

Documenting specialist nursing practice: data need not be daunting

Specialist nurses can use quantitative data and validated assessment tools to make evidence-based decisions, improve patient outcomes and demonstrate value

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Nurses have been writing about their work at least since the profession was first formalised. The way in which these documents are written, kept and assessed has had to adapt to keep up with changing roles and responsibilities. It remains a challenge to ensure that these changes are applied consistently across the profession. All nurses are under legal and ethical obligations to provide documentation that meets the standards set out by Nursing and Midwifery Council (NMC) (2018) and the Department of Health and Social Care (DHSC) (2016). These challenges are well worth meeting, as effective documentation is essential, not just for quality patient care, but also for demonstrating the value of expert nursing care on patient outcomes.

Quantitative data

At the forefront of efforts to improve and standardise documentation is a move toward a greater emphasis on quantitative (numerical) as opposed to qualitative (descriptive and non-numerical) data.

Qualitative data are typically subjective, making them particularly vulnerable to potential bias based on experience, as well as ambiguous and/or fragmentary language. Fragmentary language refers to terms, such as 'well', 'better' and 'the same', that lose much of their significance or meaning when removed from their specific context. This leaves the data open to differing or erroneous personal interpretations, as well as making different

sets of qualitative data difficult to compare (Jefferies et al, 2011).

Quantitative data, on the other hand, are more likely to be objective and impartial. Using numbers avoids the pitfalls that come from potentially vague terminology and, if communicated appropriately, can provide clear and concise information. Using consistent numerical measurements makes it possible to compare datasets. If a quantitative assessment is both obtained at baseline and repeated following a change in circumstances, the difference between these datasets can be calculated to measure the impact of the change. Such repeated assessments of patient characteristics provide the evidence on which to base sound clinical decision-making. Positive results can be used to confirm that an intervention is beneficial and demonstrate the added value of nursing expertise for patient outcomes. Unsatisfactory results can indicate the necessity of escalating care for a patient or provide supporting evidence for service development.

Validated assessment tools

To help collect relevant and consistent quantitative data, nurses can make use of pre-existing, validated assessment tools. These are designed to document key characteristics and facilitate rational analysis.

In stoma care, these characteristics may include the physical condition of the stoma and peristomal skin, as well as the psychological state of the ostomate as they

come to terms with an altered body image. Loose descriptions, such as 'red peristomal skin' and 'feeling anxious', are of limited value for making individualised professional decisions and delivering person-centred care. Validated, standardised quantitative data collected with an assessment tool can be meaningfully compared, improving understanding of the patient's condition, as well as the quality and efficacy communication with patients, fellow practitioners and other stakeholders, such as NHS managers and clinical commissioning groups.

Assessment tools in stoma care

National clinical guidelines from the Association of Stoma Care Nurses (ASCN) UK (2016) recommend the use of two specific tools:

- **The Stoma Quality of Life Tool** uses 20 quantitative questions to provide a holistic assessment of how an ostomate is coping with stoma formation (*Box 1*). It has been validated globally and translated into at least 13 languages (Prieto et al, 2005). Quality of life refers to a broad person's perception of their position in life, taking into account their values, expectations and concerns and affected by their physical health, psychological state and relationships with others (World Health Organization, 2020).
- **The Ostomy Skin Tool** measures the extent and severity of peristomal skin change. These changes are divided into three domains: discolouration (D),



Box 1. Stoma Quality of Life questions

1. I become anxious when the pouch is full
2. I worry that the pouch will loosen
3. I feel the need to know where the nearest toilet is
4. I worry that the pouch may smell
5. I worry about noises from the stoma
6. I need to rest during the day
7. My stoma pouch limits the choice of clothes that I can wear
8. I feel tired during the day
9. My stoma makes me feel sexually unattractive
10. I sleep badly during the night
11. I worry that the pouch rustles
12. I feel embarrassed about my body because of my stoma
13. It would be difficult for me to stay away from home overnight
14. It is difficult to hide the fact that I wear a pouch
15. I worry that my condition is a burden to people close to me
16. I avoid close physical contact with my friends
17. My stoma makes it difficult for me to be with other people
18. I am afraid of meeting new people
19. I feel lonely even when I am with other people
20. I worry that my family feel awkward around me

Source: Prieto et al (2005)

erosion (E) and tissue overgrowth (T). Each domain is assigned two scores: one for the extent of skin affected, scored 0–3, and one for severity, scored mild (0), moderate (1) or severe (2). These two scores are combined to give each domain a score of 0–5, and the three domain scores are combined to give a total score of 0–15. The tool has been validated, with a strong correlation in results, in a relatively small group of 20 nurses (10 from Denmark and 10 from Spain) (Martins et al, 2010; Jemec et al, 2011). Peristomal skin conditions (PSCs) cause considerable discomfort and distress for patients and put a significant strain on healthcare resources. Martins et al (2012) estimated that using the

ostomy skin tool to better identify, assess and treat PSCs at an early stage could save the NHS £28.1 million per year.

Conclusion

Effective documentation is not only a legal and ethical requirement; it is also essential for high standards of care, cost-efficient services and improved patient outcomes. Collecting repeatable quantitative data provides consistent, objective and reliable evidence on which to base clinical decisions, as well as to demonstrate the added value of a specialist service. Data collection also helps facilitate clear and concise communication with patients and between health professionals. Nurses can be empowered to collect this data with

the use of validated assessment tools, such as the Stoma Quality of Life Tool and the Ostomy Skin Tool.

Despite this, there is truth to the idea that not everything that can be counted counts, and not everything that counts can be counted. As such, numerical data is only as useful as a practitioner's ability to interpret it in a holistic and meaningful manner, drawing on their specialist knowledge and experience. **GN**

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