

## **Project Title**

Implementation of Peer Audit to Improve Compliance to Standardized Documentation among Physiotherapists in JCH

## **Project Lead and Members**

Project lead: Tou Yu Fang

Project members: Qiu Wen Jing, Fun Chee Yong Benjamin, Tan Hui Yin

## **Organisation(s) Involved**

Jurong Community Hospital

## **Healthcare Family Group(s) Involved in this Project**

Allied Health

## **Applicable Specialty or Discipline**

Physiotherapy

## **Aims**

Improve compliance to standardised documentation among physiotherapists at JCH to an average of 85% within 5 months.

## **Background**

See poster appended/ below

## **Methods**

See poster appended/ below

## **Results**

See poster appended/ below

### **Lessons Learnt**

- The introduction of smart phrases has effectively improved adherence to standardized documentations.
- Use of peer audit process promotes communication and encourages feedback between staff which is important to build trust within a team.

### **Conclusion**

See poster appended/ below

### **Project Category**

Care & Process Redesign

Quality Improvement

### **Keywords**

Improve Standardised Documentation, Peer Audit, Physiotherapy

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# IMPLEMENTATION OF PEER AUDIT TO IMPROVE COMPLIANCE TO STANDARDIZED DOCUMENTATION AMONG PHYSIOTHERAPISTS IN JCH

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## Define Problem, Set Aim

### Problem/Opportunity for Improvement

Since the implementation of the upgraded NGEMR and its new features in 2020, 77% of essential components of the new documentation workflow were filled among physiotherapists in JCH over a period of 6 months. This has resulted in reduced documentation readability as there were inconsistencies in standards of documentation across therapists thus affecting coverage when handing over patients. There were no clear structure and audit to ensure that all required information were recorded in our documentation. Consequently, this can affect communication within the healthcare team and with patients.

### Aim

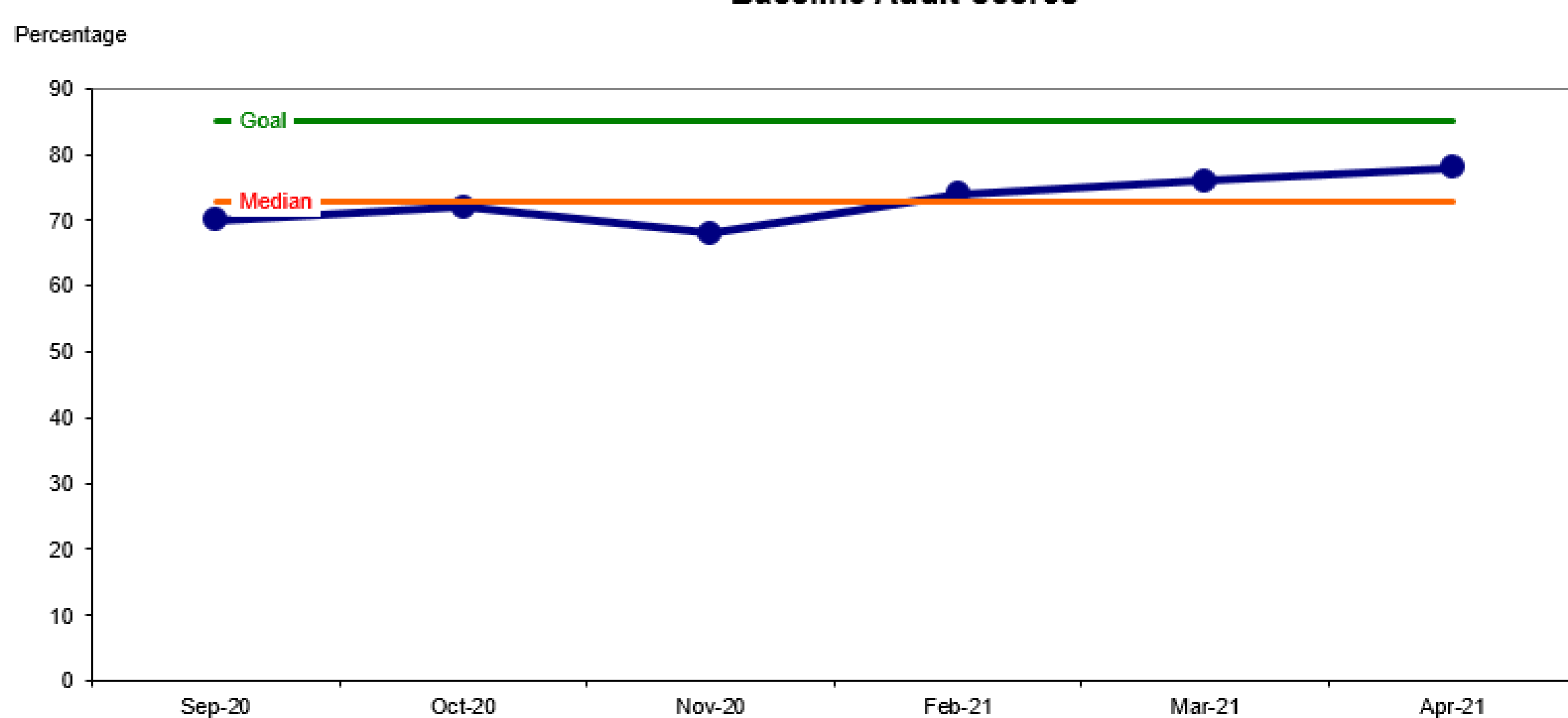
To improve compliance to standardized documentation among physiotherapists at Jurong Community Hospital to an average of 85% within 5 months.

## Establish Measures

### Performance before interventions

A small team of 2 (Huiyin and Yufang) used an audit form with the following 4 audit components: "Filled in all relevant fields of Gen Ax flowsheet", "Filled in Mobility Status", "Filed Total MBI in MDM tab within 48hours from admission", "Updated MDM PT smart link and free text analysis". Audits are carried out at random for all therapists once a month and audit results are charted in an overall table based on the overall percentage compliance to each component and used as a baseline.

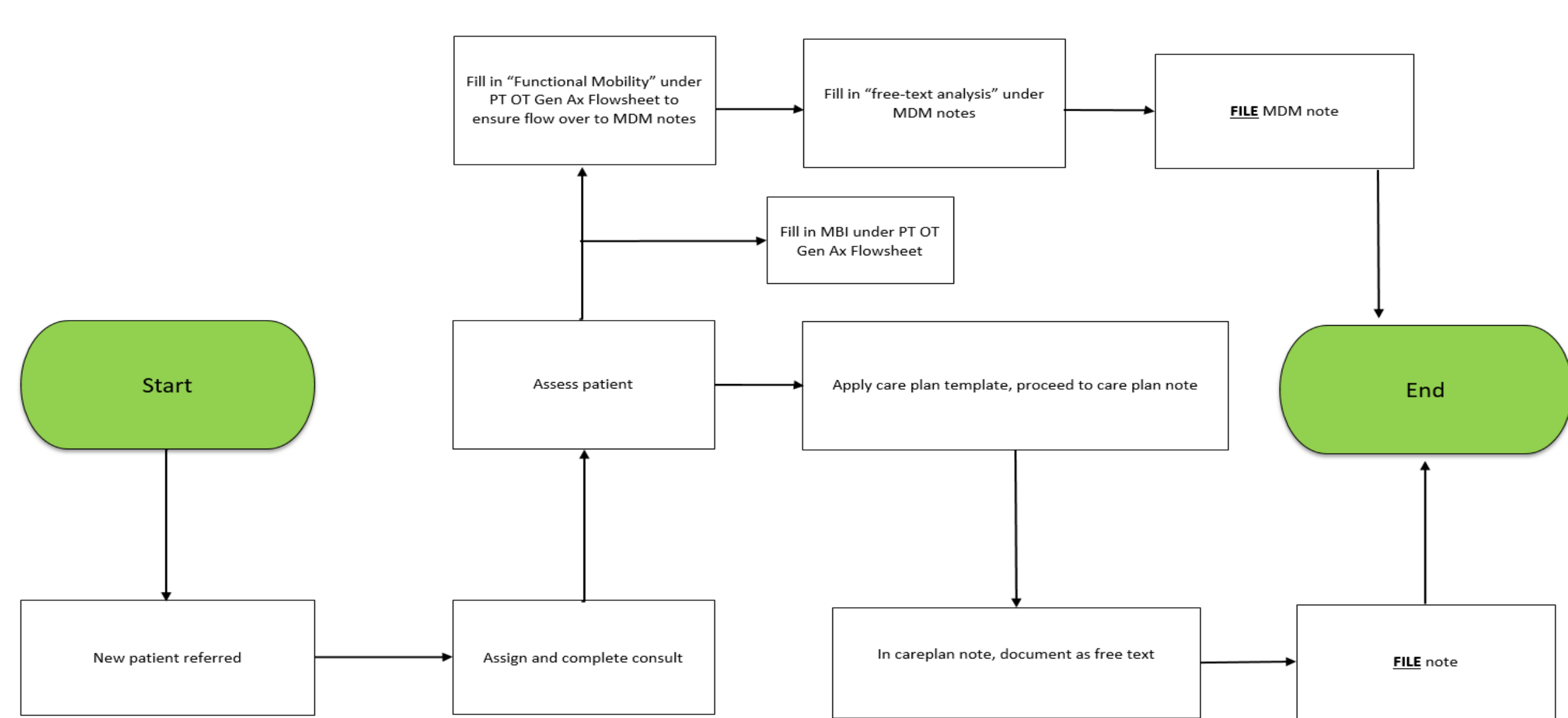
Baseline Audit Scores



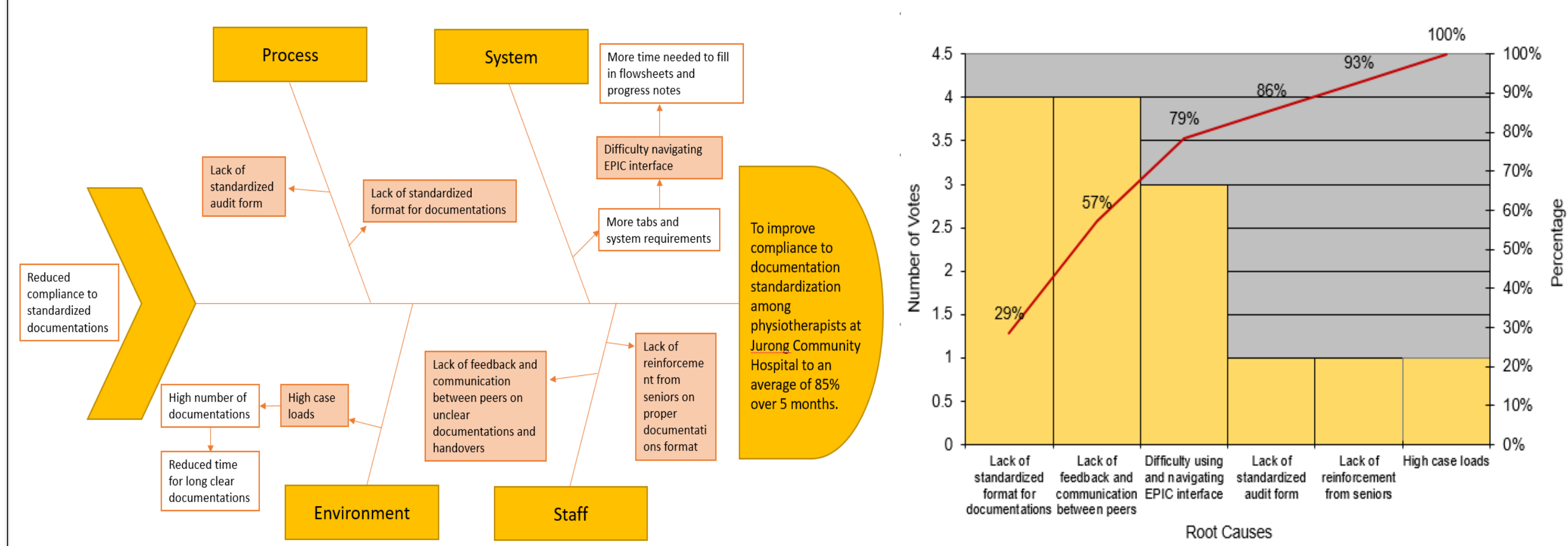
We acknowledge the lack of data in December and January due to manpower reasons within the team, which led to the realization that this audit method with a two man team is not sustainable, and to explore a more efficient method of statistics collection moving forward.

## Analyse Problem

### Process before interventions



### Probable root causes



- SAFETY
- QUALITY
- PATIENT EXPERIENCE
- PRODUCTIVITY
- COST

## Select Changes

### Probable solutions established

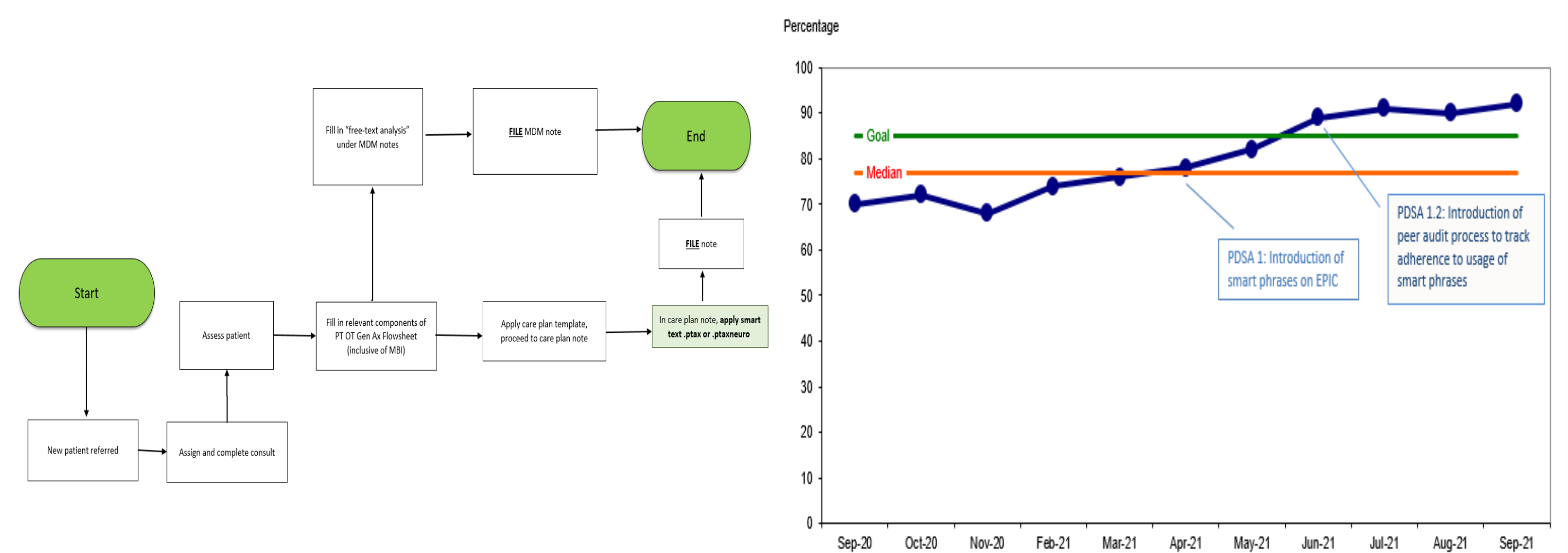
Root Causes	Potential Solutions
1. Lack of standardized formatting	1. Implementation of shortcut smartphrases on EPIC system for standardization in documentations format (.ptax, .ptprogress)
	2. Implementation of a peer audit system to facilitate more communication and feedback between peers.
2. Lack of cross-check, communication and feedback between peers	3. Reduce workload
	4. Remove the use of EPIC interface
	5. Feedback sessions among staff on unclear documentations and handovers
	6. Conduct secret audits and implement "consequences" for poor documentations

Solution #1 and #2 are selected for testing

## Test & Implement Changes

### Piloting the changes - Results

CYCLE	PLAN	DO	STUDY	ACT
1	Creation of smart phrases for data in relevant fields of flowsheets to flow through both MDM case notes and daily progress notes, improving documentation efficiency and consistency. Feedback were gathered from colleagues and agreed upon by our HOD.	Two smartphrases ".ptax" and ".ptaxneuro" was rolled out by end of April 2021. Received feedback that work process is simplified as there are reduced repetition, along with format standardization.	From May 2021 onwards, we observed a slight increase in average scores from baseline, collected via audits by the two man team.	We decided to adopt the usage of smart phrases into our daily workflow. Thereafter, we would like to track adherence to the usage. We recognize that the methodology of data collection via a one-way audit may not be sustainable nor feasible in the long run. Hence we implemented a revised audit process.
1.2	Implement a monthly peer-audit between therapists to allow more cross-checks. Training was carried out to all therapists to ensure calibration for usage of the audit form. Therapists were also encouraged to inform their peer of the audit result.	Peer audit process is carried out from June 2021 to September 2021. Results are discussed during monthly department meetings. Gathered feedback that process was acceptable and not overly time-consuming.	From June 2021 onwards, we observed further increases in average scores collected via the peer-audit.	We plan to continue the peer audit process to facilitate efficiency in data collection and promote communication between staff.



## Spread Changes, Learning Points

### Strategies to spread change after implementation

- Share monthly audit results with fellow physiotherapists during JCH department meeting.
- In view of a positive trend, the process audit was integrated into our workflow to ensure continued adherence to standardized documentations.

### Key learnings from this project

- The introduction of smart phrases has effectively improved adherence to standardized documentations.
- Use of peer audit process promotes communication and encourages feedback between staff which is important to build trust within a team.