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The Importance of Good Medical Record Keeping

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Objectives

- Understand why good records are important
- Identify good practice in medical record keeping
- Learn to avoid common pitfalls
- Learn to take an objective view of your records
- Understand the forensic analysis of records involved in a legal claim

What we do

- One of the UK's largest litigation-only law firms
- We only act for clients who have sustained life-changing injuries:
  - Brain injury
  - Spinal cord injury
  - Amputation and serious neurological conditions

"The Stewarts clinical negligence department has a great deal of experience. They have excellent client relationships and obtain great results"

(Chambers UK)

Clinical negligence

- People who have suffered life-changing injuries as a result of negligence in a clinical setting

"They go **above and beyond** the role of a litigator – they try to find the solution to the client's needs"

Chambers

We see a lot of medical records!

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The importance of good records

Why it matters

What are records?

- Nursing notes
- DATIX
- Sleep charts
- Food charts
- Blood glucose monitoring charts
- 1:1 monitoring charts
- Behavioural charts
- Staff rota
- Risk assessments (such as falls, pressure areas, moving & handling...)
- Care plans
- Daily narratives for all disciplines

- Several documents will build up a picture.

Why do records need to be well kept?

- Ensure patients treated effectively and appropriately by providing relevant information to treating clinicians
- Provide an objective record of a patient's care that can be used in court or in the event of a complaint

Ongoing review

- Datix routinely discussed in governance meetings
- All documents used to answer patient/family queries
- Essential if a complaint or claim is made
- Used for quality assurance investigations

Quality assurance

- NHS Quality Matrons
- Health and Safety Executive
- Care Quality Commission
- Local Authority Safeguarding

Is it relevant to you?

- Good records are required regardless of:
  - Your position
  - Type of document
- Take responsibility – don’t leave it up to a supervisor to check
- If you supervise, make sure you check thoroughly. Don’t sign off on something you aren’t happy with

"The quality of care that a doctor has provided will, to a large extent, be assessed by the standard of the notes which form the foundation of the doctor's defence. Notes which are **inaccurate, illegible, inadequate or simply missing** will make most claims **indefensible**. Even if you have done nothing wrong in terms of clinical care, it is extremely hard to defend the claim unless you have medical records to prove it. The courts are inclined to believe the patient's memory, as it was probably a one-off experience for them, as opposed to that of the doctor who is recalling one of many similar consultations often many years later."

Medical Protection Society (MPS)

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Good practice

Basic principles for record keeping

Good practice

- Report the relevant history
- Report the relevant clinical findings
- Report the investigations arranged
- Report the provisional diagnosis
- Document the decisions made
- Document the information given to the patient

Good practice

- Include signed consent forms
- Include details of discussions with patients and their relatives
- Report patient progress
- Note referrals and provisions for follow up

Good practice

- Identify the patient on each page
- Use permanent ink!
- Don’t leave blank lines
- Sign, date and time each note
- Beware of copy and paste entries

Good practice

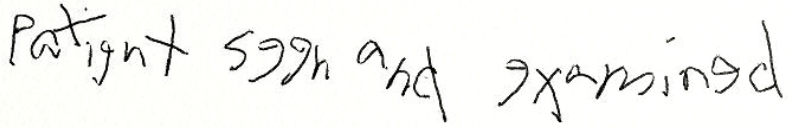
- Be careful when correcting other people's entries
- Don't scribble over errors
- Be clear, legible and avoid ambiguity
- Don't be offensive, flippant or 'clever'
- Patients can now (and do) easily access their records

Good practice

- Remember: records not just for internal use and in event of complaint
- Any person bringing any injury claim will need their records seen by:
  - Court
  - Medical Experts
  - Lawyers

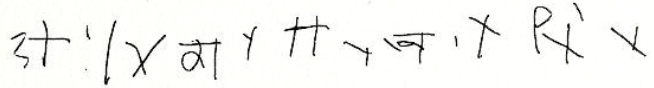
THE 7 TYPES OF PHYSICIAN HANDWRITING

5 YEAR OLD HANDWRITING:



IMMACULATE, ILLEGIBLE SCRIPT:

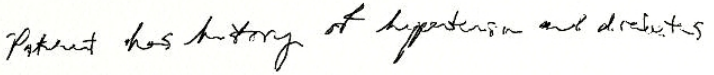
SANSKRIT:



EVERY 4TH WORD LEGIBLE:

EVERY WORD MUST TOUCH LINE MARGINS:

TEENY TINY:



HAD 30 SECONDS TO WRITE NOTE:

Beware abbreviations and acronyms

- ABITHAD
- FLK
- GOK
- NFN
- GFPO
- PITN
- TEETH
- TTFO

Real life examples

- "The patient lives at home with his mother, father and pet turtle, who is enrolled in day care three times a week."

- "I've met the patient, his wife his children and the pet rabbit. Of the lot of them, the rabbit is the most intelligent"

Common problems

- Time pressure
- Shortcuts
- Not listening to patient properly
- Not contemporaneous – relying on memory to write up at end of day

"I'm afraid we can't accept you as a medical student, your handwriting is far too legible. "

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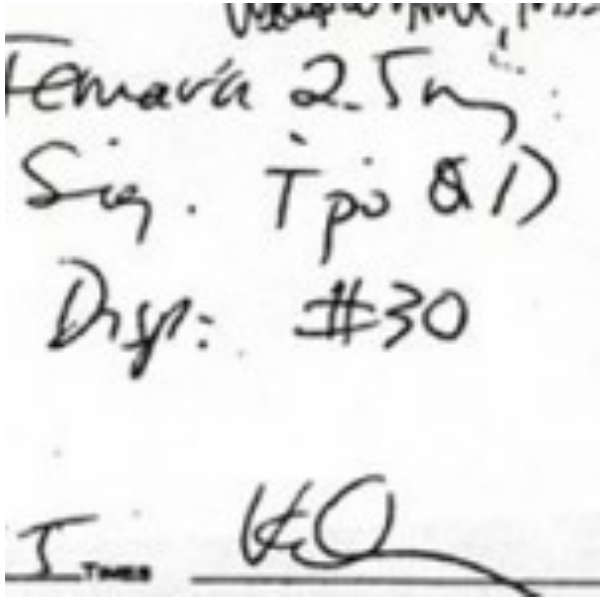
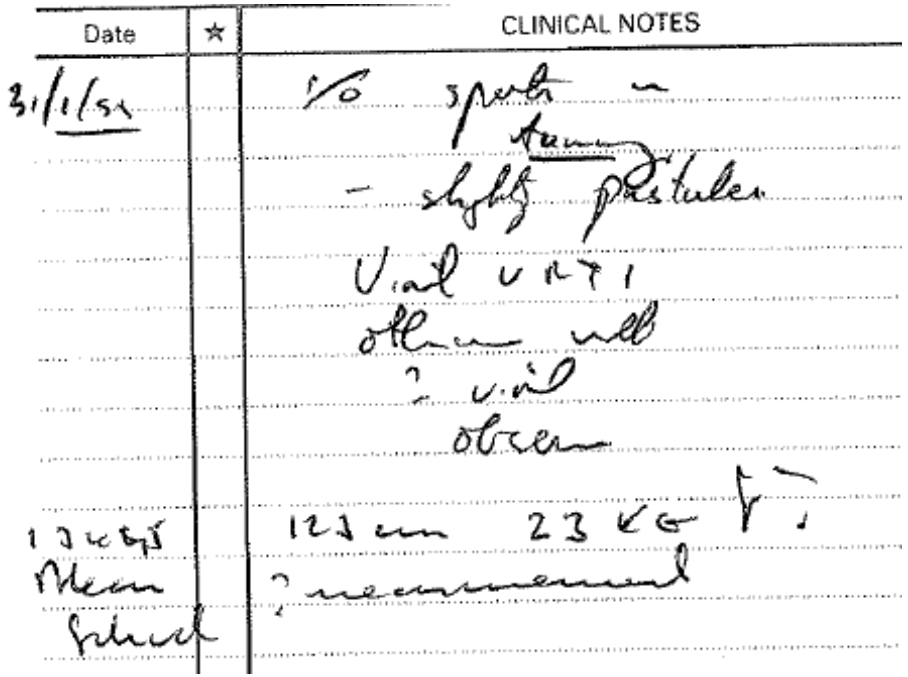
Defensible documents

Clinical negligence claims

What is the name of the drug?

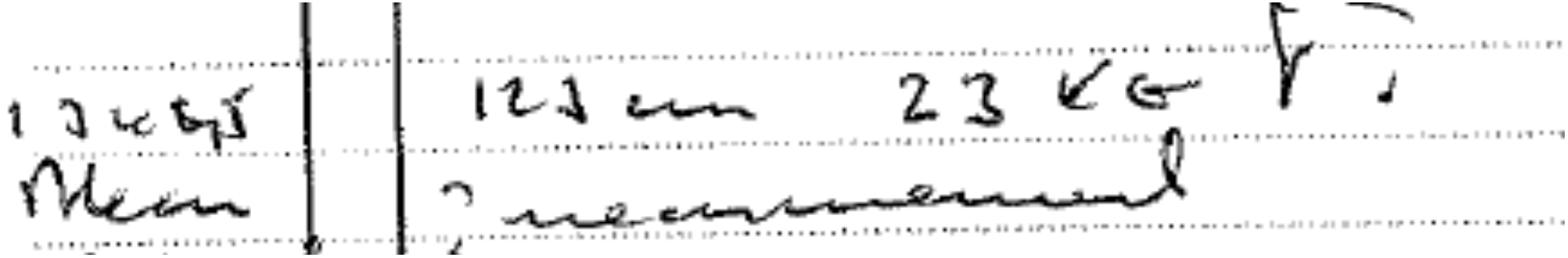


One of our cases



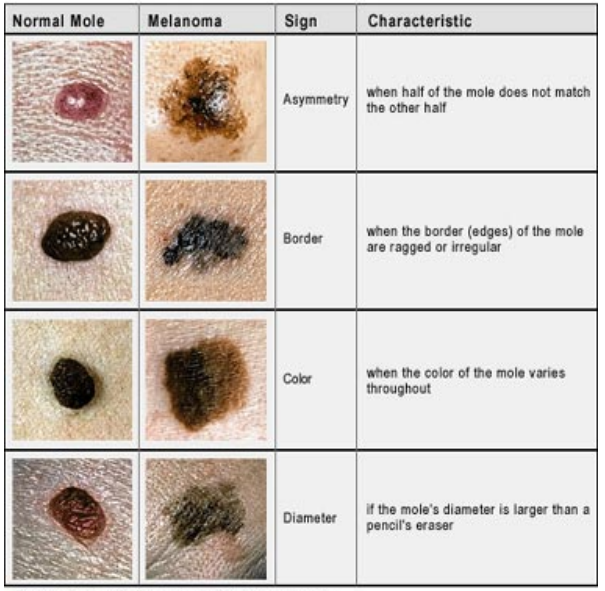
Date	☆	CLINICAL NOTES
31/1/14		I/O sports in team - slightly pustular Viral URTI otherwise well ? viral observe
13/6/15		123 cm 23 kg ↑↑ ? measurement
Mum phoned		

One of our cases



Flowers v Mallet

- Mr F had facial lesions which required treatment
- GP referred him to the Defendant dermatologist (Dr M)
- But Mr F also had a mole on the back of his neck.
- He and his wife both concerned about the mole – growing and changing in shape



Normal Mole	Melanoma	Sign	Characteristic
		Asymmetry	when half of the mole does not match the other half
		Border	when the border (edges) of the mole are ragged or irregular
		Color	when the color of the mole varies throughout
		Diameter	if the mole's diameter is larger than a pencil's eraser

Photographs Used By Permission: National Cancer Institute

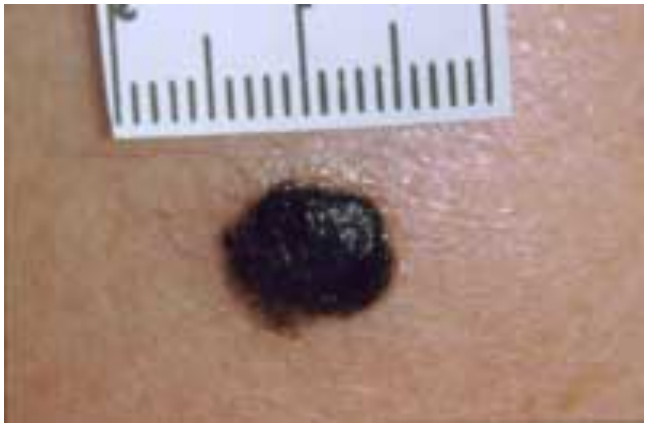
Flowers v Mallet

- 6 April 2001 – Mr F saw Dr M and brought mole to his attention
- Dr M made a note and drew a diagram which apparently noted where the mole was
- Review in 4 months time
- Dr M wrote to GP but did not mention mole

"?mole looks benign – watch"

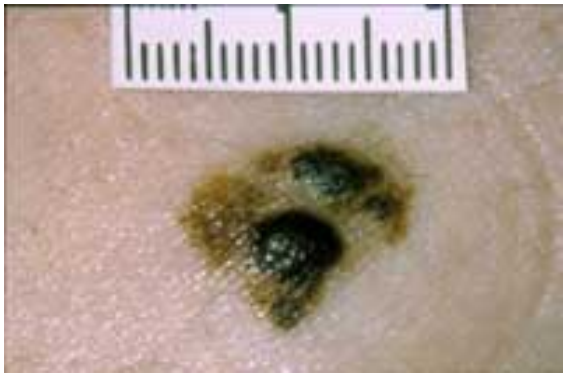
Flowers v Mallet

- 10 August 2001 Dr M saw Mr F again
- Dr M made a note: *"settled"* relating to facial lesions
- No mention of mole
- Dr M discharged him
- Dr M wrote to GP but did not mention mole



Flowers v Mallet

- July 2002 – Dr M saw Mr F again because mole was bleeding
- Dr M removed it and found it to be malignant
- But it had metastasised to other parts of body
- Subsequently caused Mr F's death.



Flowers v Mallet

- Mrs F brought a claim:
  - Should have investigated, removed and biopsied mole earlier
  - Should not have discharged Mr F
  - Had Dr M not been negligent in April or August 2001, Mr F would not have died
- Dr M defended the claim:
  - Admitted that if the mole had been found earlier, death would have been avoided
  - But did not breach his duties to Mr F

Flowers v Mallet

- Mole was not brought to Dr M's attention by Mr F
- Mole was not mentioned in referral letter from GP
- Focus was on lesions
- He did examine Mr F and did see the mole but it was *"unremarkable"*
- Showed no sign for concern and was not worthy of mention
- Many other moles on Mr F's skin

- Dr Mallet's case

Flowers v Mallet

- Dr M did note mole in records
- But only because it was alongside a "small red nodule" which he was concerned about.
- His note referred to that nodule.
- The diagram showing the mole on the neck was to map the nodule's position for next time.
- When Mr F returned in August 2001 lesions had healed and red nodule had disappeared.

"?mole looks benign – watch"

Flowers v Mallet

- "At first glance" Claimant's interpretation appears to "stand muster"
- Experts all agreed note referred to "mole" not a "nodule"
- Mole shown on drawing is mole that caused death
- Not unreasonable to review in 4 months – the mole (and the nodule) would arouse a "low index of suspicion".
- Interpretation of the notes suggest it was Dr M who spotted the mole and that Mr F didn't raise it.
- "Mole" does refer to nodule. Nothing of concern so treatment was reasonable.
- Judgment for the Defendant

Flowers v Mallet

"I reach that conclusion for a host of reasons. First and foremost I reach that conclusion **because Dr Mallett told me that that was what he meant. It goes without saying that the person who makes a note is the best person to decipher it.** There are only three possibilities: (i) Dr Mallett is accurate and truthful; (ii) Dr Mallett is deliberately misinterpreting his own note and is untruthful; or (iii) he is genuinely and innocently misinterpreting the note. It is just possible that the witness might misinterpret his own note after a passage of time; but it is unlikely."

Flowers v Mallet

"I watched Dr Mallett carefully when he was giving his evidence. I found him to be a **thoroughly reliable and honest witness**. His evidence was given carefully and with clarity. He did not attempt to pretend that he could remember details which he could not remember. I **formed a wholly favourable view of him, as a witness and as a doctor. He has an impressive CV and is a highly qualified and experienced consultant dermatologist.** He was, as I find, **a reliable and honest witness**."

Flowers v Mallet

- Dr Mallett was successful, BUT...
- He had to endure litigation process
- And be cross-examined in Court
- Could have all been avoided by writing "nodule" instead of "mole".

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Summary

What have we learned?

Summary

- Always remember the importance of the records and good record-keeping
- Take time to properly document discussions with patients and their families
- Avoid simply replicating what has been put before and think about what you are writing
- Detail is important – as is what you don’t record
- Avoid personal opinions and clever comments

Summary

- Remember records will be scrutinised in the event of a complaint or a claim. You would be amazed at the detailed manner in which the records are gone through in the event of a claim.
- Record detailed notes to help to avoid a claim being made and to put yourself in the best position possible if it does
- Use the correct forms and procedures – work together.
- Take responsibility for your own records

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