AUDIT REPORT – EXECUTIVE SUMMARY

Audit Title:	Audit of compliance with Standard 3 of HSE Standards and Recommended Practices for Healthcare Records Management (HCR) V3.0		
Audit Number:	QPSA 005/2013		
Audit Timeframe:	April 2013-July2013		
Audit Requester:	John Kenny, Programme Manager, Quality & Patient Safety Directorate		
Audit Team Members:	Anne Keane (Lead), Quality & Patient Safety Auditor		
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Audit Sponsor:	Edwina Dunne, Director of Quality & Patient Audit Services		
Source of Evidence	**Type**	**Location**	**Date**
	Site Visit	MRHP	15th May 2013
	Teleconference	Audit team with Liaison Person	17th May 2013
	Site Visit	Kerry General Hospital,	22 May 2013
	Teleconference	Audit team with Liaison Person	27 May 2013
	Site Visit	Our Lady of Lourdes Hospital, Drogheda	28th May 2013
	Site Visit	UHG	6th June 2013
	Teleconference	Audit team with Patient Services Manager	10th June 2013
Date of Issue of Final Report:	13/08/2013		

1. AUDIT BACKGROUND/RATIONALE

In May 2011, the HSE published Standards and Recommended Practices for Healthcare Records (HCR) Management. This document superseded the NHO Code of Practice for Healthcare Records Management V 2.0 (2007). The aim of the HCR management programme is to provide a framework for consistent, coherent HCR in the HSE which in turn will support a high quality service. In 2008 subsequent to the NHO Code of Practice for HCR management and to facilitate communication between all members of the Multidisciplinary Team (MDT) a unified National Healthcare Record (NHCR) was developed in consultation with stakeholders. A National Maternity Healthcare Record (NMHCR) was developed in 2011 to standardize documentation and improve maternity care.

The National Standards for Safer Better Healthcare (NSSBH) were launched in June 2012 and provide a framework for continuous improvement in the quality and safety of healthcare services. Theme 8 of the NSSBH focuses on the use of information where Standard 8.3 states that service providers are required to have "effective arrangements for the management of healthcare records". The NSSBH will be assessed against a quality and assessment tool in order to provide a consistent national approach to meeting the standard including that referring to HCR management.

The purpose of this audit is to establish the level of compliance with selected criteria from Standard 3 of the HSE Standards and Recommended Practices for Healthcare Records (HCR) Management Version 3.0 (2012) in designated acute hospitals, as deficits in meeting this standard have given rise to patient safety concerns expressed by the National Director for Quality Patient Safety (DQPS) and the Director of Quality Patient Safety Audit (DQPSA).

2. AUDIT OBJECTIVES

The objectives of this audit were to:

1. Conduct an audit against specific criteria from standard three of the HSE Standards and Recommended Practices for Healthcare Records Management Version 3.0 in four acute hospitals – one in each of the four HSE administrative regions.
2. Provide recommendations for quality improvement plans to be put in place.
3. Determine the level of compliance with selected criteria from Healthcare Records Management Version 3.0.

3. SIGNIFICANT FINDINGS

An overview of the findings for three disciplines from four individual hospitals is presented in this section. It does not represent a comparative analysis of either the disciplines or the four hospitals audited.

. **3.3.1** The service user's name is on each side of each page where service user information is documented and each side of each page has the correct unique service user identification number and/or identification label. This requirement also applies to every screen on computerized systems.
The documentation of service user name and identification number does not routinely occur on each side of each page. Compliance with this criterion ranged from 42% to 0% for Nursing/Midwifery, 67% to 9% for Medical, 100% to 33% for AHP. Among other service user data the service user name and identification number is customarily on an adhesive label. In this audit, labels lacked uniformity of content. The current design of the continuation sheet in use to record clinical information in the HCR does not support the standard required.

3.3.4 All documentation is clear and legible
The compliance range for clarity was: Medical 100% to 83%, Nursing/Midwifery 100% to 75%, AHP 100% to 80%. The compliance range for legibility was: Medical 100% to 75%, AHP 100% to 80%. The

Nursing and Midwifery documentation audited complied with the legibility criteria.
3.3.6 All entries are in permanent black ink
The compliance range was: Medical: 92% to 50%, Nursing/Midwifery: 100% to 75%, AHP: 100% to 80%.
3.3.7 It is always clear from the healthcare record the date (day/month/year) that an entry was made.
The compliance range was: Nursing/Midwifery 100% to 59%, AHP: 100% to 67%. Medical was 100% compliant.
3.3.8 The time (24-hour clock) is noted against each healthcare entry.
The compliance range was: Medical 33% to 8%, Nursing/Midwifery 58% to 0%, AHP 60% to 0%.
3.3.15 All entries in the record by healthcare professionals are made as soon as possible after each intervention and at least once every 24 hours (medical/nursing/midwifery) during the working week for acute in-patient episodes.
The compliance range was: Medical 84%-25%, Nursing/Midwifery 100%-92%, AHP 100%
3.3.17 The name of the primary clinician who is assuming overall responsibility for the service user's care is clearly identifiable in the healthcare record at all times.
The compliance range was: Medical 75%-33, Nursing/Midwifery 83%-50%. This criterion was not applicable to AHP documentation audited.
3.3.18 The clinician's name in the healthcare record is the same clinician's name entered into the Patient Administration System (PAS).
The compliance range was: Medical 75% to 42%, Nursing/Midwifery 84% to 50%. This criterion was not applicable to AHP documentation audited.
3.3.22 Retrospective documentation is; dated; timed; signed (and counter-signed as appropriate).
The audit team evidenced 17% to 8% of retrospective entries in the Nursing and Midwifery documentation, 8% in the Medical documentation audited and 20% in the AHP documentation. All seven retrospective entries were 100% compliant with this criterion
3.3.23 The reason why the retrospective entry is being made is clearly stated
Four of the seven retrospective entries were compliant with this criterion. Compliance was 50% for Medical Nursing/Midwifery and 100% for AHP.
3.3.24 It is clear that the entry is a retrospective entry.
Six out of seven retrospective entries viewed were 100% compliant with this criterion
3.3.25 Abbreviations used in the healthcare record are on the list of HSE approved abbreviations. If not on this list, the term is written in full followed by the abbreviation in brackets and this procedure is followed on every page where the abbreviation is used.
The compliance range was 100% to 59% in Nursing and Midwifery, 92% to 42%, Medical and AHP 100% to 50%. In the majority, compliance with writing the term in full, followed by the unapproved abbreviation in parenthesis on every page was not met by any discipline with an exception in one hospital where the medical documentation compliance with this criterion was 29%.
3.3.45 The healthcare organisation's procedure regarding alerts and allergies is adhered to.
Documenting both alerts and allergy status customarily applies to Nursing, Midwifery and Medical documentation. In three of the four hospitals audited there was no evidence of entries pertaining to alerts in the documentation. In one hospital audited there was evidence of an alert in the medical documentation; hospital policy with respect to documenting an alert was not met in this instance. Compliance with documenting the allergy status of the service user varied. Compliance with this criterion ranged from 100%-75% for Nursing / Midwifery and 83%-25% for Medical. This criterion was

not applicable to AHP documentation audited.

RECOMMENDATIONS

The recommendations made by the audit team are as follows:

1. The HSE Code *of Practice for Healthcare Records Management abbreviations booklet* (2010) must be updated to include more of the clinical terms that are now in common use.
2. The MHCR must be updated to provide a more consistent approach with the NHCR format in order that the recording of allergies and alerts are undertaken in a similar way.
3. Documentation, and in particular the general clinical note stationery within the HCR, must be revised in order to meet Standard 3, criteria 3.3.1 of the HSE Standards and Recommended Practices HCR Management.V3
4. Management and staff at all sites must take responsibility and ensure accountability for implementing Standard 3 of the HSE Standards and Recommended Practices for HCR Management.V3.
5. Bi-annual auditing of HCR practice must occur at each acute hospital site.
6. All sites must, through its HCRC, develop an awareness campaign to re-focus a collective interest in the HSE Standards and Recommended Practices for HCR Management.V3. This should occur when developing or reviewing local HCR Policy and ahead of an education programme.
7. All sites must ensure through its HCRC that the findings from this audit inform a regular education programme on Standard 3 of the HSE Standards and Recommended Practices for HCR Management V3 for all staff.
8. All sites must operate from a single unified NHCR and MHCR.

5. CONCLUSION

It is evident from the findings of this audit that clear and defined governance structures at all levels are required to ensure responsibility and accountability for the implementation of the HSE Standards and Recommended Practices for HCR Management V3.

It is the role of Health Service Providers to provide education and training in HCR Management, however it is individual staff members who have the responsibilities to record accurately and meet the HCR standard identified. As previously mentioned, Standard 8.3 of the NSSBH states that service providers are required to have “effective arrangements for the management of healthcare records”.

The findings from this audit indicate that compliance with the selected criteria from Standard 3 of the HSE Standards and Recommended Practices for HCR Management V3 varies between sites and amongst disciplines. The audit team emphasizes that these criteria represent the *minimum standard* required for HCR Management.

6. ACKNOWLEDGEMENT

The audit team would like to acknowledge the co-operation and goodwill afforded to them by all staff who participated in this audit.