

A New Tool for the Assessment and Improvement of Clinical Record Keeping

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Dear Editor,

A Patient Medical Record is a legally binding document and remains a core element in the continuity of patient care¹. We feel that not enough emphasis is placed on the importance of high-quality note taking in Irish hospitals. During the course of my intern year in a busy tertiary-referral hospital, one of the most notable difficulties I have found has been making good clinical assessments and decisions for patients about whom the patient medical record has not clearly summarized the reason for admission, clinical course and current issues. This is particularly relevant during on-call shifts, where the patients are often not known to the medical staff on duty.

We developed a 13-point scale, using Health Service Executive (HSE) guidelines², to assess the accuracy of clinical note taking among hospital-based medical teams. The tool is designed to quickly and easily assess the accuracy of medical notes and therefore improve continuity of patient care. One point is awarded for each of the following: documentation is clear and legible, records are written in English, all entries are in permanent black ink, date, time, signature of author, printed name of author, job title of author, bleep/identification number of the author, overall assessment including any changes since previous encounter, reason for clinical encounter, management care plan, patient ID sticker/patient name + *at least* one other identifier on each page.

In June 2019 this 13-point scale was used to audit accuracy of clinical note taking of one medical team at our hospital over a one-week period. 98 notes were reviewed and scored. Interim results were presented to the team and areas of deficiency highlighted. A re-audited was then performed. The overall quality of note taking was already very high amongst the team however following education, this improved even further with 43 of 73 notes scoring 13 out of 13.

The feedback from the team that were audited was very positive. All physicians found the tool user-friendly, effective and a good point of reference for structuring a high-quality note. It also provided consistency among note-takers.

The idea of assessing clinical note-taking by means of a scoring tool is not new in the surgical literature. The STAR (Surgical Tool for Auditing Records)³ and CRABEL (CRAWford-BEResford-Lafferty)⁴ scores assess notes based on essential entries that should exist in any complete set of surgical notes. Points are awarded for initial clerking, subsequent entries, consent, anaesthetic record, operative record and discharge summary. There is currently no scoring tool available based on Irish guidelines. We feel that the formal publication of this scale could lead to its use on a wider basis for the assessment and therefore improvement of clinical note-taking.

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