Internship Training

at

Moochand Hospital

Identification of gaps in Nurse's Documentation at Moolchand hospital: A Nursing Audit complying with NABH and JCI standards.

By

Name: Sonika Tripathi

Enroll No. PG/15/76

Post Graduate Diploma in Hospital and Health Management 2015-17

International Institute of Health Management Research New Delhi

ACKNOWLEDGEMENT

I owe a great debt to all professionals at **Moolchand Hospital, Lajpat Nagar,Delhi**for generously sharing their knowledge and time, which inspired me to do my best at this project study.

My heartfelt gratitude to **Dr. Madhu Handa (Medical Administrator), Mrs.Prerna Negi (Deputy Manager,Talent Acquisition), Mrs. Zachariah (Deputy Nursing Superintendent)** for showing their keen interest in the study and for sharing their views in spite of their very busy schedule. It has been my privilege to work under their dynamic supervision at the Hospital.

I am extremely grateful to **Dr. Archana** Virmani (Senior Manager, Quality),**Mr. Sulagno Basu** (Manager Operations), **Ms. Pallavi** (Manager Human Resources) for the constant support and encouragement. This study would not have been possible without their support.

My sincere gratitude to **Dr. Ashok K Agarwal (Dean, IIHMR, Delhi)** for his relentless support and guidance. My regards go to my guide at institute **Dr. Pankaj Talreja** for his very helpful attitude and valuable suggestions.

Dr. Sonika Tripathi
PG/15/076
IIHMR, Delhi

Table of contents

No.	Contents	Page No.
1.	Acknowledgement	2
2.	Abbreviations	4
3.	List of figures and tables	5
4.	Part-1 :Internship	
4.1	Hospital Profile	6-14
4.2	Services provided by organization	14
4.3	Goals of internship	15-16
4.4	Future Plan	16
5	Part-2: Dissertation	
6	Executive summary	17
7	Introduction	18-19
8	Review of literature	19-20
9	Objectives	20
10	Material and methods	20-21
11	Analysis	22-24
12	Result	25
13	Interpretation and Suggestions	26
14	Conclusion	26
15	References	27
16	Annex-A	28
17	Annex-B	29-30

ABBREVIATIONS

BAR	Billing activity record
CTVS	Cardio-thoracic Vascular Surgery
DPCR	Daily Patient Care record
FF	First Floor
GF	Ground Floor
HUID	Hospital unique identification number
ICU	Intensive Care Unit
IPD	In-patient Department
IPSG	International patient safety goal
IW	International Wing
JCI	Joint Commission International
NABH	National Accreditation Board for Hospital and Healthcare Providers
NABL	National Accreditation Board for Testing and Calibration Laboratories
OPD	Out-patient Department
OT	Operation Theatre
PICU	Pediatric intensive care unit

List of tables and figures

S.No	List of tables	Page no.
1.	Table 1: List of documents audited during the study	21
2.	Table 2: Percentage of compliance, partial compliance and non-compliance in nursing documentation of the 6 parameters, audited on various floors during the study.	25
	List of figures	
1.	Figure 1: Initial assessment of patients within 30 minutes of admission	22
2.	Figure 2: Nutritional screening within 30 minutes of admission	23
3.	Figure 3: Vitals monitoring and documentation	23
4.	Figure 4: Signatures in BAR sheet	24
5.	Figure 5: Nursing handover signatures	24
6.	Figure 6: Documentation of patient's name	26
7.	Figure 7: HUID documentation as patient identifier	26
8.	Figure 8: Patient identification by ID Band	27
9.	Figure 9: Documentation of verbal/stat order	28
10.	Figure 10: Patient and family education documentation	28

Part 1: Internship

HOSPITAL PROFILE

As one of India's foremost names in healthcare, Moolchand has been setting standards for the past half century. For over five decades it has been providing healthcare services to three generations of Delhites with care and dedication. Many firsts in Indian healthcare have emerged out of Moolchand (e.g. first Minimal Access Surgery in India). Moolchand also has a sister hospital in Agra, established in the year 2013.

History:

Moolchand's legacy of philanthropic endeavors has spanned more than 80 years. Moolchand Trust was created in 1928 at Lahore, present day Pakistan and was started with an initial endowment of Rs. 4 million. The enormity of this bequest can be better understood when one considers the fact that the profits of India's largest industrial group (Tata's) was Rs. 5 million in 1947, almost 20 years after this bequest.

The values of Moolchand Trust reflected the ideals of Lala Moolchand and his son Lala Khairati Ram. Their rich spiritual legacy continues.

The burden of this enormous responsibility fell on the young (16 years old) Sardari Lal Talwar who upheld the values and aspirations of the Trust over the next 70 years. In the 1990s Suresh Talwar, Sardari Lal's son helped restructure Moolchand so that it could compete in a world of corporate healthcare.

Historically Moolchand Trust has been funded from the profits of the Moolchand Group in keeping with their philosophy of helping to create a better world. Moolchand's values and focus of helping others is a testimony to the extraordinary courage and care of its past leaders.

Although there will be many large hospitals in India, few will be like Moolchand in serving as institutions of greater good.

Charitable Clinics

The charitable clinics at Medcity campus and in the National Capital Region helps to serve 60,000 lives every year. As part of community service initiative, the hospital's General OPD offers free consultations with leading doctors across 50+ specialties from Monday

through Saturday.

Moolchand Soup Kitchen

Moolchand's Soup Kitchen provides free meals to the needy at Sanathan Dharm Temple, Amar Colony once a week and touch 10,000 lives a year.

Other Initiatives

Moolchand has partnered with a number of NGOs. Some of the partners include:

Prayas

Blind Relief Association

Touching Lives

Beyond this, Moolchand touches many lives through our ongoing seva initiative.

MISSION

To consistently deliver excellent and compassionate medical care to our customers throughout their lives

VISION

To be an integrated, global healthcare service provider, recognized for integrity, quality of care, service and innovation

VALUES

- **Uncompromisable ethics**
  We will aspire to maintain the highest ethical standards at all times

- **A passion for excellence**
  We do not settle for mediocrity and take pride in whatever we do. Our passion for excellence will show in our technology, processes and care

- **Unmatched quality**
  We will relentlessly focus on constant improvement and development of systems which integrate our learning. We will never forget that people trust us with their lives

- **Dedicated to innovation**
  We strive to seek innovative or creative solutions and aggressively leverage technology. In many cases, technology will improve the quality of peoples' lives

- **Leverage teamwork and partnerships**
  We work in collaboration, across boundaries; to deliver ‘more’ than we can do in isolation

- **Strive for leadership and growth**
  We will systematically focus on attaining leadership positions in order to leverage scale, deliver superior clinical outcomes and attract talent

- **Reward merit**
  We will foster an environment which rewards excellence in ideas, clinical care and service deliver. This will help create an institutional DNA which incorporates excellence

- **Customers and partners first**
  We will treat our customers and partners as we would wish to be treated. We will always try to exceed their expectations

- **Be responsible stewards**
  We will be conservative stewards of institutional resources and aggressively seek to create financial strength in order to guard our stakeholders. We will manage institutional resources as we would like others to manage our personal resources

- **Treat people well**
  We will help our employees grow and create a supportive environment for them

ACCREDITATIONS AND AWARDS

Moolchand has been setting standards for excellence in healthcare for over 50 years. Moolchand is India's First Hospital to Receive JCI and Comprehensive NABH (Hospital and Blood Bank) Accreditation.

Accreditations

Joint Commission International (JCI) Accreditation

Moolchand is proud to be in the league of the world's leading JCI accredited healthcare providers. JCI is the highest benchmark for quality healthcare worldwide. We have met the international set of standards laid by JCI covering patient safety, continuity of care, continuous quality improvement, medication management and patient and family education. This accreditation ensures that patients can always count on receiving consistent and extraordinary quality of care.
(Effective 05th December 2009)

National Accreditation Board for Hospital and Healthcare Providers (NABH) Accreditation

Moolchand is the first multispecialty hospital in North India to receive this accreditation. Primarily focusing on patient care, safety, continuous quality improvement and innovation, NABH (accredited by ISQua, International Society for Quality in Health Care) has been set up to bring the world's best healthcare quality standards to India. This accreditation is testimony to the fact that Moolchand Care Pathways are protocol driven, reflect global practices and ensure that patients consistently receive quality care.
(Effective 19th March 2007)

NABH (Blood Bank) Accreditation

Moolchand is the first hospital in India (along with 3 others) to receive NABH for its Blood Bank. This accreditation is testimony to the fact that Moolchand Blood Bank can be counted for providing highest quality and safety to our customers.

(Effective 28th January 2009)

National Accreditation Board for Testing and Calibration Laboratories (NABL) Accreditation

Moolchand Diagnostics is accredited by NABL, India's leading accreditation body for pathology services. This reiterates Moolchand Diagnostics' position as a premier provider of pathology services in India. With a team of highly experienced and efficient staff, we provide services strictly adhering to international quality standards. Our well-organized sample management practices and state-of-the-art automated equipments ensure that our patients receive quick and accurate results.

(Effective 08th July 2010)

International Organization for Standardization (ISO) 9001:2008 Certification

Moolchand has been certified by ISO 9001:2008 ensuring compliance across multiple criterias including improved patient satisfaction, effective Quality Management System, efficient management of our processes and continuous improvement of the system.

(Effective 24th January 2010)

ISO 27001:2005 Certification

Moolchand is the second hospital in the world to receive this certification dealing with patient information security. We are committed to protecting patients' medical and personal information and providing complete confidentiality in all aspects of patient care.

(Effective 13th September 2007)

ISO Platinum Certification

Moolchand is the first hospital in the world to receive this certification for development and maintenance of an effective and efficient organization. Formulated by British Standards India, this recognition highlights Moolchand's best in-class performance on a scoring level based on eight management principles of ISO 9001 and performance maturity.

(Effective 4th June 2007)

Awards

Century International Quality ERA Award 2011

We have been announced winners of the Century International Quality ERA Award 2011 in the Gold category for the year 2011.

Started in 1984, the Century International Quality ERA Award instituted by Business Initiatives Directions (BID) is designed to recognize the prestige of the outstanding companies, organizations, and businessmen in the business world. This award is presented to each company as an entity, for corporate achievement, to recognize quality and excellence based on the following concepts: Customer satisfaction, communication strategies, benchmarking, information and data analysis, leadership, planning and decision-making, human resources, continuing education and training, processes and production, business results, ISO 9000 and TQM.

Rajiv Gandhi National Quality Commendation Certificate 2009

Moolchand became India's first multi-specialty hospital to receive the Rajiv Gandhi National Quality Commendation Certificate for Large Scale Service Industry in the Healthcare category for the year 2009.

Started in 1991, Rajiv Gandhi National Quality Award was instituted by

the Bureau of Indian Standards (BIS) to recognize and encourage Indian manufacturing and service sector organizations to strive for excellence. This award gives special recognition to those who are considered to be the leaders of quality movement in India.

CII-EXIM Bank Commendation Certificate 2010

Moolchand has received the CII-EXIM Bank Commendation Certificate for Strong Commitment to Excel for the year 2010.

This award, which is jointly instituted by Confederation of Indian Industry (CII) and Export Import Bank of India (EXIM), is one of the most premium award for Business Excellence in the country. The award is based on the European Forum for Quality Management (EFQM), a highly respected quality initiative in the world.

International Asia Pacific Quality Award 2010

Moolchand has bagged the International Asia Pacific Quality Award 2010 for Quest for Excellence in the Healthcare category. Started in 1985, International Asia Pacific Quality Award is modeled 100% on the Malcolm Baldrige National Quality Award from the US and is awarded to organizations that are recognized for quality and continuous improvement of goods, services and quality of life in the Asia Pacific Region.

IMC Ramkrishna Bajaj National Quality Award 2009

Moolchand has received the IMC Ramkrishna Bajaj National Quality Award 2009 for Outstanding Achievements in the Healthcare category.

IMC Ramkrishna Bajaj National Quality Award (IMC RBNQA) has established itself as the most prestigious quality award in India. Modeled on the Malcolm Baldrige National Quality Award (USA), it is awarded to institutions that demonstrate outstanding customer orientation and

quality management systems. Started in 1996, these awards are conferred on organizations that have adapted and promoted various quality initiatives on a sustained basis.

HOSPITAL LAYOUT

Moolchand is a renowned healthcare provider and is situated in the heart of South Delhi. It has a horizontal structure and has been divided as IPD block, Heritage Building, Ayurveda and General OPD Block, Corporate Office.

1.**Floor wise distribution of IPD block**

Ground Floor

Inpatient beds: (1-33)

NICU

Physiotherapy

Labour Room

First Floor

Inpatient Beds: (101-135)

Intensive Care Unit (ICU)

Housekeeping Department

DNS office

Second Floor

Operation Theatre

Post Op Area

CTVS ICU

Cath Lab

PICU

Third Floor

Inpatient beds: 301-329

International Wing

Inpatient beds: 801-825

2.**Ayurveda block:**

Ayurveda

General OPD

Institute of Mental Health

Department of child Development and Adult Health

3.Emergency

4.Pharmacy

5.Imaging Centre

6.Heritage Building:

Private OPD

Executive Health check up

Women's OPD

Oncology

Moolchand renal care

Gastro-enterology unit

IVF and fertility clinic

- **Specialities at Moolchand:**

Allergy

Anaesthesia

Ayurveda

Burns Unit

Cardiology and cardiac surgery

Cosmetics and Plastic Surgery

Critical Care Medicine

Diabetology and Endocrinology

Dental Medicine

Dermatology

Emergency and Trauma care

Ear,Nose and Throat

Gynaecology

Gastroenterology

General Medicine
Geriatric Medicine
Infectious diseases
Laboratory Medicine
Radiology and Imaging Services

Brief report on Managerial Tasks:

As an integral part of the curriculum, a student of PGDHM is required to undergo 3 months of practical exposure in a reputed organization by way of Internship.

The student is expected to carry out the following major activities during this period:

- To assist the Administrator/ Manager in day to day operations and during this process gain practical knowledge and skills to handle various managerial issues related to major departments in the organization. He/ she may be allocated some specific project or responsibilities by the manager.
- The student is also required to identify a specific problem area or department for dissertation. The topic for this study will be decided in consultation with the administrator and according to the need of the organization. This activity is envisaged as a problem solving exercise by which the student is expected to:
    - ✓ Diagnose critical problems within an operational area.
    - ✓ Provide the management with a set of alternative solutions
    - ✓ If possible, design the implementation plan to carry out the most feasible solution.

With similar objectives in mind, I joined Moolchand Hospital on 6th February 2017.
The three months' internship period at the organization was a highly enriching experience with learning new ways of process of work, acquiring skills, facing few difficulties and learning lessons to overcome them. The managerial tasks done during the internship were done majorly in the Operations. Following are the roles and responsibilities assigned by the organization:

1) To take patient feedback rounds daily in IPD area on all the floors and other patient care areas whichincludes dialysis, oncology, emergency, endoscopy, labour room and critical care areas.
2) To manage the day to day activities on the floors in IPD and other patient care areas and resolve the issues if any.
3) To identify the defects in the facility through a toolkit and give recommendations for the improvement of same.
4) To audit if the visitor policy is being followed in the hospital in inpatient areas.
5) To ensure that cleanliness is being maintained in the hospital premises through housekeeping audit.
6) To identify the deviations in room inventory with the help of a checklist.

Specific Projects:

1) To revise the work instructions for the Floor co-ordinators and implementation of the same.
2) Gap analysis in the nursing documentation with the help of audit toolkit.

Future Plans of the organization:

The hospital is currently developing the landmark, South Delhi campus, as Moolchand Medcity

•India's largest single site private multi–hospital development

•1,500 bedded complex at Lajpat Nagar campus

•6 specialty hospitals

•800,000 sq. ft. of development

In the medium term, the hospital intends to

•Emerge as the number 1 player in the Delhi/NCR* region (with multiple Medcities)

•Emerge as a top 3 healthcare services provider in North India (managing 3000+ beds)

•Establish an international footprint

Part 2: Dissertation

Title: Identification of gaps in Nurse's Documentation at Moolchand hospital: A Nursing Audit complying with NABH and JCI standards.

Executive Summary:

Nurses are the backbone of the hospital. Starting from the entry of the patient in the ward till the discharge of the patient, nurses play a major role in the recovery of patient's condition. During the stay of the patient in the hospital, it is nurse's responsibility to document the care provided, e.g. medicines administered, vitals monitoring, Assessment of the patient etc. Nursing documentation in the patient records helps in continuity of care of the patient and helps to understand the course of treatment in the hospital.

However,with increase in workload, the importance of timely and accurate documentation in the patient records is sidelined and is often overlooked. This might lead to Discrepancies in the hospital charges, indicate errors in the care processes andinfringe on ethical and legal aspects of the category.

This study was conducted in Moolchand Hospital to understand the gaps in the nursing documentation according to NABH and JCI standards in the IPD areas. The study was conducted over a period of three months (6 February 2017 to 6 May 2017). Nearly 250 Inpatient records were audited with the help of a nursing audit toolkit.

Auditing of records was done on all the four inpatient floors of the hospital (First Floor, Ground Floor, Third Floor, International wing).Results indicated a lack of compliance in all the floors.

Introduction:

Nursing documentation constitutes an integral part of the nurse's daily work. Meticulous nursing documentation is an important part of multiprofessional patient care. The delivery of good care and the ability to communicate effectively about patient care depends on the quality of information available to all health care professionals. One important part of this information is nursing documentation in nursing care plans.

Nursing Audit is defined as a review of the patient record designed to identify, examine, or verify the performance of certain specified aspects of nursing care by using established criteria.

Purpose of nursing audit:

- **Evaluation:** Evaluating the nursing care given. Achieve deserved and feasible quality of nursing care.
- **Verification:** Stimulant to better records. Focuses on care provided and not on care provider.
- **Contributes to research.** Review of professional work or in other words the quality of nursing care i.e. we try to see how far the nurses have confirmed to the norms and standards of nursing practice while taking care of patients.
- It encourages followers to be actively involved in the quality control process and better records.
- It clearly communicates standards of care to subordinates.
- Facilitates more efficient use of health resources.
- Helps in designing response orientation and in-service education programme.

Incomplete documentation by nurse's in the patients' record can lead to:

- Unnecessary delays in diagnosis, treatment and care
- Repeated tests
- Missed or delayed communication of test results
- Incorrect treatment or medication errors.

Accreditation boards also recommend complete and legible documentation in the patient's record to facilitate quality patient care.

JCI Recommendations:

Standard IPSG.1 Identify patient correctly
Use two identifiers other than room number.

Standard IPSG.2 Improve effective communication
IPSG.2.1 Verbal medication, non-medication orders and communication of test findings should be documented in the patient's record file.
Standard IPSG.2.2
The hospital develops and implements a process for handover communication

Standard IPSG.3
The hospital develops and implements a process to improve the safety of high-alert medications.

Patient Centered Standard:

Patient and family education:

Patient and family should be educated about their disease process, proposed plan of care and effects, nutrition, medication.This must be documented in the case records

NABH Recommendations:

Standard AAC5: Nurse assessment and nutrition screening should be done within 30 minutes of admission of the patient.

Review of Literature:

History of Nurse Audit:

- Before 1915- very little was known about the concept.
- 1918- Industrial concern introduced for the beginning of medical audit.
- George Groword- introduced the term physician for the first time medical audit.
- Ten years later Thomas R Pondon MD established a method of medical audit based on procedures used by financial account. He evaluated the medical care by reviewing the medical records.
- 1955- First report of nursing audit of the hospital published

- Next 15 years, nursing audit is reported from study or record.
- The program is reviewed for record nursing plan, nurses' notes, patient condition, nursing care.

A number of studies have emphasized on the nursing care and documentation, highlighting its importance. Nursing has increasingly conquered space in nursing management. This activity can verify the quality of nursing care for patients, contributing to its constant improvement. (Carla Denis et al,2016).

The errors in the nursing notes suggest ineffective communication among the professionals, which can harm the patients in the development of the treatment. (Journal of clinical nursing,2010) Thus, the implementation of the audit can equip the nursing team and strengthen the importance of the nurse auditor in this process through actions and orientations, besides the elaboration of tools for care planning. (2011)

Documentation of vital signs, handover, nurse assessment, etc are certain important parameters which have to be documented properly. Recording vital signs is an important part of the care of patients on hospital wards but problems have been identified with the way these signs are recorded. (Smith et al,2008).

Results of an audit undertaken at the Royal United Hospital, Bath, suggested that record-keeping standards were poor. To improve these standards, a method of 'reading handover', in which the main method of communication between nurses on different shifts is written rather than oral was implemented (Nursing management, 2009).

Objectives of the study:

1) To design a nurse toolkit for auditing the nursing documentation in IPD area of the hospital.
2) To identify the gaps in nursing documentation in IPD area of the hospital
3) To suggest measures to improve timely and accurate documentation by nurses.

Material and methods:

Study Design: Cross sectional descriptive study.
Setting: Moolchand Hospital, New Delhi.
Duration of study: 6 February 2017 to 6 May 2017.

Sample Size: **Total 254**(Patient record files)

Ground floor- 58

First floor- 76

Third floor- 71

International wing- 49

Sampling Technique: Purposive sampling technique

Sample Selection:

Inclusion criteria: Inpatient active files (files of currently admitted patients) on all the four floors of IPD including ground floor, first floor, third floor and international wing.

Exclusion criteria: Inactive files (files already sent to medical records department post discharge).

Data collection procedure:

Primary data collection:

1) Direct observation of the nursing assessment and vitals monitoring post new IPD admission on the floors.

Secondary data collection:

1) Daily audit of the inpatient records on the floors in IPD with the help of nursing audit toolkit.

Table 1: List of documents audited during the study

Nurse assessment form	This form is filled when the patient is admitted in any of the wards. It contains vital signs, fall risk assessment, functional screening, nutritional screening, pain assessment etc. The assessment should be ideally done and documented within 30 minutes of admission.
Daily patient care record	This form is filled by the nurses to document the daily patient care activities, investigations ordered, procedures ordered, Vital monitoring chart, safety measures taken. During shift change, nurses are supposed to sign for handing over and taking over of the patients.
Billing activity record	This record contains the details of items billed for the patient. During each shift, name and signature of nurse updating the BAR should be there.
Medical Administration record	It contains the details of the medicines administered to the patient along with nurse's signature and time. In case of high risk medication administration, there should be a counter sign also. The verbal orders are documented with seal and verification signature of doctor is very important.

Note: The above forms are attached daily in the patient record and are arranged date wise.

Patient identifiers i.e Name and HUID are recorded in every document of the patient's file. The ID band is provided to patient in order to avoid any patient identification error.

Data Analysis:

The analysis is based on the scoring for documentation of 11 different parameters in patient record of Ground, First, Third floor and International Wing.

The scoring criteria is as follows:

- Total compliance: Score 10 (When documentation is complete and is present in all the forms attached date wise in the file)

- Partial compliance: Score 5 (When documentation is present in two or more forms arranged date wise in the file)
- No compliance: Score 0 (When documentation is present in only one or less than one forms, arranged date wise in the record)

Findings:

Following graphs shows the comparison between the floors regarding the compliance in documentation.

1.**Initial assessment of patients within 30 minutes of admission**

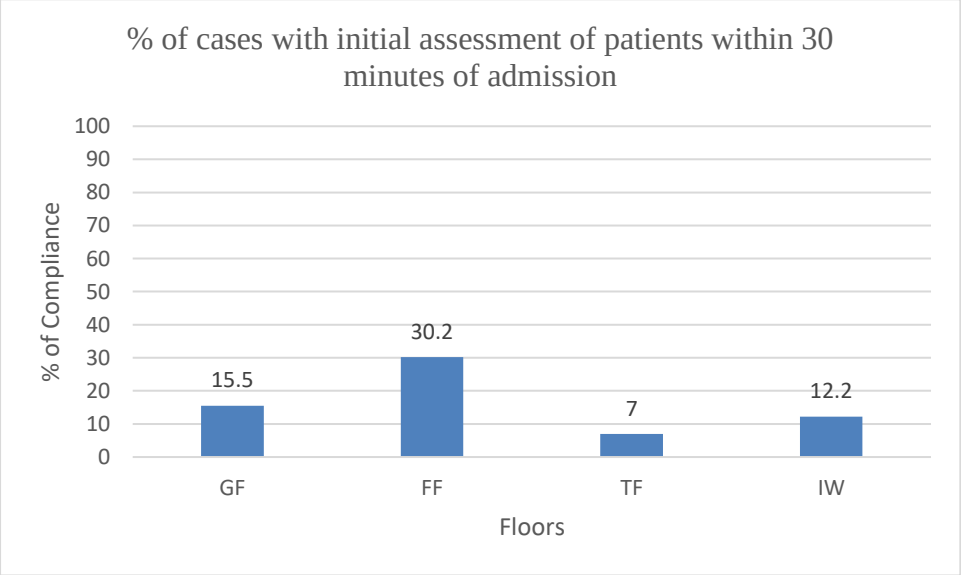


Figure 1

The above figure shows that the compliance for initial assessment of patients is maximum in First floor (30.2 %), followed by Ground floor and International wing.Third floor has the least compliance (7%).

2. **Nutritional Screening within 30 minutes of admission**

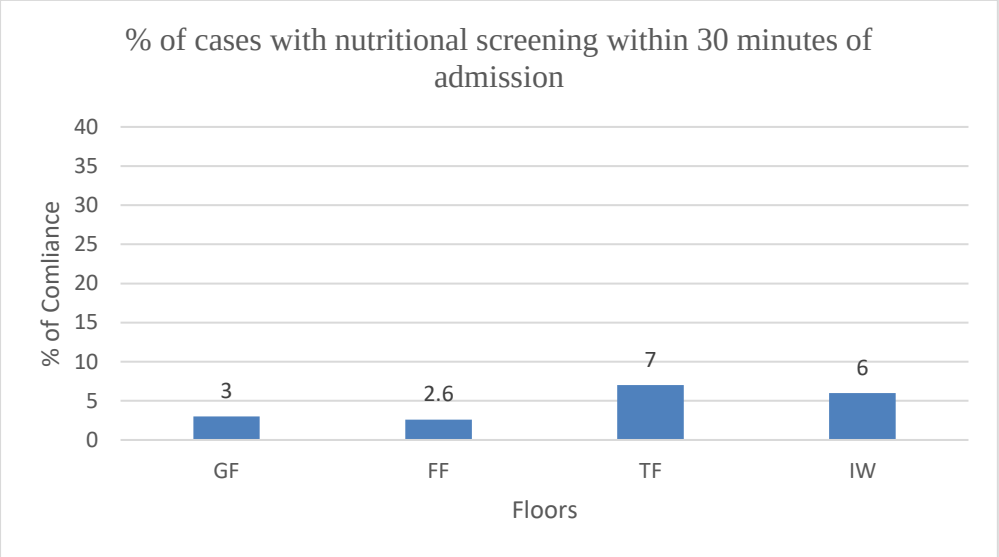


Figure 2

The above figure shows that Nutritional screening within 30 minutes is done only in 7% of the cases in Third floor, followed by International wing with 6% compliance. Ground floor and first floor have least compliance, about 3%

3. **Vitals monitoring and documentation:**

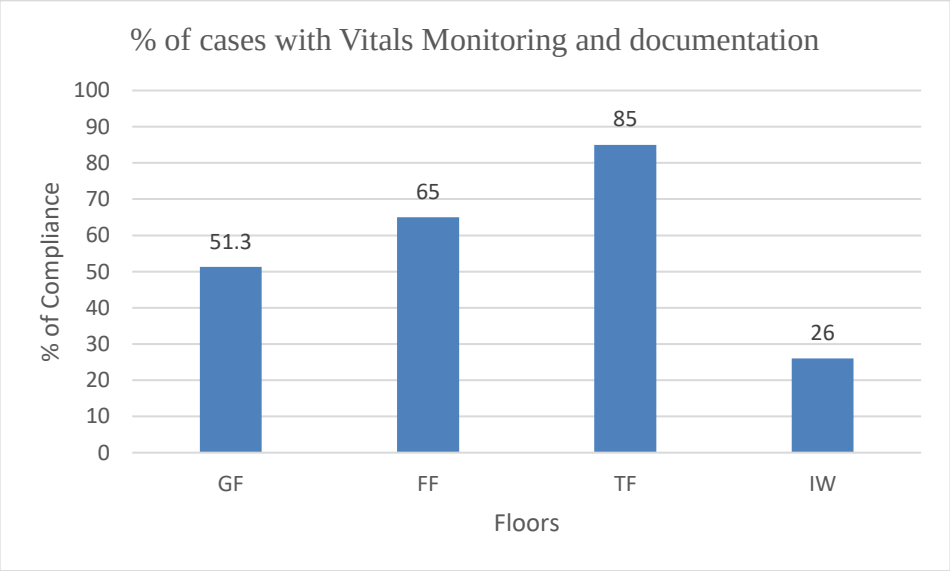


Figure 3

Figure3. shows that in almost in 85% of the cases, vitals monitoring and documentation is done on Third floor, However International wing is least complaint with vitals documentation in only 26 % of the cases.

4 **Signatures in BAR sheet**

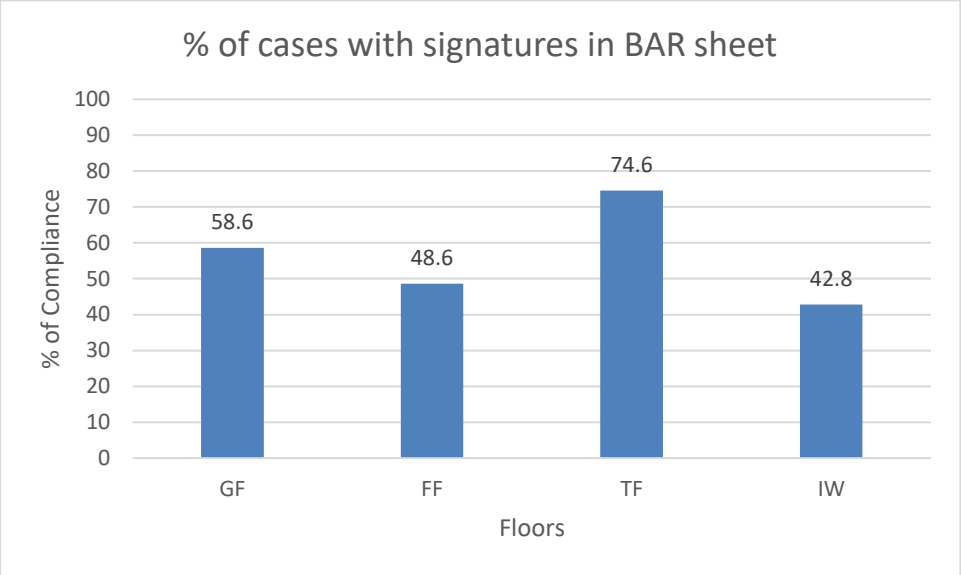


Figure 4

Figure 4: shows that Third floor has maximum compliance amongst all the floors regarding the signatures in BAR sheet (74.6%), followed by First floor (48.6%), IW and ground floor.

5. **Nursing handover signatures**

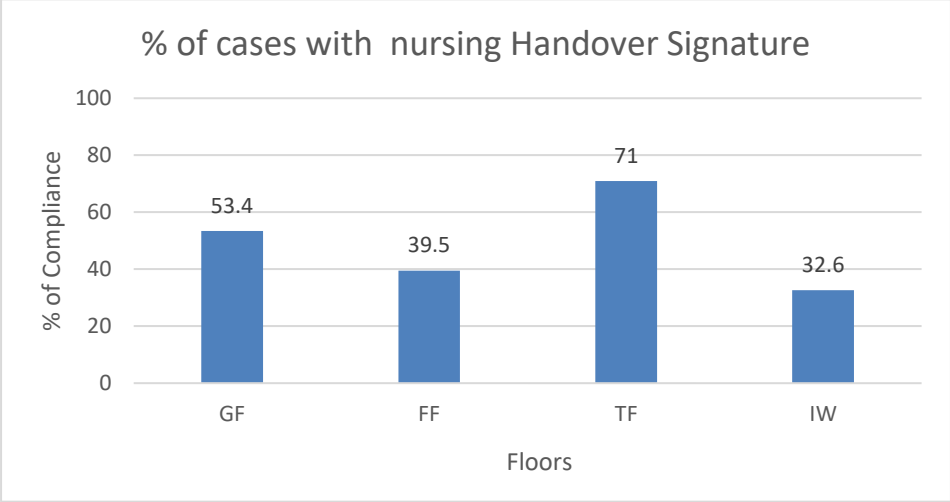


Figure 5

The above figure shows that Third floor has compliance in 71% of cases where nursing handover signatures are present. Ground floor has 53.4% compliance followed by First floor (39.5%). International wing is least compliant with handover signatures in only 32.6% cases.

6. Documentation of Patient's Name

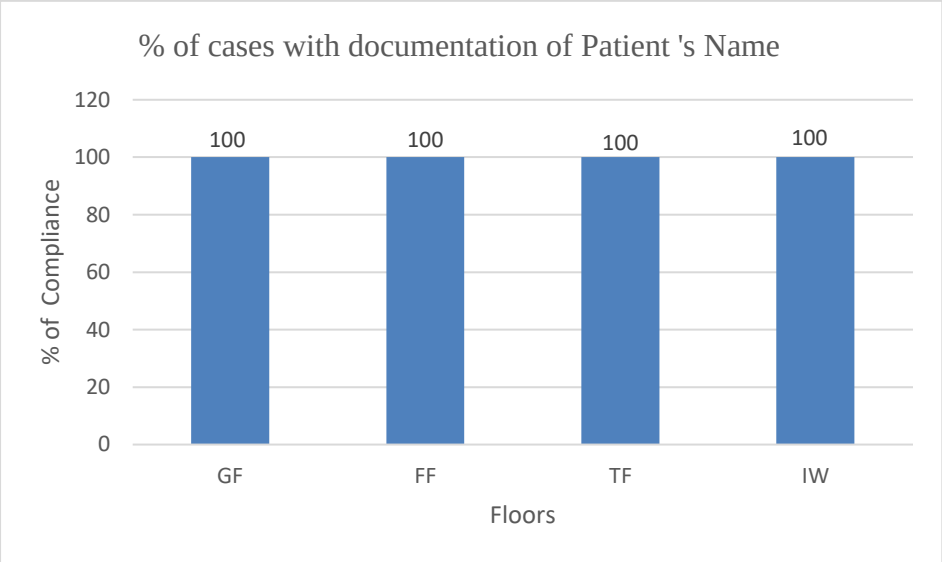


Figure 6

The above figure shows that all floors have 100% compliance of documentation of patient's name in the patient record file.

7**. HUID documentation as patient identifier**

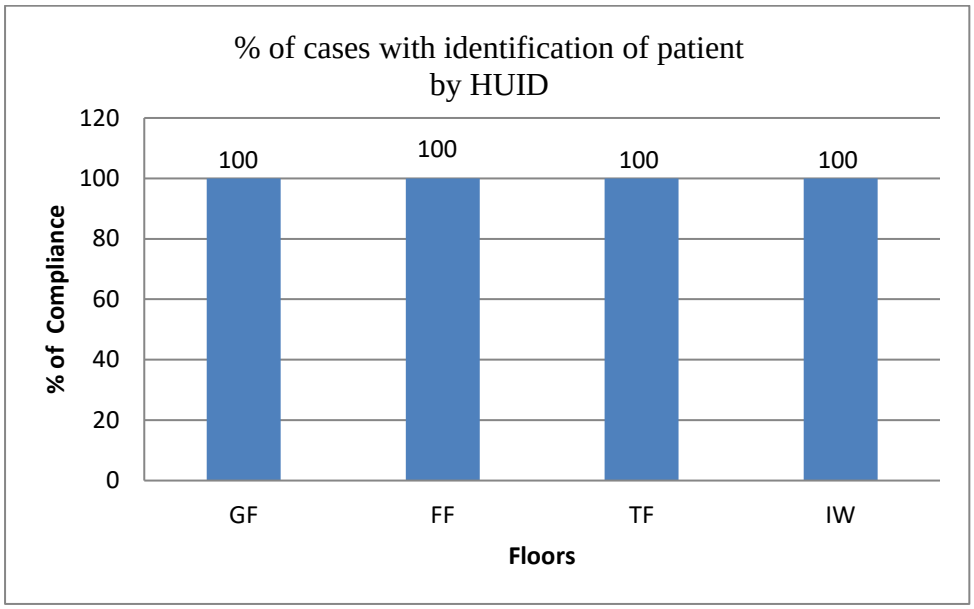


Figure 7

The above figure shows that all floors have 100% compliance of documenting HUID as patient identifier.

8**. Patient Identification by ID band**

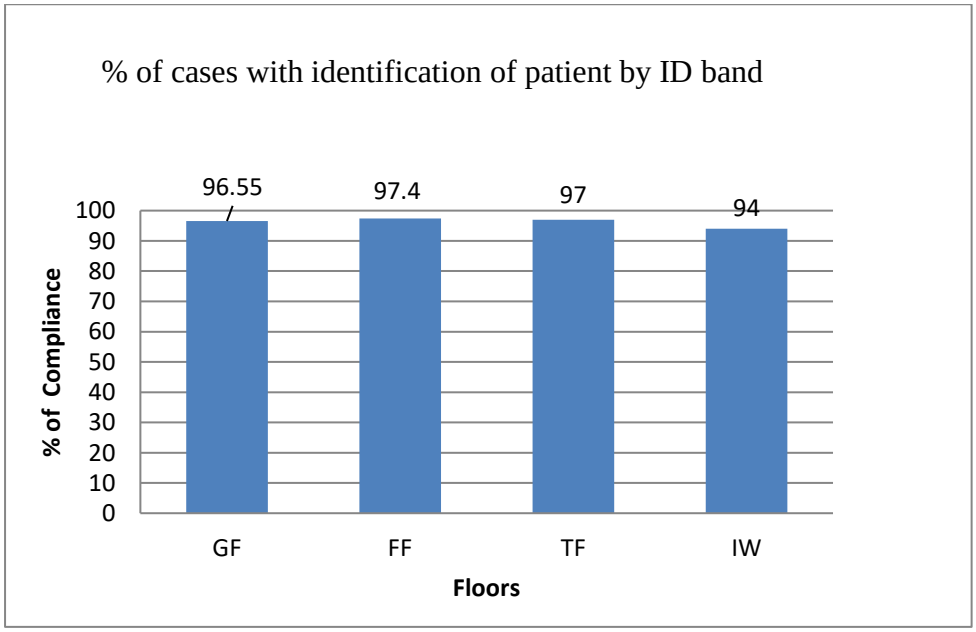


Figure8

The above figure shows that First floor has compliance in 97% of cases for identification of patient by ID band and least compliance in International wing (94%).

9**. Documentation of Verbal/Stat order**

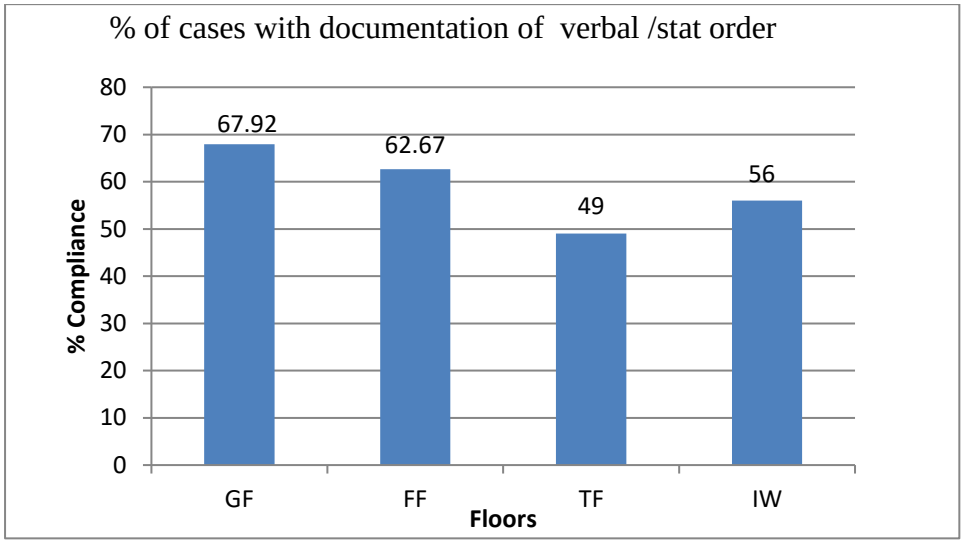


Figure 9

The above figure shows that Ground floor has compliance in 67% of cases of documentation of verbal/stat order with seal and doctor verification signature, first floor has compliance in 62% cases followed by International wing 56% and least compliance is of Third floor 49%.

10**. Patient and family education documentation (**procedure/proposed plan of care and effects of treatment)

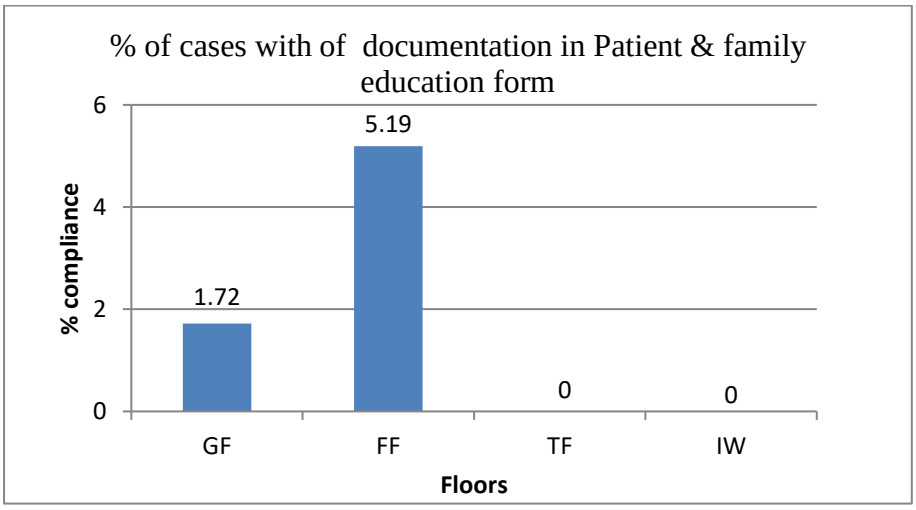


Figure 10

The above figure shows that compliance percentage for documentation of patient and family education is 5.2% in first floor records and no compliance score in case of third floor and International wing.

Results:

Table 2: Percentage of compliance, partial compliance and non-compliance in nursing documentation of the 11 parameters, audited on various floors during the study.

N=254		% of compliance		
Audit Parameters	Floors	Compliant	Partially compliant	Non-compliant
Initial assessment of patients in 30 minutes of admission	GF	15.5	84.4	0
	FF	30.2	68.4	0
	TF	7	93	0
	IW	12.2	87	0
Nutritional screening in 30 minutes of admission	GF	3	60.3	36.6
	FF	2.6	51.3	46
	TF	7	56.3	36.6
	IW	6	67.3	26
Vitals monitoring and documentation in DPR	GF	65	35	0
	FF	51.3	48.6	0
	TF	85	15	0
	IW	26	73	0
Signatures in BAR sheet	GF	58.6	41.3	0
	FF	48.6	51.3	0
	TF	74.6	25.4	0
	IW	42.8	57.1	0
Nursing handover signatures	GF	53.4	46.5	0
	FF	39.5	60.5	0
	TF	71	29	0
	IW	32.6	67.3	0
Nurse's sign and counter sign in case of high risk medication administration	GF	0	100	0
	FF	0	100	0
	TF	0	100	0
	IW	0	100	0
Documentation of Patients Name	GF	100	0	0
	FF	100	0	0
	TF	100	0	0

	IW	100	0	0
HUID documentation as patient identifier	GF	100	0	0
	FF	100	0	0
	TF	100	0	0
	IW	100	0	0
Patient Identification by ID band	GF	96.5	0	3.45
	FF	97	0	2.6
	TF	97	0	3
	IW	94	0	6
Documentation of Verbal/Stat order	GF	67.9	28.3	3.77
	FF	62.6	36	1.33
	TF	49	43	7
	IW	56	40	4
Patient and family education documentation	GF	1.72	98.28	0
	FF	5.19	93.51	1.3
	TF	0	97	3
	IW	0	96	4

Interpretation:

- Compliance in documentation of vitals, Handover signatures, BAR sheet is maximum on Third floor (85%,71%, 74.6 % respectively) as compared to other floors.
- Initial assessment and nutritional screening are not done within 30 minutes in majority of the cases. Maximum compliance of initial assessment is seen in First floor (30%) and minimum is seen on Third floor (7%).
- Nutritional screening has lower compliance as compared to other parameters audited on GF, FF, TF, IW (3%, 2.6%, 7%, 6%) respectively.
- In all the cases with high risk medication administration, nurse's counter sign was missing. Hence there is 100% partial compliance with only one nurse signature on administration record
- Documentation of Patients name and HUID has 100% compliance in records of the floors audited.

- Patient identification check by ID band is maximum followed by first floor (97.4%) followed by third floor (97%)and least compliance percentage is of International wing(94%).
- Patient and family education parameter has least percentage compliance as compared to other parameters. This parameter has partial compliance percentage higher than 100% compliance in all floors.

Conclusion:

Quality nursing documentation promotes structured, consistent and effective communication between caregivers and facilitates continuity and individuality of care and safety of patients.

- The accuracy of documentation content in relation to patients' actual conditions and the care given is an important process feature of documentation quality.
- From the study, it can be concluded that the nursing care was not fully expressed in the records, so written communication between different caregivers about patients was inadequate.
- Regular trainings on effective documentation and auditing the same are few measures which can be taken to improve the documentation process.

Suggestions:

- Education and training programs to be organized for nurses for timely and accurate documentation in the patient records. During the trainings,
  1. The nurses should be explained about the importance of documentation of the vitals and regular monitoring which may otherwise lead to unexpected outcome and compromised patient care leading to their dissatisfaction.
  2. They should be educated that if the BAR sheet is filled properly, it will help in reducing billing errors which in turn will reduce the revenue loss.
  3. Accountability of patient care during a particular shift depends on the assigned nurse, hence importance of documentation of handing over and taking over should be communicated to the nurses.

4. Nurses should be explained that if initial assessment and nutritional screening is not done within 30 minutes, there will be delay in the further treatment plan and it can have adverse outcomes.

- Regular monitoring and auditing to ensure complete documentation by the nurses.
- To conduct regular on the job training for the nurses.

References:

1. Heartfield M. Nursing documentation and nursing practice: a discourse analysis. J adv nurse 1996; 24: 98-103.
2. Urquhart C., Currell R., Grant M.J., Hardiger N.R. Nursing record systems: effects on nursing practice and
3. Healthcare outcomes, Cochrane database syat. rev. (1) 2009, doi: 10.1002/14651858, art.
4. Saranto K., Kinnunen U.-M. Evaluating nursing documentation – research designs and methods: systematic
5. Journal of advanced nursing 65(3), 464-476.
6. Waneka R., Spetz J. Hospital information technology systems, impact on nurses and nursing care. The
7. Journal of nursing administration 40(12), 509-515.
8. Häyrinen K., Lammintakanen J., Saranto K. Evaluation of electronic nursing documentation – Nursing
9. Process model and standardized terminologies as key to visible and transparent nursing. International journal of medical informatics 79 (2010) 554-564.
10. Setz VG, D'Innocenzo M. Avaliação da qualidade dos registros de enfermagem no prontuário por meio da auditoria. Acta Paul Enferm. 2009; 22(3):313-7.
11. Gartlan J, Smith A, Clennett S, Walshe D, TomlinsonSmith A, Boas L, et al. An audit of the adequacy of acute wound care documentation of surgical inpatients. J Clin Nurs. 2010; 19(15-16):2207-14.
12. Menezes JGBRL, Bucchi SM. Auditoria em enfermagem: um instrumento para assistência de qualidade. Rev Enferm UNISA. 2011; 12(1):68-72.

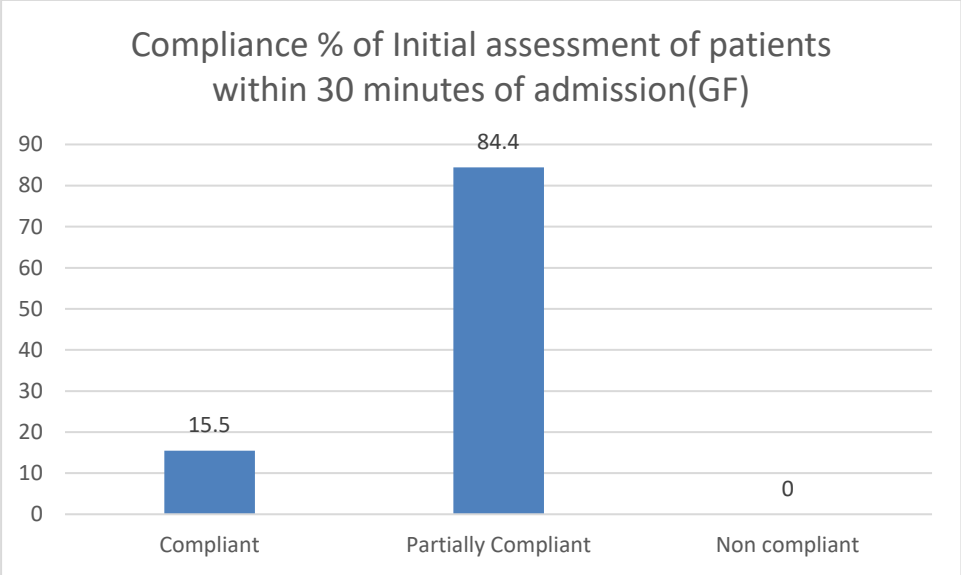
Annexures

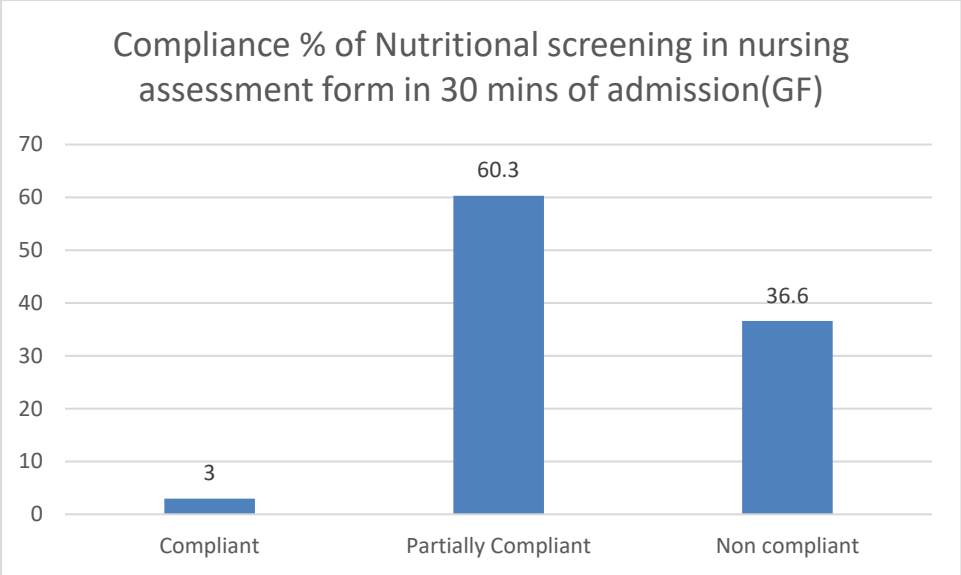
Annex-A: Nurse Audit tool kit

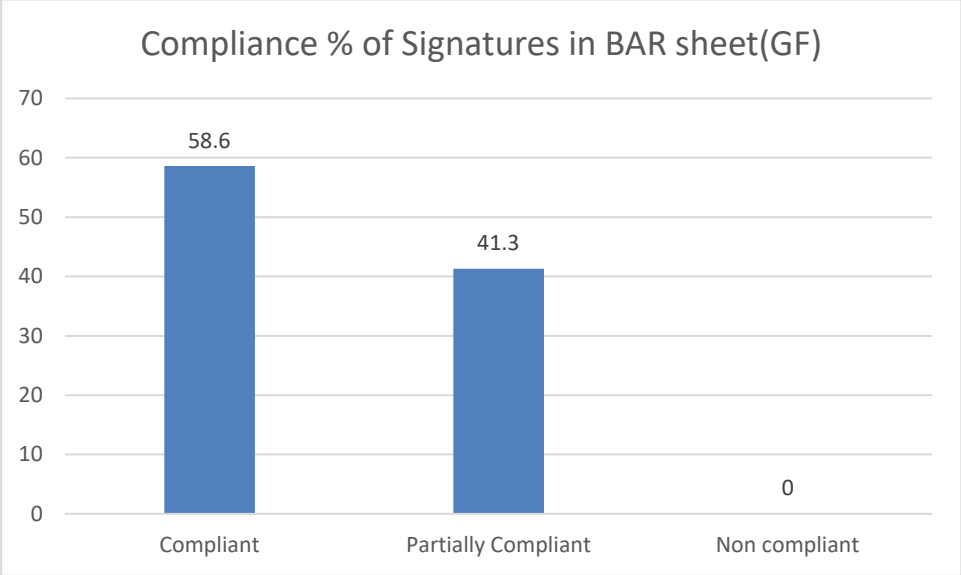
Audit Parameters	Patient name: Huid: DOA: TOA	Patient name: Huid: DOA: TOA	Patient name: Huid: DOA: TOA	Patient name: Huid: DOA: TOA
1.Initial assessment of patient by nursing in 30 minutes of admission				
2.Nutritional screening in nurse assessment form in 30 minutes				
3.Vital Monitoring and documentation in daily patient record				
4.Nurse sign and counter sign in case any high alert medication administered				
5. Signatures in BAR sheet				
6.Nursing Handover Signature				
7.Documentation of Patients Name				
8.HUID documentation as patient Identifier				
9.Patient Identification by ID band				
10.Documentation of Verbal/Stat order				
11.Patient and family education documentation				

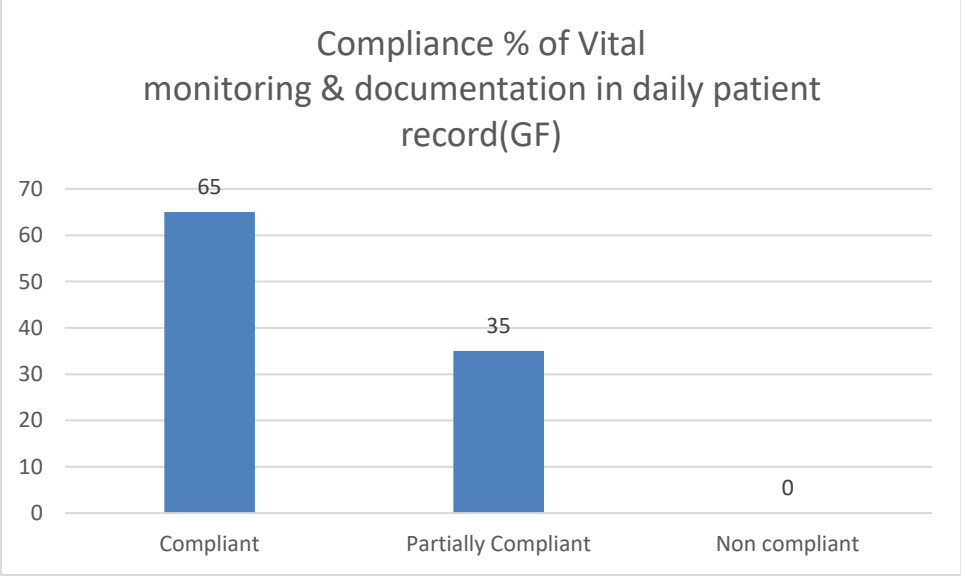
Annex-B: Floor wise graphs showing compliance, partial compliance and non-compliance with respect to the audited parameters.

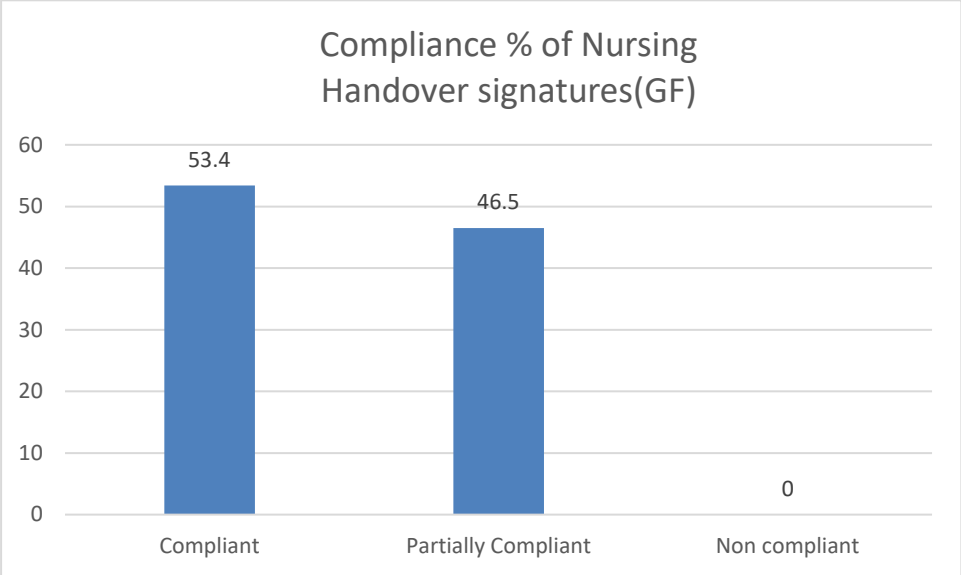
- **GROUND FLOOR**

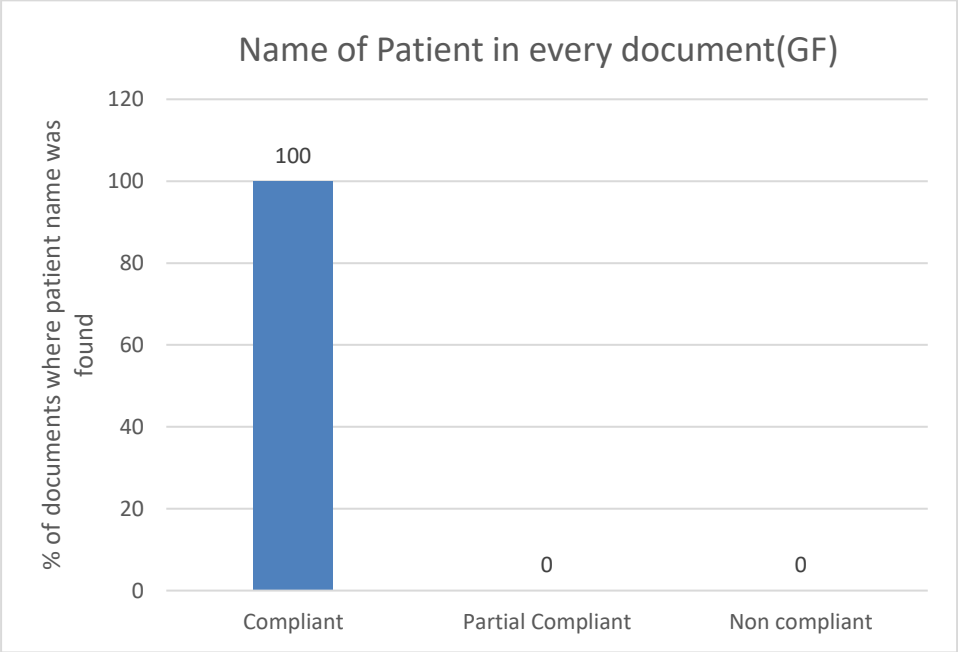


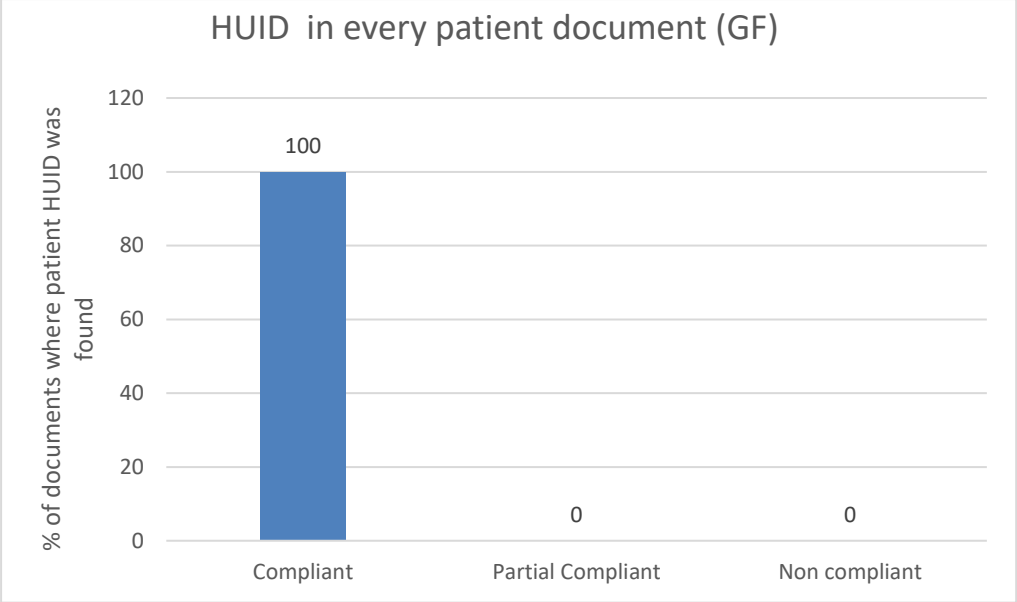


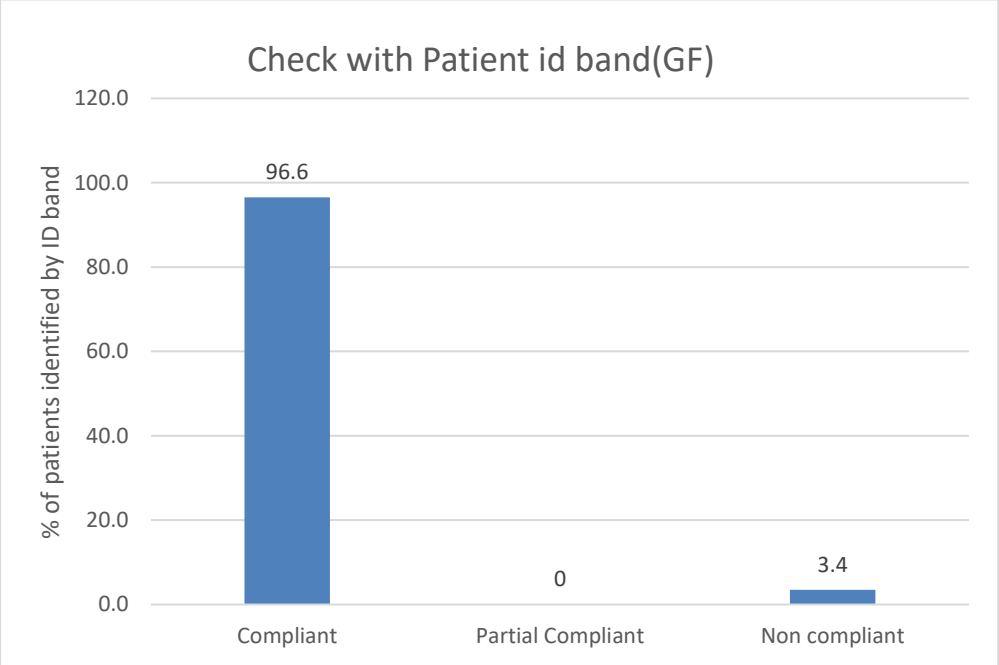

Compliance % of Signatures in BAR sheet(GF)
70
60
50
40
30
20
10
0
58.6
41.3
0
Compliant
Partially Compliant
Non compliant

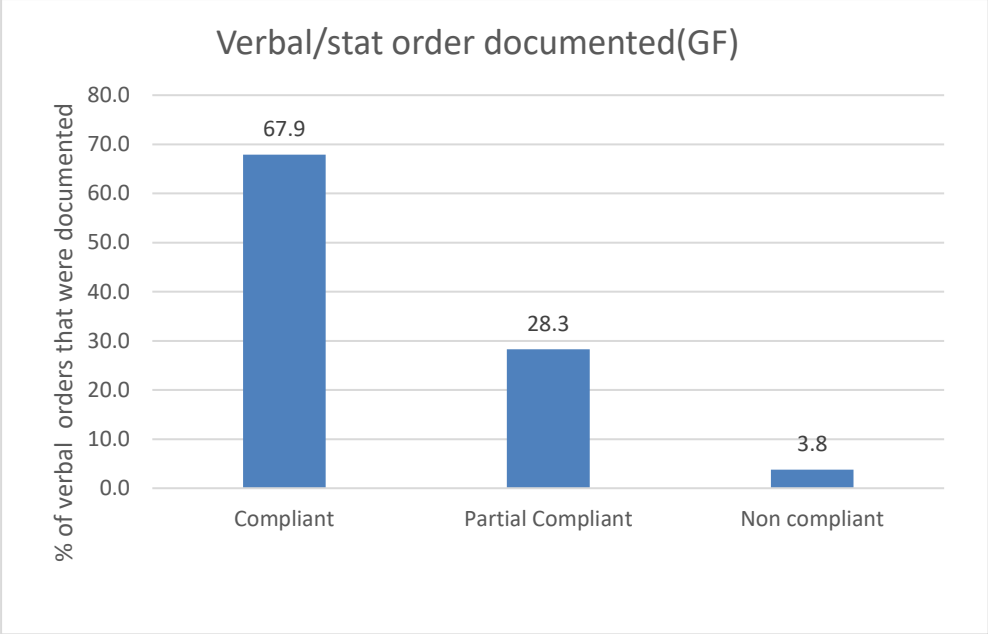

Compliance % of Vital monitoring & documentation in daily patient record(GF)
70
60
50
40
30
20
10
0
65
35
0
Compliant
Partially Compliant
Non compliant

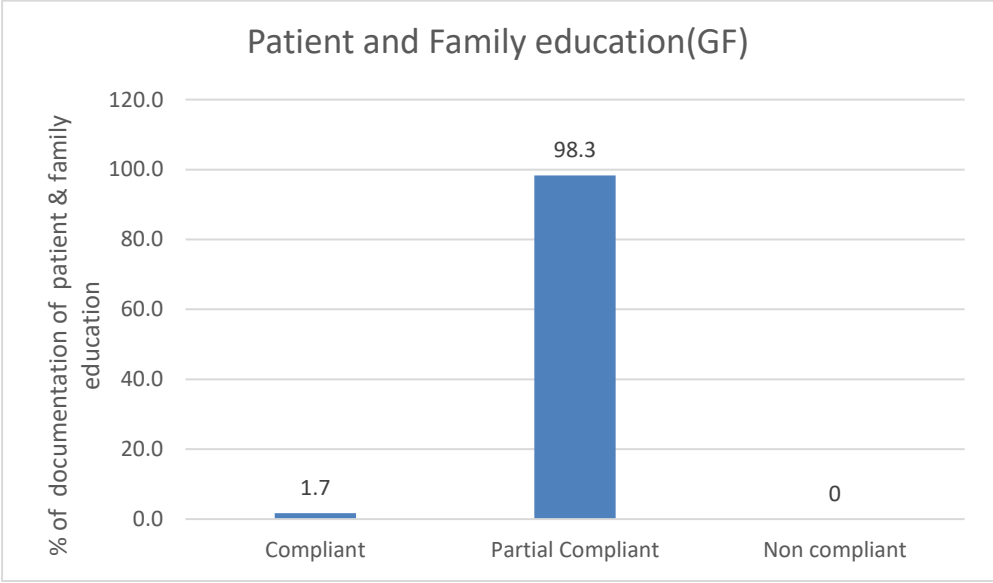

Compliance % of Nursing Handover signatures(GF)
60
50
40
30
20
10
0
53.4
46.5
0
Compliant
Partially Compliant
Non compliant


Name of Patient in every document(GF)
% of documents where patient name was found
120
100
80
60
40
20
0
100
0
0
Compliant
Partial Compliant
Non compliant

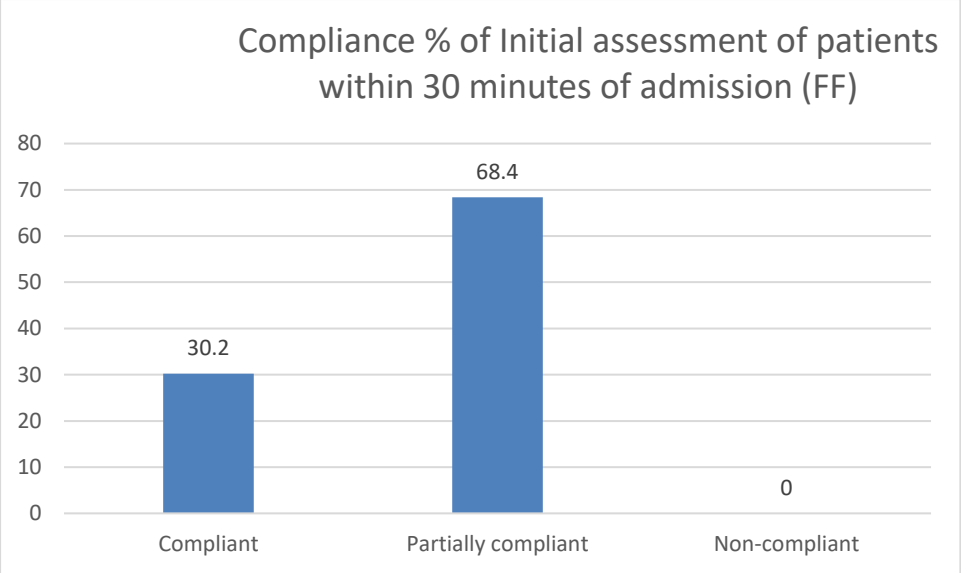

HUID in every patient document (GF)
% of documents where patient HUID was found
120
100
80
60
40
20
0
100
0
0
Compliant
Partial Compliant
Non compliant

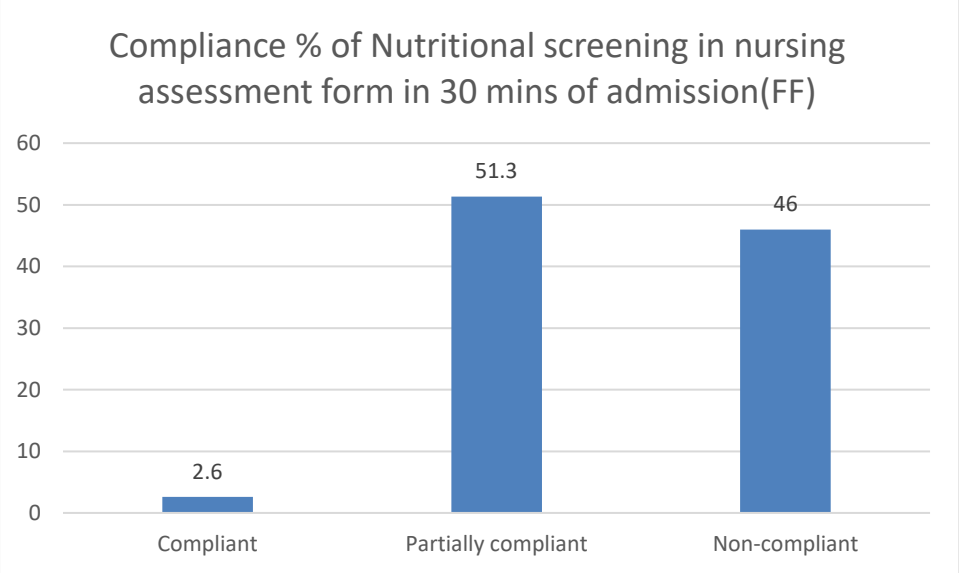

Check with Patient id band(GF)
% of patients identified by ID band
120.0
100.0
80.0
60.0
40.0
20.0
0.0
96.6
0
3.4
Compliant
Partial Compliant
Non compliant

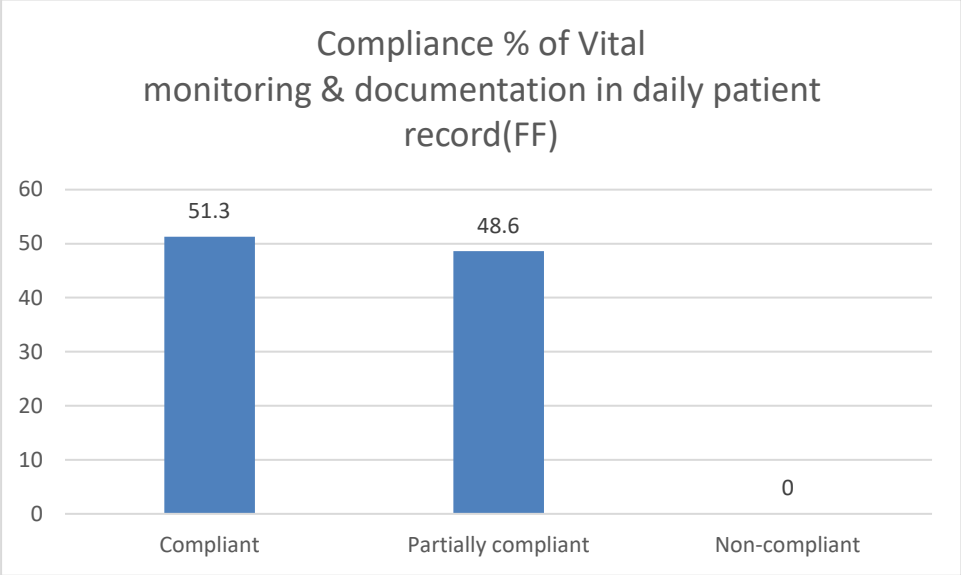

Verbal/stat order documented(GF)
% of verbal orders that were documented
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
67.9
28.3
3.8
Compliant
Partial Compliant
Non compliant

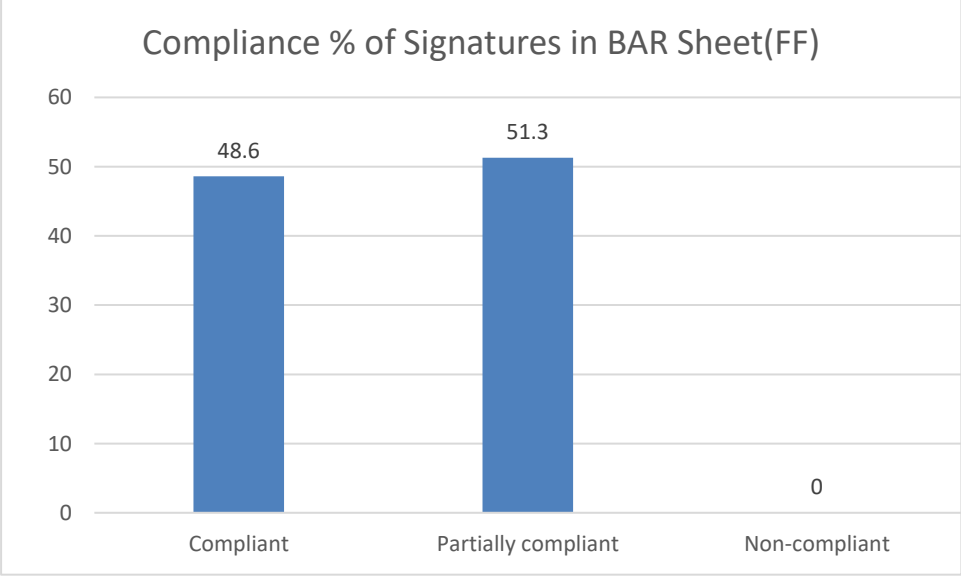

Patient and Family education(GF)
% of documentation of patient & family education
120.0
100.0
80.0
60.0
40.0
20.0
0.0
98.3
1.7
0
Compliant
Partial Compliant
Non compliant

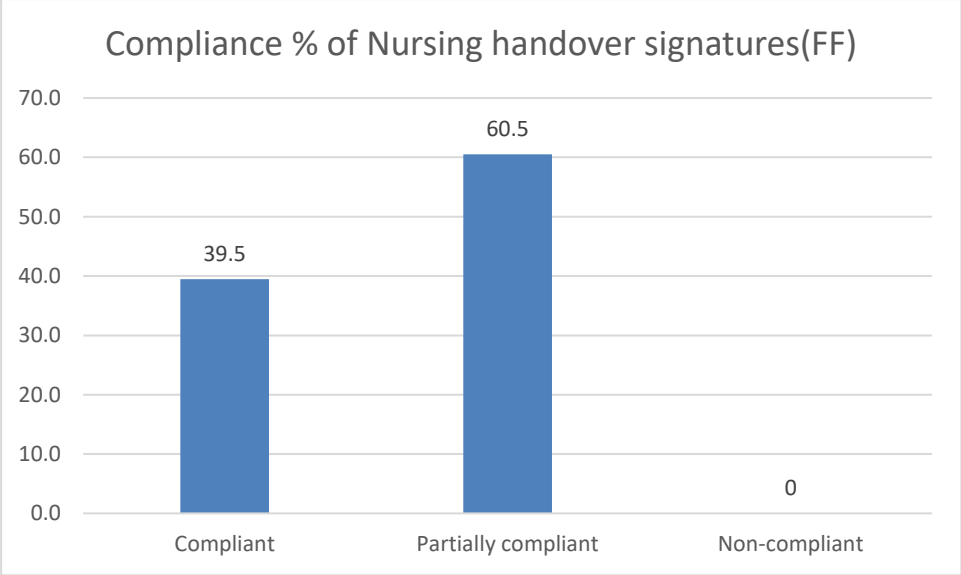
- **FIRST FLOOR:**

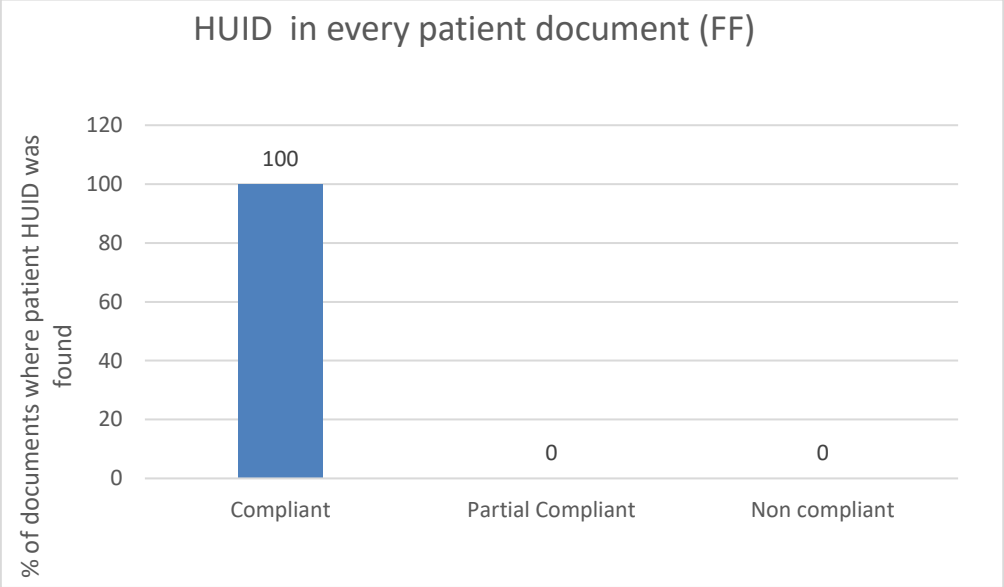

Compliance % of Initial assessment of patients within 30 minutes of admission (FF)
80
70
60
50
40
30
20
10
0
30.2
68.4
0
Compliant
Partially compliant
Non-compliant

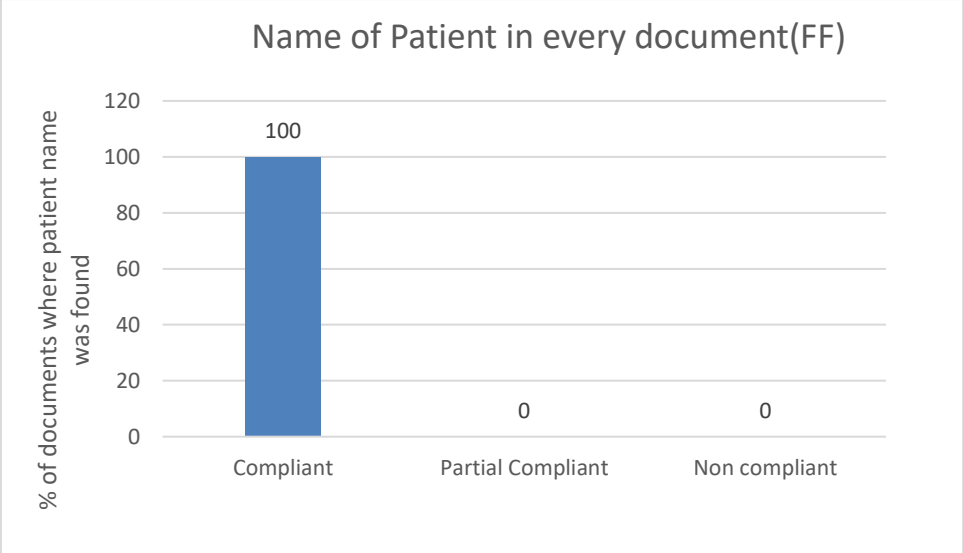

Compliance % of Nutritional screening in nursing assessment form in 30 mins of admission(FF)
60
50
40
30
20
10
0
2.6
51.3
46
Compliant
Partially compliant
Non-compliant

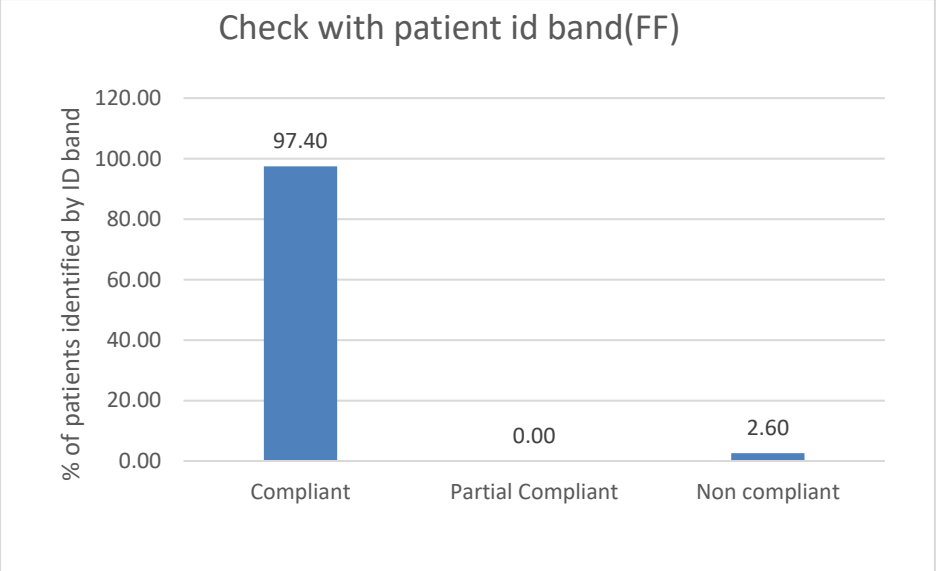

Compliance % of Vital monitoring & documentation in daily patient record(FF)
60
50
40
30
20
10
0
51.3
48.6
0
Compliant
Partially compliant
Non-compliant

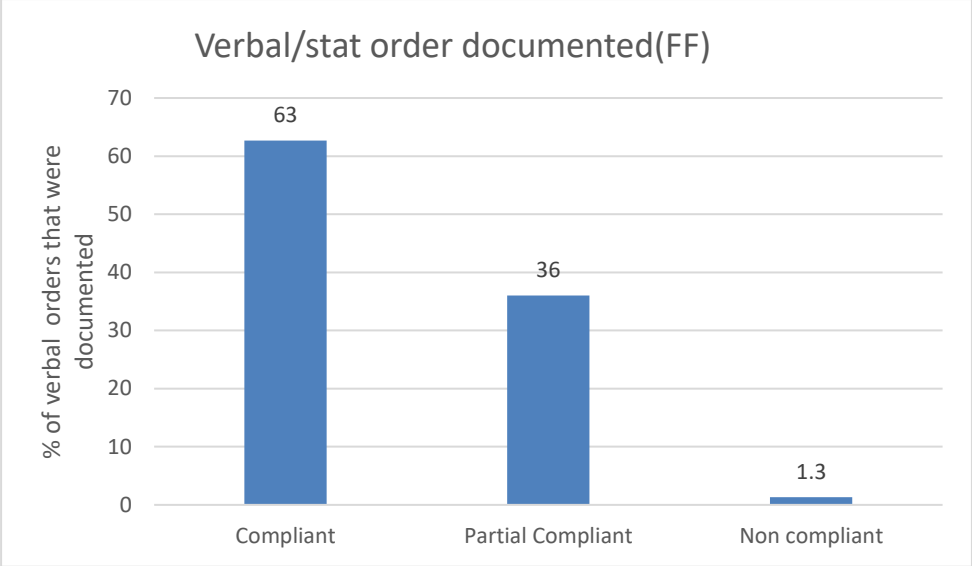

Compliance % of Signatures in BAR Sheet(FF)
60
50
40
30
20
10
0
48.6
51.3
0
Compliant
Partially compliant
Non-compliant

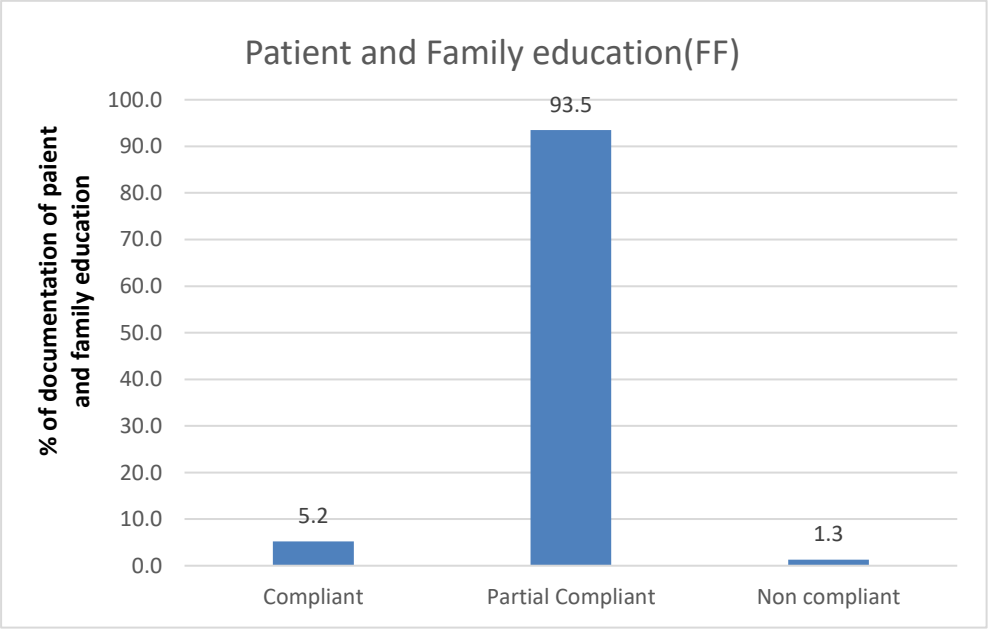

Compliance % of Nursing handover signatures(FF)
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
39.5
60.5
0
Compliant
Partially compliant
Non-compliant


HUID in every patient document (FF)
% of documents where patient HUID was found
120
100
80
60
40
20
0
100
0
0
Compliant
Partial Compliant
Non compliant

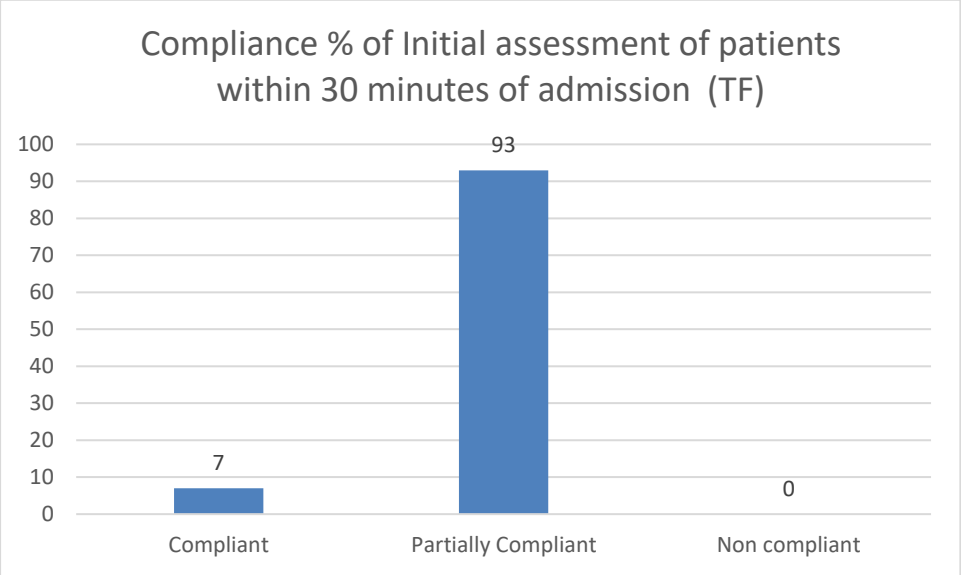

Name of Patient in every document(FF)
% of documents where patient name was found
120
100
80
60
40
20
0
100
0
0
Compliant
Partial Compliant
Non compliant

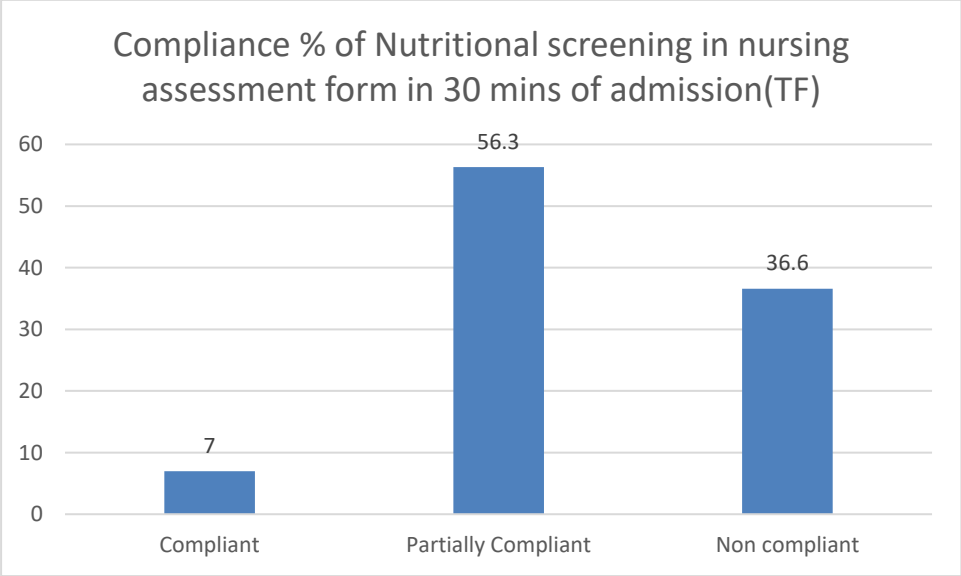

Check with patient id band(FF)
% of patients identified by ID band
120.00
100.00
80.00
60.00
40.00
20.00
0.00
97.40
0.00
2.60
Compliant
Partial Compliant
Non compliant

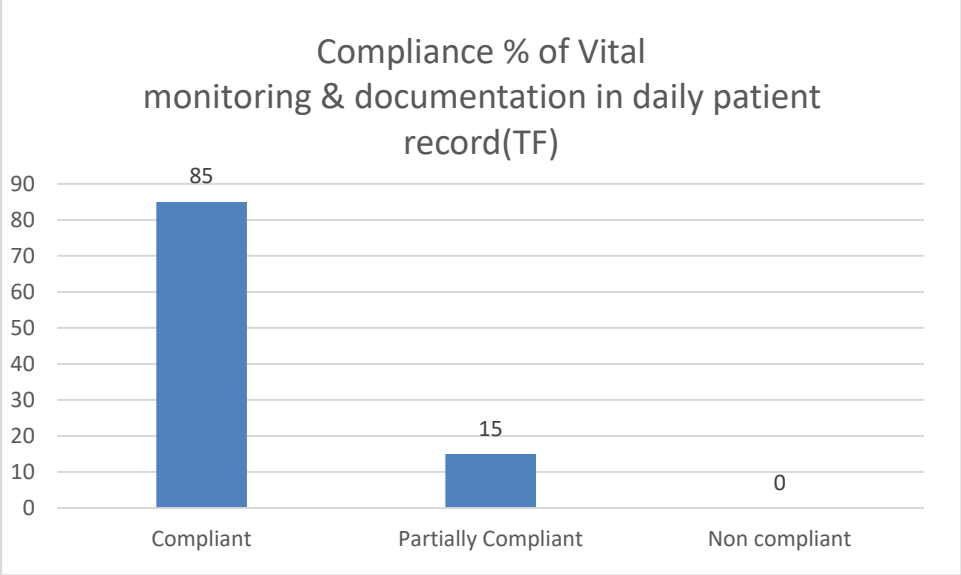

Verbal/stat order documented(FF)
% of verbal orders that were documented
70
60
50
40
30
20
10
0
63
36
1.3
Compliant
Partial Compliant
Non compliant

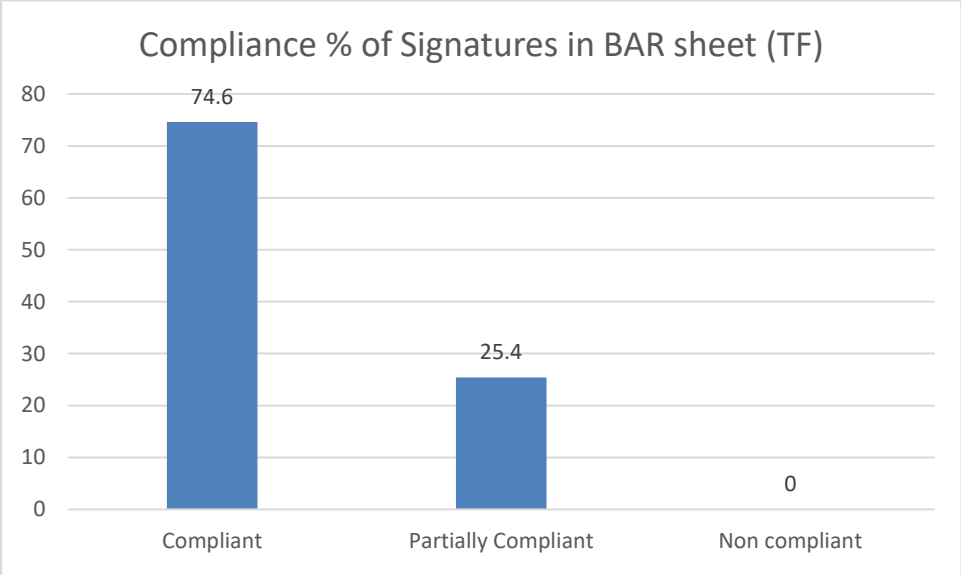

Patient and Family education(FF)
% of documentation of paient and family education
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
5.2
93.5
1.3
Compliant
Partial Compliant
Non compliant

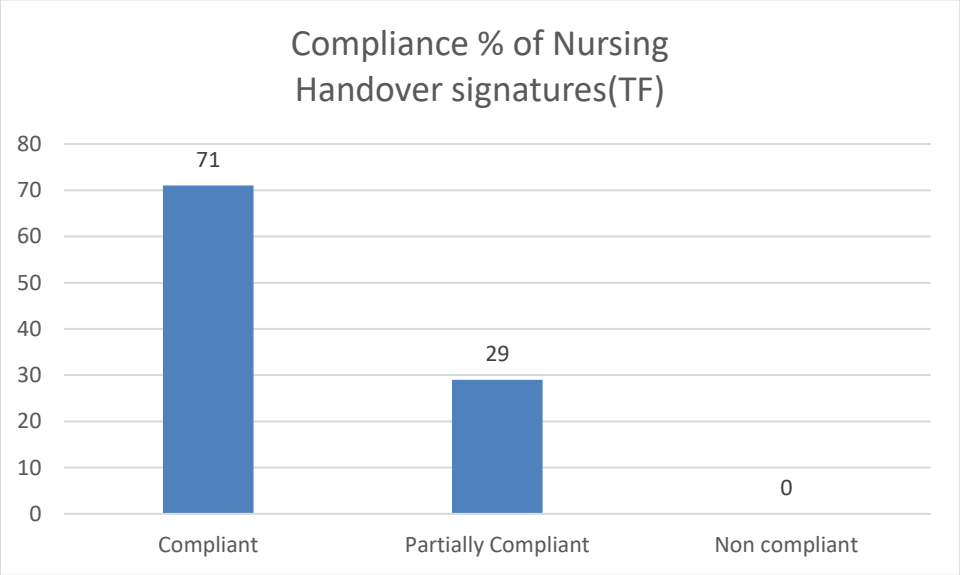
- **THIRD FLOOR**

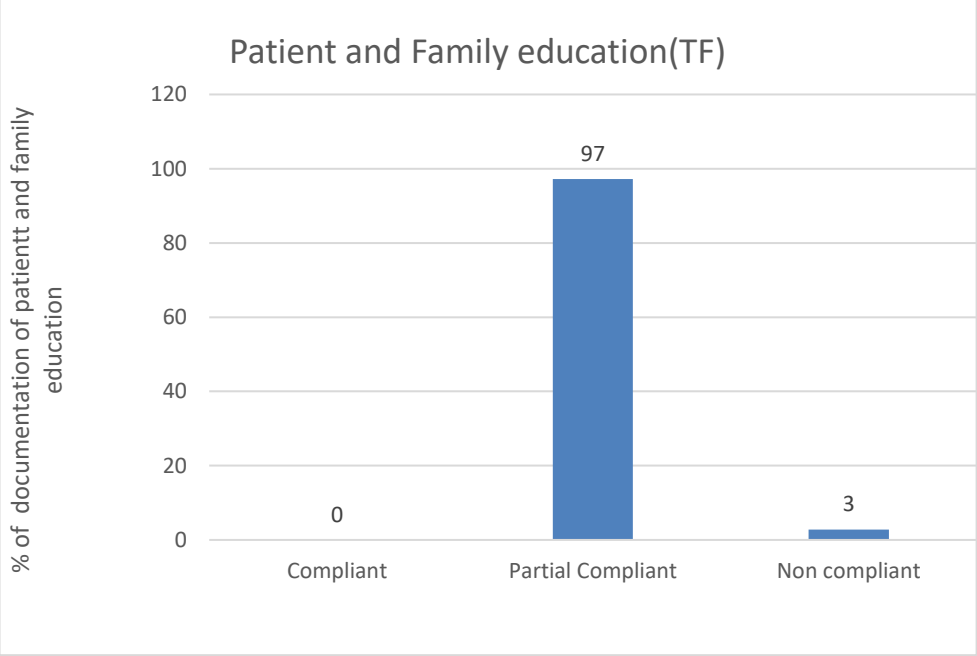

Compliance % of Initial assessment of patients within 30 minutes of admission (TF)
100
90
80
70
60
50
40
30
20
10
0
93
7
0
Compliant
Partially Compliant
Non compliant

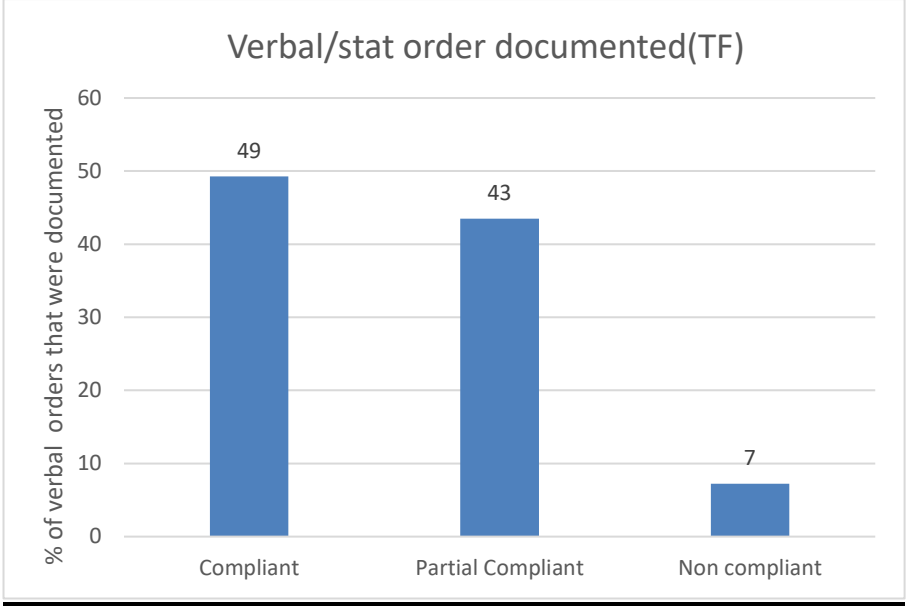

Compliance % of Nutritional screening in nursing assessment form in 30 mins of admission(TF)
60
50
40
30
20
10
0
56.3
36.6
7
Compliant
Partially Compliant
Non compliant

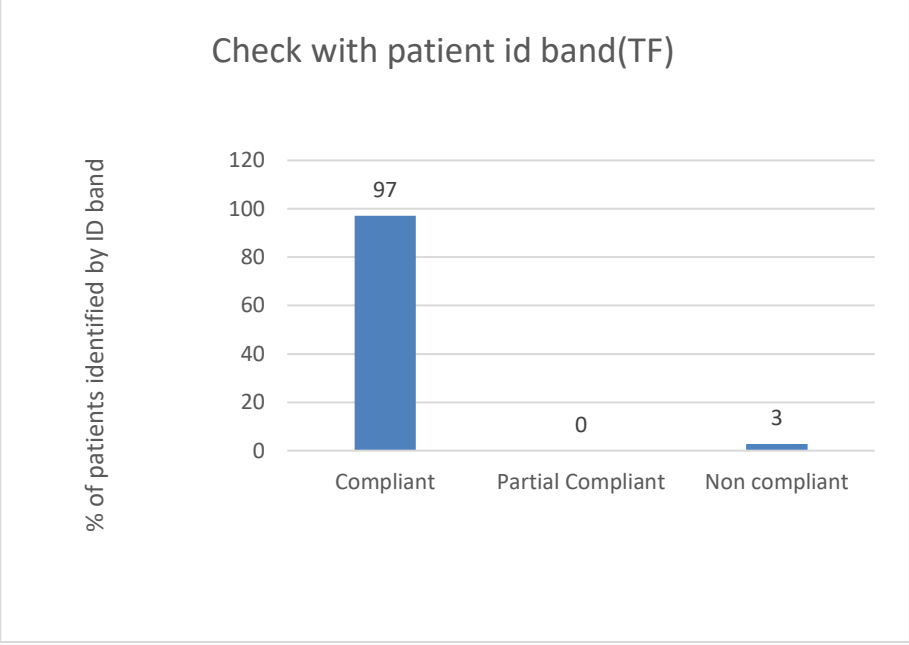

Compliance % of Vital monitoring & documentation in daily patient record(TF)
90
80
70
60
50
40
30
20
10
0
85
15
0
Compliant
Partially Compliant
Non compliant

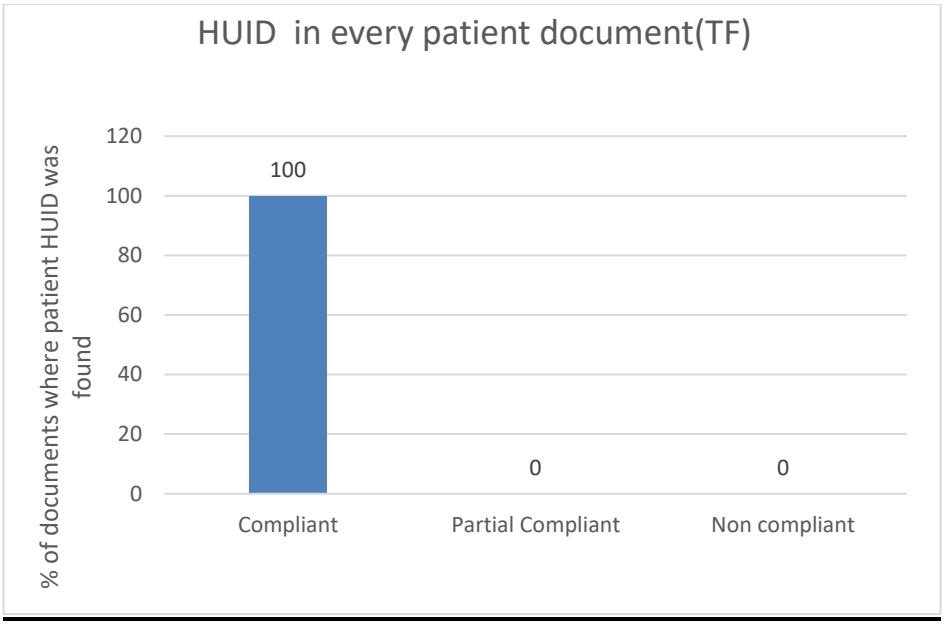

Compliance % of Signatures in BAR sheet (TF)
80
70
60
50
40
30
20
10
0
74.6
25.4
0
Compliant
Partially Compliant
Non compliant

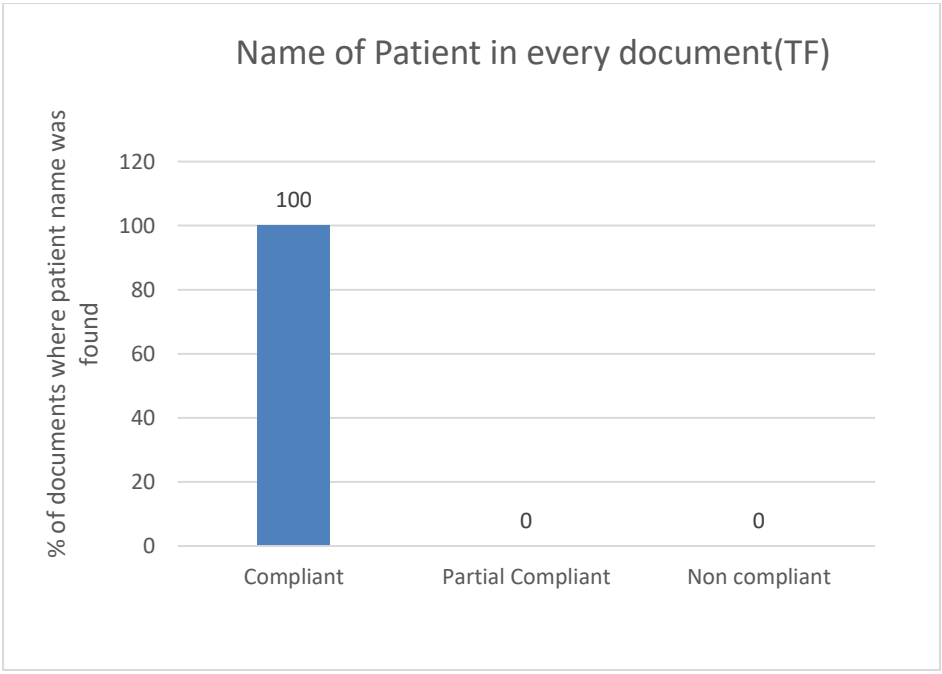

Compliance % of Nursing Handover signatures(TF)
80
70
60
50
40
30
20
10
0
71
29
0
Compliant
Partially Compliant
Non compliant


Patient and Family education(TF)
% of documentation of patientt and family education
120
100
80
60
40
20
0
97
0
3
Compliant
Partial Compliant
Non compliant

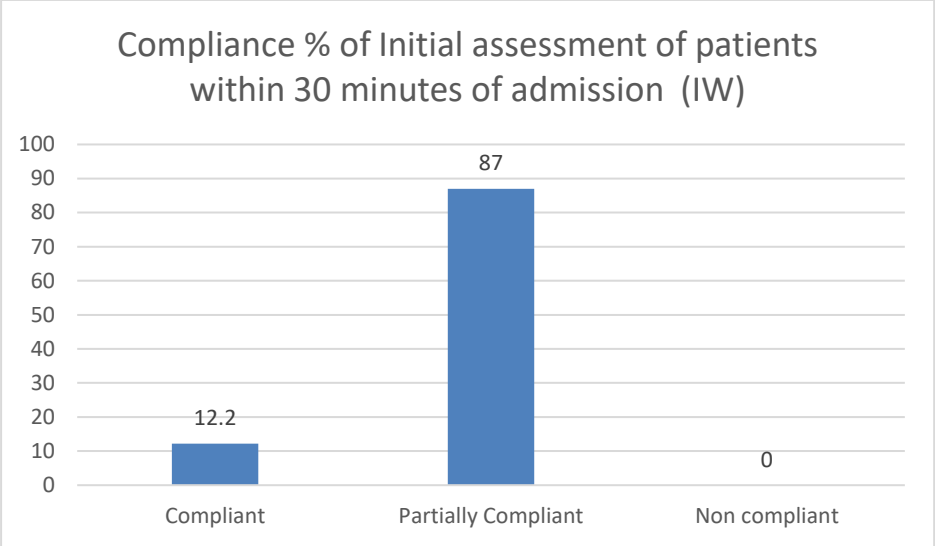

Verbal/stat order documented(TF)
% of verbal orders that were documented
60
50
40
30
20
10
0
49
43
7
Compliant
Partial Compliant
Non compliant

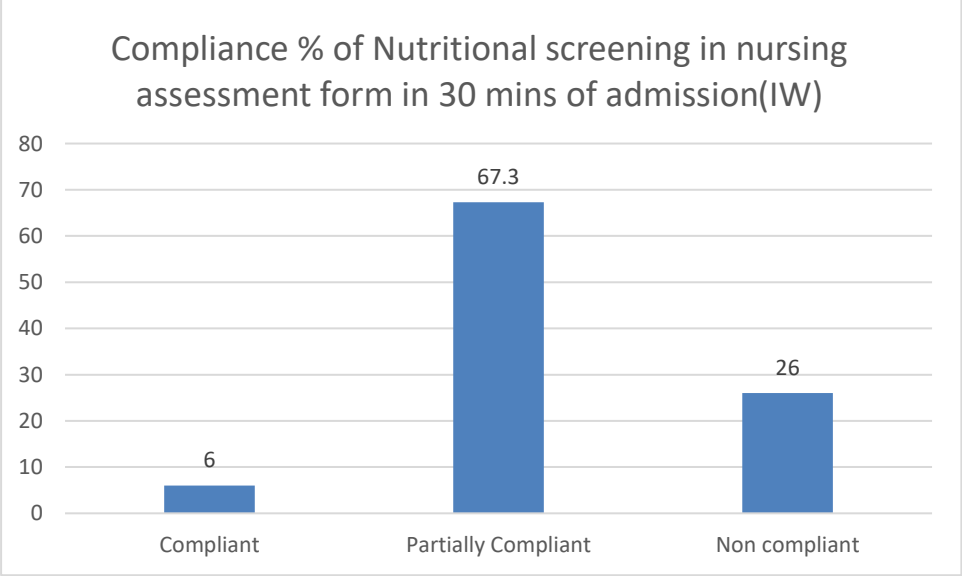

Check with patient id band(TF)
% of patients identified by ID band
120
100
80
60
40
20
0
97
0
3
Compliant
Partial Compliant
Non compliant

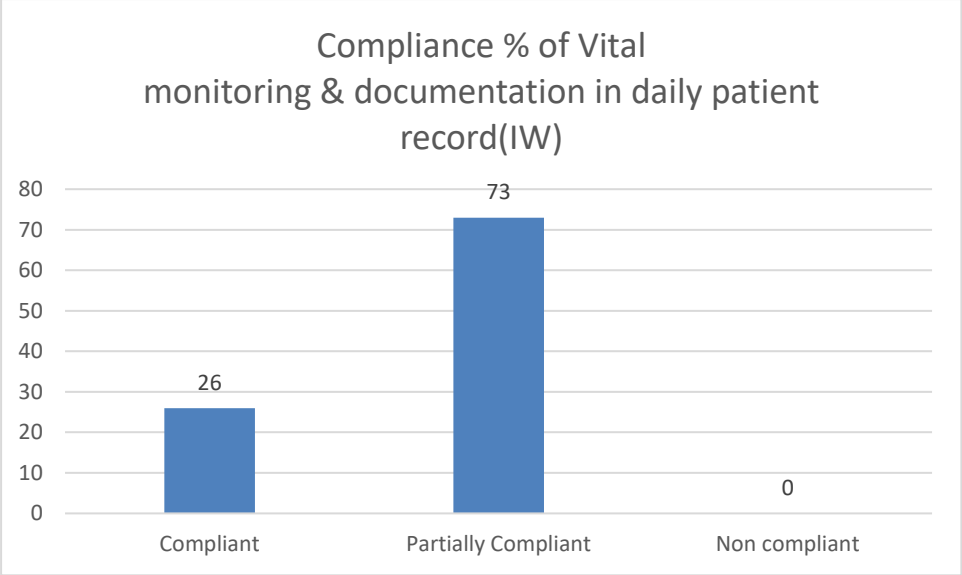

HUID in every patient document(TF)
% of documents where patient HUID was found
120
100
80
60
40
20
0
100
0
0
Compliant
Partial Compliant
Non compliant

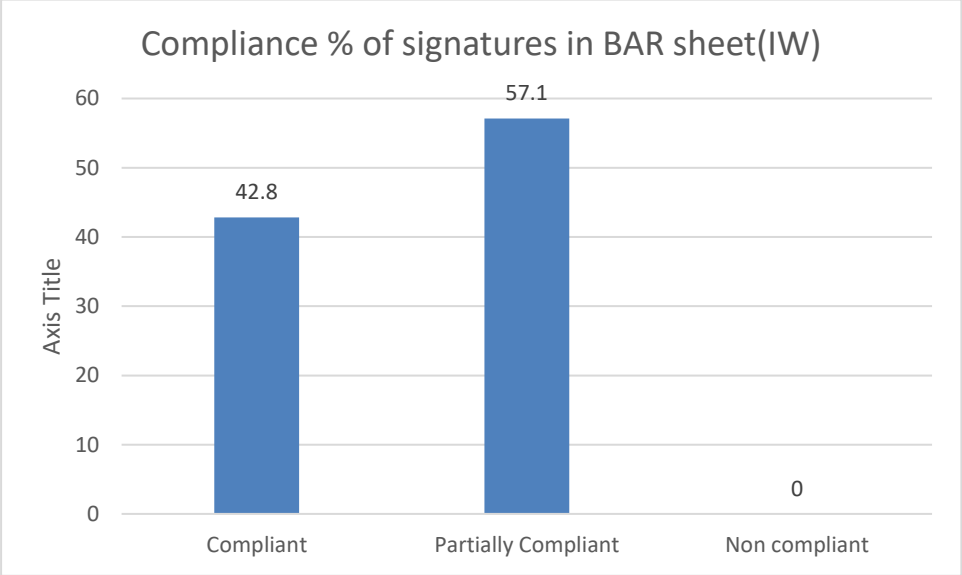

Name of Patient in every document(TF)
% of documents where patient name was found
120
100
80
60
40
20
0
100
0
0
Compliant
Partial Compliant
Non compliant

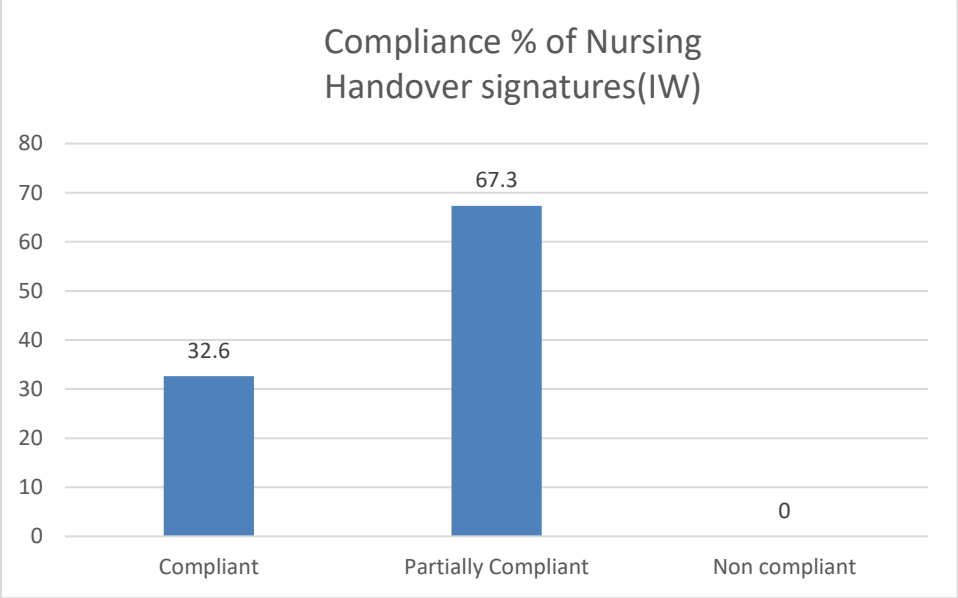
INTERNATIONAL WING

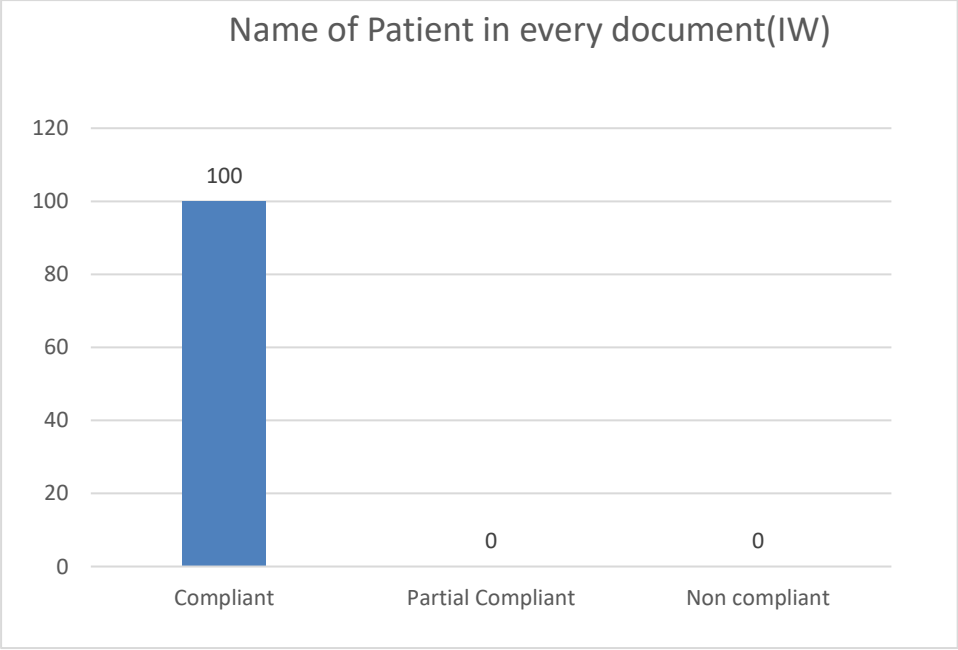


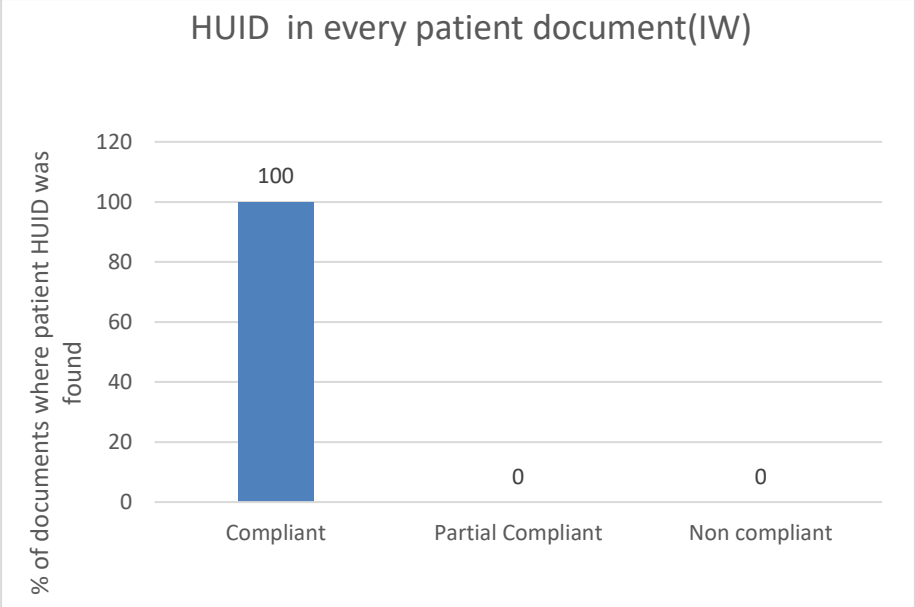


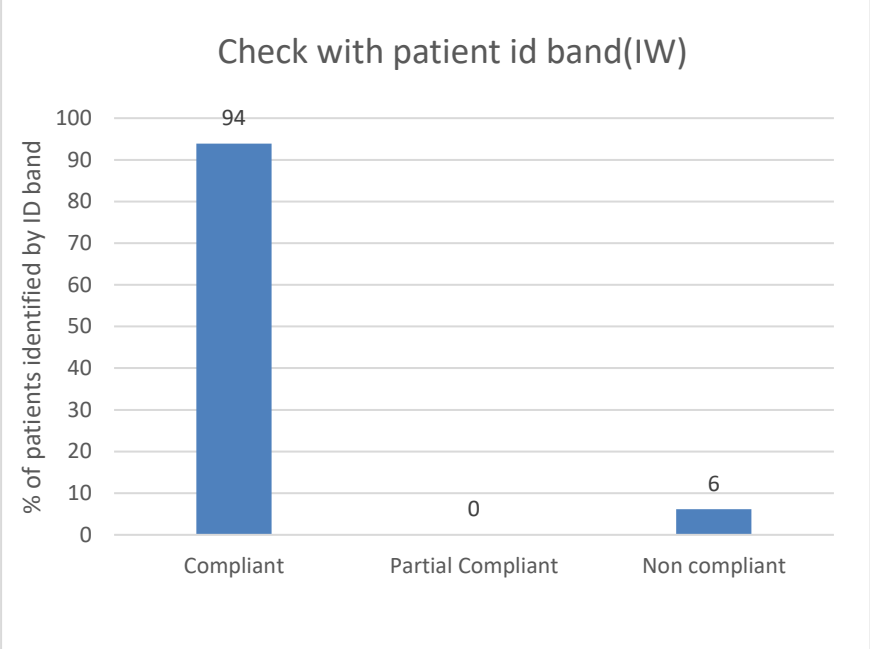

Compliance % of Vital monitoring & documentation in daily patient record(IW)
80
70
60
50
40
30
20
10
0
26
73
0
Compliant
Partially Compliant
Non compliant

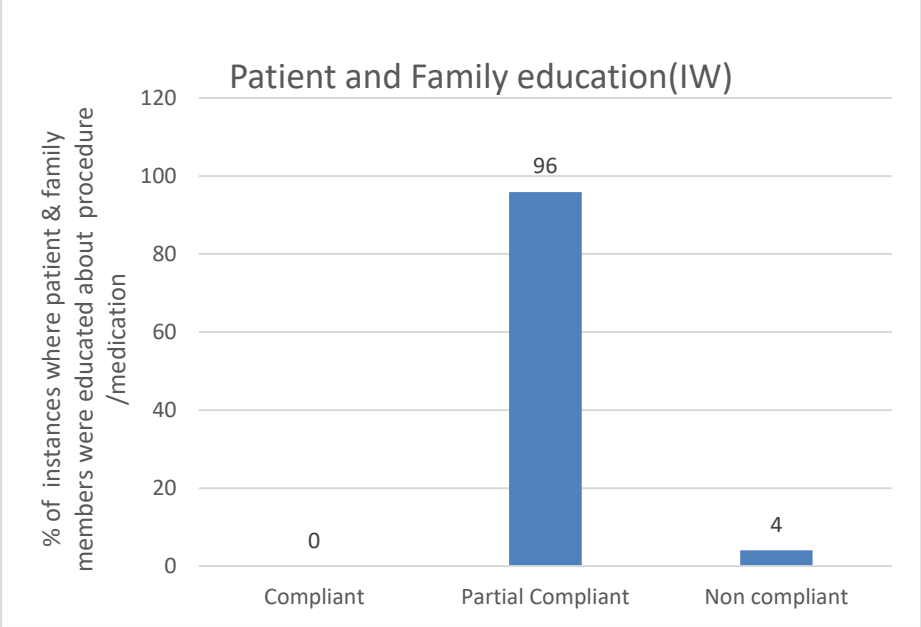

Compliance % of signatures in BAR sheet(IW)
Axis Title
60
50
40
30
20
10
0
42.8
57.1
0
Compliant
Partially Compliant
Non compliant

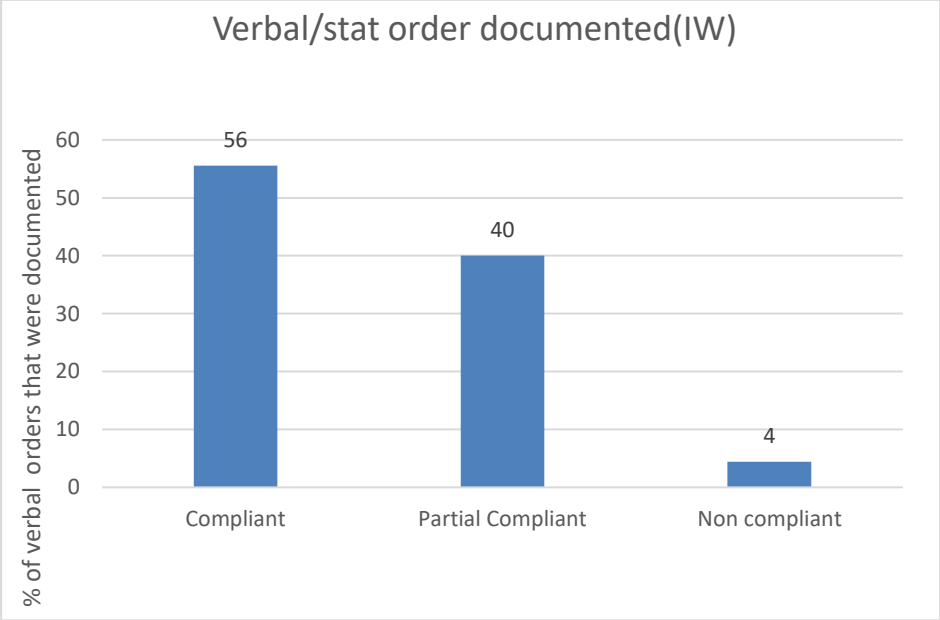

Compliance % of Nursing Handover signatures(IW)
80
70
60
50
40
30
20
10
0
32.6
67.3
0
Compliant
Partially Compliant
Non compliant


Name of Patient in every document(IW)
120
100
80
60
40
20
0
100
0
0
Compliant
Partial Compliant
Non compliant


HUID in every patient document(IW)
% of documents where patient HUID was found
120
100
80
60
40
20
0
100
0
0
Compliant
Partial Compliant
Non compliant


Check with patient id band(IW)
% of patients identified by ID band
100
90
80
70
60
50
40
30
20
10
0
94
0
6
Compliant
Partial Compliant
Non compliant


Patient and Family education(IW)
% of instances where patient & family members were educated about procedure /medication
120
100
80
60
40
20
0
96
0
4
Compliant
Partial Compliant
Non compliant


Verbal/stat order documented(IW)
% of verbal orders that were documented
60
50
40
30
20
10
0
56
40
4
Compliant
Partial Compliant
Non compliant