Time to sweep aside the tyranny of paperwork

Nurses do so much form filling that it blocks the provision of real patient care, writes Chris Tuckett

It’s a travesty the way nursing is being turned into a desk job – without even the luxury of a desk.

I am a physiotherapist and had spent eight years nestled in a musculoskeletal outpatient physiotherapy department in an acute local hospital where I was somewhat oblivious to what was happening in the wider hospital.

Then I became the trust’s falls co-ordinator and the move to the wards has been a huge culture shock. The chaos and level of activity is mind-boggling.

In the middle of such frenetic activity are the nurses who battle bravely against the incoming tide of patients. They are woefully understaffed. This could be blamed on a number of factors: low salaries, low morale, job frustrations and the national media portraying nursing as a thankless task. This has all served to undermine the profession so that new recruits will be thin on the ground.

You would think it would be a priority to ensure that nurses can do their jobs as efficiently as possible. Instead they are given mountains of paperwork and their time is taken up with endless form filling. If there is one thing that has shocked me more than anything, it is the sheer volume of paperwork nurses are expected to complete.

Work mountain

There are handover forms, endless risk assessments, care rounding tools, integrated patient records, flow charts, protocols, policies, root cause analyses, reports, staff reviews, observation charts and a million and one tick boxes to complete for every single patient, sometimes on an hourly basis.

Yet the nurses I work alongside do not even have the luxury of a desk to do all this. They complete the forms at a nursing station or at the foot of a patient’s bed where they can be easily disturbed.

Of course this paperwork is all deemed necessary to preserve patient care, but really it is there to ensure that if something goes wrong then we can apportion blame and say ‘that is why X or Y occurred’.

Hospital managers are terrified of complaints, to the point that they consider the retail model something to aspire to and they enthusiastically invest time and money on surveys and ‘consumer’ feedback.

This ignores the fact that health care and retail are fundamentally different. Retailers charm their customers and respond to feedback as a bribe because they want them to return and spend more money. Care is completely different. We do not want patients to return. Hospitals are already underfunded and overused so there is no value in making people want to return.

If only the managers would trust the doctors, nurses and support staff to deliver the care that they are trained to deliver, we might achieve greater patient satisfaction.

When mistakes happen – and they always will, despite the tick boxes – an investigation of the
huge paper trail for every patient will inevitably reveal a missing or incorrectly filled-in form. This is used as evidence of the cause of the error, even if the paperwork made no real difference at all.

Set up to fail
I would guarantee that if we analysed every single patient’s hospital stay by looking at all their paperwork, there would always be something missing or done ‘incorrectly’. Most of the time things go smoothly and so we never know. It is only when something goes wrong that clerical ‘mistakes’ are uncovered.

In a culture that relies on mass paperwork, nurses have been set up to fail. They are the automatic ‘fall guys’ when there are complaints. The paperwork is wheeled out and mistakes are pointed at, despite it being impossible to complete all the paperwork accurately and in a timely way for every patient. It is unfair and it creates a culture of distrust and – more importantly – it stops nurses being able to deliver real patient care.

It stands to reason that nurses who have to spend their time filling in forms will not be engaging with patients. A falls risk assessment or a venous thromboembolism form takes the place of actually discussing individual risk factors with the patient. It provides a nice physical outcome that can be used as evidence if the worst occurs and a patient does fall or develops deep vein thrombosis (DVT).

Each week a specific aspect of paperwork is audited at the trust and every week we find large gaps in the audited paperwork. However, instead of realising that the paperwork is not being completed for reasons other than poor time management, it is just expected that nurses will improve until we audit it again later. Unsurprisingly, things do not change.

Trusting nurses and scrapping the risk assessments, comfort round charts and tick boxes would empower them. It would free up time and allow them to demonstrate their hard-earned nursing knowledge rather than relying on forms and checklists.

Wasteful measures
Is a risk assessment necessary to tell a nurse that a patient should wear the correct size slippers to reduce their falls risk? Does a doctor really need to be told on a form that they should consider compression stockings when a patient may be at risk of DVT? Does a nurse need a flow chart to tell them that regularly repositioning an immobile patient will reduce the risk of pressure ulcers?

It is patronising, wasteful and just covers the hospital against litigation while obstructing true patient care.

There should be some documentation, but a single set of integrated patient notes should be enough.

Nurses perform the toughest job in the country against a backdrop of understaffing, financial cuts, low pay, long hours and a lack of trust from their bosses and the public.

I salute them and count myself lucky that I am an allied health professional instead.

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