
IIHMR UNIVERSITY
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Submitted by- Dr Lunika Tak
MBA-HEM 24

DOCUMENTATION COMPLIANCE IN ICU

INTRODUCTION

- ICUs are supposedly the maximum bulky regions for accreditation.
- A multiprocessor complicated branch in which more than one vital feature happen, and numerous classes of workforce are involved.
- The infrastructure of ICU additionally keep significance for accreditation preparation.
- NABH checks, standards & goal factors below exclusive chapters, here is a tick list furnished that may be used for getting ready of ICU for accreditation.

- The checklist could divert attention off from the patient.
- Influence of checklist on workflow of doctors-nurse cooperation.
- Senior consultants were both sceptical and supportive.
- The checklist improved confidence in unfamiliar contexts.

RATIONALE:

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

SAFETY CHECKLIST

What exactly is a safety checklist?

A patient safety checklist is a communication tool used by a team of ICU experts (nurses, consultants, anaesthesiologists, and others) to discuss crucial details about each case.

The Pre-Procedure Phase:

- Verification with the patient's name and procedure.
- Allergy check
- Medication's check
- Lab tests, x-rays

The Sing Out Phase:

- Doctor reviews important items
- Anaesthesiologist reviews important items
- Nurse reviews correct counts.

The "Time Out" Phase:

- Patient position
- Antibiotics check

REVIEW OF LITERATURE

A careful review of the literature reveals that the focus is on previous research related to the research topic.

- **Using Daily Goals Checklist for Morning Critical Care Cases :**

Conclusion: The Daily Goal Checklist is believed to improve the management of critically ill patients by creating a systematic and comprehensive approach to patient care and establishing individualized daily goals.

Clearly improving communication and practice between professionals, the daily goal checklist also improves patient safety and daily progress, encouraging motivation to recover from serious illness.

By revising the daily goal checklist, the morning shift improved teaching opportunities for interdisciplinary students.

- **Improving the Quality of Communication and Documentation of Delirium in Critical Care Patients in the Daily Interdisciplinary Case**
- **Multifaceted interventions to improve adherence to procedural measures for ICU physicians' communication with ICU patients and their families**
- **Critical Care Quality Improvement Checklist Develop and Implement**

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:

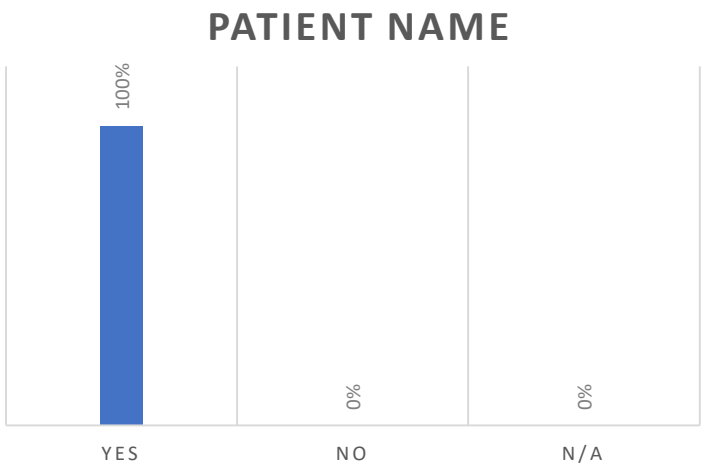
To Analyze the compliance rate of the ICU literature, assess the relevance and integrity of the hospital's ICU checklist, and make recommendations for further improvement. Improving hospital safety.

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.

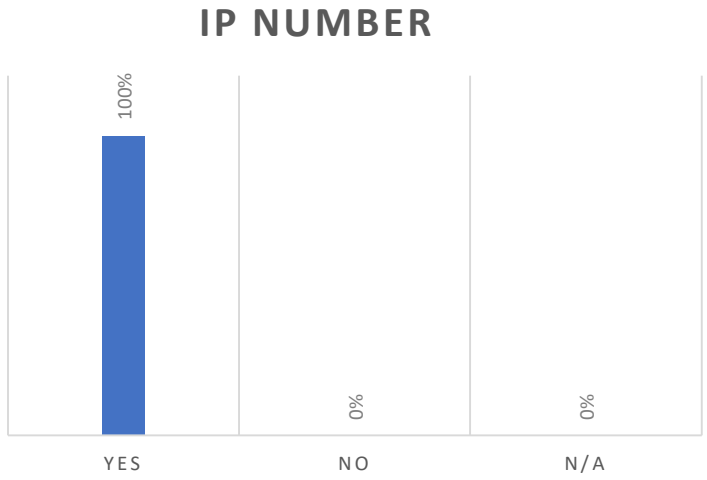
DOCUMENTATION COMPLIANCE CHECKLIST FINDINGS

Patient Name



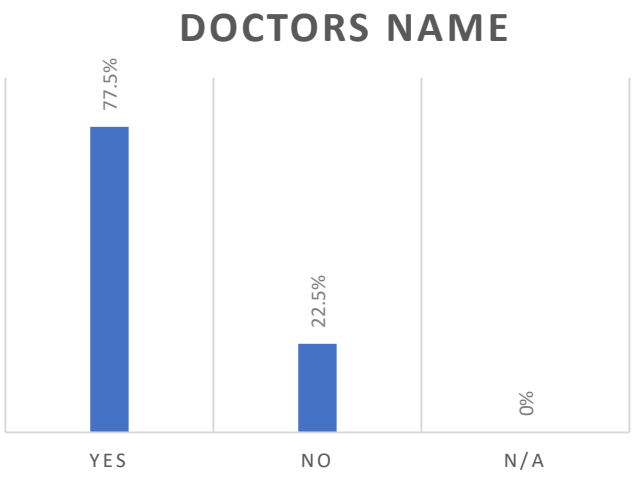
INTERPRETATION: For 100 files, compliance was judged to be 100 percent.

IP Number



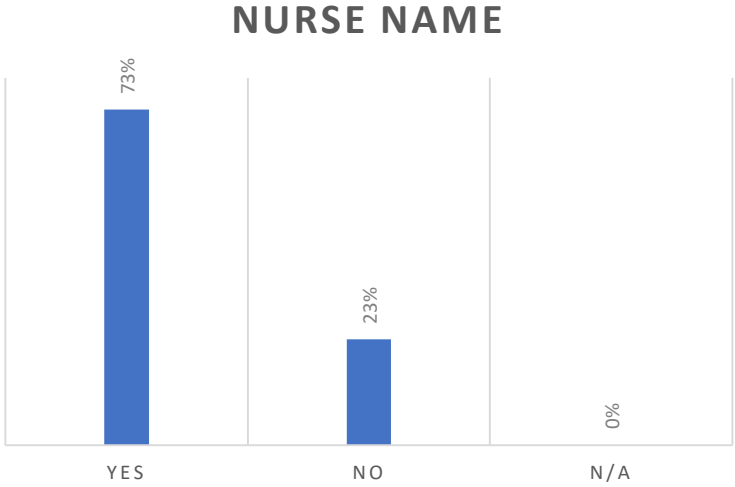
INTERPRETATION: For 100 files, compliance was judged to be 100 percent.

Doctors Name



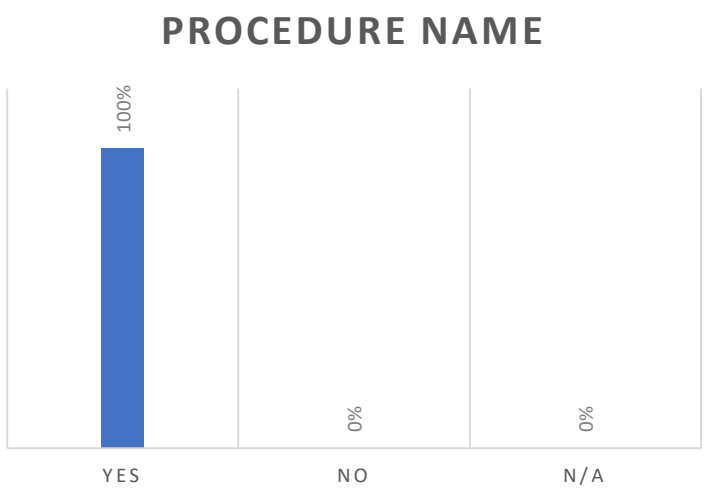
INTERPRETATION: Out of 100 files, 77.5 percent had noncompliance in the doctor's name, and 22.5 percent had noncompliance in the paperwork.

Nurse Name



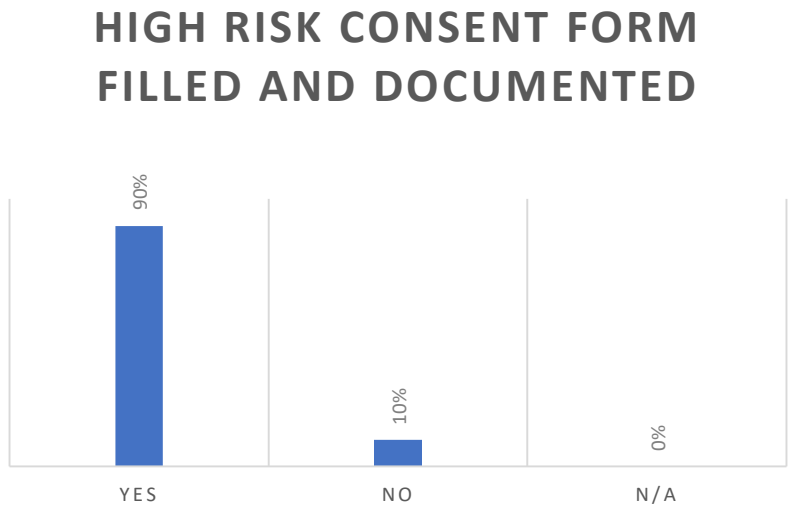
INTERPRETATION: Out of 100 files, 73 percent were found to be compliant, while 23 percent were found to be non-compliant with the nurse's name.

Procedure Name



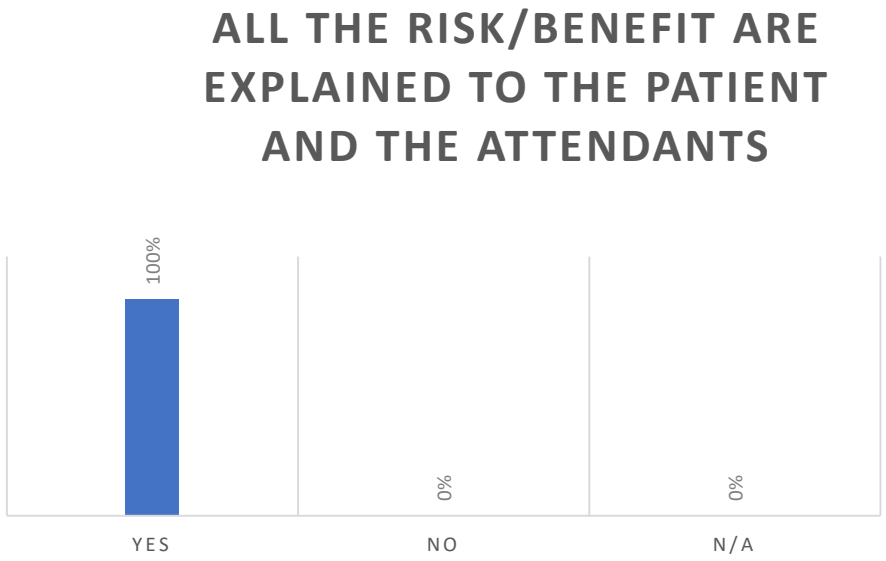
INTERPRETATION: For 100 files, 100 percent of the files were determined to be in conformity with the procedure name.

High Risk Consent Form Filled and Documented



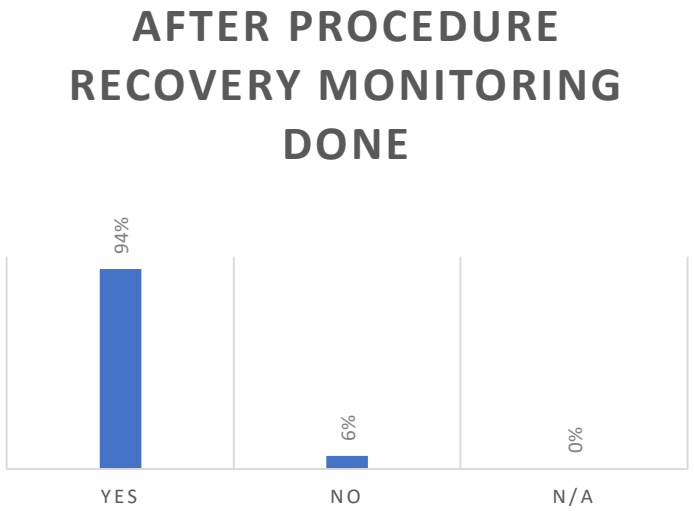
INTERPRETATION: Out of 100 files, 90% were found to be in compliance with the high-risk consent form being filled out and recorded, while 10% were found to be non-compliant.

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



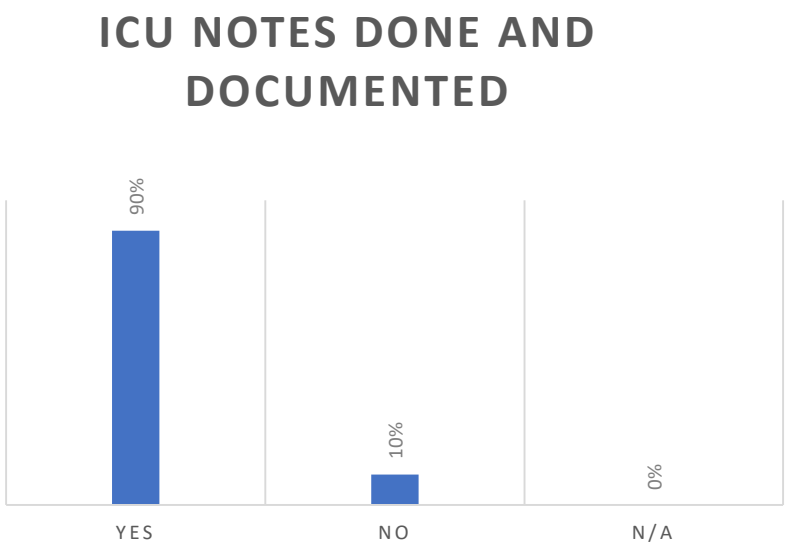
INTERPRETATION: All risk/benefit disclosures to the patient and attendants were determined to be in compliance in 100 percent of the files.

After Procedure Recovery Monitoring Done



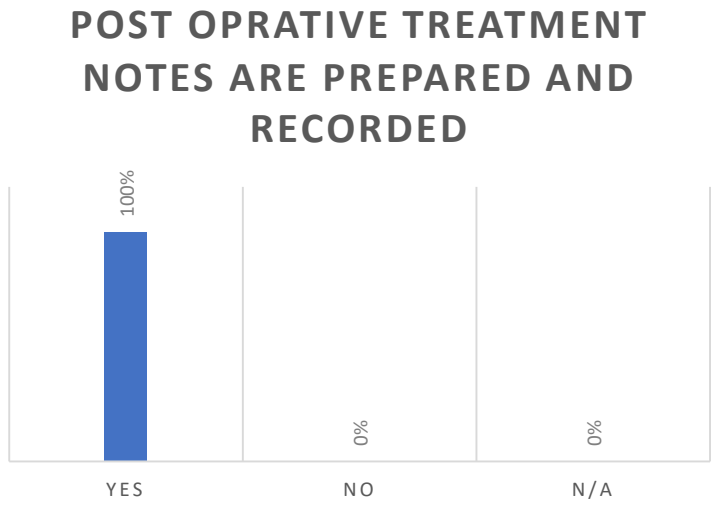
INTERPRETATION: Out of 100 files, 94 percent were found to follow post-procedure recovery monitoring.

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

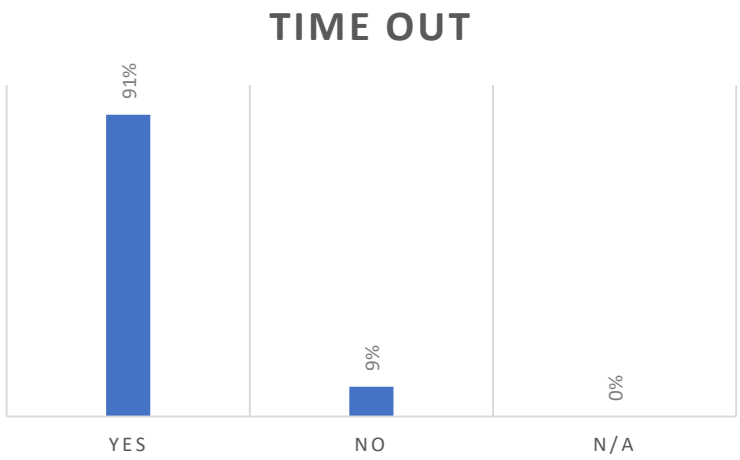


INTERPRETATION: Out of 100 files, 100 percent were determined to be in conformity with post-operative therapy notes that were completed and documented.

Sing In

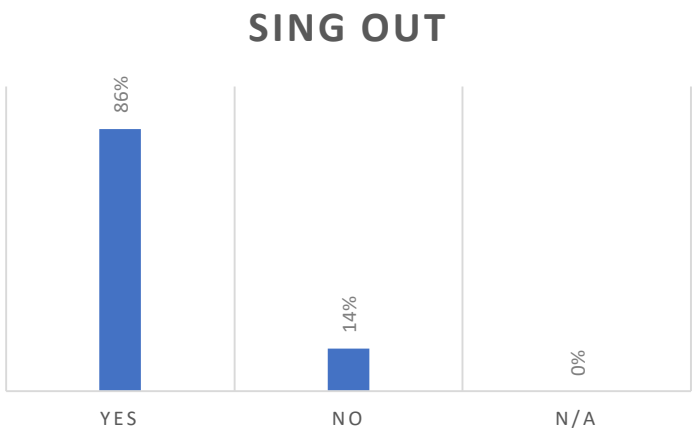
INTERPRETATION: In a checklist of 100 files, 91 percent were determined to be in compliance, while 9 percent were found to be non-compliant.

Time-out



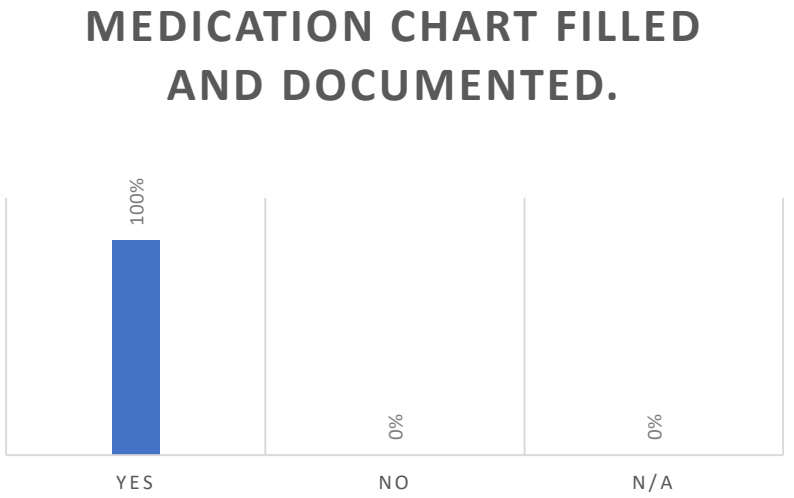
INTERPRETATION: In a Tim-out of 100 file checklist, 91 percent of the files were determined to be compliant, while 9 percent were found to be non-compliant.

Sing-Out



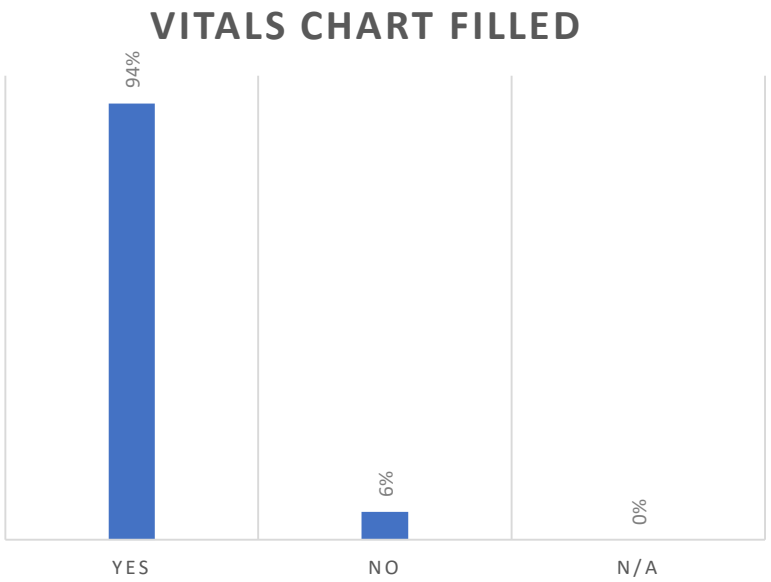
INTERPRETATION: In a checklist of 100 files, 86 percent were determined to be in compliance and 14 percent were found to be non-compliant.

Medication Chart filled and Documented.



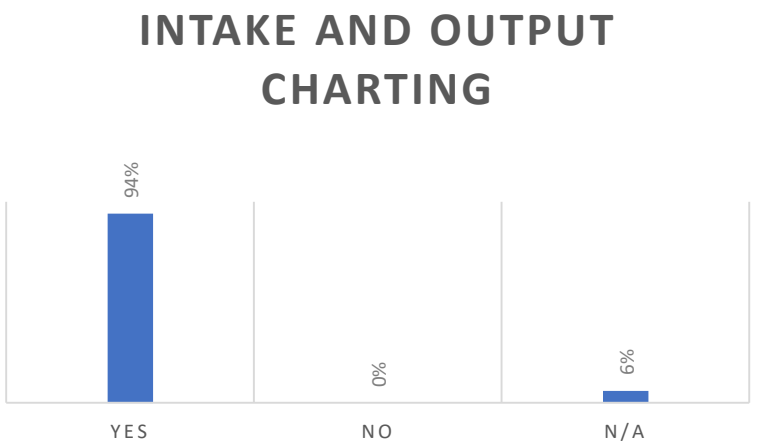
INTERPRETATION: For prescription chart filling and documentation, 100 percent of files were determined to be in compliance.

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.

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.
- the non-compliance of critical care checklist files for some documentation parameters is relatively low, they play an important role in documentation.
- 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.

REFERENCE

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- 2. Centofanti JE, Duan EH, Hoad NC, Swinton ME, Perri D, Waugh L, et al. Use of a daily goals checklist for morning ICU rounds: A mixed-methods study. Crit Care Med. 2014;42(8):1797–803.
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- 4. Simpson SQ, Peterson DA, O'Brien-Ladner AR. Development and implementation of an ICU quality improvement checklist. AACN Adv Crit Care. 2007;18(2):183–9.


Thank
you!