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Introduction

The integration of Electronic Patient Record (EPR) systems has revolutionised documentation and workflow processes within healthcare settings. In our obstetric unit, the transition to an EPR system aimed to streamline data entry, enhance accessibility, and improve patient safety. However, such transitions can also introduce challenges, particularly concerning the quality and completeness of documentation. This study analyses anaesthetic-related incident reports (Datix) over a one-year period following EPR implementation, with objectives to identify prevalent themes, extract learning points, and assess the influence of EPR on incident documentation quality.

Methods

After obtaining Caldicott Guardian approval, we conducted a retrospective review of all Datix reports involving anaesthesia and filed within one year post-EPR implementation in our obstetric unit. Each report was categorised based on the type of event, such as medication errors, procedural complications, or documentation issues. Special attention was given to the richness of free-text entries, evaluating the depth and clarity of information provided. Data were analysed to identify recurring themes and potential areas for clinical practice improvement.

Results

Key themes of Datix reports involving anaesthetic care are summarised in the table.

Table: Themes identified in review of Datix reports

Theme	Comment
Failed neuraxial anaesthesia and conversion to general anaesthesia	While most cases adhered to national guidelines, documentation quality varied
Labour epidural top-up documentation & general prescribing	Missing documentation for epidural top-ups was noted, prompting educational interventions for anaesthetists and midwives
Communication failure	Communication on the labour ward is often challenged by urgency, multitasking, and multidisciplinary complexity—making clarity and teamwork essential to safe care
Bradyarrhythmias during spinal anaesthesia	Bradyarrhythmias are a recognised side effect of spinal anaesthesia and can be exacerbated by the use of phenylephrine
Maternal hypotension due to vena cava compression	Severe vena cava compression, identified in MBBRACE-UK reports as a cause of maternal collapse, required prompt recognition

References

1. Kataria S, Ravindran V. Electronic health records: a critical appraisal of strengths and limitations. J R Coll Physicians Edinb. 2020 Sep;50(3):262-268.



Discussion

The introduction of the EPR system posed challenges for documenting anaesthetic events, with limited free-text entries reducing the clarity of case reviews. Clear and detailed documentation is critical, particularly for complex or adverse events. The findings highlighted areas for improvement in practice, including timely escalation, thorough documentation, and adherence to clinical guidelines. Educational efforts should focus on addressing documentation gaps and reinforcing the importance of detailed free-text notes within the EPR. Despite these challenges, the Datix reports provided valuable learning opportunities and reminders for safe obstetric anaesthetic care. This review shows that while the EPR streamlines documentation, it may limit the depth of information captured, highlighting the need to address these limitations and reinforce good practices to optimise patient safety and learning from adverse events.