

CQC National Study

The right information, in the right place, at the right time – September 2009

This study was carried out by the Healthcare Commission up to March 2009 and then published recently by the Care Quality Commission. It looked at information governance within healthcare organisations and aimed to:

- Analyse performance of healthcare organisations in relation to information governance and identify good practice
- Analyse and describe how information governance has changed between 2006 and 2009
- Analyse and describe elements of information governance that affect quality of care
- Identify how organisations overcome barriers to managing personal information effectively

The report contains recommendations on how to move forward in light of the findings for different types of organisations – those applying to providers and commissioners only are summarised below.

General recommendations:

Healthcare providers

- Introduce wider range of performance indicators including measures of data quality
- Board must ensure there are clearly defined responsibilities and accountabilities at both board and managerial level for quality of data
- Adopt and adhere to guidelines for good practice relating to record keeping for all registerable¹ services
- Review and develop information governance systems including views and expertise of patients and public groups
- Provide training on information governance including patient confidentiality

For commissioners of healthcare

- Use commissioning as lever to improve information governance in provider organisations through contracting and subsequent monitoring process
- Include confidentiality training and competence within contract

The key findings are outlined below under each of the headings considered in the study along with considerations for quality improvement that may have an impact on clinical audit.

Managing personal information:

Most healthcare organisations have improved their systems and processes including use of the Information Governance toolkit but some of the detailed elements of information governance that help ensure safe, high quality care are missing. Incomplete, disorganised or incorrectly stored records can compromise patient care as the right information may not be available at the right time to inform decisions about care or treatment.

¹ From April 2010 all NHS Trusts must be registered with the Care Quality Commission and from October 2010, all independent healthcare providers must also be registered in order to operate.

Considerations for quality improvement

1. Ensure that patients records are created, stored and disposed of properly
2. Ensure that there is evidence of monitoring the safe disposal of patient records
3. Staff must be trained appropriately to handle patient records to ensure compliance with standards
4. Level of detail contained within the record is important especially in multi-disciplinary records

Data quality:

Some areas of healthcare, such as mental health, have improved quality of data collected and provided but overall performance is patchy. The study highlighted that:

- Incomplete, inadequately analysed data can lead to serious failures in service
- Poor demographic data results in duplicate and confused patient entries on record systems
- Confused patient identity numbers compromise safe care as treatments may be given to the wrong patient
- Inadequate record keeping results in poorly planned care
- Poor data inhibits commissioning, monitoring, planning and financing of services
- Deficiency in quality of some elements of mental health minimum data sets (MHMDS)

Considerations for quality improvement

1. Use regular documentation audits to ensure that record keeping is at the required standard including accurate recording of demographic information and patient identity numbers
2. Investigate specific services if compliance with basic standards of record management in that service is poor

Keeping information confidential:

Staff surveys suggest that most NHS staff are confident that patients' information is treated confidentially but many staff report that they have not been trained in this area. However, patients do not always agree especially around the issue of privacy and dignity.

Considerations for quality improvement

1. Ensure that access to personal data is appropriately restricted, both physically and electronically
2. Monitor systems for transporting patient records e.g. in community settings including patients' homes
3. Different cultural aspects must be considered in relation to confidentiality

Sharing information effectively:

The most common concern was around the quality and timeliness of discharge information sent to GPs from hospitals. The study also found that although there was, in principle, support for sharing information between health and non-NHS providers there were technical and cultural barriers. It also identified that there has been improvement in the proportion of people who are getting copies of letters sent between primary and secondary care.

Considerations for quality improvement

1. Identify data quality indicators and incorporate these into discharge communication audits e.g. percentage of summaries with correct HRG, with complete and correct patient demographic information, with correct NHS number etc
2. If information is to be shared, be very clear at what level, who will it be shared with and for what purpose

Using information to personalise care:

Generally organisations do not systematically use demographic or non-clinical information to personalise care although some mental health providers are notable exceptions where there is the ethos and systems to tailor care to the needs of the individual.

Considerations for quality improvement

1. Ensure that information contained within the patient record is used to deliver personalised care e.g. partially sighted patients receive correspondence in the appropriate format, wheelchair users are treated in premises with proper access etc
2. Ensure that this information is used uniformly across the organisation

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