



*Modernisation Agency*  
**Clinical Governance Support Team**

**Eureka**

**Better records - support better care**

Creating simpler and more effective records in Stroke Services  
at Winchester and Eastleigh Healthcare Trust

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### How it was

- Local audit findings had demonstrated that the performance of Stroke services was below average: the service was uncoordinated and did not reflect the available evidence. The service was not cost effective.
- A small review team from the Trust joined the CG Development Programme in October 2001 and set about a review of their service using the RAID model.
- An audit of record keeping and patient chart maintenance highlighted poor compliance with monitoring of important aspects of patient care, which carried considerable risks to recovery.
- There was particular concern about the quality of fluid balance and bowel care and the associated risks concerned with inappropriate or inadequate interventions.

### How they did it.

- The ward sister, a member of the review team, raised a concern at a ward team meeting - *'she had a moan about it'*. There was a problem associated with inadequate record keeping.
- A Health Care Assistant (HCA) argued there were too many charts at the bottom of patients' beds. There were 8 charts - recording numerous important observations and aspects of care.
- The number of forms caused extra work and confusion: it led to non-compliance.
- The ward sister invited the HCA to suggest how the situation could be improved.
- The HCA, working with another member of staff, quickly reduced 8 forms to 2. IT support was also made available to help with design and production.

### How it's improved.

- After the new forms were produced all members of the ward team accepted them: they agreed to use them forthwith.
- Now, all the ward team takes responsibility for completing paper work and full compliance with chart maintenance has been achieved.
- The new forms mean that monitoring, observation and recording the patient's condition is less complicated. Patients now receive appropriate and timely intervention and care. Risks to patient safety have been reduced.
- The HCA now feels she has ownership of the charts and is quick to encourage anyone who fails to fill them in correctly!

### November 2002

### Update January 2004

- The initiative was sadly overtaken by the implementation of a national patient monitoring and assessment system called MEWS (monitoring and early warning system).
- But, the experience from the local development was sufficiently robust to influence the design of the local stroke MEWS forms.
- The new MEWS forms retain the essential elements of the locally designed forms.