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# RCN e-Health Programme

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## Policy Statement

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# **Nursing content of electronic patient / client records**

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# Nursing content of electronic patient/client records

## RCN policy statement June 2008

*Nursing is the use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems and to achieve the best possible quality of life, whatever their disease or disability, until death (RCN 2006).*

This policy paper reflects the current state of our understanding of critical factors for ensuring that nursing content<sup>1</sup> of electronic patient records:

- supports effective clinical judgements, decisions, care and communication
- accurately represents the work of nursing and identifies the nursing contribution to patient outcomes
- reflects core nursing values such as patient focus, partnership working, respect and choice
- provides relevant data for commissioning, workforce planning, performance monitoring, quality improvement, and research.

- 1. Standards for the nursing content of electronic records are essential** for patient safety, to support best practice, reduce duplication of effort and support provision of nursing data for resource management, quality improvement, service planning, and research.. These standards must be based on the best available evidence / expert consensus and agreed by the relevant professional bodies.
- 2. The nurse must be able to record all elements of the nursing process** including: the patients views, expectations and preferences; results of assessments; judgments about the patient's needs and problems; decisions made; care planned and provided; expected and actual outcomes; communications (with patients and carers as well as with other professionals / agencies).
- 3. Nursing information in the record needs to be structured** using national standard terminology to enable, for example, links to decision support, creation of messages, provision of data for analyses etc. Standardised terminology is essential to avoid ambiguity and for data to be aggregated and compared. Although standardised terminology will never capture the full richness of patient care and experience and therefore there

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<sup>1</sup> Nursing content: what is written or entered into the record that reflects the nursing contribution to patient care and outcomes of that care.

will always be a need for free text. However, the more that information about nursing can be structured using standardised terminology, the more it can be shared in support of patient care and compared for quality improvement, effective management etc.

4. **The primary driver for deciding on nursing content in electronic records must be patient care.** Systems should enable 'record once, use many times for many purposes'. Data to support commissioning, workforce planning, performance monitoring, quality improvement, research etc ('measure and compare') should be derived wherever possible from record content defined for primary use ('care and share'), with appropriate safeguards.
5. **Content of electronic records must be SAFE.** There are different risks associated with recording and using information in electronic records compared with paper records. Those undertaking quality assurance for systems or standards need to assure themselves that:
  - S the systems and the way they are used **conform to Standards**
  - A they are **Acceptable** to patients, clients and carers
  - F they are **Fit for purpose and practice**
  - E there is **Evidence** to support their introduction and use, and that the content represents faithfully the meaning intended by the person recording it and that meaning will be preserved.(RCN 2008)
6. **Multi-disciplinary records** to which the patient / client has access and contributes are the gold standard in most health care contexts. The RCN supports this concept but notes that the nursing contribution to care must always be identifiable.

The RCN believes that the above factors are essential for ensuring that electronic records truly reflect the contribution of a key part of the health care workforce - nurses. As systems are deployed and new knowledge is gained, managers and system designers should continue to solicit and take heed of nurses' experience, evidence and advice so that electronic systems evolve to truly support nurses in meeting the health needs of clients, carers and families.

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