Documentation has always been an essential part of client care. Florence Nightingale first noticed the need for “gathering patient information in a clear, concise, organized manner” (Davis & Francis, 2006, p. 366). Over the years, documentation has taken on many forms and has had many uses. The importance of concise and appropriate documentation is a must in order to provide quality health care.

The health care system continues to evolve with new processes to improve client safety and quality of care. The rules of documentation are as dynamic as the health care system itself. Abbreviations are constantly being manipulated, and the “do’s and don’ts” are continually being prioritized. However, one thing has not changed—the chart is a legal document. Its purpose is to...
Electronic Documentation in Rural Communities

The Department of Nursing at Morehead State University (MSU) has struggled with a way to provide adequate guidelines to students consistently because many different healthcare providers work in the rural clinic. We have had to find new ways to support the teaching of documentation in a rural setting.

In Kentucky, eastern Kentucky is under-served by advanced practice nurses. The University of Kentucky has struggled with a way to provide adequate guidelines to students consistently because many different healthcare providers work in the rural clinic. We have had to find new ways to support the teaching of documentation in a rural setting.

Methods

To better understand the needs of the rural clinic, a small focus group was conducted. In addition to the focus group, structured interviews were also conducted with the local healthcare providers. These interviews were used to gather information about the current methods of documentation used in the clinic.

Results

The focus group and interviews revealed several areas of concern for the rural clinic. These areas included the need for improved documentation skills, the need for standardized guidelines, and the need for increased contact with the university.

Conclusion

The results of this study have provided valuable insight into the needs of the rural clinic. The focus group and interviews have helped to identify several areas for improvement. These areas include the need for improved documentation skills, the need for standardized guidelines, and the need for increased contact with the university.

Guidelines for Documentation

Regardless of the setting, documentation must follow standards of care and institutional policy and procedures. These guidelines can be used to help ease the anxiety of charting for students.

• Write legibly and with detailed conciseness.
• Document as close to the intervention as possible.
• Document as close to the intervention as possible.
• Avoid using terms that can be misinterpreted as bias or labeling.
• Leaving gaps or spaces is not advisable, nor is charting findings using your senses of sight, touch, hearing, and smell.
• Never document an intervention that was done by someone else, such as medication administration.
• Document the patient care Lab at MSU, and provide a learning experience for nursing students and faculty.

Conclusion

Our focus with students was clear. We wanted an inter-active experience for the students with real results for con-struction. We also wanted to have the students focus on the facts about documentation reinforced. We needed the experience to be fun as well as promote critical thinking skills. The tool of choice also needed to have the ability to be integrated with either low or high-fidelity clinical simulation in order to move forward with advancing technology in the realm of academia. We also wanted to have an experience that would give them the tools to analyze data docu-ment and present the data to the student. So far, this has been extremely educational for all faculty involved. By involving the students with this process, we have been able to introduce evidence-based practice can be used in all types of health-related areas of facility. Students are becoming inspired in their own education and are beginning to understand certain aspects of trial and error in relation to nursing research application.

The selection of our interactive nursing documentation software will be complete at the close of the spring 2008 semester. Faculty will select the software that most sufficiently meets the needs of our students and promotes correct documenta-tion and critical thinking skills. The implementation stage of the project will begin with the fall 2008 Fundamentals of Nursing class. The goal is to integrate electronic documentation at all levels as the initial class progresses through the program. We believe that these courses for improvement are necessary and endless. It is our job as nursing faculty to constantly challenge our students to excel as well as promote positive outcomes for the community we serve. Documentation management may always be an upward struggle for some nurses and nursing students, but as nursing faculty, we must make every effort to provide experiences that will improve documentation skills, thus improving continuity of care.

Amy Brown, MSN, RN, is an Assistant Professor of Nursing, Morehead State University, Morehead, KY. Diana King, MSN, RN, is an Assistant Professor of Nursing, Morehead State University, Morehead, KY.

References


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2008 Spirit of Nursing Award

The winner of the Army-sponsored 2008 Spirit of Nursing Award is Courtney Kohler, a senior nursing student from North Central Texas College, Gainesville, TX. Ms. Kohler will receive an all-expenses paid trip to the National Student Nurses’ Association 2008 Annual Convention in Grapevine, TX, a beautiful statue award, and the printing of her essay in the Executive Director’s column of the American Journal of Nursing. Ms. Kohler has achieved a 3.4 grade point average and is on the Dean’s Honor List.

Courtney is a member of the National Student Nurses’ Association and the Texas Nursing Students Association. She is the president of her school chapter and a Senator in the Student Government Association at her school. Ms. Kohler was selected from over 100 school winners by a committee from the U.S Army Nurse Corps and the National Student Nurses’ Association.

Hartford Geriatric Nursing Initiative

Older adults make up the majority of our hospital patients today. In fact, the numbers are growing, and meeting their healthcare needs is vital important to nurses caring for them. Launched in 1995, the Hartford Geriatric Nursing Initiative (HGINI) is working to meet the increasing demand for older adults. The initiative is led by the University of Connecticut School of Nursing, which has been working to provide leadership roles in improving the healthcare of older adults.

In partnership with the nation’s nursing schools and a vari-ety of health care organizations and systems, this dynamic, national initiative works in five areas, including:

• Shaping nursing practice to best meet the health care needs of older adults.
• Enhancing professional development to ensure nurses are prepared to treat older patients.
• Promoting research needed to guide the care and pro-mote the health of older adults.

Hartford Geriatric Nursing Initiative is a dynamic col-laboration of the Hartford Institute for Geriatric Nursing at New York University; The American Academy of Nursing; and The American Association of Colleges of Nursing. To learn more about this initiative, visit www.hgni.org or www.ConsultGeriRN.org.
The Department of Nursing at Morehead State University (MSU) has struggled with a way to provide adequate guidelines to students consistently because many different healthcare settings are visited by our nursing staff. We are dedicated to finding a way to propel our students forward with advancing technology, such as with EMRs. We are also conscious of the facts about documentation reinforcement. We needed the experience to be fun as well as promote critical thinking skills. The tool of choice also needed to have the ability to be integrated with either low or high-fidelity clinical simulation in order to move forward with advancing technology in the realm of academia. We also wanted to have high quality of interactive software with true or false questions for all the various types of documentation software. The experience also needed to prepare our students for all the details of certain software in the multi-media lab. We are currently running these small trials in our Nursing Fundamentals course, where documentation is first introduced. After all trials are completed with different software, data will be compiled and presented to the faculty. So far, this process has been extremely educational for all faculty involved. By involving the students with this process, we have been able to introduce how evidence-based practice can be used in all types of healthcare-related activities of which students are becoming knowledgeable in their own education and are beginning to understand certain aspects of trial and error in relation to nursing research application.

The selection of our interactive nursing documentation software will be complete at the close of the spring 2008 semester. We will select the software that most sufficiently meets the needs of our students and promotes correct documentation and critical thinking skills. The implementation stage of the project will begin with the fall 2008 Fundamentals of Nursing class. The goal is to integrate electronic documentation at all levels as the initial class progresses through the program. We believe this project will be an excellent opportunity for our students, who will be the future educators. It is our hope to teach continuity of care and give our students the chance to develop these skills in a more efficient manner.

In an effort to support the development of information technology into the health care setting, President George W. Bush established the National Committee on Vital and Health Statistics (NCVHS) in 1996 to oversee health care policy that improves older American’s health care. To learn more about this initiative, visit www.hgni.org or www.ConsultGeriRN.org.

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Creating change in any society takes an active participation from its members for changes to occur. Dr. Marilyn Bagwell, Professor Emeritus, Arizona State University, Tempe, AZ, strongly believes that the nursing profession needs well-prepared leaders to take on the challenges that face the profession of nursing and health care.

"Meeting our growing nursing demands requires that future nurses get involved during their college years," she said. "The state chapters and the National Student Nurses’ Association (NSNA) facilitate the process of developing future professionals and advocating for high quality health care and advances in nursing education."

In 2003, the Foundation was pleased to announce the Marilyn Bagwell Leadership Development Grant Program, established by Dr. Bagwell, to get people involved in shaping the future of nursing. In addition, the grant was created to assist in nurturing future leaders in the nursing profession and in health care as a whole.

With the endowment growing through donations from more than a dozen nursing schools, the fund has begun providing grants (up to $1,000) to schools of nursing to support student involvement in the state chapters and NSNA. Grants can help schools establish an NSNA chapter or support travel expenses for students to attend state or national conventions.

In 2004, Harford Community College (HCC) in Bel Air, MD, was the recipient of the first Marilyn Bagwell Leadership Grant. That fall, HCC began a collaborative Mentoring and Membership Pilot Project with other schools of nursing in the state of Maryland to establish and promote involvement in their Student Nurses’ Association and NSNA.

The 2005 winner was the Hopkinsville (KY) Community College Association of Nursing Students, and the 2006 award went to the University of Massachusetts at Amherst. Dr. Bagwell invites every nursing program to consider collecting contributions from nursing faculty to total $200 or more (per school). In this way, each school will help to grow the fund. Individuals and organizations may also contribute to the fund, with all NSNA contributions tax deductible.

The Chart as Evidence

Record keeping also has a vital legal purpose. It provides evidence of your involvement with patients and should be detailed enough to demonstrate that you have fulfilled your professional and legal duty of care. Documenting appropriate care can become litigation when actions are undocumented, are casually or hurriedly described, are completely unintelligible, or rely heavily on the use of in-house acronyms or abbreviations instead of an individual nurse's own words. For the nurse, it is self implicating to appropriately perform a task, then because of a complex work situation, fail to precisely describe those actions or the requirements of the employing agency. Summarized, non-individualized documentation may occur because of work overload, lack of assistive staff, patient complexity, or nurse exhaustion.

Consequently, brief, often meaningless notes used to describe the care provided may be interpreted as a self-written admission of inappropriate treatment. Incomplete, inaccurate, or non-existent documentation, regardless of cause, may ultimately be considered negligence. With an estimated $500 million in compensation being paid from medication-related errors, the chart provides a reminder of the importance of the medical record as evidence. In respect to malpractice litigation, median and mean payments for all types of registered nurses were $100,000.00 to $302,737.00 in 2004. From 1990 through 2005, 19,918 nurses and advanced practice nurses filed Medical Malpractice Payment Reports with the National Practitioners Database (Irvig, 2006).

Charting cannot be viewed as a mechanical process by students, who need to understand that what they document matters. If it is not charted in the medical record, it can be difficult to prove. Reinforcement that the chart must be approached as possible evidence is essential. An evidence-based care plan with appropriate interventions, evaluation, and progress notes support this approach. There is temptation to use jargon and unapproved abbreviations as a form of professional shorthand, especially in today’s busy health care setting. This can dramatically increase the risk of miscommunication between health care professionals. A recently released study states the first impression the court has of you is from your nursing notes. If your charting is unprofessional, then the assumption will be made that you act as well, leading to the further assumption that the care you are providing to the client also may be questionable. This, in turn, can greatly damage your credibility as a witness.

Proper Documentation – A Complex Skill

How do you learn to document correctly? More importantly, how can we provide nursing students the best opportunity to practice this skill safely? Documentation is a skill that is accurately mastered by few. Nursing documentation is a complex process. A study identified related factors to poor documentation practice: limited nurses’ competence, decreased motivation and confidence, ineffective nursing procedures, and inadequate nursing audit, supervision, and staff development (Davis & Francis, 2006). As proactive nursing faculty, we can eliminate many of these factors with education. We must also provide a positive mind frame when teaching the nursing process and its active role in nursing care. The same study interviewed nurses and found that most judged developing nursing diagnoses and care plans as an unnecessary burden.

Marilyn Bagwell Leadership Development Fund

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Special thanks are given to those schools that have already contributed!

For further information on the Marilyn Bagwell Leadership Grant or to make a contribution, please contact Dr. Diane Mancino, FNSNA Executive Director, at (718) 210-0705 Ext. 103 or via e-mail to diane@nsna.org.