

DOCUMENTATION COMPLIANCE IN ICU

Dissertation submitted to



for the partial fulfilment for the award of the degree Master of Business
Administration (MBA)

in

Hospital and Health Management

by

Dr Lunika Tak

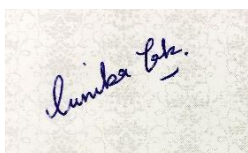
Under the Guidance of

Dr. Daya Krishan Mangal, Professor,
IIHMR University, Jaipur

2021

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **DOCUMENTATION COMPLIANCE IN ICU** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

A handwritten signature in blue ink on a light-colored, textured background. The signature reads "Lunika Tak." with a small flourish at the end.

Dr Lunika Tak



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DISSERTATION COMPLETION CERTIFICATE

This is to certify that **Dr Lunika Tak**, Student of **MBA Hospital and Healthcare Administration** from **IIHMR University, Jaipur** has successfully completed her **Dissertation** with Mahatma Gandhi University of Medical sciences & Technology, Jaipur from 1st April 2021 to 30th June 2021 in following project:

1. Documentation Compliance in ICU

During this period, she exhibited good skills with self-motivated attitude to learn new things. Her approach to project was sincere and proactive.

I wish her success in all her future endeavors.

Mr. Sukanta Kumar Das

Chief Operating Officer

Mahatma Gandhi Medical College & Hospital

SUKANTA KUMAR DAS
Chief Operating Officer
Mahatma Gandhi Medical
College & Hospital

CERTIFICATE

This is to certify that dissertation titled DOCUMENTATION COMPLIANCE IN ICU is a record of the research work undertaken by Dr Lunika Tak in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

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Background

ABSTRACT

DOCUMENTATION COMPLIANCE IN ICU

Author: Dr. Lunika Tak

Background

An audit is an effective tool to judge the compliance of documentation in ICU and to enhance strategies of proper documentation. Audit of ICU documents, including the chart assessments, if done regularly and efficiently, help to find out areas that require improvement.

Proper documentation in ICU encourages structured, constant, and robust conversation among caregivers- the nurses and the doctors, enabling steadiness and distinctiveness of care and safety to patients. This study aims to audit the ICU document for compliance and to assess knowledge, attitude & practices (KAP) concerning documentation among caregivers.

Methodology

A well-designed checklist was used to study compliance and noncompliance to the documentation protocol in ICU. A closed-ended questionnaire was used to undertake this study from 1st April 2021 to 1st June 2022. One hundred files were taken from the ICU to audit the compliance of ICU documentation. The study data were analysed using MS Excel sheet. The indicators for analysis were -100% compliance in the documentation, and other factors determined noncompliance of 0% in the ICU documentation.

Results

The respondents were the medical doctors and nurses of MGUMST. Respondents had enough expertise in regard to the ICU Documents. We found 100% compliance out of the case files included in the study.

Conclusion

The audit conformity of ICU documentation concluded that the conformity rate is extraordinarily high in the case of indicators such as Patients name, IP Number, Procedure Name, All risks and benefits are explained to the patients and the attendants, Postoperative treatment notes are prepared and recorded, Medication chart filled and documented.

All of this shows that the Doctor and nurses have good documentation knowledge; however, both positive and negative aspects require further work.

Key Words

Documentation, Compliance, ICU document

ACKNOWLEDGEMENT

I would like to express my special thanks of gratitude to my Mr. Sukanta Kumar Das (Chief Operations Officer), Mahatma Gandhi university of medical sciences & Technology, Jaipur for his able guidance and support in completing my dissertation.

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I would also like to extend my gratitude to my faculty guide Dr. D. K. Mangal sir, (Associate Professor) for guiding and supporting me on my given project work and school **OF IIHMR UNIVERSITY JAIPUR** for providing facilities for my study.

CONTENTS

S. No.	PARTICULARS
1	INTRODUCTION
2	LITERATURE REVIEW
3	OBJECTIVE
4	METHEDOLOGY
5	OBSERVATIONS
7	SUGGESTIONS
8	STUDY CONCLUSION
9	REFERNCE

FIGURES

Name of Patients
Patients IP number
Name of Doctor
Name of nurse
Name of Procedure
High risk consent form filled and Documented
All the risk/benefit are explained to the patient and the attended
After procedure recovery monitoring done
ICU notes done and documented
Post-operative treatment notes are prepared and recorded
Patients Sing In
Patients Time-out
Patients Sing Out
Medication Chart filled and documented
Vitals Chart filled
Intake and Output Charting

INTRODUCTION

ICUs are supposedly the maximum bulky regions accreditation. It is a multiprocessor complicated branch in which more than one vital feature happen, and numerous classes of workforce are involved. Apart from this, the infrastructure of ICU additionally keep significance for accreditation preparation. Based upon generally discovered sequences and practices for the duration of NABH checks and standards & goal factors below exclusive sections, here is a tick list furnished that may be used for getting ready ICU for accreditation's.

Divert patients attention

Participant understands that maximum sufferers appeared the usage of tick list as a shield or did now no longer word its use at all. Although, there has been pretty a few problems that a few sufferers would possibly grow to be anxious and harassed while the tick list turned into consulted, and that sufferers who were given frightened or wanted near interest would possibly sense not noted at the running desk at the same time as the fitness care employees give attention to the tick list. To lessen those problems, contributors mentioned that they averted turning their backs to the affected person while analysing the tick list. Further, while sufferers wanted unique interest, the contributors performed a great deal of the tick list earlier than the affected person arrived a few contributors stated they knowledgeable sufferers of the tick list in advance. One nurse knowledgeable sufferer that a tick list could be used withinside the identical manner that pilots use them earlier than take-off. Participants emphasised that they believed that maximum sufferers could have an effective enjoy with the tick list while the point of interest at the affected person turned into now no longer compromised.

Influence of checklist on workflow of doctors-nurse cooperation.

Nurses determined that advent of the tick list interrupted their simplified pre-induction workflow and brought on strain to each the sufferers and themselves, particularly whilst the doctor rushed into the ICU and straight away commenced analysing the tick list. The tick list become additionally stated to create redundancy in tests via way of means of the nurse and the doctor. Those issues have been suggested to arise initially, however decreased considerably over time, as physicians and nurses have become used to the tick list and controlled to combine it into their everyday operating routine. It become additionally a not unusual place revel in that the workflow went greater easily after the concerned employees have been capable of determine how the tick list ought to be read. The tick list become additionally looked as if it would normalize and simplicity out caregivers cooperation. One PG doctor stated that it felt ugly to invite the nurses for added apparatus, however that he now not needed to argue for it after the tick list came in function.

Senior consultants were both sceptical and supportive.

Conferring to a few individuals some skilled experts had been sceptical closer to the tick list and may have concept one nurse indicated that the tick list changed into ridiculed and made a few experts in different sections numerous individuals emphasised that the top physician's help and motivation had been vital for enforcing the tick list. Residents stated it had had been extraordinarily difficult to put in force the tick list if their leader has had a terrible attitude.

The checklist improved confidence in unfamiliar contexts.

According to a few individuals some skilled experts had been skeptical closer to the tick list and may have concept one nurse indicated that the tick list changed into ridiculed and made a few experts in different sections numerous individuals emphasised that the top physician's help and motivation had been vital for enforcing the tick list. Residents stated it had had been extraordinarily difficult to put in force the tick list if their leader has had a terrible attitude.

Safety checklist

What exactly is a safety checklist?

It is a communication tool used for patients safety by the team of ICU expert including (nurse, consultant, anaesthesiologists, and others) to discuss on each patients case.

The checklist mimics an airline pilot's checklist, that is used right before take-off in many ways. It is a last-minute, inspection done.

Information which is included in a safety checklist?

The parameters included within the checklist are:

1.Pre-Procedure Phase:

- Verification of patient's name and procedures.
- Patient's allergy check
- Patients medication's Check
- Laboratory tests, and X rays.

2. Time Out Phase:

- Position of Patient
- Patient's antibiotics check

3. The Sing Out Phase:

- Doctors reviewing important item's
- Anesthesiologist reviews on important items
- Nurse reviewing the correct counts of patients.

REVIEW OF LITERATURE

A careful review of the literature reveals that the focus is on previous research related to the research topic. It provides a solid foundation for the acquisition of knowledge, and research is one of the most important aspects of any research project.

Use of a daily goal checklist for critical care patient in morning

It is a mixed method study- by the authors centofenti john eugnio , dunae, eric, head, neala, rnsinton, dan,lily from the dept. of critical care medicine.

Objective: the objective is to understand the views and attitudes of the ICU physician regarding the use of work in the ICU checklist daily goals for shifts specially in morning.

The 3 data collection methods used are:

- 1) In Field observation: to find out how and who uses the checklist 2 researchers performed field observations.
- 2) In Literature analysis: the daily goal checklist were analyzed using the mixed methods .
- 3) In Interviews: they conducted a semi-structured individual and a group interviews, transcription analysis using a qualitative descriptive approach and content analysis of 56 clinicians were done. The triangulation method was performed by an interdisciplinary research team using 2, research methods and 3 ,data sources.

Setup: 15 self-contained intensive care beds in a very high school college hospital. patients: were the medical surgery patients in intensive care.

Intervention: the main findings and actions were :

In field observation: 93% of the observation list during shift were seen completed., which was mainly done by the residents (86%). Usually the residents are the winners of the oral assessments (83%) or students (9%).

Document Review:., sedation, central venous access, nutrition, and various prophylactic interventions were the areas with high rate of completion.

In Interview: the daily goal checklist improves the communication, patient care and the education. Caregivers have endorsed their best interdisciplinary communication. It facilitated a well structured, focused and individualized approach to patients care. It helps in identifying new patients care issues , management devates most importantly when it comes to sedation, analgesics, and other medications. Residents are heavy users and they consider it as a versatile education tool.

Conclusion: by creating a systematic and comprehensive system of patients care , checklist helped in improving management of critically ill patients.. which clearly improves the communication and practice between professionals, daily goal checklist it also helps improves patient safety and daily progress, encouraging patients to recover

from serious illness. By revising the daily goal checklist, it also helped improve the morning shift teaching opportunities for interdisciplinary student.

Multifaceted interventions to improve adherence to procedural measures for ICU physicians' communication with ICU patients and their families * As suggested by Black, vigorito, Curtis, martin, eoduard, lynn, Ross, Susan, Mitchell, from the school of critical care.

Motivation:

Within the ICU Despite the emphasis on family-doctor communication requirements, it is often rated as infrequent and less frequent. In the state-wide ICU partnership, we used comprehensive behaviour change interventions to expand communication between families and doctors.

Objectives: Our primary aim was to determine whether interventions led to greater compliance with the clinician's adherence to technical measures focused on family communication. Secondary goals are to improve adherence (open and closed, educational and non-educational, surgical and medical and medical) and patient specific outcomes (open and closed, educational and non-educational), medical and medical surgery and surgery). (Mortality rate, length of stay).

Methods: The intervention is a comprehensive quality improvement strategy focused on process measures taken by the Institute for Health Improvement and can be completed within 2 or 72 hours of admission to the intensive care unit. It is grouped into two "packs".

Key Results and Metrics: Significant increases were seen to fully comply with both Day 1 and Day 3 process metrics. Day 1 compliance improved by 10.7% to 83.8 billion VND with 21 months of intervention (fur; 0.001). Compliance on day 3 improved from 1.6% to 28.8% (fur; 0.001). Improvements in adherence depended on the type of intensive care unit, with slight improvements in open, unguided, and mixed surgical ICU. Although the number of patients discharged from the ICU to hospital hospice increased only marginally, patient-specific outcome indicators remained unchanged ($p = 0.002$).

Conclusion:

We found that a multimodal intervention at the national level in collaboration with the UTI improved compliance with procedural parameters for family communication. The impact of the intervention was different depending on the type of intensive care.

Improve the Quality of Communication and Documentation of Delirium in Critical Care Patient in the Daily Interdisciplinary Case

Krishna Aparanji¹, Shreedhar Kulkarni², Megan Metzke³, Yvonne Schmudde

, Peter White², <http://orcid.org/0000000227266867> Cassie Jaeger⁵⁹⁸ Using evidence-based strategies to achieve the goals of caring for colleagues on your team strengthens team bonds. We publish a checklist to help others use and / or adapt it in order to give best possible care for critically ill patients. Practice guidelines recommend that delirium in intensive care patients be assessed at least once per case. An initial examination at a tertiary care hospital in our city of Illinois, United States, showed that delirium was only assessed in 31% of cases. The nurse went through simulation-based training and was

trained using a delirium screening video. After the training session, delirium records ranged from 0% (30/12) to 69% (1/59) (2 ratio test, $p < 0.01$) and 27% (8/30) to 61 for daytime nurses. Has increased to, percentage of night shifts (36/59) (2 ratios, $p < 0.01$). To further increase the frequency of delusion assessments, delusion screening tools have been standardized and ICU progress has been recorded, including sections on delusions, management strategies, and discussion tours. After making changes to the literature, screening for day shift delirium increased to 93% (75/81) (2 report trials, $p < 0.01$). Preceding to the project, doctors did not need to document delirium screening. After performing standard critical care scores, physician documentation was 95% (106/111). In addition to standardizing delusional profile, reporting of delusional status during shift work, and teaching, it improved compliance with delusional screening in ICU patients.

Critical Care Quality Improvement Checklist Develop and Implement

Stevens, Douglas, Amy R brein lander, Peterson , the MDs of critical care

patients are not very safe in the hospital, especially in ICU. Errors and lack of care can happen in life-threatening situation, ICUteam has established a checklist of patients care issues that must be addressed daily for each patient in the ICU to avoid as many dropouts and errors as possible. the better. Our daily interdisciplinary quality tours are complemented by a checklist that notifies all employees when something important is overlooked. It is too early to determine if the checklist will improve The existence or length of stay, but the focus on these critical care issues has improved dramatically.. Achieving care goals using an evidence-based approach also strengthens group collectively and group relationships. We share the checklist so others can use and/or adapt it order to provide the best workable care for critically ill patients.

RATIONALE:

Due to the growing number of complaints about ICU documents and the incompleteness of ICU procedural documents, this study was conducted.

METHODOLOGY

RESEARCH QUESTION

- What is the rate of paperwork compliance in the ICU?
- What criteria are used to determine if a checklist is suitable and complete?

OBJECTIVES:

To Analyze the compliance rate of the ICU literature, assess the relevance and integrity of the hospital's ICU checklist, and make recommendations for further improvement and improving hospital safety.

STUDY DESIGN:

An observational research was conducted at the Mahatma Gandhi Hospital. The research was based on observation and the use of the ICU checklist in accordance with NABH guidelines. Following the observation of the ICU checklist, a questionnaire for 100 patients was created to increase compliance.

DATA COLLECTION

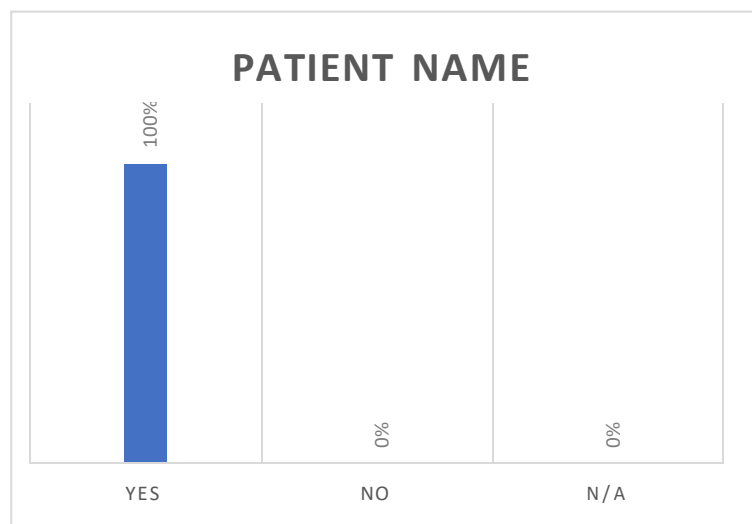
- Direct observation and a checklist survey were used to collect primary data.
- The hospital's ICU checklist is a data tool.
- MS Excel is used to analyse data.
- 100-sample size is a convenient sample size for sampling.

OBSERVATIONS

SNo.	Patient Id	Patient Name	Doctors Name	Procedure Name	High Risk Consent Form Filled and Documented	After procedure recovery monitoring done	All the Risk/benefit Explained to patient and attended	ICU notes will be done and documented	Post-operative treatment notes done and documented	Medication Chart filled and documented	Vitals Chart filled	Intake and Output Charting	Routine Nursing Care done & documented	Sign in	Time out	Sign out
1	15064	O P. Bhawan	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
2	15098	Roshan	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
3	15025	Aarav	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
4	15041	Swaplin	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
5	14231	Subhash Godara	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
6	14762	Ankit Singhal	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
7	14909	Sharvan Devi	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
8	13713	Bhim Singh	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
9	14461	Ravi	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
10	15221	Bacchu Singh	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
11	15105	Savitri Sharma	yes	yes	yes	yes	R to W	yes	no	yes	yes	n/a	yes	yes	yes	yes
12	15408	Suman Choudhary	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
13	15412	Satvir	yes	yes	yes	yes	R to W	yes	no	yes	yes	n/a	yes	yes	yes	no
14	14832	Raj Kumari	no	no	yes	yes	R to W	yes	yes	yes	yes	n/a	no	yes	yes	no
15	14194	Dilsher	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
16	14970	Bodu Ram Sharma	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
17	14194	Diksha	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
18	15240	Banwari Lal	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
19	15454	Jaipaal	yes	yes	yes	yes	R to W	yes	yes	yes	yes	n/a	yes	yes	yes	yes
20	15391	Suman Devi	yes	yes	yes	yes	R to W	yes	no	yes	yes	n/a	yes	no	no	no
21	15514	Lalita Devi	yes	yes	yes	yes	R to W	yes	no	yes	yes	n/a	yes	yes	yes	yes
22	15673	Baby Kanu	yes	yes	yes	yes	R to W	yes	no	yes	yes	n/a	yes	no	no	no
23	15432	Ilama ram Gular	no	no	yes	yes	R to W	yes	yes	yes	yes	n/a	no	yes	yes	yes

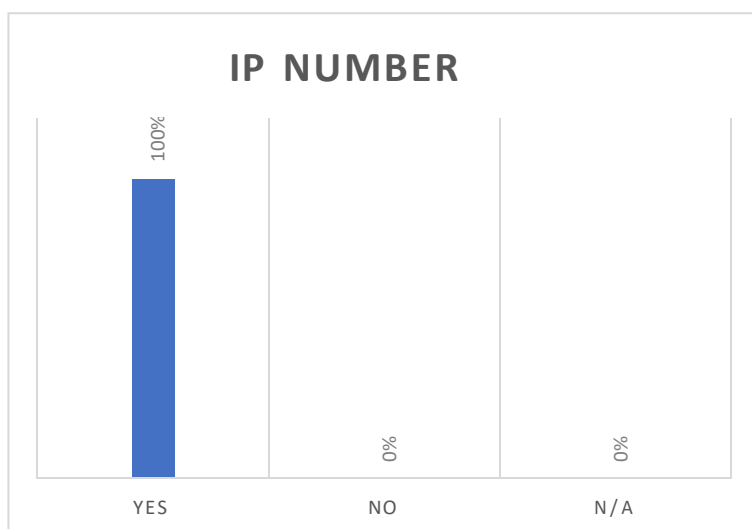
DOCUMENTATION COMPLIANCE IN ICU

Patient Name



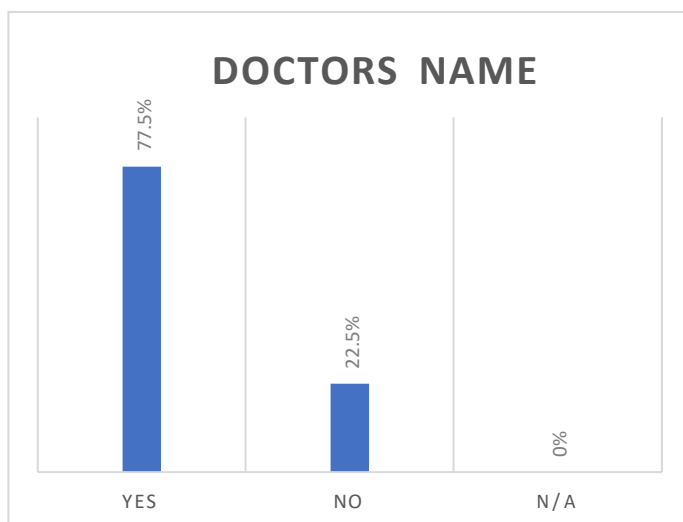
INTERPRETATION: For 100 files, compliance was judged to be 100 percent.

IP Number



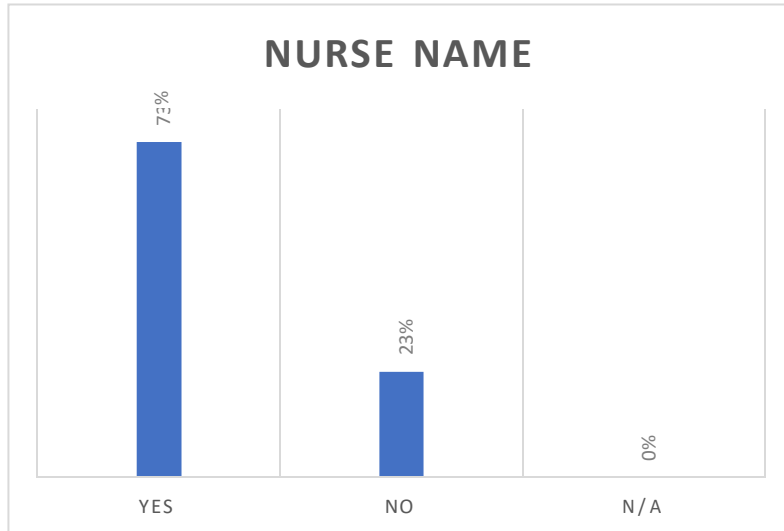
INTERPRETATION: For 100 files, compliance was judged to be 100 percent.

Doctors Name



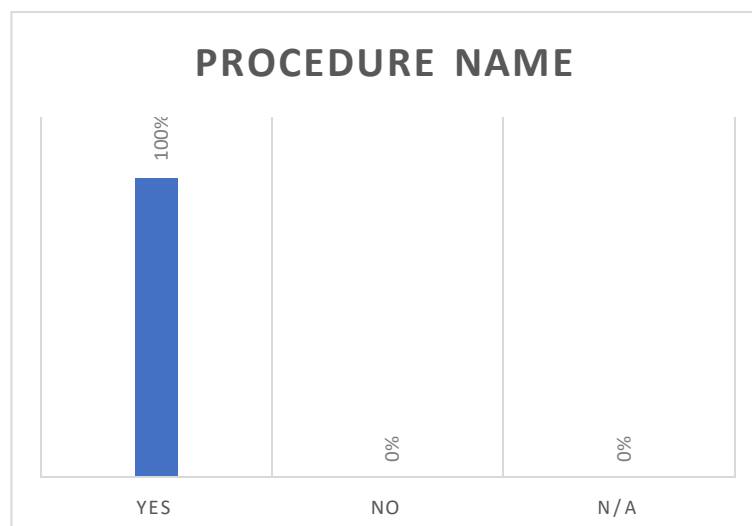
INTERPRETATION: Out of 100 files, 77.5 percent had noncompliance in the doctor's name, and 22.5 percent had noncompliance in the paperwork.

Nurse Name



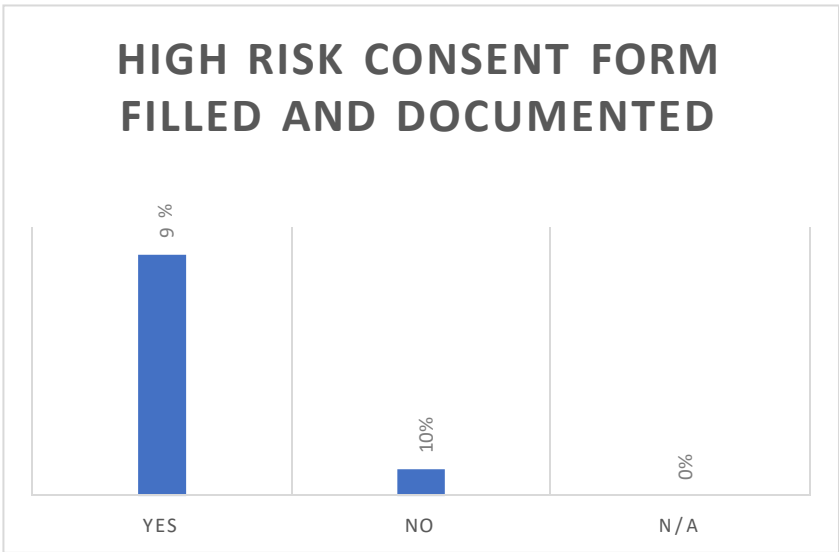
INTERPRETATION: Out of 100 files, 73 percent were found to be compliant, while 23 percent were found to be non-compliant with the nurse's name.

Procedure Name



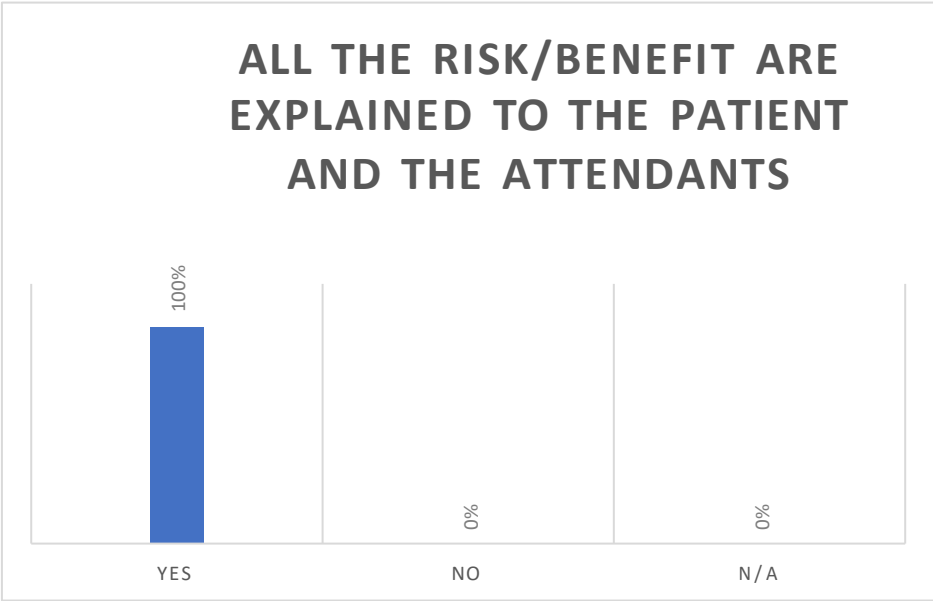
INTERPRETATION: For 100 files, 100 percent of the files were determined to be in conformity with the procedure name.

High Risk Consent Form Filled and Documented



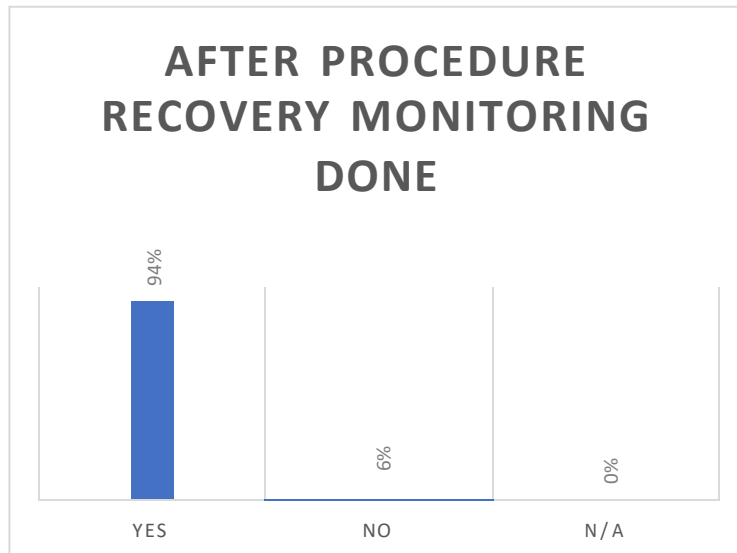
INTERPRETATION: Out of 100 files, 90% were found to be in compliance with the high-risk consent form being filled out and recorded, while 10% were found to be non-compliant.

All risks / benefits are explained to the patient and the attendants.



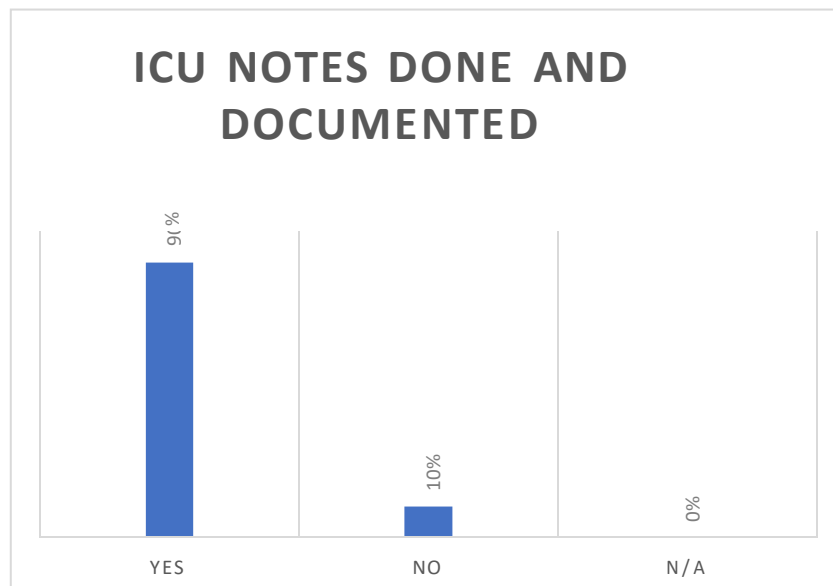
INTERPRETATION: All risk/benefit disclosures to the patient and attendants were determined to be in compliance in 100 percent of the files.

After Procedure Recovery Monitoring Done



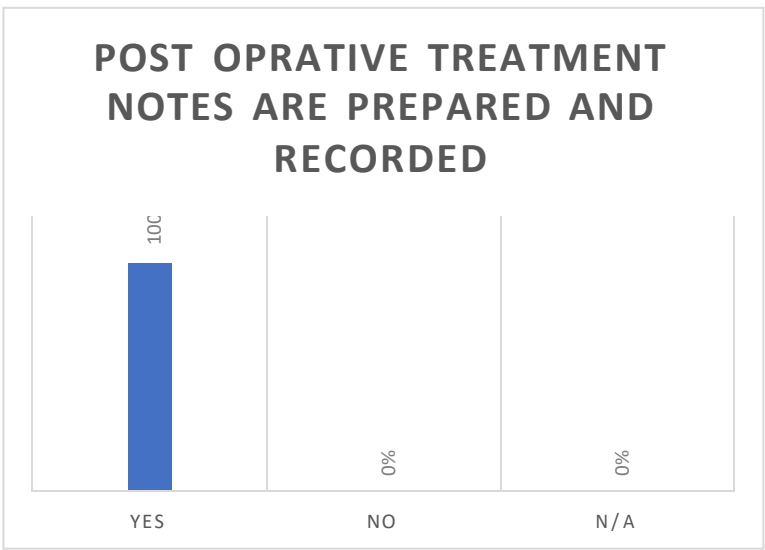
INTERPRETATION: Out of 100 files, 94 percent were found to follow post-procedure recovery monitoring.

ICU Notes Done and Documented



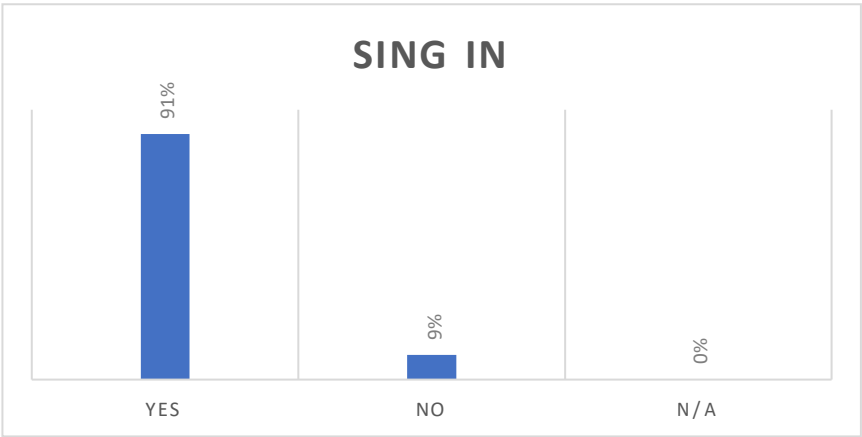
INTERPRETATION: Out of 100 files for ICU notes completed and recorded, 90% were determined to be compliant and 10% were non-compliant.

Postoperative treatment notes are prepared and recorded



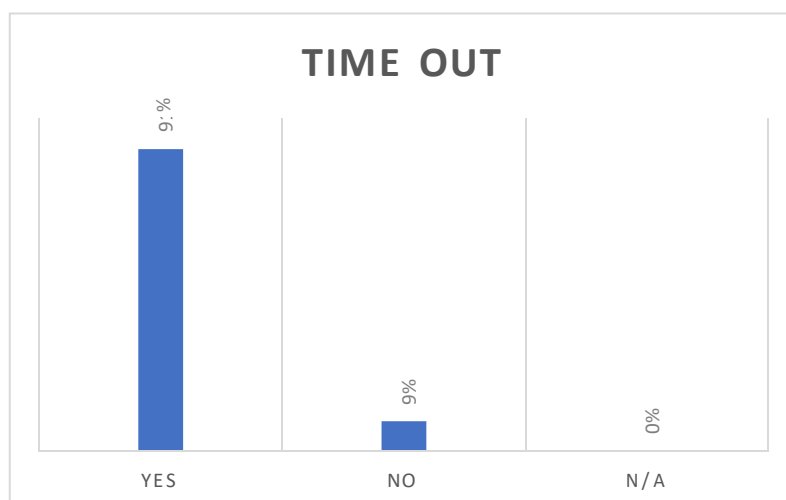
INTERPRETATION: Out of 100 files, 100 percent were determined to be in conformity with post-operative therapy notes that were completed and documented.

Sing In



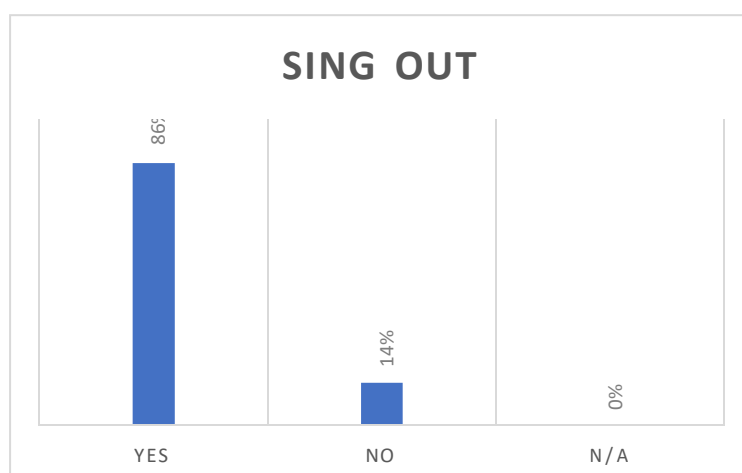
INTERPRETATION: In a checklist of 100 files, 91 percent were determined to be in compliance, while 9 percent were found to be non-compliant.

Time-out



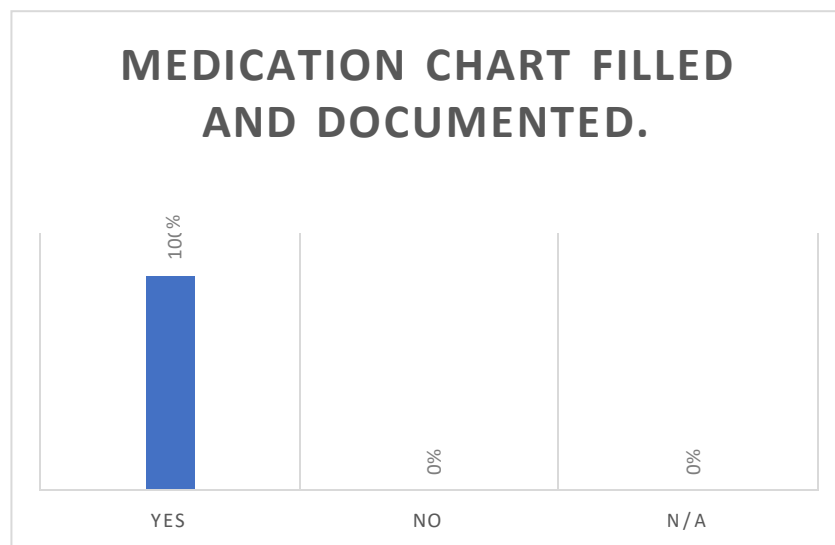
INTERPRETATION: In a Tim-out of 100 file checklist, 91 percent of the files were determined to be compliant, while 9 percent were found to be non-compliant.

Sing-Out



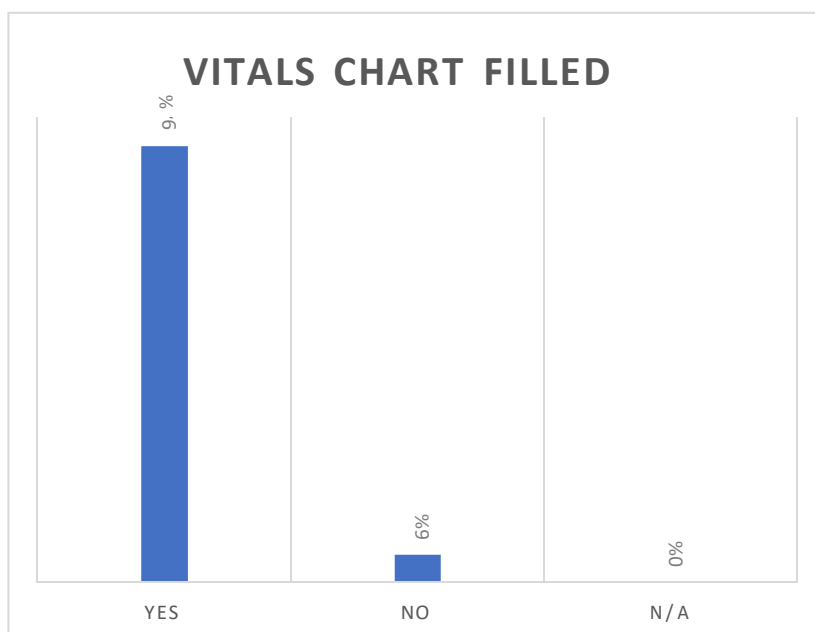
INTERPRETATION: In a checklist of 100 files, 86 percent were determined to be in compliance and 14 percent were found to be non-compliant.

Medication Chart filled and Documented.



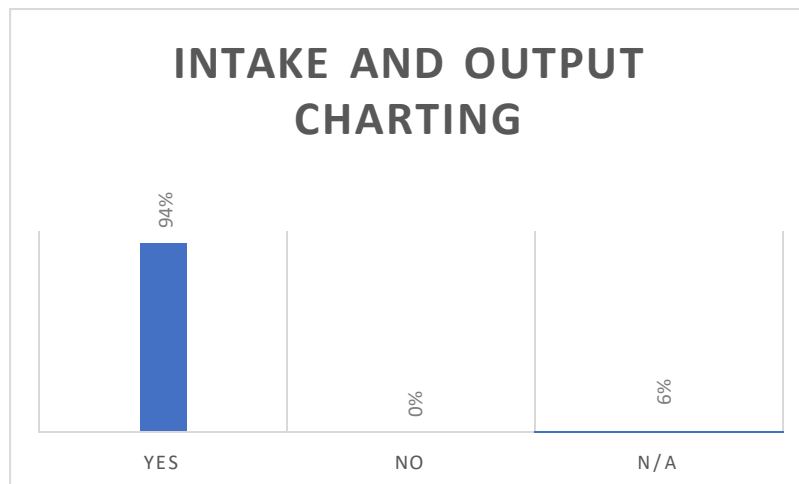
INTERPRETATION: For prescription chart filling and documentation, 100 percent of files were determined to be in compliance.

Vitals Chart Filled



INTERPRETATION: Out of 100 files, 94 percent were determined to be in compliance, while 6% had a non-compliance checklist of vitals chart filled in.

Intake and Output Charting



INTERPRETATION: Out of 100 files, 94 percent were determined to be in compliance, 0 percent were found to be non-compliant, and 6% were found to be n/a.

DISCUSSION

Compliance data is important for interpreting the observed effects. Highly compliant studies are likely to show real impact because of the checklists performed. Accurate, but effects seen in low compliance studies may be the result of other factors. Adherence rates varied considerably between studies, ranging from 0% to 100% in a single study (Fourcade et al.). This is mainly due to the fact that conformity has a different meaning. Some studies show that although the compliance data indicates the level of compliance, the administrative audits conducted are at the same establishment during the survey accounted for well over 95% of all cases, compared to 38.5%. L  v et al (2012). Not only does it show different levels of compliance, but it also shows different ways to define and measure compliance, even within the same institution. It also highlights the growing fear that checklists will not meet their intended functionality and will turn into "checkbox" exercises. It can threaten patient safety by creating complacency and false sense of security.

Communication, team dynamics, work culture, employee attitudes, and employees' views of these all play a role in teamwork. Because of this, and because not only does the checklist have an influence on elements of collaboration, but it also has an impact on how the checklist is used and the amount to which other impacts are seen, examining this topic proved difficult.

But overall, literature shows that there are observational and cognitive improvement in communication and teamwork. This is done through the checklist, stimulating important communication events, improving teamwork through a common understanding of the patient and their treatment, and looking into the positive impact the checklist which is intended to have.

However, these experiences have had interesting negative consequences. For starters, the use of checklists seems to have caused a misunderstanding about whom on the team is in the end responsible for the things on the checklist: who is responsible for answering questions and who has what on the checklist. I am responsible. Declaration that the check was performed. This is especially problematic when there is skepticism and resistance among employees who are not fully on the checklist, leading to errors (Fourcade et al. 2012). The termination check phase appears to be a source of anxiety, and the impact of time affects compliance. Others have similar results (Hannam et al. 2013) and Russ et al. Report on recent observational studies by.

This can be explained by the fact that it happened at a critical time when anaesthesiologists and cardiovascular staff were under such pressure that they could not take a break to complete the checklist. This negative effect represents a contradiction with the normal theatrical process (Russ et al. 2015b). Therefore, this checklist step should be reconsidered to determine when it should be completed.

Current recommendations indicate that disconnections occur prior to the surgeon's departure and may occur at the same time as wound closure (WHO 2009), but the definitive number and retrieval of tampons and instruments, etc., not so There are no responses to some questions (WHO 2009). Russetal. 2015b). The problem may not appear until extubation. However, Russ et al. As shown (2015b), if the case is left unattended until closing, the doctor will usually be absent and rotating staff will not be able to store equipment or organize the next patient. Time Matters regularly evaluate and analyze the checklist and its use (Putnam et al. 201), highlighting need to inform and improve the quality of checklist. Check book as a quality tool for employee.

SUGGESTIONS

- It is important to have proper paperwork.
- All the components should be filled out by the doctor and nurses, and an audit should be performed once a month.
- Provide personnel with training on any quality adjustments or enhancements.
- All paperwork is necessary for the patient's safety.
- SSC is also required for patient safety.
- It is necessary to keep a close eye on everything.

CONCLUSION

According to the results of ICUs document compliance audit, compliance rates are very high in some categories. Some measurements reflect a 0% nonconformity rate. A good patient ID card can help eliminate duplicate patient data, improve patient identification accuracy, and improve your organization's brand. Although the non-compliance of critical care checklist files for some documentation parameters is relatively low, they play an important role in documentation.

Despite efforts to improve medical records and critical care documents to ensure patient safety. These efforts are not enough and are needed more. All doctors and nurses seem to be familiar with the necessary knowledge of documentation, but there are still some areas that need improvement, such as paperwork and records. Unofficial and requires a profile.

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