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10.1136/bmjspcare-2014-000654.148

**Background** Audits in 2008 and 2009 show documentation was incomplete in 50% and 57% of cases: below an ideal standard of 91–100%. Omissions were due to poor utility by nurses and unsuitable pro-forma design, (duplication, lack of clarity, haphazard) and time consuming when transcribing to additional sheets at discharge. Nurses re-designed their pages which redressed problems highlighted and facilitated its use at discharge to community Health Care Professionals (HCPs). The resultant pro-forma was audited.

**Aim** To ascertain completion of the new documentation compared with previous audits, confirm its use to community HCPs, and identify areas for improvement.

**Method** The documentation was audited retrospectively using a copy of the pro-forma as the audit tool. Analysis was RAG rated: RED less than 70% completed, least acceptable, actions required. AMBER 70% – 90% completed, acceptable but scope for improvement. GREEN 91% – 100% completed, ideal standard.

**Results** 15 sets of notes were audited (65% of one month's admissions). Data were collected on pages completed by nurses, which totalled 117 fields. Overall, 74% of the fields achieved either GREEN or AMBER status with the remaining 26% in the RED. Information commonly omitted related to community services, such as was the patient registered as 'palliative' with their out-of-hours GP provider, community HCP's contact details, and care planning post discharge. Data missing on admission included; co-morbidities, metastasises, contact numbers and expected discharge date. Results for tests/investigations were not documented in most cases. Each patient's community HCPs were sent a copy on discharge.

**Conclusion** Significant improvements made using the new documentation; 26% in the RED compared with 100% in both previous audits. Patient information is more succinct, de-duplicated, streamlined, and comprehensive enough to use at discharge to community HCPs; a survey of the latter underway. Nurses encouraged, and are, more diligent in recording information. Community information pending further review.