How well are observations documented on ward patients in a children’s hospital?

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• 337 in-patient beds treating more than 200,000 patients per year.
• provides the general paediatric service to the locality in addition to being a tertiary referral centre for many specialities.
• The tertiary services include cardiac surgery, cardiology, nephrology, neurosurgery, burns, haematology/oncology, bone marrow transplantation, endocrinology, plastics and cranio-facial surgery.
• There are 23 Paediatric Intensive Care beds and 15 High Dependency beds.
Objectives

• To evaluate the standard of observation documentation in all in-patients in a children’s hospital on one day.
• To review compliance with the Trust observation & monitoring policy
• To review compliance with the Paediatric Early Warning system
Methods

- Eleven trained observers reviewed all in-patients (n=179) observations charts, medical and nursing records for a 24 hour period
- Day case patients, ICU patients, mental health and A&E patients were excluded
- Completeness of data was assessment against a checklist
Results

• 1513 sets of observations were reviewed in 179 children across 18 wards
• Wards e.g.
  - general paediatrics (22%),
  - neurology/neurosurgery (16%)
  - Oncology/haematology (7%),
  - general surgery (8%)
  - respiratory (8%),
  - cardiac (5%),
Results II

- 92% of in-patients had incomplete sets of observations.
- The missing observations were:
  - pain score (73%) – mix of medical/surgical patients
  - blood pressure not taken in the last 24 hour period (47%)
  - oxygen saturation (40%)
  - capillary refill time (37%)
  - AVPU (15%).
- Most commonly recorded observations were heart rate, respiratory rate and temperature.
- Observations were undertaken at variable times (with 95% being done between 2 and 5 hourly).
- From a legal perspective, dates or times were missing in 8% and a signature missing in 13%.
Conclusions

- The documentation of vital signs and observations’ within the hospital is inadequate, despite a clear hospital policy.
- Some of this is influenced by ward culture, there was wide variation on the standard across the Trust.
- The vital information which contributes to PEW assessment are not routinely being recorded.
- Hospital quality targets (and audit) need to focus on observation quality and documentation with a view to improving patient safety in hospital.
- Further education for ward nurses (including both assistants and students) around observation and monitoring is urgently required.
Recommendations

- Monthly review of the quality of observation, monitoring and documentation is essential to develop robust in-patient safety processes.
- Feedback performance to ward staff.
- ‘Name & shame’ wards where observation & monitoring is found to be inadequate.
- Further work needs to be undertaken to understand human factors e.g. Non-compliance with monitoring observation policy.