GOOD/SAFE DOCUMENTATION
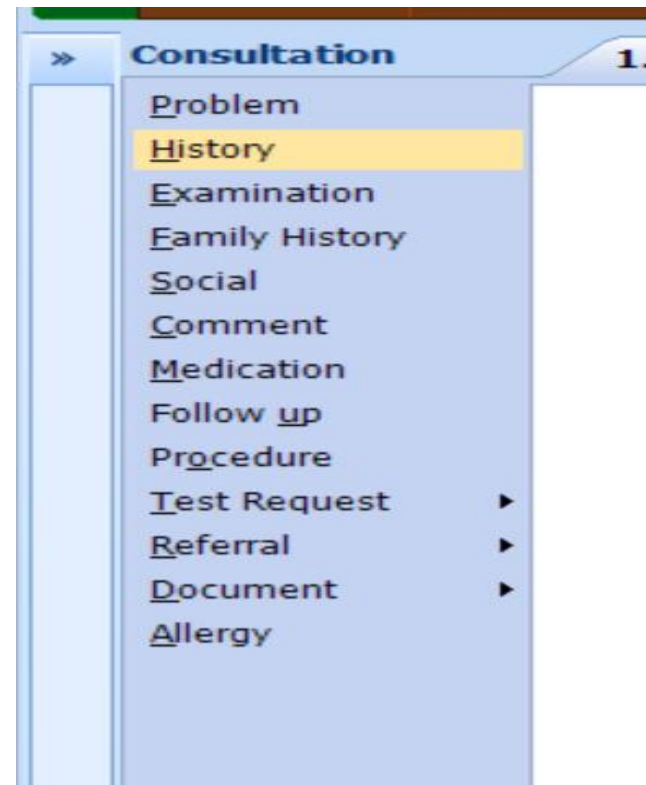
BRENT MULTI-PROFESSIONAL LEARNING EVENT – APRIL 2024

CONTENT

- OVERVIEW
- AIM
- PROBLEM
- HISTORY
- EXAMINATION
- COMMENT
- OTHER
- MISCELLANEOUS
- QUESTIONS

OVERVIEW

- INTEGRAL PART OF PRIMARY CARE & GOOD PATIENT MANAGEMENT

- MORE COMPLEX THAN EVER BEFORE WITH MORE INFORMATION FROM VARIOUS SOURCES GOING IN TO PATIENTS NOTES

- INCREASED NUMBER OF CLINICIANS ENTERING ENCOUNTERS IN TO NOTES

- GOOD DOCUMENTATION IS VITAL TO GOOD (CONTINUITY OF) CARE

- PATIENTS BEING ABLE TO ACCESS THEIR NOTES IS SIGNIFICANT RECENT CHANGE

- CHANGES WHAT CAN/SHOULD BE WRITTEN IN NOTES

- ONE OF THE MOST IMPORTANT ASPECTS OF COMPLAINTS & SERIOUS EVENTS

AIM

- TO ENSURE EVERY CLINICIAN IS WORKING TO A MINIMUM SAFE STANDARD OR IMPROVING THE QUALITY OF THEIR DOCUMENTATION

- ENSURE THAT PATIENT NOTES ARE CORRECT, UP-TO-DATE & HAVE SUFFICIENT INFORMATION

- IMPROVE QUALITY OF CARE

- HELP EACH OTHER AS CLINICIANS

- HELP WITH QOF & TARGETS

- MINIMISE COMPLAINTS

- HELP WITH COMPLAINTS & SIGNIFICANT EVENTS

PROBLEM

- MAKE SURE YOU CODE THE PROBLEM
- USE CODED TERM WITH QOF SIGN NEXT TO IT, WHERE APPLICABLE
- USE DISEASE TERM OR SYMPTOM CLOSEST TO PRESENTING COMPLAINT
- RE-USE PREVIOUS PROBLEMS RATHER THAN ENTER (DUPLICATE) NEW ONES
- DO NOT USE CODE IF NOT CONFIRMED IN SOME INSTANCES, CAN USE 'SUSPECTED'
- CHANGE PARAMETERS, AS APPROPRIATE, ESP MAJOR/MINOR & DURATION
- BEST TO ADD EACH PROBLEM INDIVIDUALLY WHERE POSSIBLE (USE NEXT PROBLEM BUTTON)

ENTERING PROBLEMS

HISTORY

- ENTER DETAILS OF PRESENTING COMPLAINT IN PATIENTS WORDS
- SUMMARISE KEY PARTS OF HISTORY OF PRESENTING COMPLAINT & ELEMENTS THAT STAND OUT
- ADD IMPORTANT POSITIVE AND NEGATIVE RESPONSES TO KEY QUESTIONS
- DOCUMENT I,C,E
- DOCUMENT ANY 'FLAGS'
- IMPORTANT SOCIAL/FAMILY HISTORY CAN BE ENTERED HERE OR UNDER THEIR SPECIFIC TABS (ON THE LEFT)
- ENTER HISTORY FOR PRESENTING COMPLAINTS UNDER EACH PROBLEM OR LIST UNDER MAIN PRESENTING COMPLAINT
- NOT TOO LITTLE, BUT NOT TOO MUCH

ENTERING A NUMBER OF PROBLEMS

EXAMINATION

- VARIABLE DEPENDING ON PRESENTING COMPLAINT & YOUR ROLE

- ESSENTIAL TO DOCUMENT VITALS IN ACUTELY SICK CHILDREN & ADULTS

- INCLUDE: APPEARANCE, TEMPERATURE, CRT, HR, RR, SATS, HS, CHEST, ANY SIGNS OF DIFFICULTY IN BREATHING, RASH

    (ENT / ABDOMEN EXAMINATION / URINE DIP / PT – AS APPROPRIATE)

- NEURO – CN NERVES, UNILATERAL WEAKNESS, PLANTARS, PHOTOPHOBIA, NECK STIFFNESS

- MSK – APPEARANCE, SYMMETRY, MOVEMENTS, TONE, POWER, REFLEXES

- ABDO – TENDERNESS, GUARDING, REBOUND, BOWEL SOUNDS, PR, URINE

- VERY IMPORTANT TO DOCUMENT CONSENT & OFFERING OF CHAPERONE & OUTCOME

COMMENT (NOT THE BEST NAME)

- A LOT OF INFORMATION COULD / SHOULD BE ADDED HERE

- **DIAGNOSIS OR DIFFERENTIAL DIAGNOSIS** (+/- A CAUSE)

- **MANAGEMENT PLAN / OPTIONS** & PATIENT DISCUSSION, PREFERENCE & SHARED DECISION MADE, POSSIBLE SIDE-EFFECTS OF MEDICATION, PILs

- **SAFETY NETTING,** TIME EXPECTED FOR SYMPTOMS TO IMPROVE, WHAT TO DO IF THINGS GET WORSE, WHO TO CONTACT OOH & IN EMERGENCY

- **FOLLOW-UP,** DO THEY NEED TO RETURN TO SEE YOU ROUTINELY OR IF THINGS DON'T GET BETTER & TIME-SCALE, SHOULD THEY SEE YOU

COMMENT EXAMPLE

1. <No Problem>

Comment

- Imp - most likely post viral cough, but could be an element of post-nasal drip

- Explained diagnosis and likely to improve by itself over next 1-3 weeks. Discussed management options, including watch and wait, trial of Salbutamol inhaler and INS spray. Patient wanted Abx but happy to W&W. Given PIL

- Explained should come back and see me if no improvement in the next few weeks or sooner if gets worse.

- If she suddenly feels SOB, CP or much worse can call the surgery or OOH: 111/WIC or A&E

OTHER ROW HEADINGS

- GOOD TO USE OTHER BOXES OR ENTER INFORMATION UNDER THE CORRECT HEADING, BEST TO USE CODED ENTRIES

- **FAMILY HISTORY** – CANCER / HEART DISEASE / DIABETES

- **SOCIAL HISTORY** – SMOKING / ETOH / EXERCISE / OCCUPATION

- **MEDICATION** – AUTO-POPULATES WHEN ADDED/ISSUED

- **FOLLOW UP** – UNDER UTILISED, BUT GOOD TO CODE AS A FAIL-SAFE

- **PROCEDURE** – GOOD FOR PROCEDURES SUCH AS JOINT INJECTIONS / CRYO

- **ALLERGIES** – SHOULD BE CODED

MISCELLANEOUS

THERE ARE SOME OTHER IMPORTANT THINGS THAT SHOULD BE THOUGHT ABOUT & DOCUMENTED (WHEN APPLICLABLE)

- CONSENT
- CHAPERONE
- NEED FOR TRANSLATOR
- ONLINE VISIBILITY
- SAFE-GUARDING
- CREATE & USE 'QUICK CODE' SHORTCUTS

- **AVOID INAPPROPRIATE COMMENTS OR SUBJECTIVE OPINIONS ABOUT THE PATIENT**

- **NOTES SHOULD BE CONTEMPORANEOUS, IF NOT ADD LATER & DOCUMENT REASON, DO NOT ALTER ORIGINAL NOTES AT A LATER DATE (VERY FEW EXCEPTIONS)**

ONLINE VISIBILITY

QUICK CODES EXAMPLE

Shortcut ▲	Replace with
aar	Advice and reassurance
bld	Advised to call in for results a week after test if they have not received a message
cbl	Did explain there is likely to be a delay in appointment due to back log following Covid Pandemic
dnax2	Called x2, rung, no answer, message left to call back prn
durti	Denies any acute URTI symptoms
etc	Ears, throat and Chest NAD
ewe	Explained what to expect and duration,
hwp	is happy with the plan
ivoc	In view of Covid-19 outbreak and minising risk of bringing in and exposure
nbusd	No bowel, urinary or sensory deficit
nsbi	Explained currently no signs of a bacterial infection
nsrd	no signs of respiratory distress or rash
pofs	plenty of fluids, little but often
rprn	Review as required, especially if not getting better or gets worse
sas	signs and symptoms to look out for discussed, to return or OOH prn
ses	Potential side effects from medication explained, to let me know if they have any problems

QUESTIONS?