The importance of information for frontline nurses

Back in the days of eusol and liquid paraffin when I was a new staff nurse, other than the ubiquitous 'Kardex', fluid balance and various observation charts there was little other paperwork to do – you just got on with the job of nursing. Nowadays it is different. There are times when I wonder how on earth we would have coped with the new technologies in information, let alone in patient care, but on the other hand I also have moments wishing I had had access to such innovation.

In an NHS where the cries in the corridors are about too much paperwork (Royal College of Nursing, 2008), there is a danger that frontline nursing can lose sight of the information that we actually do need. Granted there is a lot of unnecessary wasted time, and lean thinking, good role definition and standard operating procedures should tackle this, such as is being shown within the productive ward initiative 'Releasing Time to Care' (NHS Institute for Innovation and Improvement, 2008) – but we need to avoid the baby and bathwater scenario. There follows three examples of information use and need at a ward level.

Patient information

Patients' paper medical records are essentially the same as they were years ago – invariably a bit tatty round the edges, with the odd histology result slipping loose, but thankfully with fewer personal anecdotes than there used to be. In some areas all disciplines contribute to the medical record but they pretty much remain the domain of doctors. With the advent of the electronic patient record we are beginning to see more sharing and combining of information but there is still a long way to go.

Recent work at the Homerton Hospital has seen one ward taking a new step towards sharing information. Ward nurses, doctors, clinical site managers and the discharge team all kept separate daily lists about patients and tasks and then tried to find a time in the day to share this information with each other. The answer wasn't rocket science; a simple shared Excel spreadsheet with a few clever macros in the background that allow archiving and updating of information each day. Each of the disciplines enter their information into the workbook to create a ward-wide real-time picture of tasks, progress, resuscitation state, special diets and discharge planning. A data filter can be applied to allow users to just see specifics or the nursing staff can see across the board. The challenge was getting everyone to ditch their rituals and contribute to the shared workbook (which the team dubbed 'the songsheet', as in 'everyone singing from the same…').

To manage a ward of 28 patients, to be sure all the necessary tasks are done and done well, it is crucial that a real-time picture is available. It is not just discharge dates which are needed but information such as whether referrals have been made, whether the section 2 notification has been sent to social services, whether that 24-hour urine collection has been started, whether those dressings were changed, whether the intravenous drugs have been ordered, whether that blood result has come back and so on and so forth. The next step, currently being built, is for this workbook to be integral within the electronic patient record system and to roll this out Trust wide.

Resources

Staff are the most valuable resource within a ward and need to be used wisely, not only in terms of making sure there are enough pairs of hands, but more importantly in relation to skills; ensuring that those staff on duty are equipped to do the job. I recall spending hours and hours struggling with the rota as a ward sister. It was a logistical nightmare and I'd finally get it right and pin it to the noticeboard only to have a staff nurse come and tell me I had forgotten about her family wedding or omitted her study day.

Now e-rostering is becoming commonplace (NHS Employers, 2007). These systems know what coverage a ward needs; they know working hours for individual staff, what skills are needed and who has them. Then at a click of a mouse the system produces a balanced rota for you. Oh how I dreamed of such technology!

Keeping a track of workforce, managing staff attendance, recruitment, bank and agency spend are all crucial to a ward manager. The electronic rostering takes the pain out of this and produces reports and statistics as required. Sister systems have also been developed for internal staff banks and the two talk to each other. The staff bank system provides detailed data on temporary staff hours used, for what reason and when, and allows the ward manager to keep a close eye on spend and workforce. This is critical for nurses as nursing care has become more complex and clinically demanding (Bosanquet et al, 2006); nurses have professional accountability for their practice and organizations must ensure their staff have the required skills. Having basic workforce information easily to hand provides the infrastructure for controlling such demand and capacity.

Patient experience

There may be an executive accountability for patient experience, and rightly so, to ensure systems and processes and organizational culture are geared towards patients being central to care – but there is no escaping the fact that delivering those standards of quality rests squarely with the staff themselves and particularly with the leadership at the point of care.

On the wards this is the ward manager making it clear to the staff what is expected of them, ensuring this is delivered and monitoring and managing performance. This is a tall order and needs reliable data to monitor, especially when experience is subjective. An increasing number of trusts are now using the patient experience tracker system (Dr Foster Intelligence, 2008) to collect such data. These electronic survey

units have five questions for patients to answer about their experience at the touch of a button. Questions can be tailored such as whether staff were friendly, the ward was clean or there was adequate opportunity to ask questions. Each unit has a unique identifier so the reports that come back allow the ward staff to see exactly what their patients experienced and from these data devise an improvement plan. This survey system is real time, it is constant surveying, not an annual snapshot and in the first 12 months at our Trust over 10 000 patients had completed the survey as opposed to a mere 300-odd responses to the national inpatient survey.

The ward sister cannot get away from the fact that this is what her patients said about their experience on her ward and as such holds responsibility for that. Receiving real-time data allows close and continued monitoring. Staff evaluation of the system showed leaders found it extremely helpful in motivating staff, particularly as results are publicly displayed and require staff to critically analyse their behaviour and practice. It's not always easy to be openly critical, but ward managers have a tool here that helps them to do so from the patient's perspective.

Conclusions

The issue is no longer about having enough information; it is just the opposite – too much information in various formats and of equal value. There are spreadsheets, electronic rosters, electronic patient records and e-procurement, reports and policies, guidelines and protocols, budget statements and transaction listings. Having the right information at the right time is essential if we are to give safe and effective care and be able to review and improve our practice.

Frontline nurses by the nature of their roles are the cornerstone and they need to be able to sift through the information they receive in addition to recognizing the importance of the information they generate. Sorting through and weeding out the non-essential administrative burdens is the first step and then they can embrace and appreciate the value of high-quality, useful information.

A patient's experience of hospital care is of a team of people coming together to play a part, but with medical and nursing care at the core. Both disciplines are governed by information of one description or another; having a greater understanding of these demands could go a fair way to better appreciating the pressures and demands each face. So when the nurses are nagging the doctors for a prescription chart to be updated or a decision about discharge, or to come along to the ward meeting to discuss the latest patient feedback, doctors need to claim their place as a part of that wider team. And has the ward sister ever been invited to a medical teams meeting in return? Investing that small amount of time will pay dividends and ultimately it is the patient who wins. **BJHM**

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KEY POINTS

- Despite the protestations about too much paperwork in the NHS there is a real need for information.
- Frontline nurses are becoming increasingly skilled at sifting through and using that information.
- Providing high-quality care on a ward needs skilled clinical and operational leadership right at the point of care – information that is relevant, reliable and real time is crucial to achieve this.