Better Notes, Better Care

Improving Documentation in the Children's Assessment Unit

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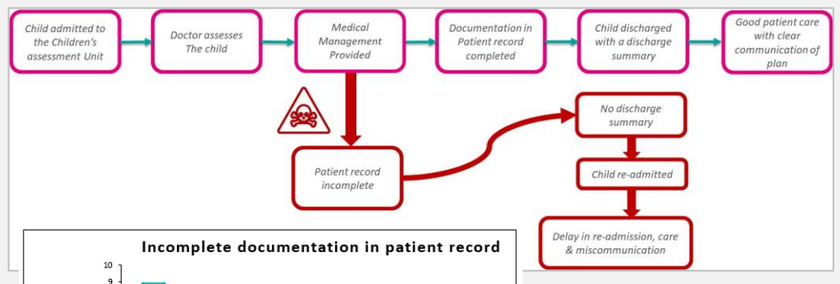
EOE PAEDS

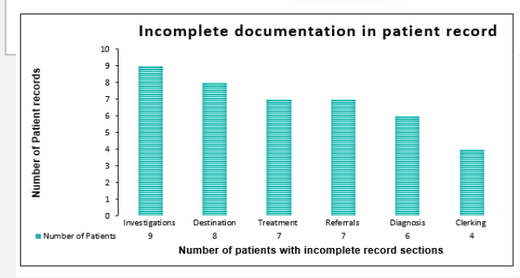
Incomplete patient records in the Children's Assessment Unit can delay patient care and increase the risk of errors. They also cause frustration and confusion for families when there is no clear discharge summary or documented plan.

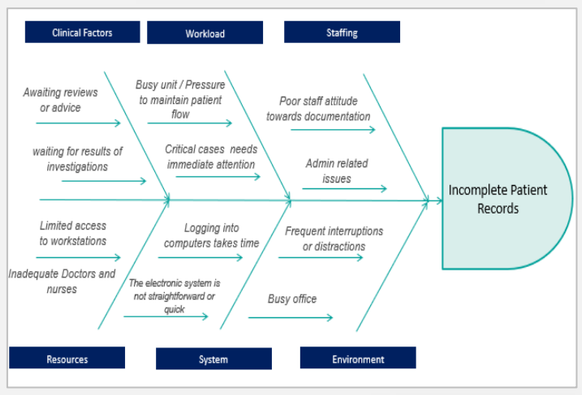
BACKGROUND

Incomplete patient records are a common issue in the Children's Assessment Unit. Important information such as diagnosis, treatment plan, and follow-up may be missing or documented late. This leads to communication gaps between doctors, nurses, and ward clerks, causing delays during re-admissions and interruptions in care. The issue is more noticeable during busy shifts. It can also carry medico-legal risk.

DIAGNOSTICS







AIM & MEASUREMENT DEFINITION

Aim

Improve completed documentation on Children's Assessment Unit from 2 out of 10 to 6 out of 10 by March 2026.

Chosen measure

Scoring system was used to assess completion of documentation.

- 0 = no documentation in the patient record
- 1 = partial completion of documentation
- 2 = all required sections of the record completed

Inclusions

All patients who have already been discharged from the Children's Assessment Unit.

Exclusions

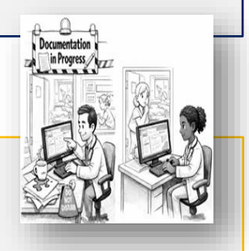
Patients who are still admitted to the Children's Assessment Unit and receiving ongoing management.

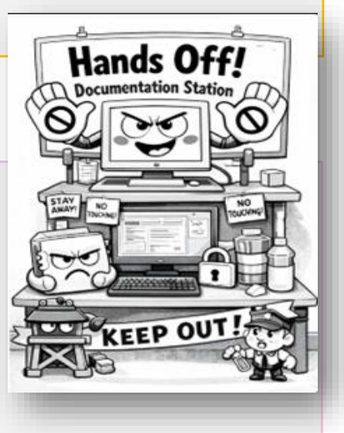
Sampling method and frequency

Weekly review of patient records for completion of documentation

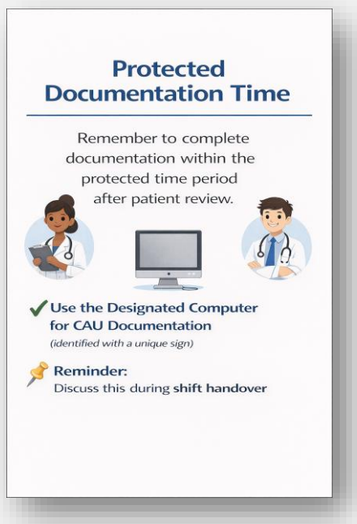
CHANGE IDEAS

- Use a brief clerking completeness checklist.
- Email reminders for doctors who haven't completed the documentation.
- Encourage "document as you go."
- Keep one computer as a dedicated documentation station.
- Have a short SHO–Reg review huddle.
- Use a small communication board to reduce interruptions.
- Complete and print discharge summaries before the patient leaves.
- Allow brief protected time for documentation at the end of the shift.
- Auto-populated clerking fields.
- "Documentation Due" list on the CAU board.
- Standard time aim for completing clerking.
- Brief "no interruption" period for notes with "signs".
- Rotational flow coordinator to monitor documentation.
- Colour sticker for patients awaiting discharge documentation.
- Short training refreshers on documentation.





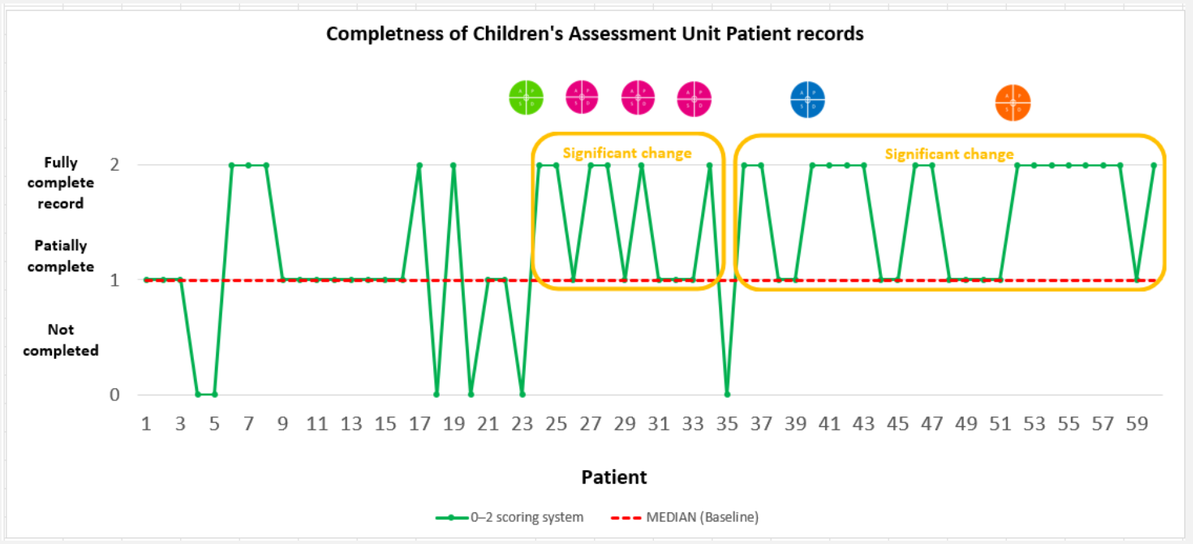
PDSA cycles



PDSA Test	PLAN	Do	STUDY	ACT
1.1	Identify the barriers to timely documentation, including discharge summaries, for children seen in the Children's Assessment Unit (CAU).	I sent a survey to the team to identify the barriers to documentation. 16 responded	Suggestions included: protected time for documentation, allocated computers, a rotational flow coordinator to monitor documentation, and short refresher training sessions on documentation.	Discuss the suggested ideas with the team, including protected time and allocated computers, and agree on which changes to implement.
1.2	Discuss the suggested ideas with the team – agree which changes to test out	Discussed with 2 of my colleagues during break in the office and agreed to trial protected time for documentation after seeing patients.	I noted That the protected time was helpful, but the unclear time period led to variation between doctors, with some delays in patient flow.	**ADAPT-** Agreed to define a fixed 10–15 minute protected time and re-test to improve consistency.
2.1	Introduce a brief protected period for 10-15 min after patient review to complete documentation.	At the beginning of the shift, I discussed with the nurse in charge, the consultant, and the team to ensure that a protected time of 10–15 minutes is given to the medical team after each patient review to complete documentation.	Documentation scores showed some improvement after introducing protected time. However, delays still occurred because of limited access to computers, which made it difficult for the team to complete documentation during the protected period.	**ADAPT-** In addition to the protected time, allocate a designated computer for completing documentation.
2.2	Allocate a specific computer for documentation at the start of each shift, alongside the protected time.	Placed a sign on the designated computer stating that it is allocated for CAU documentation.	From the data collection, I noted an improvement in documentation scores. However, during busy periods and when critically unwell patients were present, delays in documentation still occurred.	**ADOPT-** Ensure that the protected time and the designated computer are implemented regularly and sustained.

PDSA Test	PLAN	Do	STUDY	ACT
3	Embed the protected time and designated computer into the routine shift structure, with clear team agreement at the start of the shift and a reminder just before the protected time.	I reminded the team at every handover about the protected time and the designated computer for documentation.	I noticed that when I was not on shift, the reminder about the protected time was not consistently given. The data showed a drop in the score from 5 completed records out of 10 to 3 out of 10.	**ADAPT**- A poster on the huddle board as a reminder for the protected time and the allocated computer.
4	Place a poster near the huddle board reminding the team about the protected documentation time and the designated computer for CAU documentation.	Placed a poster near the huddle board where the team gathers at the start of the shift.	The poster acted as a visual reminder during the huddle and helped clarify the process, though adherence still varied during very busy shifts.	**ADOPT** – Continue using the poster as a visual reminder and review its impact over time.

RUN CHART



CONCLUSIONS & LEARNING

Aim achievement

1. The aim was fully achieved with clear improvement in documentation completeness from 2 in 10 to 6 in 10.
2. A process shift was seen, with:
   - 6 consecutive points above the median in PDSA cycles 1 and 2
   - 17 consecutive points above the median in PDSA cycles 3 and 4
3. No missing documentation after PDSA cycle 3.
4. Some variation remained during busy shifts

Impact of interventions

1. Protected time improved documentation quality.
2. Limited computer access affected consistency.
3. Introducing a designated computer improved workflow.
4. Challenges still occurred during high-demand periods.

Sustainability

1. Sustaining change can be challenging.
2. Embedding the process into routine practice is essential for long-term improvement.

REFLECTIONS

1. A structured quality improvement approach was used, applying diagnostics and the Model for Improvement.
2. The PDSA cycles showed that small, simple changes can make a real difference when tested and refined properly.
3. A key learning was that sustainability cannot rely on one person.
4. Long-term success requires shared team ownership and system-level change.
5. After finishing my rotation, I will highlight the importance of maintaining this change to support patient safety and workflow.
6. I will also agree with a permanent staff member to oversee and continue the process.

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Change CHAMPION