

Wound documentation: concise and precise for patient safety and continuity of care

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Introduction

Demand for wound care service is tremendous in General Outpatient Clinic (GOPC). Nurses only had 10 minutes to complete one dressing. Electronic wound documentation in Clinical Management System (CMS) was enhanced. Wound care templates were set up to facilitate record entry. However, the past templates were too comprehensive and too detail that nurses could not complete in short time. Incomplete and inaccurate documentation led to break the continuity of wound care. Different interpretation of wound notes further worsened the inconsistency. Simplification and standardization of wound care templates to enhance safety and continuity of wound care were conducted to facilitate better communication.



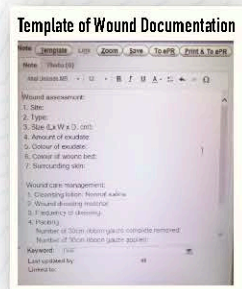
Methods

Plan-Do-Check-Act cycle was employed to guide the planning and implementation of the revision. A task group involved 9 GOPCs in New Territories East Cluster (NTEC) was set up to review the current practice of wound documentation and identified the mandatory items to be included in the templates e.g. number of packing material removed and applied. After the new wound templates were developed, all stakeholders were informed. Training was provided for all GOPC nurses. From Aug till Dec. 2019, the on-site coaching and supervision of using the new wound templates were implemented. Daily audit of 5 cases in each clinic was conducted to monitor the compliance, accuracy and completeness.



Results

The audit result was satisfactory and encouraging. The compliance rate of the new wound template was good. Nurses reflected that they have adequate time to complete the document, they showed competency and consistency in using the new wound templates. The continuity and good communication of wound care was maintained.



Conclusion

A concise and precise wound documentation is better than comprehensive but low compliance and inaccurate documentation.

