PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND HEALTHIER WASHINGTON
Nursing Documentation

Challenges & Strategies
Goals & Objectives

• **Goal:**
  – Report increased confidence in meeting the legal elements of documentation

• **Objectives:**
  – Recognize legal elements of documentation required of the professional nurse
  – Examine documentation best practices in challenging situations
Let the Nursing Process Be Your Guide!

Assessment

Evaluation

Nursing Diagnosis & Planning

Implementation & Intervention

WAC 246-840-700
• The nurse is required to communicate significant changes in patient status to appropriate health team members

• The nurse is required to document in essential patient records nursing care given and patient response

WAC 246-840-700(3)(a)(b)
Purpose of Nursing Documentation

Communication & Continuity of Care

Accountability

Legal Record

Quality Improvement & Risk Management

Evidence-Based Practice

Reimbursement
Objective & Factual Documentation

• Direct observation & measurement
• Brief, accurate & concise
• Descriptive facts, not opinions or generalizations
• Relevant
• Consistent format and use of forms
• Legible & permanent
• Legal signature & license designation
• Record subjective data using quotation marks
Smart Charting

Timeliness

- Frequency based on acuity, complexity & variability
- As close to the time of care as possible – real time
- After care is given
- Chronological
- Avoid late entries
Abbreviations

• Avoid error-prone abbreviations, symbols & dose designations (Institute for Safe Medication Practices)
• Use institution-approved abbreviations, symbols & dose designations
Follow-Up

• Document follow-up assessments, observations, interventions & patient response
• Document health care provider or family notification & failed attempts
Correcting Errors

- Follow organizational policies & procedures
- SLIDE Rule:
  - Cross through words with Single Line, Insert Date, time & initials & Explain why
- Never erase, scribble out notes or use whiteout
Medication Administration

- Document Immediately after giving
- Document refusals, self-administration, patient questions, education, communication with provider
- Follow regulations & policies when giving controlled substances
- Document medications only you give
Clarification of Orders

• Never guess
• Call the writer for clarification, if possible
• Document the time & outcome of call
• Document person clarifying the order
• Follow organization policies & procedures
Telephone or email
Patient Conversations

• Document patient’s own assessment of the situation
• Document date, time, reason, response & follow-up recommendations
Interactions with other Health Care Providers

- Document outcomes or agreed upon plans of action and names of people involved
- Document verbal/telephone orders
- Document use of standing orders or protocols
- Record interactions with health team members
  - Failed attempts
  - Order clarification
  - Follow-up action
Smart Charting

Patient Education

- Formal & informal teaching activities
  - Brief description of material taught
  - Method (written, visual, verbal, auditory & instruction aides)
  - Interaction & involvement of patient & family
  - Evaluation & validation of comprehension & learning
  - Time & date
- Incorporate follow-up education needed
Incident Reports

- Record pertinent data
  - Concise, accurate & objective
  - Record what was seen & care provided, who else was involved & actions taken by other health care providers
  - Do not guess or try to explain what happened
  - Do not blame individuals
  - Record full facts
- Do not record names of other patients in the record
- Do not document that an incident report was made
- Follow organizational policies & procedures
Electronic Health Records

Security
- Use only your access information
- Do not share your access information
- Do not let someone else document using your access information

Electronic Signature
- Authenticate documentation
- Make sure documentation is complete & accurate before signing

Dual Electronic & Paper Systems
- Identify in electronic system when a paper system is used
Methods of Documentation

- Case Management/Care Pathways
- Problem-Oriented Medical Record (POMR)
- Exception Charting
- Narrative Charting
- Source Charting
- Problem, Intervention & Evaluation (PIE)
- Data, Action and Response (DAR)/Focus Charting
Computerized Prescriber Order Entry

- CPOE Patient Safety Focus
  - Standardized or individualized order sets
  - Timely transmission & real-time documentation
  - Patient-specific clinical decision support
  - Safety alerts
  - Point of care utilization
  - Legible writing
  - Secure access
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<td>Sloppy</td>
<td>Unexplained late entries</td>
<td>Not documenting a change in status</td>
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<td>Spelling &amp; grammatical errors</td>
<td>Gaps in the record</td>
<td>Not documenting adverse events improperly</td>
<td>Not documenting care that was done</td>
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<td>Incomplete records</td>
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<td>Documenting opinions or labels about behavior</td>
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<td>Illegible records</td>
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Words & Phrases to Avoid!

- Normal, abnormal, within normal limits (WNL)
- Allegedly
- Apparently, seems, appears, probably, assume, every
- Encourage, allow, let, enable
- Large, medium, small, inadequate, excessive, incomplete, inconsistent, concerned, heavy, light, low, high
- Rude, hostile, belligerent, obnoxious, non-compliant, malicious, vindictive, weird
- I think, by mistake, accidentally, miscalculated, confusing
Chart with a Jury in Mind

• Protect yourself:
  – Know your nurse practice regulations
  – Give safe & competent nursing care
  – Document care using the nursing process
  – Develop & use critical thinking skills
  – Follow institutional policies and procedures for documentation
• Managing Documentation Risk, 2nd Edition, Strategies for Nurse Managers:
  http://www.ahrq.gov/professionals/clinicians-providers/resources/nursing/nurseshdbk/KeenanG_DNCPP.pdf
- Topics -

- Disruptive Behavior
- Behavior Competence
- Social Media
Disruptive Behavior

- Incivility
- Lateral violence
- Horizontal violence
- Relational Aggression
- Bullying
Professional Competence

- ANA Code of Ethics

- NCSBN Defines Competency
  - “as the ongoing ability of the nurse to integrate knowledge, skills, judgment and personal attributes to practice safely and ethically in a designated role and setting in accordance with the scope of practice”

- JCAHO standards
Behavior Competence

- RCW 18.79

- “Registered Nursing Practice means the performance of acts requiring specialized knowledge, judgment and skill based on the principles of the biological physiological, behavioral and sociological sciences.”
Unprofessional Conduct

- All credentialed health care providers are regulated in order to protect the public

- Behavior in a health care setting that increases the risk of patient harm may constitute unprofessional conduct
Ways to Foster Civility/Professionalism

- Understand and integrate that civility is critical in the delivery of safe patient care
- Civility is the reflection of professional empathy and understanding
- Civility demonstrates accountability and respect
- Respecting our health care provider peers is essential for coordination of safe patient care
Necessary Core Competencies

- Professionalism
- Communication and Observation Skills
- Cognitive Ability
- Gross Motor Skills, Strength, Mobility and Physical Endurance
- Behavioral and Social Attributes and Abilities
- Sensory skills

(Sousa, et al. Journal of Nursing Law Vol.15 No.2)
Social Media

- Nurse and nursing students must not transmit individual, identifiable patient information.
- In interacting on social media must observe professional boundaries.
- Do not “friend” a patient, client or student-faculty.
- Nurse are obligated to report unethical or illegal behavior.
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Possible Consequences: Nursing Sanctions

Violations of Standards of Nursing Conduct or Practice, WAC 246-84-710

- Unprofessional conduct
- Unethical conduct
- Moral turpitude
- Mismanagement of patient records
- Revealing a privileged communication
- Breach of confidentiality
Other Consequences

- Employment consequences
- Damage of reputation to a health care organization
- Organizational regulatory or legal action
- Personal legal liability
- Effect on team-based care – “Lateral Violence”
  - Intimidation, bullying or cyber-bullying
Opportunities

- Opens nurses up to new ideas & opportunities
- Access to relevant data, evidence-based research, social network, business network and education network
- Way of learning what the public, patients, nurses & other health care providers are saying
- Way of teaching the public about professional role of a nurse
Contact:
Washington State Department of Health
Nursing Care Quality Assurance Commission
111 Israel Road SE, Tumwater, WA 98501
360-236-4700

For more “Practice Information” please see our website at:
http://www.doh.wa.gov/hsqa/professions/nursing/default.htm

Please sign-up for the Nursing Commission list-serve:
http://listserv.wa.gov/cgi-bin/wa?SUBED1=nursing-qac&A=1
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