



**NURSING  
COUNCIL  
OF KENYA**

# **POLICY BRIEF**

**NURSING AND  
MIDWIFERY CARE  
DOCUMENTATION;  
GAPS AND  
REMEDIES**

**NO.002/2024**

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# NURSING AND MIDWIFERY CARE DOCUMENTATION; GAPS AND REMEDIES



## KEY ISSUES

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Documented care is a vehicle of communication among the multidisciplinary healthcare team



Optimal care documentation is key to care continuity and demonstrates evidence-based decision making



It is a duty and obligation for every nurse and midwife to document the care that they provide in a timely and accurate manner



The nurse and midwife are centrally placed for care coordination, and optimal care documentation is a foundation to this.

# 1. INTRODUCTION

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Nursing and midwifery care documentation remains a core and critical responsibility of the professional nurse and midwife. Nurses and midwives undertake numerous activities in the health delivery set ups, all the way from patients' admission to discharge, providing 24-hour patient care that is divided into shifts.

The different documents that the nurses use should describe the exact clinical condition of the patient, the nursing interventions as well as the outcomes of the interventions. The nurses and midwives as part of the multidisciplinary team, are centrally and uniquely placed for care coordination. How nursing and midwifery care documentation is done then becomes a concern for the multidisciplinary team, and can affect the clinical decisions made by the other team members. Despite this, deficiencies in nursing and midwifery care documentation continue being reported. This can greatly compromise care continuity, health care quality and safety of care, and could lead to major problems for the healthcare system.

In Kenya, challenges in nursing care documentation are well documented. These gaps led to customization, adoption and implementation of the global nursing process to the local context, where documentation was included as the last step. The **Nursing Council of Kenya** (NCK) has continued to emphasize the importance of care documentation by having this as a topic in the syllabus in every nursing and midwifery programme.

However, gaps in this area continue being evident and reported. Gaps in care documentation have surrounded every case of inquiry to professional conduct that the council has undertaken. These gaps hinder communication in the multidisciplinary team, care continuity and achievement of healthcare outcomes.

## 2. ISSUES

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Patients and clients in all healthcare settings deserve care centered to their unique needs, and the evidence that this was achieved is care documentation. The evidence of the value of nurses and midwives, and the quality of care they provide is demonstrated in the care documentation.

Gaps in care documentation has continued to be witnessed, with content not fit for purpose , and that does not support safe and effective decision making. With these gaps, sharing and re-use of documented care by the multidisciplinary team is not supported, creating room for multiple questioning and repetition.

In addition, this can compromise care quality and hinder efforts to achieve Universal Health Coverage (UHC). Nurses and midwives require support to continue improving in care documentation.





## 3. POLICY RECOMMENDATIONS

**NCK developed the Documentation of Care Handbook for Nurses and Midwives with the aim of:**

1. Setting the direction towards improving and standardizing nursing documentation, that demonstrates professional judgement and decision making;
2. Recognizing and placing the patients at the heart of care by focusing on their individual needs and ensuring use of the information they share to enhance the care given; and
3. Supporting sharing of care needs information, using a common language, to enable seamless, continuity of care across all settings.

## **4. Overview of the process**

**The process consisted of various steps;**

**i) Process mapping to identify key steps;**

**ii) Mapping of relevant stakeholders;**

**iii) Matching the stakeholders to the development steps. The stakeholders mapping ensured that the process was consultative, inclusive, and cognizant of divergent views.**

**Nurses and midwives were recognized as key in the process, as they would be consumers of the document content.**

**As such, a stakeholder's engagement was specifically tailored to collect views from this group over a two-week period.**

**The Council board members provided insight during the process, and also approved the final document for dissemination and implementation.**

## **7. REFERENCES**

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*ICN (20210, Code of ethics for nurses.*

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