Does current anaesthetic documentation in our maternity High Dependency Unit (HDU) sufficiently reflect clinical service?

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INTRODUCTION

As defined by the OAA "There should be a named consultant anaesthetist and obstetrician responsible for all level 2 patients 24 hours a day".(1) How does this translate to direct anaesthetic input? When looking to define more specifically the level of anaesthetic care required in maternity HDUs the OAA website provides a link to independent guidelines.(2) Their suggested recommendations are illustrated in Figure 1. The degree of input and specific definitions of levels of care may well vary interdepartmentally but in all cases sufficient documentation is required to accurately reflect the level of care provided and prove standards are being met. We wished to determine if the level of anaesthetic input in our department was reflected by the documentation.



Level 1 care	At risk of condition deteriorating and needing a higher level of observation or those recently relocated from higher levels of care.	Anaesthetist and Consultant Obstetrician should review all women receiving level 1 care at least once a day
Level 2 care	Requiring invasive monitoring/intervention that includes support for a single failing organ system (excluding advanced respiratory support)	Consultant Obstetric Anaesthetist and Consultant Obstetrician should review all women receiving level 2 care at least twice daily

Figure 1: Critical Care Maternity guidelines,as defined by Lankashire teaching hospitals 2013

METHODS

Having obtained approval from the local audit committee, 50 consecutive patients admitted to maternity HDU in a large teaching hospital, with approximately 6000 deliveries per year, were selected using the intensive care database, "ward watcher". The patients' notes were then reviewed on "badgernet", the maternity electronic notes system utilised for antenatal and postnatal care. Criteria for evidence of anaesthetic review was classed as either a direct entry by the anaesthetist, or documentation of anaesthetic presence by another specialist.

RESULTS

In 34% (17/50) of cases anaesthetic review was documented using the criteria stated in the methods. In 65% of these cases the documentation was completed by the anaesthetist themselves and in the remaining 35% it was completed by another specialist.

DISCUSSION

Accurate documentation is important for multiple reasons including facilitation of communication between healthcare professionals, continuity of care and for quality improvement and education purposes such as local and national audit. The national audit MBBRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquires) crucially relies on accurate records to establish the level of care a mother has received and records are reviewed by between 10-15 expert assessors.(3) It is important therefore that we suitably document events to assist in the process of drawing informed conclusions and producing recommendations.

From an observational point of view anaesthetic staff in our unit have a good awareness of all patients in HDU, are frequently on the multi-disciplinary HDU ward rounds and conduct additional reviews as required, but evidence of this reality is lacking due to the sparsity of documentation. Whilst we recognise a detailed review is not always necessary, and there are clear distinctions between the requirements of level one and two care, the authors would recommend documented anaesthetic input at least once per 24 hours. We will actively strive to improve our documentation as a result of this evaluation. Standardising documentation would also serve as a reminder to perform a clinical review and potentially improve patient HDU care.

REFERENCES

1. OAA/ AAGBI Guidelines for Obstetric Anaesthetic services 2013
2. Anna Bewlay. 2013. Critical Care (Maternity). Lankashire Teaching Hospitals. oaa-anaes.ac.uk
3. Knight M, Bunch K, Tuffnell D et al. 2021. Saving lives, improving mothers' care from the UK and Ireland confidential enquiries into maternal deaths and morbidity 2017-19. MBRRACE-UK