



Llywodraeth Cymru Welsh Government

WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2021 / 13	
Date of Issue:	1 st April 2021	
Subject: Digitisati	-	
Documentation – F	Patient Handling	
Assessment and Safer Handling Plan		
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DATA STANDARD CHANGE NOTICE

A Data Standard Change Notice (DSCN) is an information mandate for a new or revised information standard.

This DSCN was approved by the Welsh Information Standards Board (WISB) at its meeting on 18^{th} March 2021.

WISB Reference: ISRN 2019 / 010

Summary: The introduction of a standardised digital Patient Handling Assessment and Safer Handling Plan to be used across the secondary care setting in Wales.

Applies to: This standard applies to all NHS Wales health boards and trusts that provide patient care in a secondary care setting.

Please address enquiries about this Data Standard Change Notice to the Data Standards Team in NHS Wales Informatics Service

E-mail: data.standards@wales.nhs.uk / Tel: 029 2050 2539

The Welsh Information Standards Board is responsible for appraising information standards. Submission documents and WISB Outcomes relating to the approval of this standard can be found at:

http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&pid=24632

DATA STANDARD CHANGE NOTICE

Introduction

The Digitisation of Nursing Documentation project has been established with a view to delivering standardised agreed electronic nursing documentation, in support of Work stream 2 of the Prudent Healthcare Strategy. The project's first phase has been funded by the Welsh Government Efficiency Through Technology Fund (ETTF) with the aim of making an agreed first tranche of digitised nursing documents available nationally by November 2019.

One of the key success factors of the digitisation of nursing documents will be to collaboratively define and develop information data standards and patient level data that will inform current and future system developments. This will include learning from existing e-nursing documents projects and pilots across Wales. This will provide one standard set of assessments and documents with the potential to provide safe and effective care to the population of Wales irrespective of location, and improve patient, carer and staff experience. The aim is to release nurses from the administrative burden of completing paper-nursing documents to spend more time on direct patient care.

Nursing colleagues, from across all NHS Wales health boards and trusts, have identified the first set of nursing documents to be digitised for secondary care settings. Prioritised documents have been determined on where the greatest value is perceived to be attributed to patient care and nursing time.

Included in the first set of documents to be developed digitally is an All Wales Patient Handling Assessment and Safer Handling Plan. This DSCN mandates the data fields and associated definitions to be collected as part of the continence assessment.

<u>Scope</u>

The digitised Patient Handling Assessment tool will be implemented across all NHS Wales health boards and trusts that provide patient care in a secondary care setting.

Developing e-nursing- documents for primary and community care settings are not in scope as these are in scope for existing programmes. The project will work closely with these programmes to ensure a consistent use of national information standards.

<u>Actions</u>

Local Health Boards / Trusts:

• Ensure that local processes and systems have been updated to comply with the standard set out in the Information Specification within this DSCN.

NHS Wales Informatics Service:

• Ensure that all national systems have been updated to comply with the standard set out in the Information Specification within this DSCN.

SPECIFICATION

Information Specification

The table below lists the Data Items and corresponding definitions and values that make up the information standard mandated by this DSCN. Please refer to Appendix A at the end of this DSCN for a more detailed specification.

User Interface Name	Field Identifier	Definition	Data Value Format (code or other value)	Value Sets
Date of Assessment	Assessment_Date	This is the date the actual assessment was carried out with the patient	8 digit numeric, CCYYMMDD 6 digit numeric: hh:mm:ss	
Overall Mobility Classification	Mobility_Classification	This is to indicate the patients overall mobility classification		A B C D E
Fully Independent	Fully_Independent	This is to indicate whether the patient is fully independent	n1	1 Yes 2 No
Risk of Falls	Falls_Risk	This is to indicate whether the patient is at risk of falls	n1	1 Yes 2 No
Weighed	Weighed	This is to indicate that the patients weight was calculated from the patient being weighed on scales		
Estimated	Estimated	This is to indicate that the patients weight is an estimated weight		

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Patient Reported	Patient_reported	This is to indicate that the patients weight was the weight reported by the patient		
Sensory Factors	Sensory_Factors	This is to indicate whether the patient has a hearing or sight deficit and wears hearing aids or spectacles	n1	1 - Hearing deficit 2 - Hearing Aid 3 - Sight deficit 4 - Spectacles
Manual Handling Risk Factors / Constraints	Risk_Factors_Constraints	This is to identify any other factors that could affect the patients mobility, and/or impact on patient safety or safety of the carer.	n1	 1 - Lack of comprehension / understanding 2 - Has confusion / agitation 3 - Lack of co-operation / compliance 4 - Skin lesions / wounds 5 - Disability 6 - Weakness 7 - Pain 8 - Infusion / catheter / drain etc. 9 - Cultural considerations 10 - Other e.g. traction, limb oedema (state)
Rolling / Turning	Rolling_Turning_In_Bed	This is to indicate whether the patient requires supervision or assistance with rolling / turning in bed or is able to move independently	n1	1 - Independent 2 - Supervision / verbal prompt 3 - Assisted 4 - N/A
Up / down bed	Up_Down_In_Bed	This is to indicate whether the patient requires supervision or assistance with	n1	1 - Independent 2 - Supervision / verbal prompt

		moving up/down the bed or is able to move independently		3 - Assisted 4 - N/A
Equipment (if required)	Moving_In_Bed_Equipment	This is to indicate whether the patient requires equipment to move in bed	n1	1 - Slide sheets 2 - Grab handle 3 - Other
Staff	Staff_moving_in_bed	This is to indicate how many staff are required to move the patient in bed.	n1	0 1 2 3 Other
Bed Rest	Bed_rest	This is to indicate whether the patient is on bed rest and requires equipment to move	n1	1 - Slide sheets 2 - Grab handle 3 - Other
Supine to sitting on edge of bed	Suppine_to_sittingonedgeofbed	This is to indicate whether the patient requires supervision or assistance from being in supine position to sitting on the edge of the bed or if they can move independently	n1	1 - Independent 2 - Supervision / verbal prompt 3 - Assisted 4 - N/A
Sitting on edge of bed to supine	Sittingonedgeofbed_to_suppine	This is to indicate whether the patient requires supervision or assistance in sitting on the edge of the bed to supine or if they can move independently	n1	1 - Independent 2 - Supervision / verbal prompt 3 - Assisted 4 - N/A
Staff	Staff_suppine	This is to indicate how many staff are required to move patient from supine to sitting on the edge of bed	n1	0 1 2 3 Other

Showering	Showering	This is to indicate whether the patient is able to shower independently or whether they require assistance or supervision	n1	1 - Independent 2 - Supervision / verbal prompt 3 - Assisted 4 - N/A
Equipment	Showering_Equipment	This is to indicate whether the patient requires equipment to shower	n1	 Hi-low hygiene chair Fixed height shower chair Shower Trolley
Staff	Showering_Staff	This is to indicate how many staff are required to assist with showering the patient	n1	0 1 2 3 Other
Bathing	Bathing	This is to indicate whether the patient is able to bathe independently or whether they require assistance or supervision	n1	1 - Independent 2 - Supervision / verbal prompt 3 - Assisted 4 - N/A
Equipment	Bathing_Equipment	This is to indicate whether the patient requires equipment to bathe	n1	1 - Bath / Hi-low bath 2 - Bath trolley / hoist 3 - Hoist & sling
Bath sling sizes	Bath_sling_sizes	This is to indicate what size bathing sling is being used	n1	1 - S 2 - M 3 - L 4 - LL 5 - XL

Staff	Bath_Staff	This is to indicate how many staff are required to assist with bathing the patient	n1	0 1 2 3 Other
Washing	Washing	This is to indicate whether the patient is able to wash independently or whether they require assistance or supervision	n1	1 - Independent 2 - Supervision / verbal prompt 3 - Assisted 4 - N/A
Equipment	Washing_equipment	This is to indicate whether the patient requires equipment to wash	n1	1 - Bed / assisted wash 2 - Chair
Staff	Washing_staff	This is to indicate how many staff are required to assist with washing the patient	n1	0 1 2 3 Other
Toileting	Toileting	This is to indicate whether the patient is able to go to the toilet independently or whether they require assistance or supervision	n1	1 - Independent 2 - Supervision / verbal prompt 3 - Assisted 4 - N/A
Equipment	Toileting_Equipment	This is to indicate whether the patient requires equipment for toileting	n1	1 - Toilet 2 - Commode 3 - Bedpan

Staff	Toileting_staff	This is to indicate how many staff are required to assist with toileting the patient	n1	0 1 2 3 Other
Walking	Walking	This is to indicate whether the patient is able to walk independently or whether they require assistance or supervision	n1	1 - Independent 2 - Supervision / verbal prompt 3 - Assisted 4 - N/A
Equipment	Walking_Equipment	This is to indicate whether the patient requires equipment for walking	n1	1 - Walking stick 2 - Walking Frame 3 - Walking Hoist
Staff	Walking_staff	This is to indicate how many staff are required to assist the patient with walking	n1	0 1 2 3 Other
All transfers (i.e. to/from bed, chair, commode, toilet etc)	Transfers	This is to indicate whether the patient requires assistance or supervision for all transfers or is able to do so independently	n1	1 - Independent 2 - Supervision / verbal prompt 3 - Assisted 4 - N/A
Equipment	All_transfers_equipment	This is to indicate whether the patient requires equipment for all transfers	n1	 Standing turntable Standing aid Bed assist, stand Transfer board

Hoist	Hoist	This is to indicate whether the patient uses a hoist	n1	1 - Active / standing hoist 2 - Passive hoist
Sling size	Sling_size_activestanding_hoist	This is to detail the size of the sling in use for the active / standing hoist	n1	1 - S 2 - M 3 - L 4 - XL
Sling size	Sling_size_passive_hoist	This is to detail the size of the sling in use for the passive hoist	n1	1 - S 2 - M 3 - L 4 - LL 5 - XL
Staff	Staff_alltransfers	This is to indicate how many staff are required to hoist the patient	n1	0 1 2 3 Other
Additional Resource Required: Manager Name	Manager_name	This is the name of the manager who has authorised the additional resource	Free Text	
Date Requested	Date_requested	This is the date the additional resource was requested	8 digit numeric, CCYYMMDD 6 digit numeric: hh:mm:ss	
Date Provided	Date_provided	This is the date the additional resource was provided	8 digit numeric, CCYYMMDD 6 digit numeric: hh:mm:ss	

Appendix

Patient Handling Assessment & Safer Handling Plan - Specification