



Service Priorities and Programmes
Electronic Presentations

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Clinical Documentation Audit in Physiotherapy Department in Shatin Hospital and Bradbury Hospice in 2017

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Introduction

The clinical documentation audit among PT department of Shatin Hospital (SH) and Bradbury Hospice (BBH) was established in 2016. Background research about clinical documentation audit within our department and other hospital was analyzed. A guideline, audit criteria and clinical audit form were formulated. The clinical documentation audit is conducted annually.

Objectives

To assess the quality of clinical documentation on assessments and intervention provided by physiotherapists in SH and BBH and to facilitate good compliance in clinical documentation.

Methodology

The clinical documentation audit would be conducted once a year.

The audit was carried out by clinical audit team members and 3 other physiotherapists working in SH.

Three cases from each physiotherapist were randomly collected for the clinical documentation audit.

First three discharged cases from each therapist in two randomly selected months were chosen and discharged medical records were retrieved from Medical Record Office (MRO) for the audit.

There were 22 audit items in 6 domains: general documentation, assessment process, care planning and delivery, care evaluation, discharge plan and ongoing care.

Record audit form was used in each sample. All clinical standards listed were assessed. "Y", "N" or "N/A" was scored with reference to qualifying statement stated in the additional notes for the audit form

The compliance rate of each item was calculated and listed in the report on clinical documentation audit.

The audit report was issued with a briefing session to staff for sharing of the audit results and recommendations for further improvement.

Result

In the clinical documentation audit conducted in 2017, 69 documentations of

discharged cases were audited. The compliance of the items being audited ranged from 11.6% to 100%. 18 out of 22 items for audit rated above 80% for the compliance. There were 5 items with 100% compliance rate: including "Timeliness of initial assessment", "Problem(s) identification and treatment plan", "Re-assessment if condition changes", "Appropriate treatment goal(s) setting" and "Appropriate treatment provided". The compliance rate for item "Appropriate use of abbreviations and symbols" was 11.6%.

A briefing session was conducted to share the above results and a re-audit was conducted in July to review the compliance of the use of correct abbreviations. The compliance of item "Appropriate use of abbreviations and symbols" was improved from 11.6% to 57%. Audit would continue annually to monitor the compliance towards continuous improvement.