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Improving the Quality of Nursing Documentation in NNU and PICU on Initial Nursing Assessment (PWH)

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Introduction

Appropriate nursing documentation is essential for clinical communication, for reflecting nursing assessment, nursing care, patients' information and change of condition as well as the management. Regular internal audits have revealed room for improvement about nursing documentation on initial nursing assessment in accuracy, completeness and compliance with cluster / hospital guidelines and therefore, a CQI program for improving the quality in documenting initial nursing assessment was launched.

Objectives

(1) To reinforce the awareness in the importance of proper nursing documentation; (2) to identify areas for improvement in documenting initial nursing assessment (3) to enhance sustainable practice in completing nursing documentation accurately and complied with guidelines.

Methodology

(1) Documentation on initial nursing assessment was audited as pre-intervention data and nurses were interviewed for feedback based on their practice of documentation on initial nursing assessment in terms of its functionality and accessibility. (2) Intervention strategies included modifying the Initial Nursing Assessment forms for NNU and PICU regarding to colleagues' comments in the interview, holding briefing sessions to promote the importance of proper nursing documentation and to introduce the modified forms. (3) After the interventions, documentation on initial nursing assessment were re-evaluated to monitor for any improvement.

Result

Pre- and post- intervention audits of initial nursing assessment forms were carried out in Feb-Mar 2017 (n=87) and Jun 2017 (n=72) respectively. The pre-intervention results showed 85.1% in accuracy, 1.1% in completeness and 68.7% in compliance with guidelines; while the post-intervention results showed 100% in accuracy (↑ 14.9%), 44% in completeness (↑ 42.9%) and 86.1% in compliance with guidelines (↑

17.4%). Improvements were seen in the evaluation after intervention, it shows nurses' awareness of proper nursing documentation were aroused. But there are still room for improvement. Future strategies are continuous education, especially in orientation programs for new nurses, regular review on the necessity of updating the forms and consistent audit to monitor the sustainability of appropriate practice in documenting initial nursing assessment.