

Paper lite Postnatal Quality Improvement Project: Introducing digital documentation during the Covid-19 pandemic

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INTRODUCTION

Background

The NHS Long term Plan published on January 2019 highlights the importance of technology in future endeavours to digitalise and provide a step forward in how patient care is, and will further be provided. The Paperlite Documentation for review of postnatal patients was launched in Newham University Hospital in March 2019, both inpatient as well as outpatient, to ensure digital and contemporaneous notes, accessible to all relevant healthcare professionals-namely obstetricians, paediatricians and midwives.

Objective

To ensure 100% of inpatient and outpatient postnatal notes for mothers delivering and infants born at Newham University Hospital are documented electronically and are contemporaneous.

REFERENCES

1. Silicon.co.uk
2. [NHS England » Digital transformation](https://www.england.nhs.uk/digitaltechnology/)
<https://www.england.nhs.uk/digitaltechnology/>



METHODS

Design

We performed two PDSA (Plan-Do-Study-Acts) cycles with two measures: a retrospective audit to assess compliance to the digital system, and a staff user survey encourage staff feedback on the new system.

Methodology

The retrospective audit reviewed electronic notes of all women and babies discharged from the postnatal ward over one month. The findings from these were discussed at an online multi-disciplinary team meeting to further consider issues identified to form an improved action plan.

The staff survey was conducted anonymously among inpatient and community staff two months into the new system launch.

RESULTS

The first cycle identified 100% compliance to digital documentation among inpatients but some inpatient notes and 30% of community documentation were still on paper. Issues were identified in the staff survey including lack of access to system for bank staffs and confusion with multiple entries. Access to training and support for the new system were reinforced, and temporary access cards were made more readily available in response to the findings.

The second PDSA cycle showed a significant increase (70% to 93%) in community electronic documentation. Staff feedback highlighted poor access to laptops and internet in the community were limiting adherence to digital documentation. At the end of the second cycle, we have introduced more laptop and further support to the community team.

CONCLUSION

This quality improvement project enabled the first step in the direction of incorporating technology to help healthcare professionals document and communicate more easily, as well as provide easy access to all records in a systematic manner. The audits that we have undertaken have shown it to be a success with regards to acquiescence of a new documentation system, which has also proved to be accessible, adaptable and convenient. Our plans for the future are to extend it to documentation in both antepartum and intrapartum care, to further provide a uniform and standardised service for digital documentation.

