Document Well: A Legal Perspective

by Pat Walsh and Andrea Weinstein, Risk Management, Jefferson Hospital

Good documentation helps to reduce exposure and error throughout the healthcare system. Beyond that statement, the risk-management reasons for good documentation need little introduction in this era:

Patient Safety
The Institute of Medicine's landmark report in 1999 estimated that medical errors injure 1 in 25 hospital patients and may cause as many as 100,000 deaths per year. A more recent study found that U.S. patients report higher rates of medical errors than people in Australia, China, Britain, Germany, and New Zealand. Furthermore, a 1995 study found that nurses intercept 86 percent of errors that could affect patients.

Communication problems, written as well as verbal, are major factors in medical errors. Inadequate documentation hinders informed decision-making. Your documentation provides the link between the care you provided, the patient's response, and the care other providers should render.

Litigation Claims Management
Thorough, accurate, and timely documentation is vital to successful claims management. Poor or incomplete documentation makes a defense more difficult. Good documentation may deter litigation or minimize the amount of a verdict.

A patient's medical record is a legal document. It becomes the primary piece of evidence in a malpractice action, and portions of it may become exhibits during a trial. Illegible handwriting, notes not timed or dated, or adversarial or critical commentary all make a poor impression on a jury.

Your documentation becomes legal evidence of your professional ability and of what care was or was not provided. It becomes a written "memory" of events that transpired years before a lawsuit is filed. Good documentation supports your defense against claims of professional negligence. If information is missing, a jury could be persuaded to believe that appropriate care was not provided. Although you can testify about what you remember or what your custom and habit is in a particular situation, a jury is more likely to believe you if your testimony is supported by documentation.

Certain common documentation practices increase the likelihood of liability:

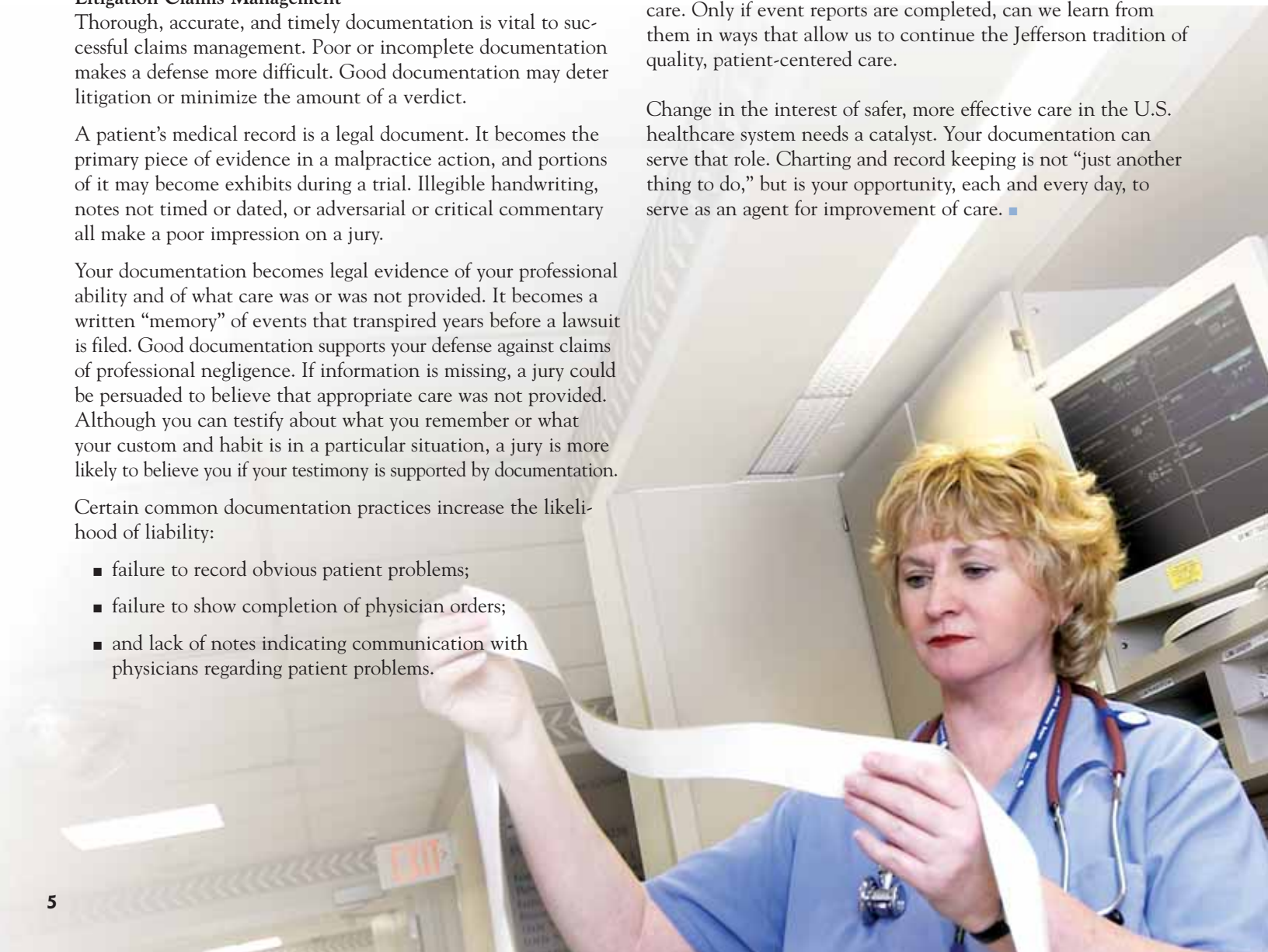
- failure to record obvious patient problems;
- failure to show completion of physician orders;
- and lack of notes indicating communication with physicians regarding patient problems.

Professional Standards
Nursing practice is increasingly governed by guidelines provided by the American Nursing Association; JCAHO; The Centers for Medicare and Medicaid Services; as well as state boards of nursing, professional organizations, and individual hospitals/healthcare systems. All of these organizations examine your documentation to validate compliance. Your objective, consistent, concise recording of interventions, evaluations of patient responses, interdisciplinary plans of care, and ethical decision making as patient advocates are essential to demonstrating that you have attained these standards.

Regulatory Requirements
State statutes and legislative mandates require reporting patient events and outcomes to regulatory agencies. We are required to report serious events and incidents to the state's Patient Safety Authority and Department of Health. The FDA requires reporting of medical devices causing harm.

Internal and external analysis of event reports improve healthcare. Only if event reports are completed, can we learn from them in ways that allow us to continue the Jefferson tradition of quality, patient-centered care.

Change in the interest of safer, more effective care in the U.S. healthcare system needs a catalyst. Your documentation can serve that role. Charting and record keeping is not "just another thing to do," but is your opportunity, each and every day, to serve as an agent for improvement of care. ■



A Nurse of the Year at Jeff

Jefferson has a National Nurse of the Year in its midst! And it was this nurse practitioner's initiative that won her the honor. At a luncheon at the Ritz-Carlton in Chicago, the nursing trade publication *Nursing Spectrum* presented the award to Gaye Riddick-Burden, RN, CRNP, one of only six nurses nationwide to receive the recognition out of thousands nominated.

Riddick-Burden *(photo center)* designed and helped set up Jefferson's Sickle Cell Day Treatment Unit, to better care for an underserved population whose condition often leads to painful crisis. "The day unit's marked growth since its inception at Jefferson in 2002 is a tribute to her leadership," says Ruth Hart, RN, MSN, Nurse Manager, who submitted the nomination *(photo left*, also with Mary Ann McGinley, Senior Vice President for Patient Care and Chief Nursing Officer, *right)*. The program Riddick-Burden helped to launch has decreased emergency-room visits and hospital stays for patients.

In addition to being a valuable source of advice for staff members caring for sickle cell disease, Riddick-Burden publishes and speaks on best practices in treating the condition. She also runs a nursing center for hypertension management in the African American community at a Philadelphia church and is developing a community education program for diabetes control. ■

Satisfaction Results Strong

Jefferson is a good place to practice nursing, according to results of Jefferson's second annual RN Satisfaction survey. Overall, all nurse-satisfaction indicators remain moderate to high; satisfaction as an aggregate score was slightly higher than last year; and nurses at Jefferson enjoy a stable working environment.

Response rate to the survey itself was strong, with more than two-thirds of recipients from all three campuses – Jefferson, Methodist, and Ford Road – returning surveys in June. Results, processed by the Division of Nursing Research and Quality, show that most respondents are moderately to highly satisfied with their jobs and that they:

- believe they are delivering quality healthcare;
- tend to stay with their unit, rather than moving between units;
- and expect to be on their unit over the next year.

The data was as good as or better in each category of the survey than that from national aggregate data in the National Database on Nursing Quality Indicators (NDNQI). Survey findings were presented to each of the Magnet councils and to Jefferson Senior Vice Presidents in November. Nursing unit managers for each of the 56 nursing units also presented the specific findings for their unit to their respective staffs. ■

Nurse Ambassadors Trained

Nurse Recruiters from Thomas Jefferson University Hospital, Jefferson Hospital for Neuroscience, and Methodist Hospital have trained 11 nurses to represent Thomas Jefferson University Hospitals at nursing career days, schools events, and local job fairs. While all employees affect Jefferson's ability to recruit and retain competent and caring nurses, the Nurse Recruitment Ambassadors will officially represent Jefferson at recruitment events. Jefferson's Career Development Council originated the concept for the program. ■

As part of their preparation, Nurse Recruitment Ambassadors met in August to learn more about recruiting nurse externs, graduate nurses, and RNs – and about trends in nursing education. Recruiters and ambassadors pictured *here* are: *Seated*, Linh Nguyen RN, BSN, 5NE TJUH; Leonore Bingham, RN, Heart Station/Stress Lab TJUH; Helen Evers, RN, BSN, B-3 Methodist; *standing*, Patricia Crowe, RN, SICU Methodist; Mary Jane Randazzo, Methodist Nurse Recruiter; Jaclyn Mylett, RN, BSN, ICN TJUH; Maritza Sanchez, RN, OR Methodist; Christopher Coda RN, BSN, SCCU TJUH; Meredith Shaddix RN, BSN, 7C/NC TJUH; Susan Wisch, TJUH Nurse Recruiter; Erica Ryan, RN, BSN, Orthopedics TJUH; Mary Marczyk RN, MSN, TJUH Nurse Recruiter; missing, Bridget Smith, RN, BSN, INICU/ASU TJUH, and Lori Weikel, MICU Methodist.

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Thomas Jefferson University Hospital

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Documentation Meets Peer Review

Documentation is a major byword in nursing these days. You've probably noticed. It's hard to miss. And it's partly because of the inherent value, per se, of documentation in clinical care, but also because charting is a primary information source for hospital accreditors in surveying both record keeping and patient care.

At the same time, review of a fellow practitioner's work by his or her peers is a broadening theme in many professions – no less so in healthcare and education. Specifically, critique by co-workers of each other's medical charting is fast turning into a standard tool used by medical centers to quality control documentation. What's more, these peer-review functions are expected of hospitals that want to achieve nursing Magnet status.

This year, nurses at the Jefferson campuses combined these two themes – excellence in documentation and peer review – in a new, daily, peer-chart-review process. The initiative brings many benefits *(see page 3)*. But to achieve them requires extra diligence and an effort to hone certain skills. Jeff unit nurses, for example, are now working through the new challenge of giving and taking constructive criticism on one another's record keeping. It's an important learning that develops professional social skills. To draw attention to things that may sometimes seem small, but that are nevertheless indispensable, takes patience and openness.

Good charting is a tool of coordinated services. It attests to quality of patient care, ensures continuity of care, substantiates reimbursements, provides evidence in a court of law, and generates data for research and public comparisons. Indeed, chart-based data is already finding its way to consumers on such sites as www.hospitalcompare.hhs.gov/. Increasingly, hospitals won't get credit for good care they deliver unless they document it.

Organizations that assess hospital quality want to see accuracy, timeliness, thoroughness, consistency, and multidisciplinary focus in documentation. And they want to see it from the staff-nurse and throughout the care team. ■

For the website for nursing continuing-education programs, go to:

Jefferson Intranet Home Page

Click on *"Clinical"*
Click on *"JEFFLINE Community for Nurses"*
Click on *"Continuing Education"*
Click on *"Nursing CE Internal Programs"*
or *"Calendar of Events"*

(Or, on the Nursing Magnet program website click on *"JEFFLINE for Nurses"* under *"Resources"* and then follow the steps above.)

Letter from the Chief Nursing Officer

Nursing documentation serves as essential evidence of nursing care rendered to patients. Given this critical function, we focus on it in this issue of our newsletter.

Looking at our performance earlier this year, I directed our education department to require a documentation competency-review program for all nurses. Then, with the help of our Magnet council chairs, we initiated a daily, ongoing, nursing-documentation, chart-audit process using a peer-review approach. Much to everyone's credit, our documentation is dramatically improved.

And yes, maintaining documentation excellence means work. Record keeping takes time and has multiple points of entry, both on-line and in the patient's chart. Peer review has renewed our discipline in this area. Already we see evidence of new charting behaviors that embrace time-management principles but that avoid critical omissions. Once again, the highly professional manner in which our nursing staff has taken this on is to be commended.

Our current work toward consistent, high-quality charting is not just an exercise. Good documentation is first and foremost for the sake of the patient and demonstrates our standard of nursing practice. Good documentation is also about compliance with governmental regulations and accrediting bodies, as well as assessment by professional nursing organizations. I am convinced that, through the continued focus and commitment of our staff, we will sustain documentation compliance.

Sincerely,

Mary Ann McGinley

Mary Ann McGinley, PhD, RN
Senior Vice President for Patient Care and Chief Nursing Officer

Tailoring Ed. to Our Nurses

by Trish Hushen, RN, MS, VP for Education, Recruitment, and Retention

What kind of education programs do Jefferson nurses most want? Those related to **acute care**, as well as those in the areas of **documentation** and **people-related skills**, top the list of topics on which Jeff nurses want to refine their skills.

This was just one result of the **educational needs assessment** developed by Jefferson's Clinical Nurse Specialist Council. The Staff Nurse Council distributed the survey at the Jefferson, Methodist, and Ford Road campuses. The top-five, most-requested topics for nursing continuing education (and percent of respondents requesting them) were emergency interventions (85 percent), critical care (60 percent), dealing with difficult people (53 percent), documentation (50 percent), and spiritual care (49 percent).

The Nursing Department's Research and Education Division analyzed the data, which also showed that:

- most respondents were RNs (84 percent), though technicians and nursing assistants also participated;
- most common practice areas for respondents were critical care, emergency/trauma, and medical-surgical;
- most important factors for respondents in choosing an educational session is the program topic (84 percent), as well as the time of the program and the day of the week;
- most nurses like a lecture (59 percent) or inservice format (58 percent), followed in preference by interactive sessions.

The department has already used the above data for planning educational programs:

- All units completed documentation inservices in September and the peer chart-review process began in October. *(See page 3 and other documentation topics in this issue of* Nurses' INK*).*
- Jefferson's Department of Human Resources is offering the "Dealing with Difficult People" program twice a year. Please call the Jefferson Training Center, at 215-503-8700, if you have questions about this program.
- A program entitled "Illuminating Pathways of Care: Medical and Spiritual Approaches," was held on December 9, 2005. For additional programs, contact the Pastoral Care Program at 215-955-6336.

For additional programs check the JEFFLINE Community for Nurses. Finally, more than 46 percent of respondents indicated that they would like to participate in providing educational programs to staff members. *Please contact the Nursing Continuing Education Department at 955-5084, if you would like to help plan or participate in a program.* ■

Jefferson is actively seeking Magnet status for its nursing program. See how you can help, at our Magnet website:

http://tjuh.jeffersonhospital.org

Read about the Magnet goal, about how our Magnet councils are organized, and about how Magnet designation will make Jefferson a better place to work and receive care.

Making Documentation Shine

by Rae Conley, RN, MSN, Catherine Farnan, RN, MSN, Carey Heck, RN, MSN, Carol Kelly, RN, MSN, Sister Bernadette Ravenstahl, RN, MSN, and Jacqueline Sullivan PhD, RN

Jefferson nursing saw an opportunity and is seizing it. Through quick action in the latter months of this year, the department has been overhauling, refining, and spotlighting nursing documentation, to enable every Jefferson nurse to demonstrate their attention to detail.

Of course, medical-record review has been in place for a long time at Jefferson; but, in recent years we have enhanced it, in part to prepare for review by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Our long-standing, open chart review is now a rigorous, interdisciplinary process. Performing this random, monthly assessment of sample charts from all units at all campuses is a team of nurses, physicians, and other healthcare professionals.

This year we saw that we still have room to match better to the increasingly challenging standards for such documentation. Data showed that improvements were possible in the nursing component of charting and other patient-care records at Jefferson.

Under the direction of Vice President for Nursing, Eleanor Gates, our working group formed to assist the Clinical Nurse Council in developing innovations to respond to this. One of the challenges has always been to find a built-in way for nurses to get constructive feedback on the quality of their charting. To do exactly that, we developed the one-a-day, peer chart review process – with which all Jefferson nurses should now be familiar. We proposed this effort to the various nurse councils in August; created the forms and procedures, and did the necessary education, in September; and went live with the program at the beginning of October.

Countless staff members deserve credit for this quick implementation and successful launch of peer chart review at Jefferson. Our nurses now take turns selecting and auditing a chart on their unit, according to a checklist, and then sharing feedback with their nurse co-worker who created the record.

The response has been positive. Nurses appreciate the clearer rules for documentation. The forms and standards for the process serve as real practice tools.

Already the peer process looks like a good correction. Even just for the month of September, when nurses were learning about it, data from our open chart review showed improvements in documentation quality. And for October, the first month of the peer review process, aggregate results from medical record review again demonstrated significant improvement.

As a third component, we are now putting JCAHO tracer methodology into use. A reviewer tracks and evaluates documentation and care for a specific patient as he or she moves through different areas of care at Jefferson. The tracer program will help Jefferson toward full preparation for the JCAHO survey. ■

Methodist Improves In Parallel

by Theresa M. Karter, MSN, RN, VP Patient Services - Methodist

At Methodist, peer chart review has shown us where we can improve. Charge nurses went first, performing the reviews. In November, staff nurses began to review each other's charts as well.

One thing we have found is that when information is missing, a nurse may still be planning on including it later. But of course this is only an acceptable explanation if it is still same day, same shift.

We congratulate nurses who do well on the review. Monthly, open chart review data showed improvement in our performance already in October. ■

Peer chart-review sessions such as this one are now taking place in all Jefferson nursing units across all campuses.

The Chart: A Complete and Factual Document

by Sherry Mazer, Director of Performance Improvement, Methodist Hospital

Better documentation is always just one tip away, no matter how good you are at it. Volumes have been written on the subject and, in training, every nurse learns the importance of charting and preferred techniques for it. But there's always room for improvement.

We all know that the record directly affects a patient's care. In that interest, any caregiver should be able to use your chart to pick up a patient's care precisely where you left off, understanding the patient's status and needs. The chart serves first and foremost as a tool for assuring the welfare of the patient.

But it is also the record of the care you gave. Here are tips that I share with nurses. Some are very familiar points and some we may think about less often:

- Try to banish **abbreviations**. And make sure your notes are complete, signed, and dated. Make sure they are not just legible but easily readable. Incomplete documentation can negate the value of documentation that is there.
- Use **forms** and flow sheets to your advantage and to help you eliminate duplicate entries and the risks inherent in transcribing.
- If something occurred that was less than optimal, there's no need to judge it a **mistake** or error in the chart; instead, simply state what happened. Then record how you responded and followed up, and whom you consulted.
- The chart must be an authentic document, in the sense that it includes only information about things you have done or observed directly. It is no place for subjective **feelings**, conclusions, opinions, impressions, worries, second-hand information, or suppositions. For these things, get others in the care team involved and use chain of command. For example, if you have a concern about an order written for a patient, contact the person who wrote the order or ask your supervisor.
- A medical record is an objective statement of fact. It does not assess **blame**. If you've raised a concern and are not satisfied with the outcome, use an incident report to bring proper attention to the matter.
- Don't include **negative remarks** about a patient. For example, if a patient is difficult to deal with, simply document the patient's actions. And then use other teammates and consults for assistance.
- If you enter something that is not correct in the record, use a single line to strike out the erroneous information, and note **"error"** or "wrong entry." Do not mask, erase, or overwrite the incorrect information.

Part of the challenge is to spend enough time on documentation to make sure that the needed information is there, while avoiding unnecessary explanation that prolongs record keeping and thus draws away from patient care. Remember, situations arise where you may have to speak to your documentation. Someone looking at it minutes or years later should be able to follow it and find all the requisite information.

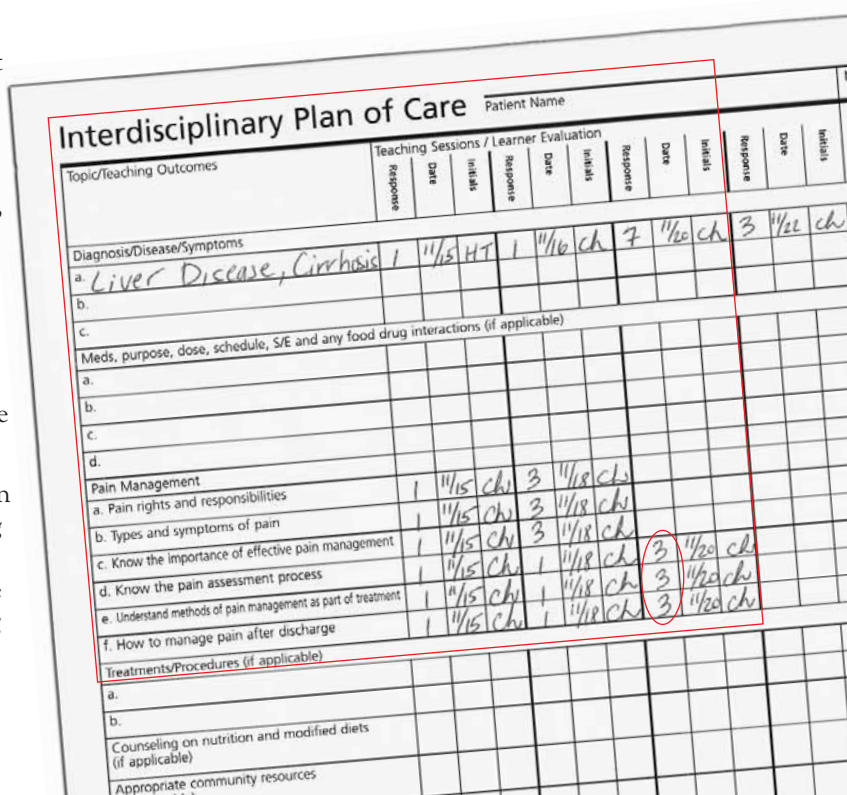
On the intranet: For Documentation Guidelines in the official Jefferson Nursing Procedures go to http://tjuh.jeffersonhospital.org, click on Administration, then click on Nursing Procedures, click on Documentation Guidelines (I-O). ■

Dangerous Abbreviations: DO NOT USE Anywhere in the Medical Record

The Correct Way	Do NOT Use
Daily	qd
q other day or q48 hours	qod
Units	U or u
mcg or micrograms	µg
Do not use trailing zero when dose is a whole number (e.g. 1 mg)	1.0 mg
Always use a leading zero before a decimal dose less than 1 (e.g. 0.1 mg)	.1 mg
International units	IU
Morphine	MS, MSO_4
Magnesium sulfate	$MgSO_4$
Three times weekly (specifying days to be given)	tiw, TIW

On the intranet: For Dangerous Abbreviations/Do Not Use in the official Jefferson Nursing Procedures go to **http://tjuh.jeffersonhospital.org**, then click on Administration, then under Other References click on Tracer method files under JCAHO section.

The final Response column of this care plan illustrates that the nurse continued education and documentation until the patient could explain the pain-management aspects of his care independently.



Interdisciplinary Plan of Care — Patient Name

Topic/Teaching Outcomes — Teaching Sessions / Learner Evaluation (Response, Date, Initials)

Diagnosis/Disease/Symptoms
a. Liver Disease, Cirrhosis — 1 11/15 HT — 1 11/16 ch — 7 11/20 ch — 3 11/22 ch
b.
c.

Meds, purpose, dose, schedule, S/E and any food drug interactions (if applicable)
a.
b.
c.
d.

Pain Management
a. Pain rights and responsibilities — 1 11/15 ch — 3 11/18 ch
b. Types and symptoms of pain — 1 11/15 ch — 3 11/18 ch
c. Know the importance of effective pain management — 1 11/15 ch — 1 11/18 ch — 3 11/20 ch
d. Know the pain assessment process — 1 11/15 ch — 1 11/18 ch — 3 11/20 ch
e. Understand methods of pain management as part of treatment — 1 11/15 ch — 1 11/18 ch — 3 11/20 ch
f. How to manage pain after discharge — 1 11/15 ch — 1 11/18 ch

Treatments/Procedures (if applicable)
a.
b.

Counseling on nutrition and modified diets (if applicable)

Appropriate community resources