Four care-record consistency rules — tested over 24 months

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Run over 61,320 readings between 1 January 2024 and 31 December 2025 · fictional document

Fictional document — demonstration example

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Fictional document, produced for the demonstration. **None of these rules is in force: they are written, measured and put on the table. A rule only enters service once the nurse coordinator has validated it. They bear on the FORMAL CONSISTENCY of the record — presence, timestamp, trace of action — never on the clinical interpretation of a value.**

The four rules, with what each raises and what it lets through

Rule	What it raises	Flags over 24 months	Confirmed by a nurse	Reliability
A	Reading present in the memory of a unit device and absent from the record at 8 p.m.	**2,218**	**2,141**	**96.5 %**

Rule	What it raises	Flags over 24 months	Confirmed by a nurse	Reliability
B	Reading identical to the previous one to within a tenth across three consecutive readings	**486**	**344**	**70.8 %**
C	Care-plan item with no trace of being given or of a stated reason for not giving it by the end of the round	**1,042**	**981**	**94.1 %**
D	Item recorded without the time of reading	**306**	**289**	**94.4 %**
Together	**Distinct gaps covered**	**4,052 flags**	**3,402 distinct gaps**	**92.7 % of the 3,668**

Why 4,052 flags make only 3,402 gaps: the same event often triggers two rules — typically A and D. **The figure that matters to you is distinct gaps, not alerts**, and that is the one carried into the year-in-review.

Rule B at 70.8 % — why it is set resident by resident

142 of rule B's 486 flags were not anomalies: for **eight stable residents**, a value repeating to within a tenth across three readings is real and expected. **A rule that is wrong one time in three gets switched off within three weeks, and that is the worst possible outcome: the unit then also loses the 344 real cases. The proposed setting is therefore per resident and not for the unit** — the rule stays active for the other 76, and the eight are listed by name in the settings, with the date of the decision and who took it.

Setting	Residents concerned	Flags expected over 12 months	Expected share confirmed
Rule B active	**76**	**172**	**Around 92 %**

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Setting	Residents concerned	Flags expected over 12 months	Expected share confirmed
Rule B switched off, reviewed quarterly	**8**	**0**	—

What the first three let through — and why rule D was written

306 items were indeed in the record, complete in appearance, and **without the time of reading**. They are invisible to rules A, B and C — the item is there. **They are nonetheless unusable for any time-based protocol:** a blood-glucose figure with no time attaches neither to a meal nor to an injection, **and it is the attachment that makes the meaning. Rule D raises them the same day, while the carer who took the measurement is still on shift and can give the time.**

Rules A / B / C / D brought into service by the nurse coordinator, on: _____

Where a flag lands, and it is a design choice: with a nurse in the unit, in that day's note, in the form of an open field. No flag feeds a management dashboard, and none is counted per carer.

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