

Audit of Documentation of Observations on MHSOP Wards Following Implementation of Nervecentre



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Background

Nervecentre is an application that can be used on mobile and desktop devices to record and view physical observations amongst other tools. A previous audit [1] assessing practice of documenting physical and psychiatric observations using paper documentation on Mental Health Services for Older People (MHSOP) wards recommended the use of Nervecentre to improve the quality of documentation. Following introduction of Nervecentre for physical observations on MHSOP wards practice was re-assessed to see whether the documentation of observations had improved.

Aims

To evaluate if the transition to documentation of physical observations on Nervecentre has improved practice in comparison to paper documentation and to evaluate if practice could be further improved by implementing Nervecentre for psychiatric observations.

Results - Physical Observations

Where this standard was met	June 2020	Oct 2020
Observations documented within 4 hours of admission	33%	71%
Observations documented a minimum of once a day	67%	100%
All observations documented must contain:		
Date and Time	95%	100%
Respiratory rate	95%	100%
Oxygen saturations	97%	99%
Temperature	97%	93%
Blood pressure	98%	98%
Heart rate	98%	99%
Level of consciousness	86%	100%
NEWS must be correctly documented	87%	100%
NEWS of 4 or over must be reviewed by a senior nurse or doctor	0%	80%

Standards

Using NICE guidance [2], Royal College of Psychiatrists Quality Network for Older Adults Mental Health Services (QNOAMHS) Standards [3], the Northumbria Healthcare NHS Foundation Trust Enhanced and Supportive Observation Policy [4] and following discussion with the head of MHSOP, standards were outlined as per the results tables.

Methodology

Data was collected over a 10-day period in October 2020. Exclusion criteria included patients who had been an inpatient for less than 10 days and patients who had been transferred to a medical ward or died during the data collection period. Patients who were on Level 3 psychiatric observations (lowest level of observation) were excluded from psychiatric observation data collection.

Results- Psychiatric Observations

Where this standard was met	June 2020	Oct 2020
Patient Observation Status Record must be completed	100%	100%
Where relevant, the Patient Observation Status Record should be updated to reflect a change in status	100%	100%
Each observational record must document:		
Patient Identifier	100%	69%
Date	77%	83%
Nurse in Charge	41%	28%
Legal Status	62%	24%
Each entry on the observational record must document:		
Name of Documenter	92%	88%
Designation of Documenter	74%	72%
Notes	90%	85%
Signature	94%	93%
Each entry on the observational record must be compliant with the outlined criteria	46%	68%
Each hour of observations must be documented by a different member of staff	92%	90%

Conclusion

This audit has highlighted that the documentation of physical observations on MHSOP wards has greatly improved since Nervecentre was introduced. There was an improvement in recording of physical observations in all domains measured except temperature. NEWS were correctly documented 100% of the time compared to 87% previously. Raised NEWS were correctly escalated to a senior and reviewed 80% of the time compared to 0% previously.

It has also highlighted that the quality of documentation regarding psychiatric observations could be improved as we are not currently meeting local or national guidance. The audit was undertaken following re-education, suggesting re-education alone is not sufficient for sustained improvement.

The most likely cause for the improvement in the recording of physical observations is the implementation of Nervecentre. Nervecentre autopopulates patient and documenter details, prompts users when observations are due, removes the risk of calculation errors, ensures all documentation is easy to access and allows for observations to be directly escalated.

Implementing Nervecentre for psychiatric observations may similarly improve the quality of these observations therefore improving patient safety.

Ultimately, we should see psychiatric observations as important as physical observations and I believe implementing Nervecentre would help this.

Action Plan

1. Present audit findings at ward governance and operational board meetings.
2. Publish a SOP for physical observations on psychiatric wards (we were unable to find a trust policy on physical observation and NEWS scores)
3. Re-educate clinical staff on physical and psychiatric observations. Including timely documentation, appropriate escalation of NEWS and the minimum requirements for documentation of psychiatric observations.
4. Re-circulate guidelines to clinical staff, including the Enhanced and Supportive Observation Policy[3] and the SOP for physical observations once published.
5. Implement Nervecentre for psychiatric observations.
6. Re-audit to see if practice has improved.

References

1. April Salcombe. Documentation of observations on MHSOP wards at NTGH. 2020. 1-16.
2. National Institute for Health and Care Excellence (NICE). Acutely ill adults in hospital: recognising and responding to deterioration. 2007, updated 2019. 1-15.
3. Royal College of Psychiatrists, Quality Network for Older Adults Mental Health Services (GB). Standards for older adult mental health services (5th edition). 2019. 1-50.
4. Northumbria Healthcare NHS Foundation Trust (GB). Enhanced and supportive observational policy. 2019. 1-57.

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