

Clinical governance in action

Pocket-size self-inking rubber stamps improve legibility of case notes

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ABSTRACT

Doctors are notorious for poor handwriting. This has significant adverse effects on clinical standards. We report a pilot study using a pocket-size self-inking rubber stamp assessing its effect on legibility of case note entries. The stamps significantly improved record keeping. Potential advantages

and applications are discussed in the context of clinical governance.

Keywords: clinical governance, legibility, rubber stamps

Introduction

Doctors are perceived as having far worse handwriting than other professionals; one study estimated that 16% of doctors wrote illegibly.¹ The poor handwriting of some doctors gives rise to problems in finding data within case notes.^{2,3} It leads to delays and omissions, inaccurate recording of events, poor communication and medical mishaps which can be fatal in the worst scenario.⁴ Delay in reading test results can result in avoidable patient morbidity.⁵ This is of particular importance in the era of clinical governance.

General Medical Council (GMC) guidelines recommend doctors print their name, speciality, grade and bleep number after their signatures.⁶ However, even when asked to print his/her name the writing may remain illegible to all except its author. In our hospital the GMC guidelines are the standard for all handwritten entries in case notes.⁷ The use of disposable fountain pens has been suggested by some authors.¹ We have audited the use of pocket-size self-inking rubber stamps as a tool to improve the legibility of case note entries. In this paper we describe the audit and discuss the applications for these stamps.

Subjects, methods and results

We issued all doctors in this hospital with pocket-size self-inking rubber stamps (Trodat[®] Printy 4911; see Figure 1). Each stamp has the doctor's name, designation and pager number (see Figure 2). The doctors were asked to use them to identify their signatures in the case notes. The audit was conducted on the records of 80 admissions of adult patients to the respiratory or infectious diseases wards of this hospital over one year. Clerical staff in the medical records department were asked to provide the case notes for 40 admissions prior to, and 40 admissions after the introduction of the stamps, without prior reference to their content. Each handwritten entry was tested (by AJF) according to the standard and deemed satisfactory if all three elements were present, i.e. signature, printed name and designation. The printing had to be legible to satisfy the standard.

In the period prior to the use of stamps, only 33 of 411 handwritten case note entries satisfied the standard compared with 291 of 331 entries after the use of stamps. This was highly significant, $\chi^2 = 475$, P approximates to zero. There were more entries in the

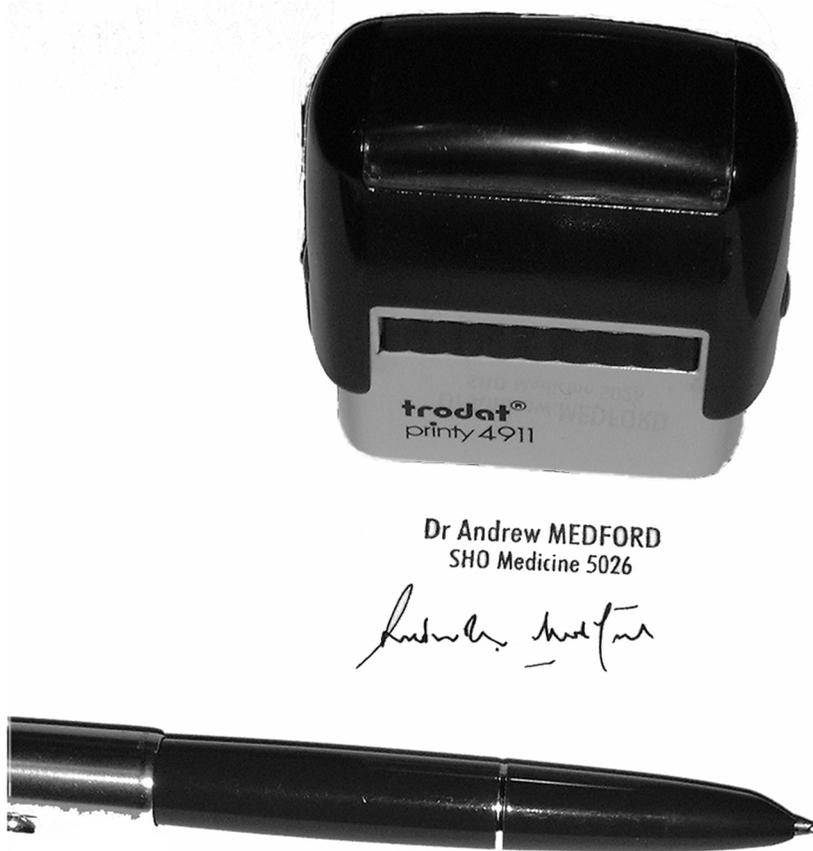


Figure 1 Self-inking rubber stamp, signature and size of pen

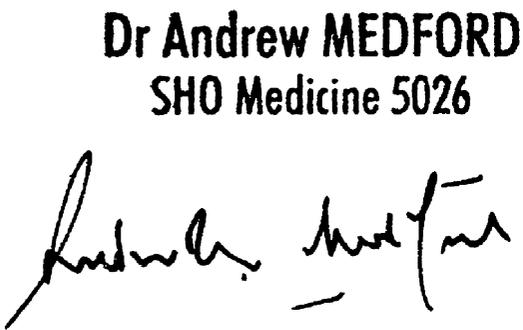


Figure 2 Actual size of print

earlier period of study, which included some of the winter months. The mean duration of stay was 7.7 days in the earlier period compared to 4.9 days after the introduction of the stamps. We attribute the shorter duration of stay to seasonal changes rather than the use of stamps.

Discussion

These stamps have greatly improved the standard of our record keeping. The audit examined their use to identify signatures in case notes, but there are other applications. They could be used to complete laboratory and radiology request forms, consent forms, death certificates and cremation forms. The inclusion of the pager number on the stamp allows results to be communicated swiftly by telephone. When the printed reports are received on the ward, a doctor must see them before they may be filed in the case notes. By stamping a report the doctor can clearly show he/she has seen it. Use of such stamps has potential benefits in legibility, accountability and risk management.

The stamps are made of lightweight durable plastic. They have round edges and are comfortable to carry in any pocket. The self-inking mechanism has a disposable integral inkpad which is easy to replace, avoiding any mess. The print area is up to 38×13 mm

which is adequate for our needs. They are relatively inexpensive at £7.40 including VAT.

We believe this simple device is a worthwhile addition to any doctor's pocket on clinical governance grounds. We recommend further studies to ascertain their cost-effectiveness.

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CONFLICTS OF INTEREST

None.

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