

# Developing a cardiology admission proforma fit for the 21<sup>st</sup> century

The initial clerking and subsequent documentation is essential to guiding the management of patients. The way that these clerking proformas are designed also offers an opportunity to provide reminders to clinicians and highlight areas where mistakes or omissions can lead to impacts on patient safety. The current clerking proforma dates back from to the 1990's and as such has lots of sections that are not relevant to current cardiology practice. For example, the previous cardiac investigation section includes investigations that are not relevant to current practice (figure 2)

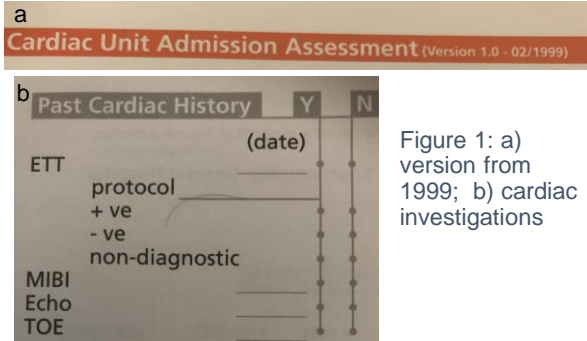


Figure 1: a) version from 1999; b) cardiac investigations

## Objectives

The aim of this project was to update this proforma and to develop it to address some of the areas that have previously led to suboptimal patient care, with a particular focus on diabetes mellitus.

## Method

### Assessment of current effectiveness

A brief survey was designed to assess the effectiveness of the current proforma. Particular attention was made to whether these features were documented: the date, time and grade of initial clerking; blood sugar on admission; the correct doses and form of insulins; the patients social situation.

### Wide participation

In order to ensure that future proformas were effective, a wide selection of health professionals were offered the opportunity to share their thoughts on what features were effective and what could be improved.

### Working group

A working group was established to develop a new version of the admission proforma. This included junior and senior cardiologists as well as a consultant with a special interest in the management of diabetes.

## Results

### Assessment of current effectiveness

The initial survey demonstrated several important issues with the previous proforma: no patients had a blood sugar level documented on admission; more than half of forms did not state the grade of admitting doctor or the time of the review; more than half did not have any details relating to the patient's home circumstances (figure 2).

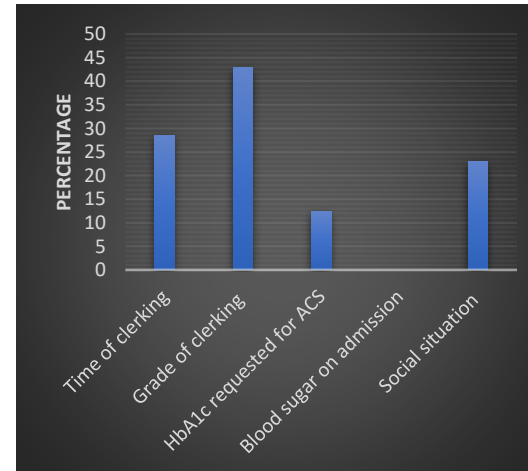


Figure 2: Frequency of the documentation of key features of the admission proforma

### A new proforma

After eleven versions, a proforma was produced that had wide support, addressed the issues demonstrated previously and provided helpful reminders of mandatory assessments that need to be completed on admission.

## An electronic twist

The new proforma was due to be rolled out but then a trust wide plan was enacted to create a universal computer-based admission form. The work that went into this project is now informing the development of this version.

## Conclusions

This work demonstrates both the importance of creating documents that are relevant to current practice and the potential that the proformas can have to improve patient safety. Furthermore, once documents are put in place, these need to be reviewed frequently to ensure that they remain effective for current practice.