

# **The chaos in primary nursing data: good information reduces risk**

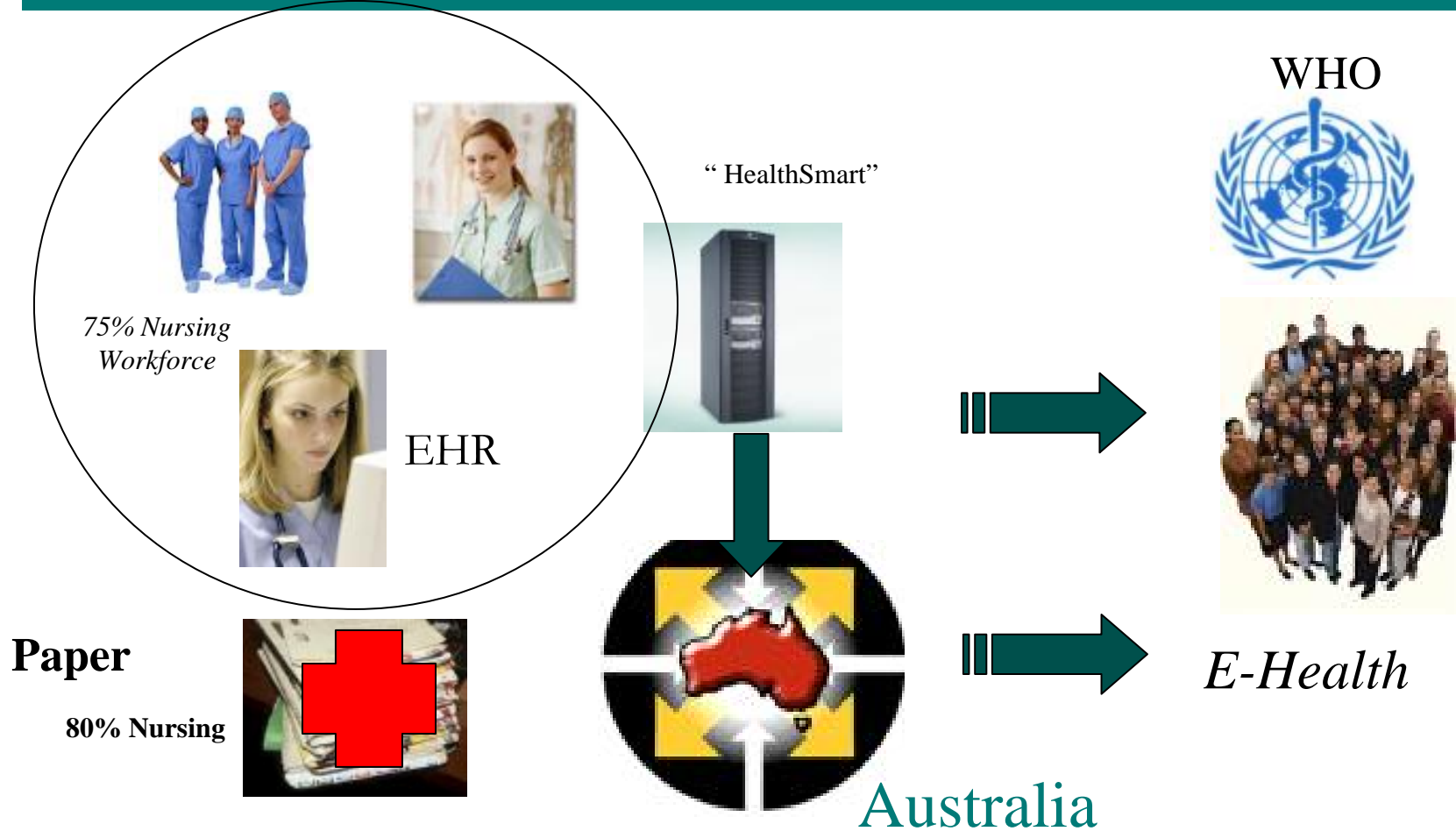
Janette Gogler, ADON & Carol Hullin, Chief Investigator  
Christina Searle Nurse educator, Val Monaghan , Researcher  
[Janette.gogler@austin.org.au](mailto:Janette.gogler@austin.org.au)

# Austin Health

- **Austin Health:**
  - Operates over 900 beds
  - Treats 65,000 in-patients annually
  - Treats 130,000 out-patients annually
  - 4000 nurses



# Overall View



# 2006 – 2008 STRATEGIC PROJECTS

|  |  |
|--|--|
| <b>Strategic Priority Six</b><br>Advancing leadership and innovation | 6.1 Invest in developing “next generation” health workforce*   |
|  | 6.2 Development of IT investment strategy to improve patient outcomes, patient flow and drive clinical efficiency* |

## Research aim:

- investigate & audit nursing forms in order to gain insight into the type of data elements nurses collect in medical , surgical and aged care units during admission and discharge.
- Justification: record of care, effective communication, resource allocations, accountability, assessing patients condition, make nurses visible when organising & planning resource allocation.

# Nursing forms –300 admission & discharge

- Formal forms – coded for medical records
- Informal forms – designed to meet local needs
- Shell forms – templates given MR number



| Identifier                       | Forms   |
|----------------------------------|---|
| M 10.7                           | Mechanical Restraint Authorisation                      |
| M 10.8                           | Constant Patient Observation                            |
| M 15.1                           | Clinical Pathway Discharge Plan                         |
| M <u>15.2</u>                    | Core Assessment & Discharge Planning Tool               |
| M15.21                           | Nursing Risk Assessment – Inpatient                     |
| M <u>15.22</u>                   | Aggression Risk Assessment & Management                 |
| M 15.3                           | Trial Form     Nursing Admission & Referral <u>Form</u> |
| M <u>16.0</u>                    | Clinical Notes - Inpatient Notes                        |
| M <u>16.0</u> <b>Shell Form</b>  | Clinical Notes - Inpatient Care   Ward 7 West NCP       |
| M <u>105.0</u>                   | Fluid Balance Summary                                   |
| M <u>115.0</u>                   | Diabetes Management                                     |
| M <u>145.0</u>                   | Patient Observations   Trial Form                       |
| M <u>145.1</u>                   | Ventilation Observation                                 |
| M <u>152.0</u>                   | Wound Chart   |
| M <u>205.0</u> <b>Shell Form</b> | Nursing Care Plan 5 West                                |

# Results

- Complex relationships
- Formal documentation poorly used & incomplete
- Inconsistencies in assessment tools – Barthel, GCS
- Lots of shell forms
- Informal documentation- discard critical data
- Lots of duplication of data - \$ estimated
  - Data elements collected up to seven times
  - Poor quality of documentation – lacks logic and structure
  - Not explicit articulation of care provision



# Comparing contexts

| WARD 5W            | WARD 7E            | WARD 7W            |
|--------------------|--------------------|--------------------|
| M 10.7             | M 15.2             | M 10.7             |
| M 10.8             | M15.21             | M 10.8             |
| M 15.1 Shell form  | M 15.22            | M 15.1 Shell Form  |
| M 15.2             | M 16.0 Shell form  | M15.21             |
| M15.21             | M 115.0            | M 15.22            |
| M 15.22            | M 145.0            | M 15.3             |
| M 15.3             | M 155.1            | M 16.0 Shell Form  |
| M 16.0             | M 181.0            | M 115.0            |
| M 16.0 Shell Form  | M 205.0 Shell Form | M 145.0            |
| M 105.0            | M 205.0 Shell Form | M 152.0            |
| M 115.0            |                    | M 155.1            |
| M 145.0            |                    | M 205.0 Shell Form |
| M 145.1            |                    | M 205.0 Shell Form |
| M 152.0            |                    |                    |
| M 205.0 Shell Form |                    |                    |

Clinical pathway discharge  
2:3

Clinical  
notes

Nursing Care plan

Two wards are using the same data elements and the same forms

Blue core admission and discharge data

Pink Restraint data elements

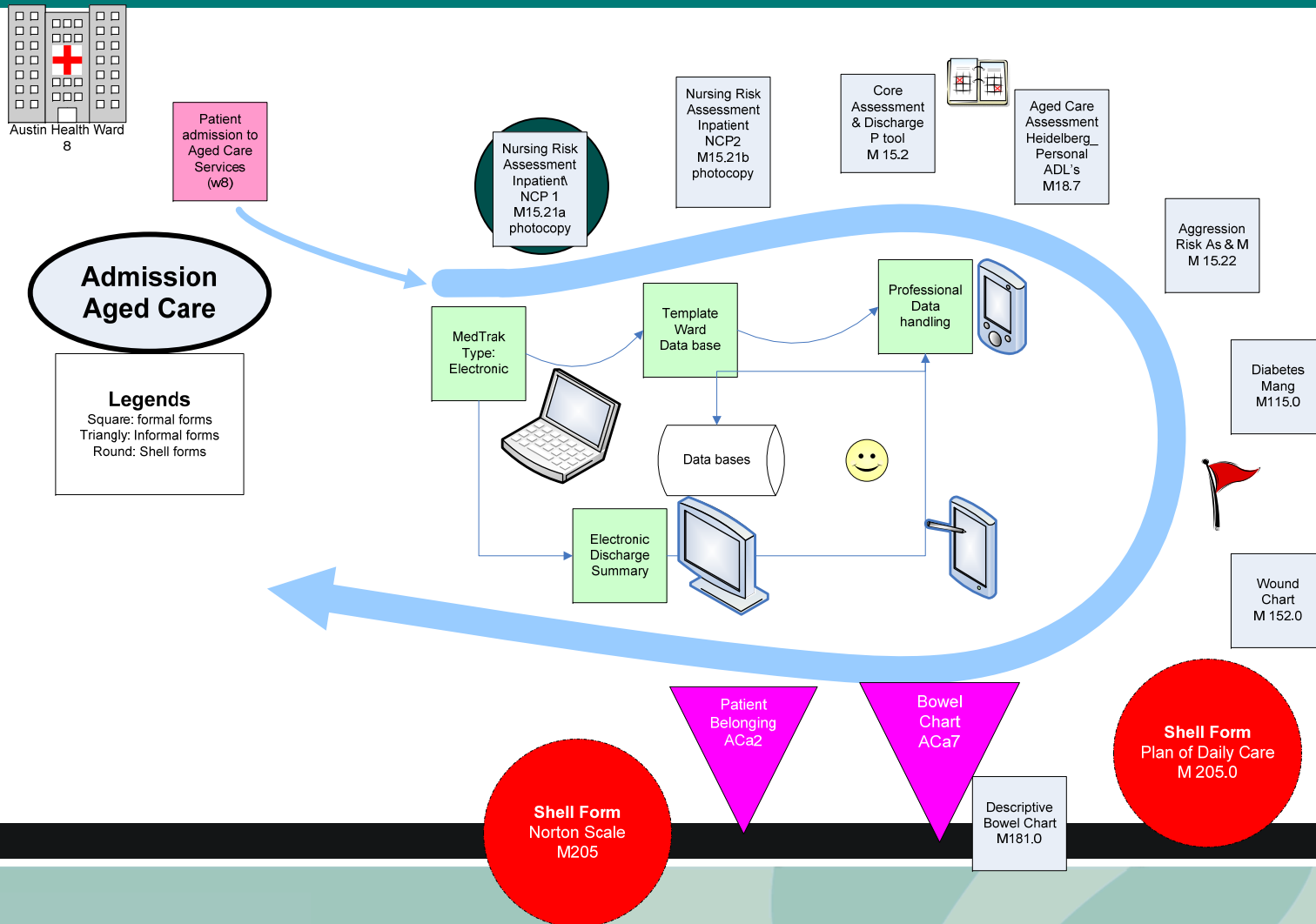
Yellow Observation



# Data collection for admission process

| Clinical Services   | Numbers of forms |             | Total documents collected |
|---|------------------|-------------|---------------------------|
| 1 Aged Care   | 22 formal forms  | 13 informal | 35 forms                  |
| 2 Medical   | 37 formal forms  | 7 informal  | 44 forms                  |
| 3 Surgical  | 24 formal forms  | 9 informal  | 33 forms                  |
| Total forms collected and analysed for data elements identification=112 empty forms |                  |             |                           |

# Admission documentation flow



|                          | <b>AUDIT RESULTS : DISCHARGE</b>                          | <b>AGED CARE</b> | <b>MEDICAL</b>   |
|--------------------------|---|------------------|------------------|
| <b>MR or Form Number</b> |   | <b>Discharge</b> | <b>Discharge</b> |
|                          | <b>Formal Discharge Pages</b>                             |                  |                  |
| M 215.0                  | Multidisciplinary Discharge/Transfer Summary (trial form) | <b>16</b>        | <b>5</b>         |
| M 215.0                  | Nursing Discharge Patient Information, Page 1             | 0                | <b>3</b>         |
| M 215.1                  | Nursing Discharge Patient Information, Page 2             | 0                | 0                |
| M 215.2                  | Nursing Discharge Patient Information, Page 3             | 0                | <b>3</b>         |
| M 216.0                  | Residential Care Transfer, Pg 1                           | <b>13</b>        | <b>5</b>         |
| M 216.1                  | Residential Care Transfer, Pg 2                           | <b>13</b>        | <b>5</b>         |
|                          | <b>Informal Discharge Pages</b>                           |                  |                  |
| AC D1                    | Ward 8 Discharge Checklist                                | <b>1</b>         | <b>4</b>         |
| AC D2                    | Patient Transfer Handover Form                            | 0                | 0                |
| AC D3                    | Post Acute Care Referral Form                             | 0                | 0                |
| AC D4                    | Patient Discharge Information                             | 0                | 0                |
| AC D5                    | Patient Satisfaction Survey Core Questions                | 0                | 0                |
| AC D6                    | Discharge Satisfaction Survey                             | 0                | 0                |
| AC D7                    | Care Plan & Schedule, + Nursing Notes                     | 0                | 0                |
| Med D1                   | Post Acute Care Referral Form                             | 0                | <b>4</b>         |

# Data collection for discharge process

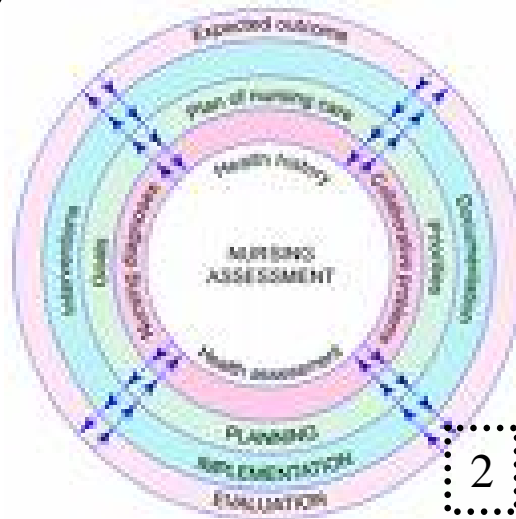
| Clinical Services   | Numbers of forms |             | Total documents collected |
|---|------------------|-------------|---------------------------|
| 1 Aged Care   | 10 formal forms  | 18 informal | 28 forms                  |
| 2 Medical   | 11 formal forms  | 0 informal  | 11 forms                  |
| 3 Surgical  | 10 formal forms  | 2 informal  | 12 forms                  |
| Total forms analysed for data elements identification= 51 empty forms |                  |             |                           |

# Inference

- Risk reduction
- Balance external pressure + internal processes
- Proactive approach
- Expansion to include other disciplines
- Proper resourcing to perform this work
- Quality documentation
- Evaluation processes at each key stage

# Preliminary recommendations

- People (1)
- Process (2)
- Technology (3)



# People

- Strategic approach to improve
- Nursing leaders engaged & committed
- Education and standardisation
- Policy development
- Integration clinical processes
- Version tracking & Forms design
- Documentation patterns ( accountability and professionalism)



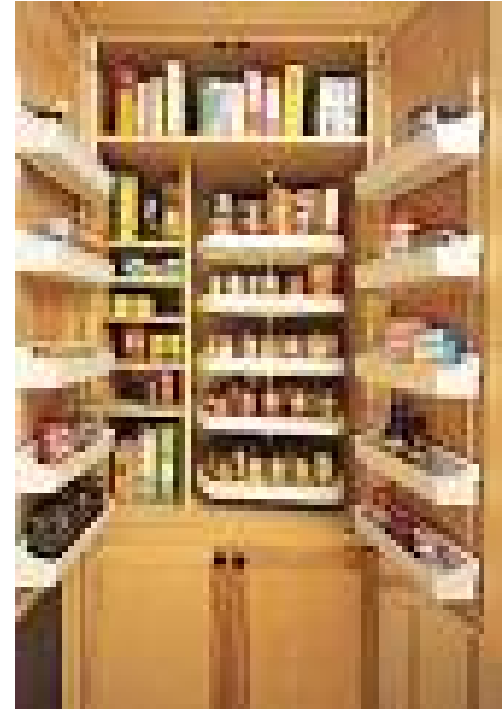
# Process –structural interdependency

- Clinical processes defined –admission and discharge
- Limit number of forms required
- Clinical Indicators
- Trial of new documentation ( paper or electronic)
- Scales of success – quality
- Use validated & referenced tools

# Technology

- Re-engineer admission and discharge forms
- Official forms for paper based environment
- Reduce shell and informal forms
- Nursing forms list -intranet
- Nursing data base
- Data sets ( as a whole, local and individual)
- Computational solutions
- Software solutions
- Mobile and static

# Reality to Benchmark



# Goal of Electronic Health Records



Vulnerable

