

Appendix 3

REGIONAL RECORD KEEPING INITIATIVE FINAL REPORT

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NIPEC

Northern Ireland Practice and Education Council
for
Nursing and Midwifery

*Regional Record Keeping Initiative
Final Report*



INVESTOR IN PEOPLE

Published by the Northern Ireland Practice and Education
Council for Nursing and Midwifery (NIPEC)

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ACKNOWLEDGEMENT FROM THE CHAIR OF THE STEERING GROUP

In August 2008, the five Health and Social Care Trust Assistant /Co-Directors, with a professional lead for nursing/midwifery governance, met with the Chief Nursing Officer, Professor Martin Bradley, to discuss a regional approach to enhance record keeping in nursing and midwifery. Subsequently, the Northern Ireland Practice and Education Council (NIPEC) were commissioned to assist in taking this piece of work forward. A series of meetings were then held to scope an initiative, an agreement being reached to concentrate on a development of practice/quality improvement methodology focussed initially in acute adult care. The Regional Record Keeping Initiative ran from March 2009 and ended in April 2010.

I would like to commend the work of the Steering Group in guiding the Regional Record Keeping Initiative to achieve outcomes that offer tools to health and social care providers that support the improvement of record keeping within nursing.

My appreciation is also extended to colleagues who have assisted in testing and developing the range of tools within the five Trust pilot and to those who have supported and facilitated this important work. In particular I wish to thank NIPEC for their significant contribution towards the successful completion of the Initiative and achievement of the Initiative outcomes.

As Chair of the Steering Group, I commend the tools developed through the Regional Record Keeping Initiative. I believe they provide an excellent resource to support the improvement of nurse record keeping in Northern Ireland.



Alan Corry-Finn

Chair of Steering Group, Regional Record Keeping Initiative.

Executive Director of Nursing, Western Health and Social Care Trust.

SECTION ONE

BACKGROUND AND INTRODUCTION

BACKGROUND

- 1.1 There are many diverse factors which influence the standard of record keeping within the nursing profession. Evidence suggests that most of these factors can be addressed appropriately in a manner which leads to quality improvement. Seven themes are consistently identified as having a significant influence over the quality of record keeping, namely: values, perceptions and purpose; determining what is recorded; competence to record; inclusion of the patient in recording; timing of and time spent recording; audit; and professional supervision.
- 1.2 Public Inquiries during 2003 - 2008 highlighted issues relative to poor standards of record keeping by health professionals, and have in turn have influenced the quality of patient/client experience and care. Themes arising from recommendations include incomplete records; information not recorded on admission, discharge and during an episode of care; and lack of evidence of patient and carer engagement.

INTRODUCTION

- 1.3 The importance of accurate record keeping for the registrant professions was an issue discussed by the five Health and Social Care (HSC) Trust Assistant /Co-Directors, with a professional lead for nursing/midwifery governance, during the autumn of 2008. Following a meeting with the Chief Nursing Officer, Professor Martin Bradley, an approach to the Northern Ireland Practice and Education Council (NIPEC) was commissioned, to assist in taking this piece of work forward. A series of meetings were then held to scope an initiative, with an agreement to concentrate on a development of practice/quality improvement methodology focussed initially in acute adult care. This process was informed by a review of the literature spanning 2003 – 2008 relative to the quality of nursing documentation and record keeping (NIPEC, 2009).
- 1.4 At the commencement of the Initiative, it was proposed that it should be completed within six months and conducted across five clinical areas, one within each HSC Trust. Whilst the initiative adopted a narrow focus in the first instance, it was envisaged that tools and resources for other clinical settings could be adapted, from

those developed through the pilot, for widespread implementation and adoption across HSC organisations. Following the second Steering Group meeting in October 2009, the level of improvement achieved across the five clinical areas was reviewed and consequently it was agreed to extend the Initiative for a further four months to allow consistent and sustained improvement to take place within the clinical areas. The Initiative Plan (Appendix A, page 19) was, at that point, amended to reflect the decision of the Steering Group.

SECTION TWO

INITIATIVE APPROACH AND PLAN

INITIATIVE APPROACH

- 2.1 A Steering Group was set up to agree an approach and Initiative Plan (Appendix A, page 19), to contribute to the achievement of objectives and to monitor the progress of the Initiative against the stated objectives. The Steering Group, which met four times during the Initiative, was constituted from the five HSC Trusts and included representation from Trust user groups and lay membership of NIPEC Council. Membership of the Steering Group and Terms of Reference are detailed in the Initiative Plan, Appendix A, page 19.
- 2.2 A Working Group was drawn from the membership of the Steering Group to guide and support the development of tools and resources. This Group met on four occasions throughout the Initiative to discuss and agree refinements to the tools and resources. All decisions of the Working Group were ratified by the Steering Group.
- 2.3 In addition to the support of senior nursing governance staff for the teams engaging in the improvement programme, the Working Group agreed that increased facilitation would be required for cycles three and four of the methodology. Each HSC Trust was responsible for identifying and facilitating the release of individuals who might assist the ward teams to effect change. Communication links were also set up between the facilitators and NIPEC staff to ensure consistency of approach across the five clinical areas.

INITIATIVE PLAN

- 2.4 An Initiative Plan (Appendix A, page 19) was drawn up, with an overall aim of developing tools for registered nurses to facilitate improvement in record keeping. The objectives for the Initiative were agreed as follows:
 1. Development of an audit tool to assess standard of nursing record keeping in identified pilot sites.
 2. Completion of a baseline audit of the standard of nursing record keeping across the five HSC Trusts in one clinical area per Trust.

3. Development of tools that support the improvement of the standard of nursing record keeping.
 4. Production of a strategy to improve the standard of nursing and midwifery record keeping.
 5. Production of a final report.
- 2.5 The Initiative was delivered over eleven months from May 2009 to April 2010, the outline methodology identifying a range of key milestones and deliverable products from the outset.

COMMUNICATION

- 2.6 NIPEC's website was used to provide up-to-date information about the project including:
1. Membership of the Steering Group and Terms of Reference.
 2. Initiative Plan.
 3. Agendas and notes of Steering Group meetings.
- 2.7 Email was also successfully used to seek the views of those engaged in the Initiative process and receive their feedback.

SECTION THREE

INITIATIVE PLAN PROGRESS

INTRODUCTION

- 3.1 This section will provide an account of the progress of the Initiative in relation to each objective, presenting key activities, difficulties and challenges experienced, outcomes and the extent to which the objective was achieved.

Objective 1

Development of an audit tool to assess standard of nursing record keeping in identified pilot sites.

- 3.2 A fundamental element of the work plan was the measurement of the standard of nurse record keeping within the chosen pilot sites, before, during and after the implementation of the improvement programme. It was agreed at the outset of the initiative that the audit tools currently in use across the five HSC organisations did not provide consistency. Information was collected from: available audit tools from the five HSC Trusts, the Record Keeping Benchmarks within the Essence of Care Toolkit (2001), standards from the Nursing and Midwifery Council (NMC) Guidance for Record Keeping (2009); and other validated tools such as the Competency Framework for Information Governance in NHS Scotland (2008).
- 3.3 Fields for audit were identified and refined by the Working Group. An electronic tool was created by NIPEC staff, using the agreed fields and tested during a workshop with the nominated audit teams from each of the five HSC Trust clinical areas in June 2009. Following this workshop, help notes were developed and distributed to the teams to assist with the use of the tool in the clinical area.
- 3.4 Each audit was conducted by a team of two, with membership comprising an individual from the ward team and a member of the senior nursing governance team. The task of completing the baseline audit provided clinical audit teams with practical experience in the operation and function of the audit tool.
- 3.5 During the first four cycles of audit, the tool was refined according to the feedback from the audit teams, with the agreement of the Working and Steering Groups. An

interim evaluative workshop was held in October 2009 for audit team members, the purpose of which was to refine further the audit tool for ease of use and clarity.

- 3.6 A final workshop was held in January 2010 when the audit teams and other members of the clinical staff engaged in the initiative, provided comments prior to the finalising of the fields of the audit tool. A pro forma was sent in advance of this meeting to gain the view of the other participating team members across the five Trusts.

Difficulties and Challenges

- 3.7 The testing of the audit tool in a practical setting was an important aspect of the Initiative, to ensure that the final product was easy to use and provided useful information to enable improvement. During the early testing phases, there were difficulties experienced within Trusts concerning the use of the electronic version of the tool. Most of these difficulties, however, were regarding the sending and receiving of the audit tool to and from the clinical area, analysis being undertaken centrally by NIPEC staff. The provision of the necessary software and equipment within organisations was, on occasion, a further difficulty. NIPEC worked in partnership with the five HSC Trusts throughout the Initiative period to ensure that each audit cycle was completed successfully, returning results in a timely manner.
- 3.8 It was envisaged that the creation of an electronic resource, which would be housed on the main NIPEC website and therefore accessible via the internet, would remove many of the barriers experienced during the pilot. This was to include a final PDF version of help notes which could be downloaded and printed off as further assistance in the use of the audit tool. It was also agreed that through wider implementation, the experience of the teams who had participated in the pilot could be maximised, sharing of learning in using the electronic tool being transferred to other areas to enhance future processes.
- 3.9 Both the Steering and Working Groups recognised that implementation to other clinical settings would require the audit tool to be reviewed and appropriately amended if necessary, to ensure that it was fit for purpose.

Conclusion

3.10 Objective One has been fully met, an audit tool having been tested and agreed for use in acute settings.

Objective Two

Completion of a baseline audit of the standard of nursing record keeping across the five HSC Trusts in one clinical area per Trust.

3.11 In early June 2009, nominated teams from each of the five HSC Trusts attended a workshop, facilitated by NIPEC; the purpose of this was to test the draft version of the audit tool and to train members in the practical use of the tool.

3.12 Throughout the completion of the baseline audits, which were conducted during the third week of June 2009, a Senior Professional Officer from NIPEC was in attendance with the audit teams to ensure consistency and facilitate the use of the tool. Information from this observation of practice was communicated back to the teams to ensure that a consistent approach was adopted across the five organisations for future audits. Ten nursing records were chosen randomly from patient records within each clinical area, from a sample frame of patients who had been in the clinical area for longer than 48 hours. This factor was included to ensure that an Expected Date of Discharge could be identified for each patient, where appropriate.

3.13 The audit was completed and analysis took place throughout the month of July 2009, NIPEC staff providing a number of presentation options for Trusts. The results of the baseline analysis were presented to the HSC Trust Assistant/Co-Directors and the clinical teams during the first week of August, each Trust receiving information which was confidential to their own organisation, with a regional baseline as a comparator.

3.14 Following a discussion with the Working Group, it was agreed that results should be presented in two formats: percentages per field and line graphs representing the average percentage score for each section of the audit.

Difficulties and Challenges

3.15 Initial challenges concerning the use of the tool were quickly resolved. The Senior Professional Officer attending the audit worked with colleagues to assist them in the practical use of the tool for the first time which included providing clarity for some of the audit fields:

3.16 A remaining challenge was that of the analysis of results in relation to those questions which had 'not applicable' responses. Where a record did not contain a particular element for audit, for example, where an error had not been made or an entry by student nursing staff, the relative question in the audit tool was scored as 'not applicable' for that record. This, therefore, required statistics to be adjusted, removing 'not-applicable' responses from audits to prevent a negative skew of results.

3.17 It was agreed that within each section of the audit, all responses, containing a 'not applicable' response should be adjusted and analysed separately from 'yes/no' responses. Audit results were, therefore, presented as two numerical statistical averages for each section, with the exception of 'Discharge Planning', which has 'not applicable' responses in each question of the section.

Conclusion

3.18 Objective Two has been fully met, a baseline audit having been carried out and reported on across the five pilot sites within HSC Trusts.

Objective Three

Development of tools that support the improvement of the standard of nursing record keeping.

3.19 From the outset of the initiative it was agreed that, whilst many improvement activities - including formal learning opportunities and audit - had been tested in a variety of clinical areas across the five HSC Trusts, none had effected significant improvement. The analysis of the relevant literature on improving record keeping identified a range of activities and processes which, following implementation, had demonstrated improvement in nursing record keeping over a stated period of time in other studies.

Using the themes from the literature review, NIPEC staff developed a programme which included activities identified throughout the literature.

- 3.20 During this period of time, NIPEC was separately engaged in the development of a guide for improving record keeping and had begun work across the five HSC Trusts. Five Trust Focus Groups had been convened to collate the opinion of registrants in relation to what information would be useful to assist the improvement of record keeping, taking into account that which was already available via the current NMC guidance (NMC, 2009). This work ran in parallel and was informed by the processes within the Regional Record Keeping Initiative.
- 3.21 At a meeting in August 2009, the Working Group agreed to structure learning around four sections, namely: Mandatory Requirements; Admission and Risk Assessment; Care Planning, and Discharge Planning. Each of the four areas was measured by a section of the audit tool and could therefore, be analysed separately to produce graphs specific to a section, visually demonstrating improvement over the prescribed period of audit. The order for the process was agreed and discussion took place regarding the types of learning activities which might be promoted throughout the Initiative to assist improvement.
- 3.22 It was also agreed at this meeting that NIPEC would produce sections of record keeping guidance which complemented the cycle of improvement, encompassing the knowledge required to complete records competently for a particular focus of improvement. Thus, four sections of the NIPEC Record Keeping Guidance were produced: *Mandatory Requirements, Admission and Risk Assessment, Care Planning and Discharge Planning*.
- 3.23 A range of activities were presented to the ward teams to complement the learning and development process. The literature reviewed had highlighted the use of professional supervision processes, identifying competence to record, reflective practice and contemporaneous record keeping as activities which were found to be useful to the improvement process. An explanation of how each activity could assist to improve the standard of record keeping was provided to registrants, as well as help notes and resource lists relevant to the activity.

3.24 It was agreed that each registrant should be offered the audit tool fields relevant to the section on which his/her team would be working. The fields were provided in tabular form, to allow registrants to self-assess the standard of their record keeping or that of a peer.

3.25 Thus, at the commencement of each cycle for improvement, ward areas were provided with individual packs for each registrant, containing: an explanation of the area of improvement; a table of the audit fields specific to that section of the tool; an explanation of the relevancy of the suggested improvement/learning activity; to the improvement of record keeping; signposts to related resources; and a section of the *NIPEC Record Keeping Guidance*. The first pack offered to ward teams also included a copy of the *NMC Record Keeping: guidance for nurses and midwives* (2009).

3.26 Following the baseline measurement, each audit cycle was approximately four weeks long, audit occurring between each of, and at the end of, the four sections. It was apparent, however, at the end of the first audit cycle in September 2009 that further time was required to consolidate learning and development in each section. The Working Group proposed, therefore, that the time offered to complete individual sections should be lengthened to eight weeks, audits continuing to take place every four weeks. This decision was ratified by the Steering Group in October 2009, and an extension granted to the Initiative Plan.

3.27 The importance of continuous feedback was agreed at the first Steering Group meeting in May 2009. The process of audit and use of the audit tool were viewed as important integral parts of the tools and resources developed to assist the improvement of nurse record keeping. NIPEC, therefore, endeavoured to return confidential audit results in paper copy to teams in a timely manner, usually within five to seven working days of each audit being completed. The analysis included the audit results for individual wards and also a regional average score for each field, for comparison. Each clinical area was responsible for raising awareness of the results amongst the ward team and for devising action plans to address areas of persistent difficulty.

3.28 Prior to the commencement of Section Three, NIPEC proposed - and the Working Group concurred - that extra facilitation would be helpful to implement the

improvement activity included in the section, *Recording Care at the Bedside*. The main aim of facilitation at this point in the Initiative was to support the Ward Manager, lead nurse/ governance lead and ward team in the implementation of the principles contained within the learning and improvement activities for Sections Three and Four.

3.29 A workshop was held in early January 2010 to agree consistency of approach for the five nominated Trust facilitators, who all had experience in supporting changes in practice. Following the workshop, a written agreement was drawn up (Appendix B, page 20) and circulated to the facilitators by NIPEC. It was agreed that NIPEC would seek feedback in relation to the change of practice activity, including the amount of agreed time each facilitator could offer to the wards to facilitate change. Feedback was collated approximately one month after the workshop, and a summary report was offered to the HSC Trust Assistant Directors/Co-directors for any relevant action.

3.30 Throughout the process of developing the tools and resources, NIPEC provided a number of opportunities for representatives of the teams engaged in the pilot to offer feedback on the clarity, utility and implementation. Two face-to-face meetings were convened in October 2009 and January 2010. Feedback was generally positive, suggested amendments for the tools and resources shared with the Steering Group for approval and being taken forward for action by NIPEC.

Difficulties and Challenges

3.31 Throughout the pilot period, the ward teams encountered barriers to embedding practice changes and sustaining improvement. Practical issues in relation to *Recording Care: 'At the Bedside'* were a significant hurdle faced by ward teams during a time when winter service pressures were impacting on service delivery. The ward teams commendably adopted a positive attitude to changing the ward culture. It was subsequently reported during the evaluation events that, where change had been made effectively, records were accurate, reflecting a contemporaneous account of practice.

3.32 Ring-fenced time to encourage development of practice, and initial resistance to change from some ward staff, were also recognised by the ward teams as two further barriers to improving practice. In addition, the paper documentation currently provided by organisations for record-keeping, and the limited availability of hard

copies, were viewed as difficulties. These issues were subsequently raised at a Steering Group meeting for discussion and action.

- 3.33 It was acknowledged by the ward teams that the facilitation from NIPEC, commitment of the Assistant/Co-Directors and engagement of the ward leadership significantly enabled the improvement of practice. Furthermore the opportunity to network with other HSC teams provided effective support to bring about changes in practice. Other enabling factors identified included the facilitation of learning at the bedside and heightened awareness of peer responsibility for improving practice, through appropriate challenge of others.

Conclusion

- 3.34 On completion of the four sections of the improvement programme in early April 2010, the five HSC Trust teams demonstrated an average improvement of 34.4% across all fields of the audit tool from the baseline measurement taken at the end of June 2009. It should be noted that the improvement programme commenced implementation in mid-August 2009.

- 3.35 Objective Three has been fully met; a range of tools and resources that support the improvement of the standard of nursing record keeping have been developed as a result of the Regional Record Keeping Initiative.

Objective Four

Production of a strategy to improve the standard of nursing and midwifery record keeping.

- 3.36 From the outset, it was envisaged that - although the focus was one ward in each of the five HSC Trusts - the tools and resources developed could be adopted widely following completion of the Initiative. To that end, proposals for a possible implementation strategy were circulated electronically to the Steering Group mid-April 2010, for discussion at the final meeting. The strategy proposals provided summary recommended actions for implementation in all areas of secondary care of the tools and resources developed during the Initiative, and included an exemplar approach for adoption to other care settings. Reference was also made within the strategy

document to a 'How to' document which explained the process of audit and improvement for ward teams and which was to be produced by NIPEC on completion of the Initiative.

- 3.37 The proposals for an Implementation Strategy were agreed and endorsed by the Steering Group at the final meeting, 30th April 2010, as a way forward for implementation in secondary care settings, with one amendment to the exemplar approach offered for adoption to other care settings.

Conclusion

- 3.38 Objective Four has been fully met; a strategy to improve the standard of nursing and midwifery record keeping has been produced.

Objective Five

Production of a final report.

- 3.39 Following the final meeting of the Steering Group - at which recommendations for the final report were agreed - a draft version was circulated for comment to members. Following amendment, a final version was uploaded to the main NIPEC website.

Conclusion

- 3.40 Objective Five has been fully met, and the final report for the Regional Record Keeping Initiative has been produced.

SECTION FOUR

INITIATIVE EVALUATION

4.0 EVALUATION PROCESS

- 4.1 At the final Steering Group meeting, an evaluation proposal was agreed in order to determine the effectiveness of the project management process, in relation to delivering the project plan. It was agreed that facilitators and ward audit team members should be invited to participate in the evaluation process.
- 4.2 Separate evaluation forms were produced for Steering Group members and Ward teams/facilitators. The evaluation was conducted in June 2010, with questionnaires being sent to Steering Group members and ward staff/facilitators by email. Responses will be analysed and the resulting report will be made available on NIPEC's main website www.nipec.hscni.net during July 2010.

SECTION FIVE

CONCLUSION AND RECOMMENDATIONS

CONCLUSION

- 5.1 The importance of accurate record keeping for the registrant professions continues to be a priority for the five HSC Trust Assistant Directors/ Co-directors, with a professional lead for nursing/ midwifery governance. Through the commissioning of a Regional Record Keeping Initiative facilitated by NIPEC, tools and resources have been developed which have demonstrated significant improvement in the standard of nursing record keeping in five acute medical wards. Comparative results from the baseline audit undertaken in June 2009 and the final audit in April 2010 show an overall increase of 34.4% across all sections of the audit tool. For a further breakdown of results, please see Appendix C, page 21.
- 5.2 It is acknowledged that the objectives of this initiative were achieved in challenging circumstances, many of the participating wards experiencing difficulties from external factors, such as: achievement of targets, winter pressures and staffing issues. The commitment, enthusiasm and participation of the teams involved in the Initiative, including the HSC Trust facilitators and governance lead nurses, was a significant enabler to the successful achievement of the Initiative objectives. The Steering Group has, therefore, recognised and commended the work of the five HSC Trust teams in testing tools and resources during the eight months of the improvement programme and for the significant progress made to the standard of record keeping in their own areas. Furthermore, anecdotal evidence from evaluation events with members of the ward teams demonstrated that the process and facilitation offered by both NIPEC staff and Trust senior colleagues provided the opportunity for a wide range of development for teams. This included other developments of practice, team building, networking opportunities and culture change within the ward environments.
- 5.3 As a result of the collaborative working and commitment of all involved in the Initiative, all objectives have been fully achieved.
- 5.4 The facilitation by NIPEC, and the regional approach taken by the five HSC Trusts, were in particular commended by the Steering Group as a successful methodology, which could be replicated for a range of future pieces of work.

- 5.5 Whilst the Steering Group recognises that the Regional Record Keeping Initiative worked with a small number of specific wards, the methodology, tools and resources are commended as an appropriate system to achieve improved standards of record keeping within the nursing profession. Stakeholder organisations should, therefore, seek to adopt the Implementation Strategy to continue with this work and to introduce the tools and resources developed as products of the Initiative. This includes consideration of the exemplar approach to modify the tools and resources for other clinical settings.

RECOMMENDATIONS

- 5.6 The Steering Group acknowledges that there is a range of work - identified through the Initiative process - which will require attention in the future, including the appropriate implementation across clinical areas to improve the standard of nursing record keeping. The Steering Group of the Regional Record Keeping Initiative, therefore, recommends that:

1. Stakeholder organisations should adopt the Implementation Strategy, where relevant and appropriate, as a method of improving nursing record keeping in secondary care, including the appropriate evaluation of implementation at the end of the first year.
2. Consideration should be given to the development of a regional uni-professional documentation template, recognising that midwifery has already developed a multi-professional documentation template, which would be acknowledged as being the first step in a process of moving towards multi-professional documentation.
3. Consideration should be given to the development of a regional, standardised list of abbreviations for nursing and midwifery documentation.
4. Consideration should be given to a regional review of the models of care currently in use.

REFERENCES

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**Northern Ireland Practice and Education
Council for Nursing and Midwifery**

***Evidencing Care:
Improving Record Keeping***

Initiative Plan



INVESTOR IN PEOPLE

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1.0 BACKGROUND AND CONTEXT

- 1.1 During the period of 2003 – 2008 a total of 5 out of 11 public inquiries have highlighted issues relative to poor standards of record keeping by health professionals, which in turn influenced the quality of patient/ client experience and care. Themes arising from recommendations include incomplete records, information not recorded on admission, discharge and during an episode of care, and lack of evidence of patient and carer engagement.
- 1.2 A review of literature from the same period to identify themes pertaining to the quality of nursing documentation and record keeping demonstrated that there are many, diverse factors which influence the standard of record keeping within the nursing profession. The evidence suggests that most of these factors can be addressed appropriately in a manner which will lead to quality improvement. Relatively few of the papers selected included the redesign of documentation per se, in fact most discussions concentrated on aspects of quality improvement. Seven areas from the literature explored were demonstrated to have a significant influence over the quality of record keeping namely: values, perceptions and purpose; determining what is recorded; competence to record; inclusion of the patient in recording; timing of and time spent recording; audit and professional supervision.
- 1.3 The importance of accurate record keeping for the registrant professions was an issue discussed by the five Health and Social Care Trust (HSCT) Assistant Directors/ Co-directors, with a professional lead for nursing/ midwifery governance, during the autumn of 2008. At this point they agreed to approach NIPEC for assistance in taking this piece of work forward. Following a series of initial meetings to scope an initiative, an agreement was reached to concentrate on a development of practice/ quality improvement methodology focussed initially in acute adult care. It was proposed that the first six months of the Initiative should be conducted across five clinical areas, one within each HSCT. Following the second Steering Group meeting in October 2009, it was agreed to extend the Initiative for a further four months to allow consistent improvement to take place within the clinical areas. On completion of the initiative it was envisaged that implementation across other clinical settings could be achieved. This initiative plan has been amended to reflect the decision of the Steering Group.

2.0 OUTLINE INITIATIVE PROPOSAL

2.1 *Aim of Initiative*

The overall aim of this Initiative is to develop tools for registered nurses that will facilitate improvement in record keeping.

2.2 *Initiative Objectives*

1. Development of an audit tool to assess standard of nursing record keeping in identified pilot sites.
2. Completion of a baseline audit of the standard of nursing record keeping across the five HSC Trusts in one clinical area per Trust.
3. Development of tools that support the improvement of the standard of nursing record keeping.
4. Production of a strategy to improve the standard of nursing and midwifery record keeping.
5. Production of a final report.

2.2 *Initiative Plan*

The Initiative will run from May 2009 to April 2010. During this time a strategy to support the improvement of the standard of nursing and midwifery record keeping will be developed. Following the completion of the Initiative, Trusts should commence implementation of the improvement activities during 2010 through the application of the strategy.

2.3 *Outline Methodology*

The methodology proposed below will be further shaped by the Steering Group and Working Group.

1. Convene a Steering Group to oversee, contribute to, support and monitor the progress of the project against the initiative plan. It is proposed that the Steering Group should be chaired by an Executive Director of Nursing. Membership and Terms of Reference are included in this proposals paper at Appendix 1, page 5. Subgroups or working groups of the Steering Group will be established throughout the life of the Initiative to progress specific areas of work to achieve the agreed objectives.
2. Agree and implement an Initiative Plan to achieve the aim and objectives. This Plan should include the following detail:
 - May 2009 - Development of an audit tool by NIPEC in partnership with a working group for use in the HSC Trusts.
 - May 2009 - Initiative sites from the Adult Acute setting will be identified, one from each HSC Trust.
 - June 2009 - Two individuals nominated from each HSC Trust - one clinical champion from each of the five trusts who is a part of the identified ward area and one other officer from each of the five trusts within the nursing governance work stream. These individuals will comprise the audit team.
 - June 2009 - Training in using this audit tool will be developed and delivered by NIPEC to ensure regional consistency to the audit teams.

- June 2009 - Baseline measurements will be taken in the five clinical areas by the audit teams, with NIPEC Senior Professional Officer(s) sampling the process in each Trust for consistency. Feedback on consistency will be provided to the audit teams by the Senior Professional Officer(s).
 - July 2009 – Development of a Learning Package will commence, to support self-evaluation and learning for registrants from the standards of their own record keeping. This package will include:
 - NIPEC's *Effective Record Keeping Guidance*.
 - Self assessment benchmarks
 - Templates to assist review within professional supervision sessions
 - August 2009 – April 2010 – Development of improvement methodologies through working group meetings and electronic communication. Improvement will be achieved through a range of activities, for example, reflective practice, professional supervision and development of practice.
3. April 2010 – Refined methodologies and improvement plan presented as a framework to the Steering Group for approval, along with evaluation evidence relative to improvement in record keeping practice. A minimum of eight audit cycles will have been completed. The strategy to improve the standard of nursing and midwifery record keeping will also be presented to the Steering Group for approval.
- 2.4 An Initiative timetable designed to deliver the objectives can be found in Appendix 2, page 6.
- 3.0 RESOURCES**
- 3.1 Support and co-ordination will be provided by NIPEC within its own resources.
- 3.2 Health and Social Care Trusts will undertake that relevant staff be released for the timeframe of the Initiative for all required meetings and will also be responsible for support and facilitation throughout the Initiative to the relevant clinical area within their organisation.
- 4.0 EVALUATION**
- 4.1 The Steering Group will be responsible for the ongoing evaluation of the progress of the Initiative measured against the agreed Initiative Plan. Reports will be offered to the Steering Group at the scheduled meetings by the Senior Professional Officers responsible for the co-ordination and facilitation of the project.
- 4.2 A robust evaluation strategy will be built into the Initiative to review the utility of the Improvement Framework, and demonstrate improvement in the standards of record keeping.
- 5.0 CONCLUSION**
- 5.1 This plan presents an outline of how the initiative will be managed to achieve the stated outcomes. The initiative will commence in June 2009, the lasting 10 months.

APPENDIX 1

Steering Group Membership

Organisation	Representative
Chair	Alan Finn
Deputy Chair/ South Eastern HSC Trust	Lorna Telford
NIPEC Council Member	Michael Rea
User	Angela Mullin (adult user BHSCT)
Belfast HSC Trust	Olive Macleod
Northern HSC Trust	Carolyn Kerr
Southern HSC Trust	Fiona Wright
Western HSC Trust	Anne Witherow
NIPEC	Frances McMurray
NIPEC	Angela Drury
NIPEC	Brenda Devine

Terms of Reference for Steering Group

- TOR1 To agree a robust approach to the process of the Initiative
- TOR2 To agree an aim and supporting objectives for the preferred approach to the Initiative
- TOR3 To contribute to the achievement of the Initiative aims and objectives
- TOR4 To undertake ongoing monitoring of the Initiative against the planned activity
- TOR5 To support and guide the production of a strategy for the improvement of the standard of nursing record keeping.

APPENDIX 2

Regional Record Keeping Initiative
Proposed Gantt Chart May 2009 – December 2009

Month 2009	May	June	July	Aug	Sept	Oct	Nov	Dec
Steering Group Meeting	8 th May					8 th Oct		
Working Group Meeting		8 th June		10 th Aug	14 th Sept	12 th Oct		14 th Dec
Audit Team Meeting		12 th June				2 nd Oct		
Development of audit tool								
Audit		23 rd – 25 th June		31 st – 4 th Sept		5 th – 9 th Oct	30 th – 2 nd Dec	
Development and implementation of improvement methodologies and learning pack								
Development of Strategy								
Key Initiative Deliverables	Draft Audit Tool	Audit Training Package	Audit Tool	Trust Baseline Audit Report				

APPENDIX 2

Regional Record Keeping Initiative Proposed Gantt Chart January 2010 – April 2010.

Month 2010	Jan	Feb	Mar	Apr
Steering Group Meeting		8 th Feb		30 th Apr
Working Group Meeting			8 th Mar	
Audit Team Meeting	29 th Jan			
Development of audit tool				
Audit	18 th – 20 th	15 th – 17 th	15 th – 17 th	12 th – 14 th
Development and implementation of improvement methodologies and learning pack	Facilitators meeting 6 th Jan			
Development of Strategy				
Key Initiative Deliverables			Learning Pack and NIPEC Guidance	Final Trust Audit Report Final report Implementation Strategy

For further information, please contact

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OCTOBER 2009 (Amended)

FACILITATORS' AGREEMENT

FACILITATION REQUIREMENTS FOR IMPROVEMENT ACTIVITIES Jan - Apr 2010

HSC TRUST FACILITATORS

Proposed Methods of Facilitation:

1. Develop shared understanding through values clarification exercise (this may take the form of a questionnaire to be completed quickly, with feedback provided within one-week time frame, due to late point in time of Initiative).
2. Articulate clearly what is expected to be achieved through the extra facilitation around the improvement activities.
3. Provide the opportunity to look at present practice and reflect on the quality of same: *'claims, concerns and issues'* exercise.
4. Encourage engagement and inclusion of other members of staff in the audit process with the Ward Manager or lead nurse/ governance lead of the audit team.
5. Work with small numbers of the ward team to discuss the learning packs and the information provided therein to encourage knowledge transfer.
6. Encourage peer support/ supervision.

Purpose and role of the Facilitator for Activity

1. To support the Ward Manager, lead nurse/ governance lead and ward team in the implementation of the principles of planning care included in Learning Pack 3.
2. To support the Ward Manager, lead nurse/ governance lead and ward team in the implementation of the improvement activity included in Learning Pack 3: *Recording Care at the Bedside*.
3. To support the Ward Manager, lead nurse/ governance lead and ward team in the implementation of the principles of recording discharge arrangements included in Learning Pack 4.
4. To support the Ward Manager, lead nurse/ governance lead and ward team in the implementation of the suggested learning activity included in Learning Pack 4: *Reflective Practice*.
5. To provide feedback, where appropriate, to the NIPEC Senior Team in relation to all aspects of the Initiative, as issues arise.
6. To participate in a final evaluation event with the ward and audit teams.

REGIONAL RESULTS TABLE

Presentation of Comparison Results June 2009 – April 2010

KEY:

Admission and Risk Assessment	A&R
Admission and Risk Assessment (N/A Questions only)	ARN
Care and Treatment	C&T
Care and Treatment (N/A Questions only)	CTN
Discharge Planning	D
Mandatory Requirements	MR
Mandatory Requirements/Health Care Assistant, Student & Error Entries (N/A Questions)	HSE

	Jun-09	Apr-10	% Increase
A & R	80.7	92.1	11.4
ARN	62.8	88	25.2
C & T	34.4	76.8	42.4
CTN	43.9	81.3	37.4
D	48.1	81	32.9
MR	54.8	96	41.2
HSE	30.7	80.7	50
Ave. Total Increase			34.4

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JUNE 2010