

Audit of accuracy of MN-CMS data for general anaesthesia caesarean section cases

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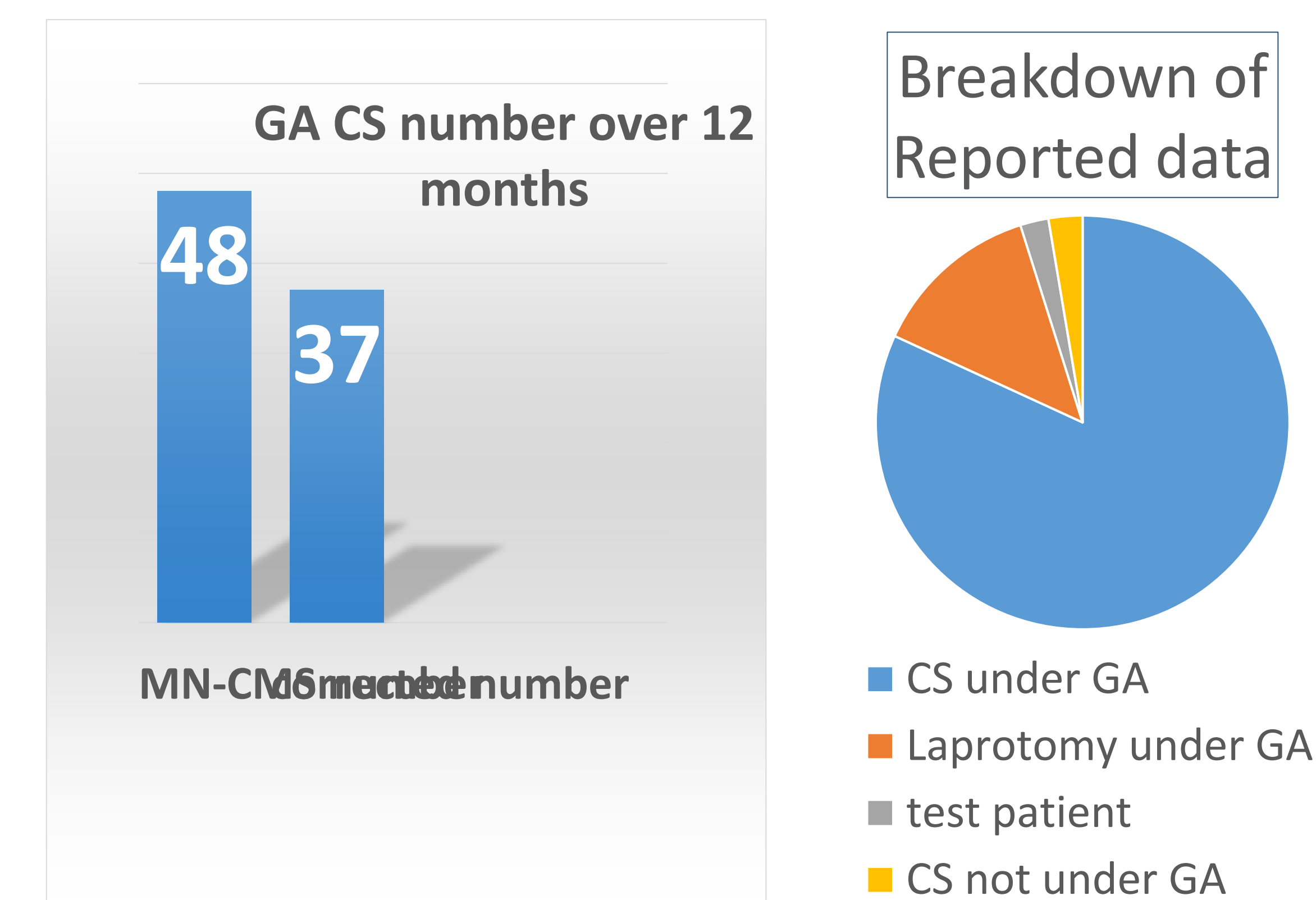
Introduction

The Maternal and Newborn Clinical Management System (MN-CMS) is an Electronic Health Record (EHR) for maternity and gynaecology services in Ireland. Data from the MN-CMS system is used to populate the annual clinical report in our institution in addition to being used for local audit and research. Rates of general anaesthesia (GA) for caesarean section (CS) is a key indicator of quality of care and should be monitored by maternity hospitals. The information from local reports is used to compile national accounts which play a key role in policy development and decisions about financial allocations. We carried out a retrospective audit to test the accuracy of reports generated using MN-CMS in our institution, with regards to cases of GA for CS.

Methods

The data for number of, and details for caesarean sections over a period of 12 months was extracted using the MN-CMS. We checked the accuracy of the mode of anaesthesia for each case against the post anaesthesia care unit (PACU) log which manually recorded the information for each theatre case by recovery nurse. Each of the Electronic Health Records were then individually reviewed at two data recording points to confirm the procedure carried out and mode of anaesthesia used for the operation. The Data entry points reviewed were the Theatre anaesthesia electronic log (Surginet) which is completed by an anaesthetist and the anaesthesia postpartum review log for each of the entries in the report.

Results



According to the MN-CMS report, 48 cases were reported to have received GA for caesarean section.

Out of these, 4 patients did not receive GA for caesarean section, 6 patients had GA but the procedure was not CS, and 1 entry in the report corresponded to MN-CMS 'Test Patient' used in MN-CMS training sessions. The inclusion errors/coding errors identified totaled 11.

The corrected number for GA CS for 12 month period is 37.

Conclusion

The local information Officer and national system analyst were informed of the inclusion errors identified.

Suggestions and recommendations made to improve the quality of reports using MN-CMS include:

- Greater input from the clinician working in the particular setting for which the report was developed
- Optimization of the algorithm for report generation
- Introduction of regular report validation process

Clinician input

Optimization of algorithm

Report validation

References

- [Maternal & Newborn Clinical Management System \(MN-CMS\)](#)
- [Accurate Clinical Quality Reports for Population Health: A Delivery System-Oriented Approach to Report Validation](#)