# **Checklists for Users of VitalData**

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#### PURPOSE

#### "Rubbish in, rubbish out" Dr Wendy Metcalfe

"Gosh, I had no idea I was meant to be doing that" Dr Oliver P Thomas

VitalData is a tool for delivering high quality continuing care for renal patients. An enormous amount of data can be captured within VitalData, but inputting and maintaining these data is essential to maximising the utility of the system.

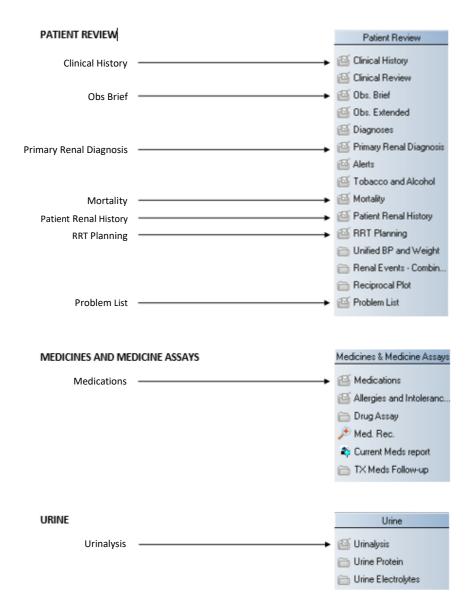
Anecdotal evidence suggests time pressures and clinical workload are barriers to timely and comprehensive updating of VitalData after patient encounters.

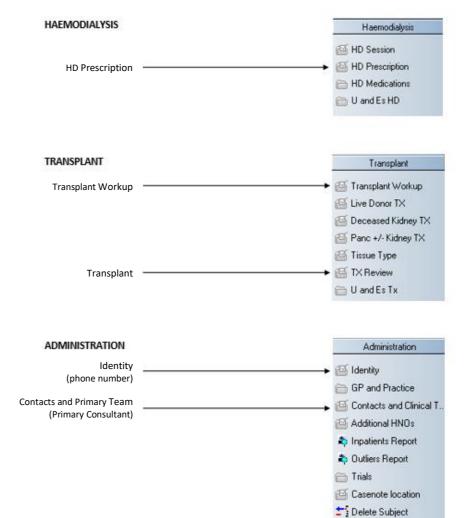
The following checklists are proposed as aide memoirs for busy clinicians. They can reduce the cognitive burden associated with remembering which data to record and update in which settings.

The checklists are not presented as comprehensive, nor as mandatory. Not all patients in each circumstance will need each data point recorded. They will, however, provide a handy reminder of things to consider.

Ideas for QI and audit projects are suggested. These are intended as a way to ensure the data being recorded are fit for purpose and clinically useful, rather than as a way of promoting compliance for compliance sake.

#### VitalData sections referred to in these checklists





TAdd New Subject

J

CHECKLIST 1 – When seeing a new patient in renal clinic

	$\checkmark$
Primary Renal Diagnosis* (if known)	
Problem List	(
Medications	(
Obs Brief	[
Urinalysis	[
RRT Planning	(
	[
	[

\* As per ERA coding: https://www.srr.scot.nhs.uk/projects/ERA-EDTA\_Codes.pdf

**CHECKLIST 2** - When seeing a return patient in renal clinic

Primary Renal Diagnosis*	• 
Patient Renal History	
Problem List	
Medications	
Obs Brief	
Urinalysis	
RRT Planning <sup>+</sup>	
Transplant Work-up	
Phone Number	

\* As per ERA coding: https://www.srr.scot.nhs.uk/projects/ERA-EDTA\_Codes.pdf <sup>+</sup> Including chosen modality, CDT referral, VAN referral, transplant status, social work status, Hepatitis B status

#### **CHECKLIST 3 - When seeing a patient in transplant clinic**

$\checkmark$

\* As per ERA coding: https://www.srr.scot.nhs.uk/projects/ERA-EDTA\_Codes.pdf <sup>+</sup> Including stent removal, rejection episode, other complication <sup>#</sup> If letter not likely to be available before next clinic review

# **CHECKLIST 4 - When discharging a renal patient**

$\checkmark$
arge Letter
cations
ry Renal Diagnosis* (if known)
nt Renal History⁺
em List
ry Consultant
escription

# **CHECKLIST 5 - When discharging a transplant patient**

	$\checkmark$
Discharge Letter	
Medications	
Primary Renal Diagnosis* (if known)	
Patient Renal History⁺	
Problem List	
Primary Consultant	

# CHECKLIST 6 - When seeing a patient in ambulatory care

	$\checkmark$
Clinical History/Transplant Review note	
Obs Brief	
Urinalysis	
Medications	
Problem List	
Primary Renal Diagnosis* (if known)	
Primary Consultant	

\* As per ERA coding: https://www.srr.scot.nhs.uk/projects/ERA-EDTA\_Codes.pdf

# CHECKLIST 7 - When giving ad hoc advice about a patient

	$\checkmark$
Add patient to VitalData*	
Clinical History note <sup>+</sup>	

\* If not already known to service + Including any relevant email correspondence

#### CHECKLIST 8 – At the end of a ward week

	$\checkmark$
Update Ward List entry	
Update HD Prescription	
Patient Renal History*	
Update Primary Renal Diagnosis <sup>+</sup> (if known)	
Add temporary patients to VitalData	

\* Including acute RRT, change of modality, withdrawal from RRT

<sup>+</sup> As per ERA coding: https://www.srr.scot.nhs.uk/projects/ERA-EDTA\_Codes.pdf

# CHECKLIST 9 – When a patient dies

	$\checkmark$
Discharge Letter	
Patient Renal History	
Mortality Details*	

\* Not available until date of death imported from SCI Store. EDTA code (main cause) to be completed as a minimum

### **QI AND AUDIT IDEAS**

The following areas have been identified by consensus as frequently missed or infrequently updated. They may be suitable subjects for quality improvement work.

- Recording of acute RRT for AKI
- Primary renal diagnosis
- Problem list
- Change of RRT modality
- Tunnelled line insertion on HD prescription