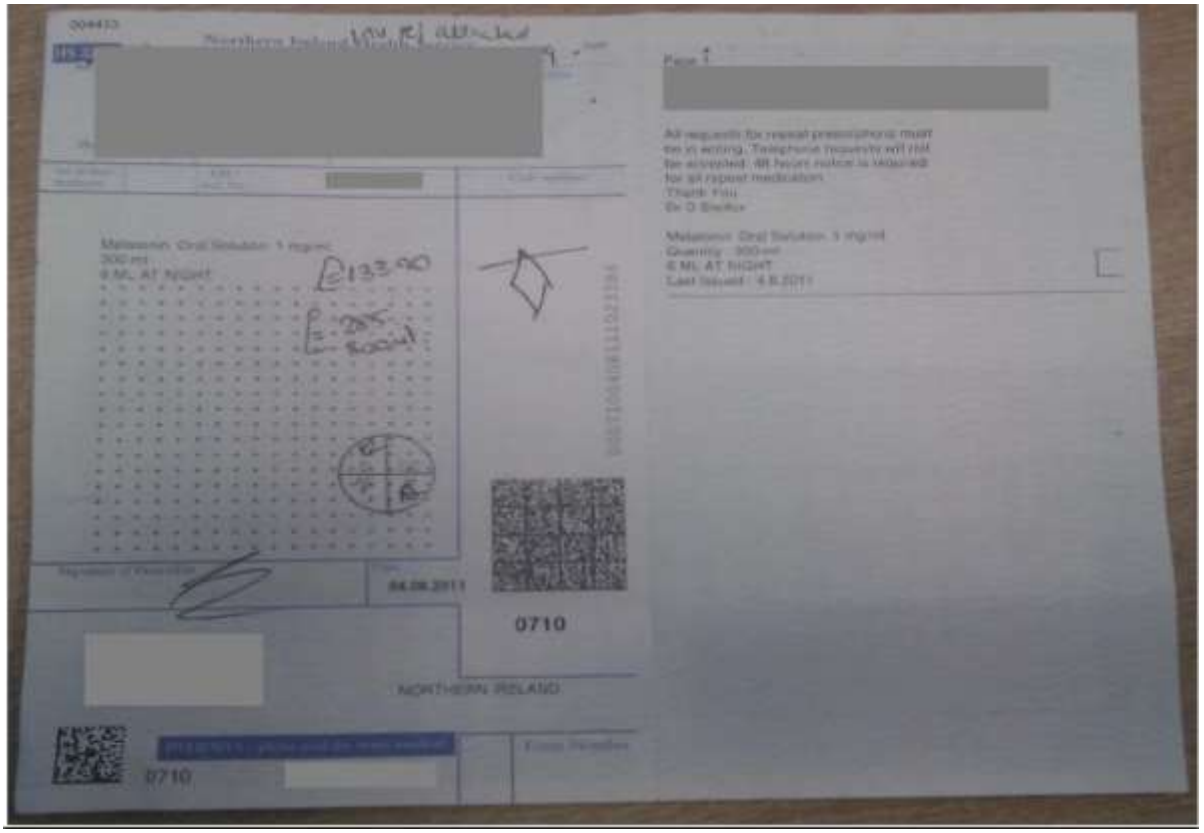
The scanners are very sensitive machines and we would normally have batches of scripts in 300-350 being processed at a time. If any scripts amongst these batches have staples still attached, they can drag multiple scripts through together and cause stoppages, which result in wasted time as the problem has to be identified, resolved and scripts rescanned.
They can also damage the inner workings of the scanner and cause further and longer downtime if, for example, they become stuck in the rollers, scratch the imaging guides or affect the sensors in any way. Parts may have to be replaced and time ultimately lost.

Action: Remove all staples before prescriptions are submitted.

Action: Instead of stapling an invoice to the script write the 11-digit script number on the invoice.

HSC Business Services Organisation

Patient information attachments



Non or partial removal of the patient information slip is a common problem we have when scanning the scripts. The slip that contains any additional patient information / notes should be completely removed along the perforated edge (the perforated edge is easily identifiable in the above image).
The Patient Information Slip can be folded over behind the main script and have gone unnoticed by the staff member who prepared it for scanning and the Pharmacist themselves. Possibly the Pharmacist has noticed it, but was not aware that it should be removed.

When scanning scripts, our scanners are very finely calibrated to read and capture script information from one script at a time. As we scan in batches of 300-350 taking between 90-120 seconds, the rate of data capture is very high; any “foreign” information identified in this cycle will result in an error message.

When this error occurs our term for it is a “Rollback”. To resolve this error, the person scanning must find the script with the patient information slip still attached, remove this and rescan the complete batch of scripts (300-350). This significantly increases the time spent scanning.

Action: Remove all Patient Information Attachments.

HSC Business Services Organisation

Folded Edges / Scripts

Folded edges are very common among bundles of scripts.

The problems encountered will vary because the severity of the fold will differ from script to script.

The most common result during scanning scripts like the ones shown above are multi-feed errors.

This means that the system has identified that the thickness of the script is incorrect when going through and has automatically stopped. This results time being wasted as the person scanning has to resolve the problem, try and unfold the script(s) and put any back in the tray to be rescanned again.

Other errors can occur due to folds in scripts; we might encounter a “rollback” error because of scripts not being recognised by the system or physically jamming in the scanner.

Action: Ensure all prescriptions are flattened and unfolded when submitted.

HSC Business Services Organisation

Bent, folded or crumpled prescriptions

It is very common for scripts to be included in the monthly submissions bundled like the images above.

The image on the Left: This creates another problem at the scanning stage due to the scripts being held together with very tight elastics, so tight that the scripts have been folded in two. When we remove the elastic the scripts will have a “bend” or “curve” in them and despite the best efforts of the staff member who is preparing it, this curve will remain.

Scanning scripts like this takes extra time, as it requires manual contact with the script in order to ensure the Scanner Feeder accepts in into the machine. This can cause paper jams as the scripts are not accepted by the Feeder correctly, resulting in lost time. Also, during scanning, scripts like this will coil and come out in such a manner that can cause them to be missed by the script “output tray.” This results in the scanning to be halted mid process as the scripts have to be reorganised and secured.

The image on the Right: Scripts that have been “scrunched” up cause additional time to be added both at the preparation and scanning stages. During the preparation *stage* the staff member will try and smooth out the script as best as they can. Scanning *the s*cripts in this condition can be awkward to scan as the scanner may not detect it, the person scanning may have to scan these one at a time to ensure everything is captured. If these

are missed and scanned amongst a batch of 300-350 scripts it can cause multi-feed and paper jam errors, both resulting in lost time.

Unsorted

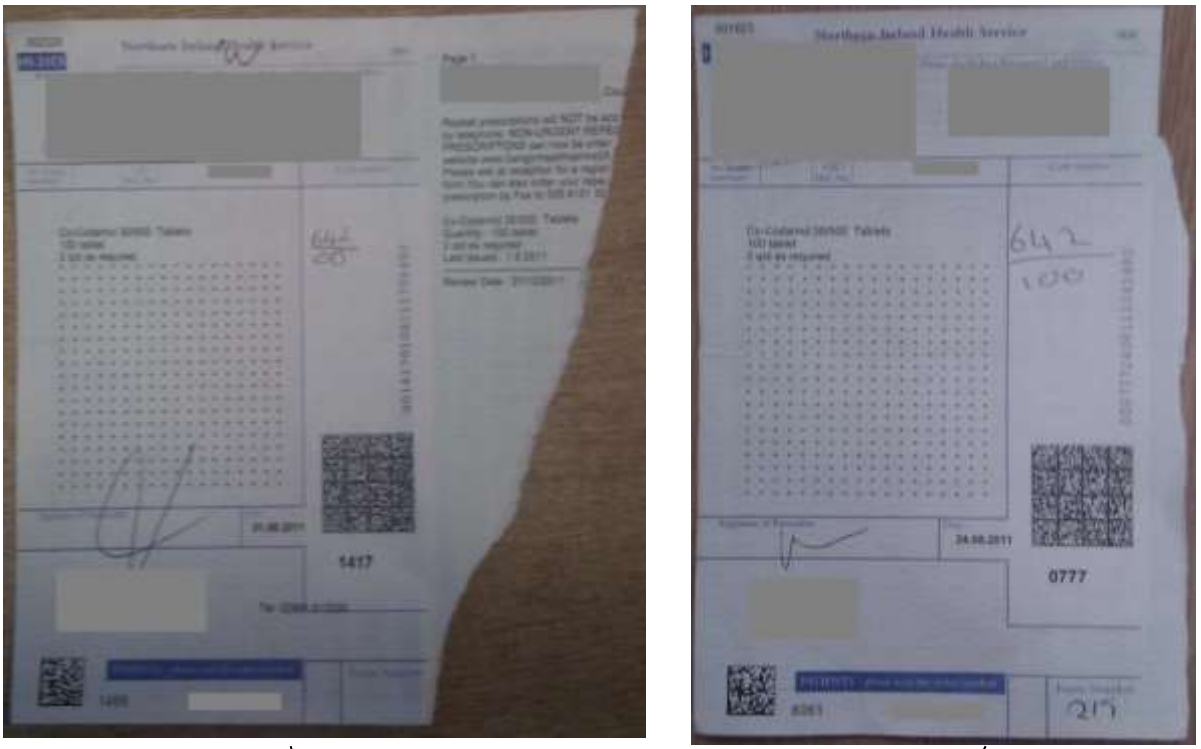
Another issue we find under this section, is those submissions that are simply “thrown” into a box with no sorting of the scripts into their relevant sections. The result of this is a staff member having to take extra time to identify and sort each “section. Depending on the total number of scripts

HSC Business Services Organisation

Trimming

What do we mean by trimming?

From the images below you can see some examples of scripts that require "trimming" before going through our scanners.



Partial Patient Information Side still attached

Why do the scripts need trimmed?

The Scanners we use are calibrated to capture data at a very fast rate and aligned to accept scripts of a certain size with a small margin of difference. The scripts in the images above show a couple of different types of scripts which would require trimming.

The image on the left shows a significant portion of the patient information that is still attached; this will need to be removed as the scanner will not read the script correctly. This part of the script might

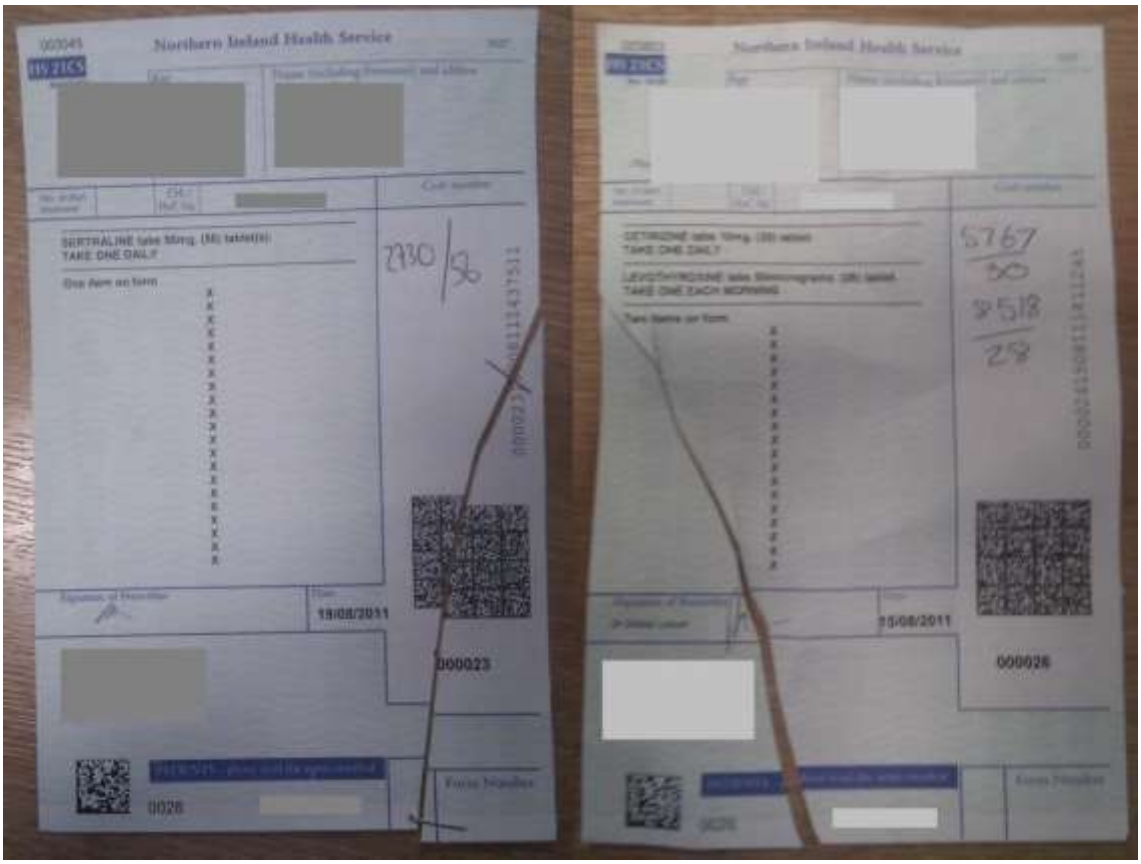
Also be folded over behind the main script and will cause one of the 2 errors mentioned previously; rollbacks or multi-feeds, all ultimately resulting in more time lost.

The image on the right shows a smaller section that has been left, and in itself this would not seem problematic, however during the scanning process, when scripts are travelling through our scanners at a very fast rate, these edges will break off and can clog the scanners resulting in image quality problems, scanning errors and possibly scanner downtime due to maintenance work required to remove these script particles.

Action: Remove all uneven edges. Use scissors if required.

HSC Business Services Organisation

Torn / Repaired Scripts



The above images are somewhat of a less than common problem we encounter from the monthly pharmacist submissions compared to those mentioned before.

Left Hand Image: This script has been ripped and repaired using staples.

Right Hand Image: This script had been ripped and repaired using cellotape.

What Problems come from this?

Often they prove very difficult to scan and will normally result in “Rollback” or “Multi Feed” errors as the scanner will not be able to read the image correctly, or because of the staples present, drag more scripts through together and maybe damage the scanner itself.

Scripts like this will result in time lost, as the person scanning will have to identify the problem, remove the script from the batch they are

scanning as the script will have to be created manually directly onto the payment system.

Solution

If a script rips or tears, as shown above, we would advise you to paperclip all parts of the script together, separate it from the rest of the scripts and not have it in the middle of a batch. This is then easily identifiable and can be forwarded on for manual creation without any scanning problems arising.

Other Problems

The problems indicated below, have become a less frequent occurrence from submissions of the past, but are still prevalent among some contractor's monthly submissions. Each brings with it their own unique problems.

- *Sticky Labels*

The major problems that arise from scripts with Sticky Labels on them are "multi-feed" and "paper jam" errors. Scripts that have Labels attached will trigger the scanner to multi-feed as it "thinks" more than one script has been pulled through. Also the position of the labels can impede the reading of either the large or small 2D barcode.

The biggest problem we have found with Labels is when they have been removed and the "sticky residue" is left behind on the script. This causes problems with our scanners as our scanners pull the scripts through at a very fast rate and because several scripts may be stuck together, the only solution is to scan each of the effected scripts individually.

- *Cellotape*

If a contractor's submission has a lot of cellotape attached to scripts, it can vastly increase the time spent at the preparation stage, as we would aim to safely remove all possible cellotape without damaging the scripts. This is done to avoid any possible problems at the scanning stage.

Cellotaped scripts can go through our scanners and not result in any problems; however, this will depend on just how the cellotape has been applied to the script.

Scripts that have cellotape wrapped around both sides securely with a small section overhanging would require trimming and normally scanned with no problems, but it is the scripts that have had invoices, other scripts, notes attached or been repaired etc using cellotape that will cause the majority of problems.

If a script is scanned with cellotape in this fashion still attached, it will normally result in one of two errors; a multi-feed or rollback.

- *Powdery Residue (Talcum Powder?)*

On rare occasions a powdery residue has been found on some on the scripts submitted.

This is possibly due to a pharmacist trying to remove the sticky residue left on a script when a label has been removed. The result of this requires a significantly increased amount of time spent at the scanning stage. Our scanners find it very difficult to “feed” scripts with this “powder” on them through the machine as they encounter difficulty being caught on the rollers.

What are the results of these problems?

The image below shows just what a staff member has removed from a contractor submission:

- Trimming.
- Patient Information
- Attachments. Staples

This was a monthly submission that had in total 2549 forms. As you can see, there was a substantial amount of work involved in preparing this for the scanning process. The total time taken to prep this submission was 2hrs 15mins and based on the conditions and time spent prepping would mean this would be classified as a poor submission.

HSC Business Services Organisation

An Example of a Perfect Script

The above image shows a script in perfect condition ready for scanning.

Benefits

- Require little or no pre-scanning work.
- It would also reduce the possibility of multi-feeds
- or rollbacks. Reduce the possibility of any re-work
- required.
- Reduce the potential breakdown of any
- scanners. Improve the turnaround time of processing.

All barcode information will be read into the system.

Summary

- ✓ **Do NOT leave staples, cellotape or sticky labels on your submitted prescriptions.**
- ✓ **Submit prescriptions with the associated invoice, but instead of stapling them together, write the 11-digit script number on the top right-hand corner of the invoice.**
- ✓ **Remove any patient information slips.**
- ✓ **Do NOT leave any jagged edges on scripts – trim them with scissors if necessary.**
- ✓ **Do not bundle scripts so tightly with elastic bands that they become folded.**
- ✓ **Ensure all scripts are submitted flat – NOT bent or crumpled.**
- ✓ **Please always sort your submission into bundles as per the HS30.**