



H.A. Convention Oral Presentation

Quantify Information Dissemination In Medical Ward

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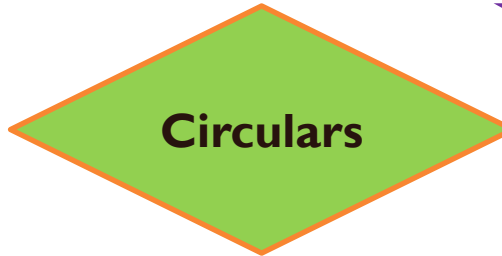
8 May 2014

Information For Communication

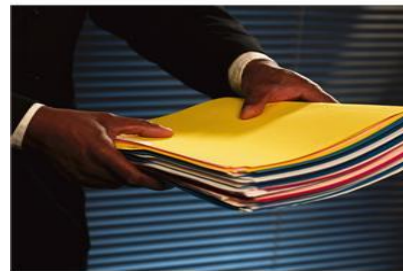
Memos



Circulars



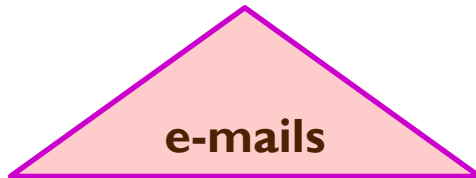
**paper
fliers**



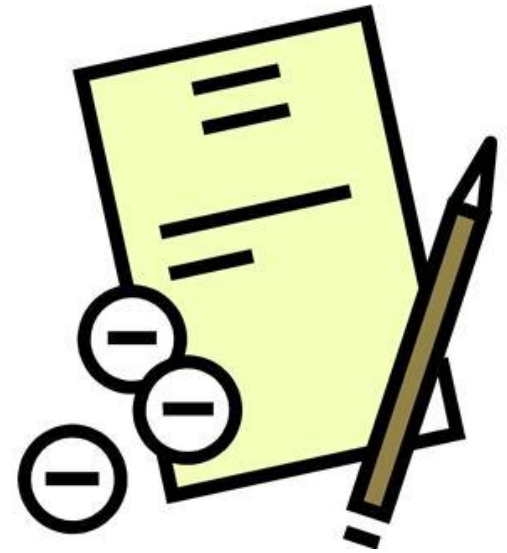
newsletters



e-mails

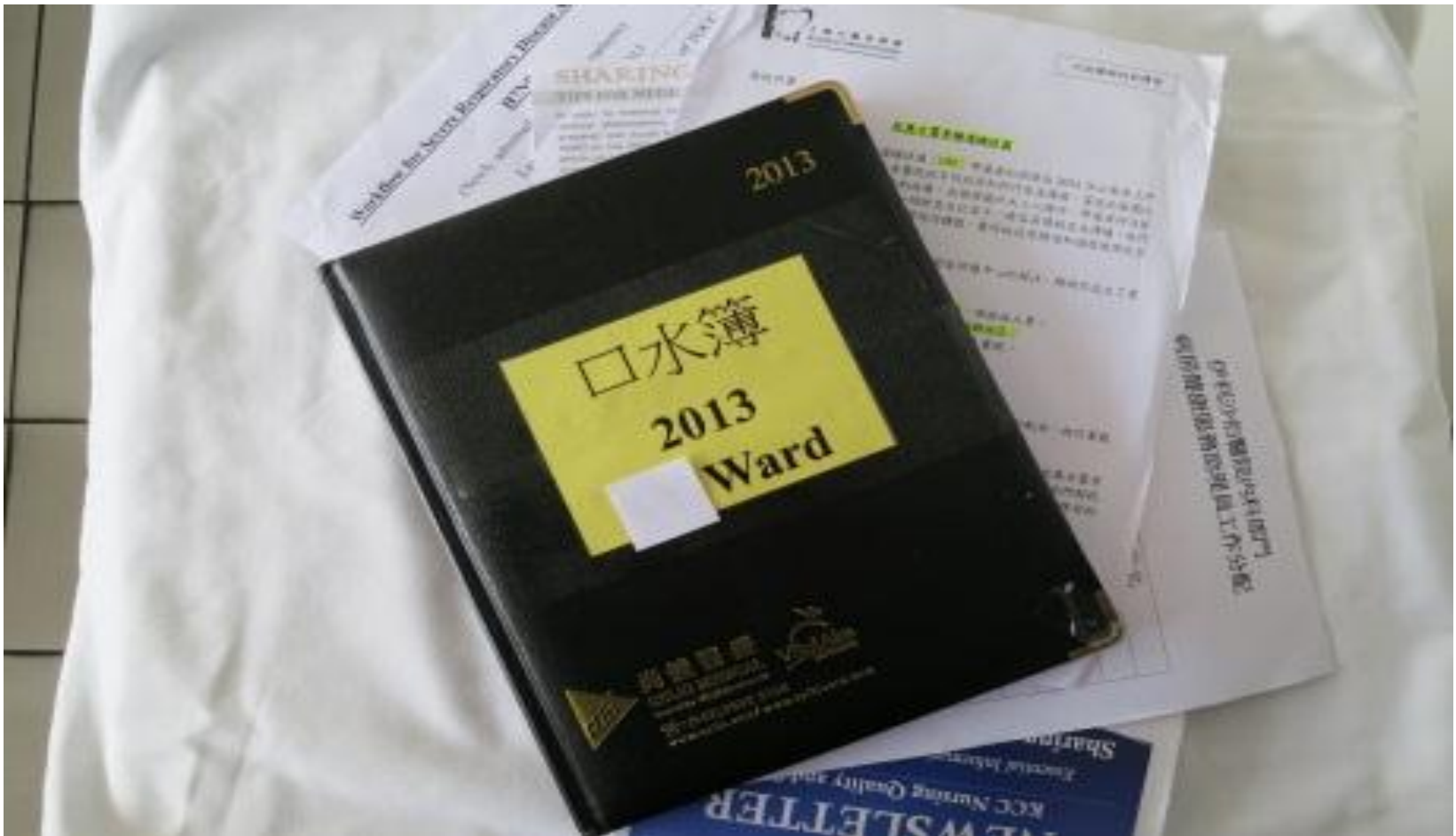


Meeting Notes



**Ward Manager and
Nursing Officer I/C**

Ward Staff



Old Situation

A piles of circulars, guidelines, newsletters, etc. kept in the handover book at the nurses station !



So busy ! What information have to
be read first ???

Current Situation

**Little assurance that the staff were receiving new updated information.
The staff were not accountable to read urgent information in short period of time**

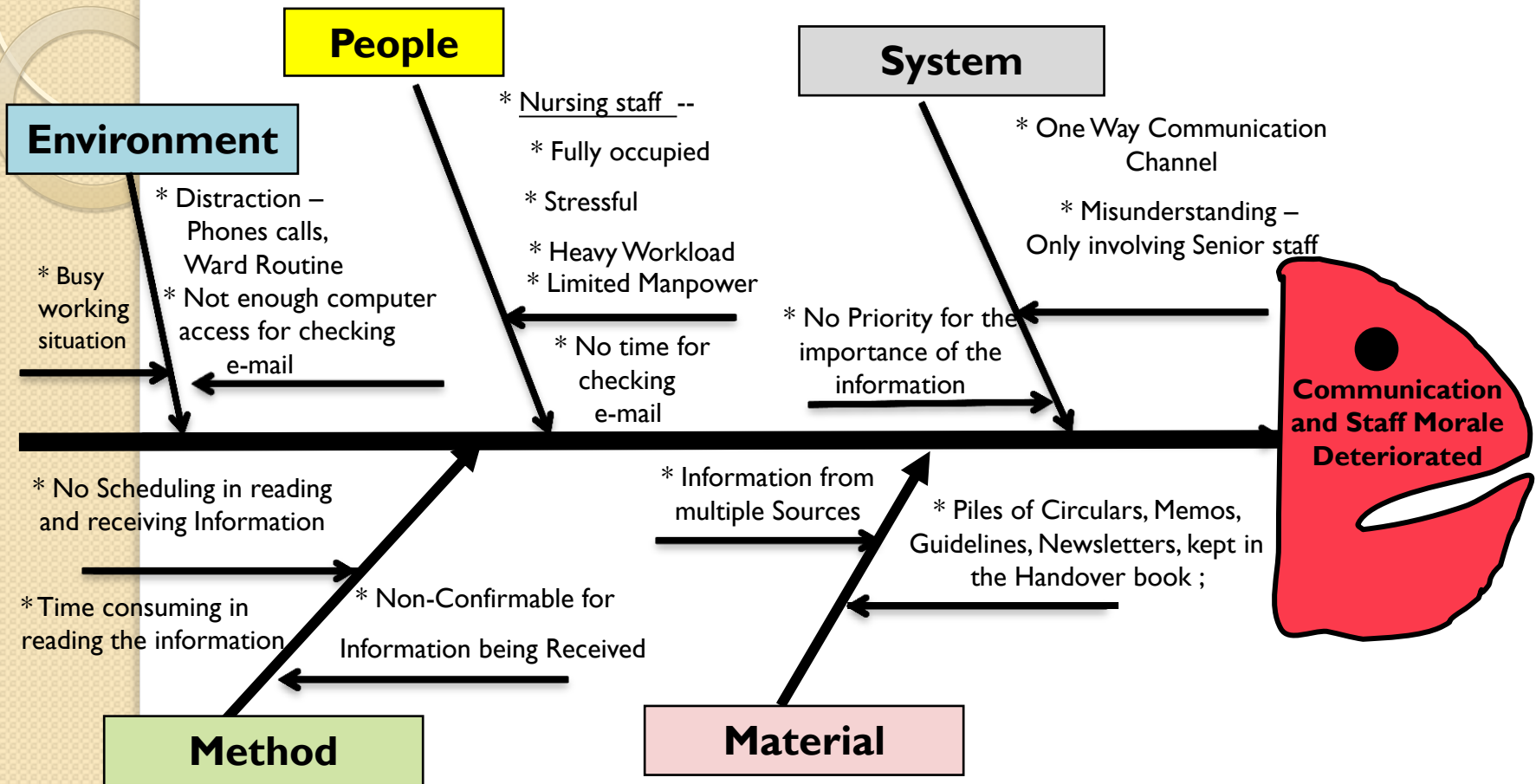
The methods of nursing communication were limited to departmental meeting notes, e-mails, memos, newsletters , and paper fliers, etc.

**A piles of circulars, guidelines, etc. are kept in the handover book.
So busy ! What information have to be read first ?**

Problems

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graph TD; A["Little assurance that the staff were receiving new updated information. The staff were not accountable to read urgent information in short period of time"] --> D((Problems)); B["The methods of nursing communication were limited to departmental meeting notes, e-mails, memos, newsletters , and paper fliers, etc."] --> D; C["A piles of circulars, guidelines, etc. are kept in the handover book. So busy ! What information have to be read first ?"] --> D;
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Fishbone Diagram – Problem Analysis

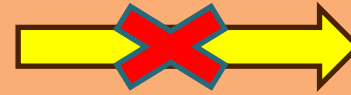


Problem Statement

Observed Practices and Communication Deteriorated

Background

Ineffective communication
safe patient care
consistent patient care
excellent patient care



Poor communication is recognized as a major factor contributing to the estimated 44,000 to 195,000 **patient death** occur each year due to medical errors
(Kohn, et.al, 2000) ; (HealthGrades, 2004)

Nursing communication is vital to quality and safe nursing care.

Evidence continues to increase that communication breakdowns



Medication errors

Unnecessary costs

Inadequate patient care

Goals / Objectives of the Study

To quantify handoff communication errors

To prioritize the information dissemination from multiple sources

Goals

To facilitate the staff being accountable to read the urgent information in short scheduled period of time

To improve the communication and staff satisfaction in the busy working environment.

Strategies

To develop a 3 level information category logbook

- To remind staff with alertness of new information

To standardize of the practice

- Signature and confirmation by staffs after reading information
- Reinforcement of new information on every Monday afternoon
- Conceptually completed the reading in 15 minutes

To review system issues

- Strict implementation of the 3 level information category logbook
- Evaluation had been done by comparing the difference pre and post of the project
- Scientific proved that the project can improve communication between frontline staffs and strategic planners

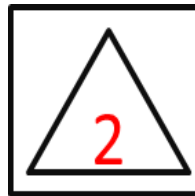
To share and follow up

- A continuous review and the consistency of the effectiveness of the project will be done in every 3 months and evaluation score sheet will also be measured under scientific based
- Share within departmental meetings and presented in KCC and HA Convention in the future

3 - Level Information Category Logbook



- Emergency information
- Urgent guidelines or protocol
- High patient consequence
- Completion target : 1 week



- New information
- High risk to patient
- New skills associated
- Completion target : 1 month



- Informational circulars
- No new practical/skills associated
- Completion target : 1 month



The Ward Managers and In-charge Nursing Officers are responsible to prioritize and categorize the information.

及流行病學處



Surveillance
And
Epidemiology
Branch

號
On Ref. :

12 August

Dear Doctor



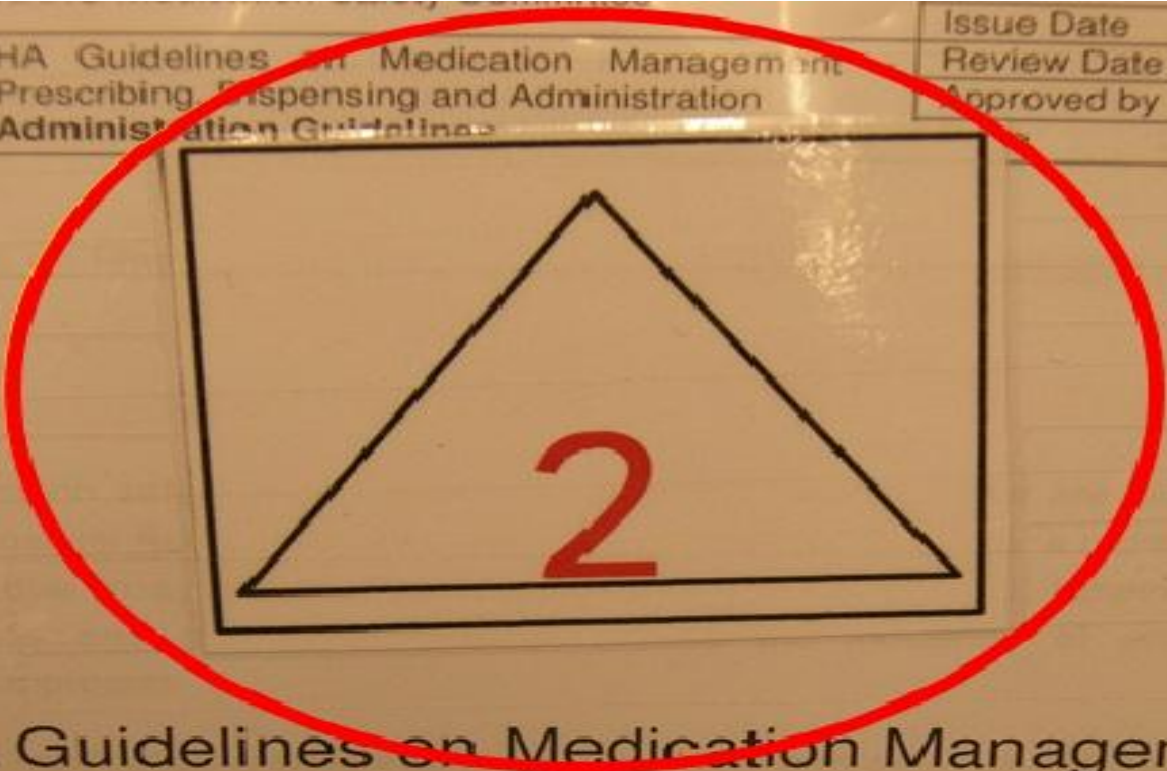
Confirmation of a Suspected Case of Human Infection with Avian
Influenza A(H7N9) virus in Guangdong Province

Further to our letter to you dated 9 August 2013, please kindly be informed that the suspected human case of avian influenza A(H7N9) in Guangdong Province has been confirmed on 10 August 2013.

According to the Department of Health of Guangdong Province, a 51-year-old woman from Huizhou of Guangdong Province presented with symptoms since 27 July. The review test on the patient's sample by the Chinese Centre for Disease Control and Prevention on 10 August confirmed this case as a human case of avian influenza A(H7N9). The patient is currently in critical condition. The patient is a poultry worker of a market and has a history of exposure to live poultry. Among the 96 close contacts of this case, the patient's son developed low fever on 9 August. The test conducted on 10 August was negative for

HA Guidelines on Medication Management
Prescribing, Dispensing and Administration
Administration Guidelines

Issue Date	M
Review Date	M
Approved by	H
	P



HA Guidelines on Medication Management
Prescribing, Dispensing and Administration

Administration Guidelines

Version	Effective Date
1	Mar 2012

公立醫院私家服務收費

公立
四

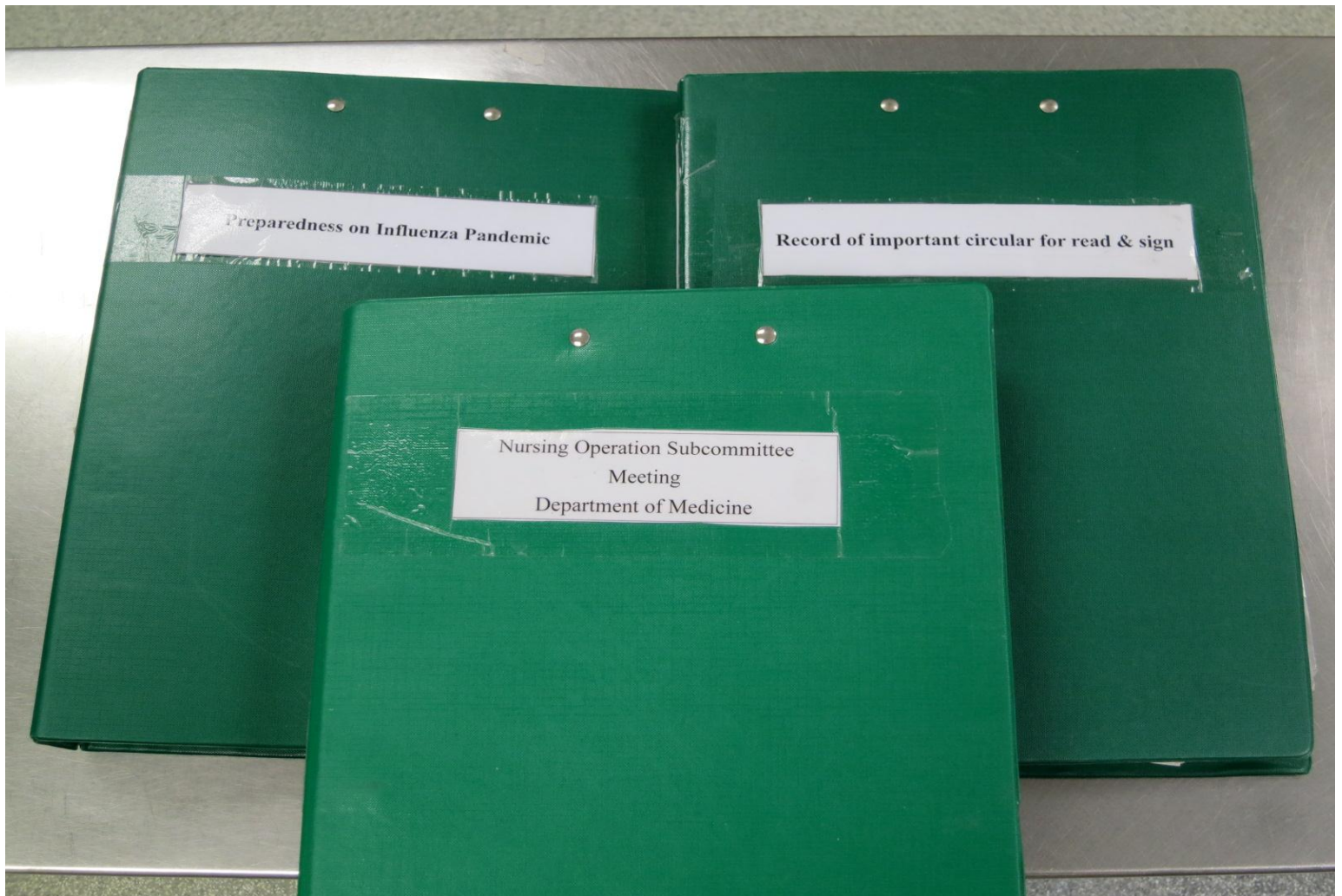
一三年
收費



	調整後收費
住院服務 (急症醫院私家病房)	
頭等	每天\$5,640
二等	每天\$3,760
住院服務 (其他醫院私家病房)	
頭等	每天\$5,610
二等	每天\$3,740
深切治療病房	每天\$14,600
加護病房	每天\$9,500
嬰兒護理室	每天\$925
住院時醫生巡房 / 診治費用	\$680 - \$2,780 每次每個專科
門診服務	
首次診治	\$680 - \$2,160
覆診	\$555 - \$1,420

住院服務收費包括一般護理、核心病理檢驗、膳食和病房服務。醫生費用及其他服務費用另行收費。服務收費以憲報為準。收費詳情可參閱醫院管理局網頁：

<http://www.ha.org.hk> > 病友中心 > 服務指引 > 收費



The Information will be retained and kept in the files according to the respective categories for future reference.

Methodology

**A random sampling
had been selected**



**Pre Test and Post Test
Comparison on staff
satisfaction had been
done**



Based on a previously validated, widely used, real-time educational evaluation tool (the Mini-CEX) (Norcini et al. 1995), we format and structure a tool for measuring the effectiveness and the consistency of the project

Questionnaire For Assessment

Evaluation Form For Current Information Handover Practice

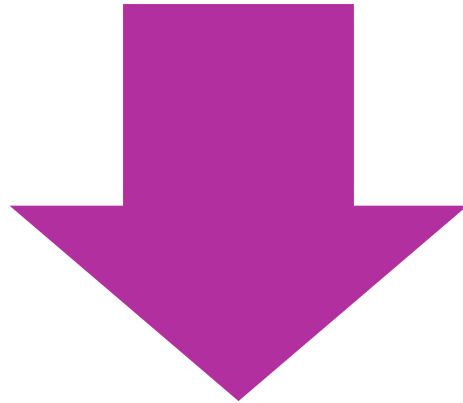
Date : _____ * Evaluatee Clinical Experience since Graduation : _____ Years; ** Gender : Male or Female ;

Description (score)	Strongly Disagree (1)	Disagree (2)	Slightly Disagree (3)	Slightly Agree (4)	Agree (5)	Strongly Agree (6)
1. Do you agree that the current information handover practice is clear and concise?						
2. Do you agree that the current information handover practice is convenient , practical and useful in the workplace ?						
3. Do you agree that you can get the most updated and important information, e.g. urgent protocol, from the current information handover practice within 1 week of the working period ?						
4. Do you agree that your time have been saved in seeking the updated information from the handover book as in the current practice ?						
5. Do you agree that the accountability in seeking the updated information is reinforced?						
6. Do you agree that misconception of the information can be clarified?						
7. Do you agree that the current information handover practice can enhance effective communication between the management and the clinical staff ?						
8. Do you agree that the staff morale can be improved through the current information handover practice ?						
9. Do you agree that you are satisfied with the current information handover practice as a whole?						

Suggestion / Comment :- _____

Thank you very much !

Assessment Tool -- Likert-Score of Six Scale



Each domain was scored from 1–6 point scale and included descriptive anchors at high and low ends of performance to participants

The scale was divided into unsatisfactory (score 1–3) and satisfactory (score 4–6) sections to collect the feedback from the participants



Pre-Test results

On a scale of 1-3 (unsatisfactory) to 4-6 (satisfactory), our current handover practice received a 85% negative rating (mean scores of 2)

On a scale of 1 (strongly disagree) to 6 (strongly agree), staffs rated current methods at mean score of 2 before the project started

Results / Outcomes

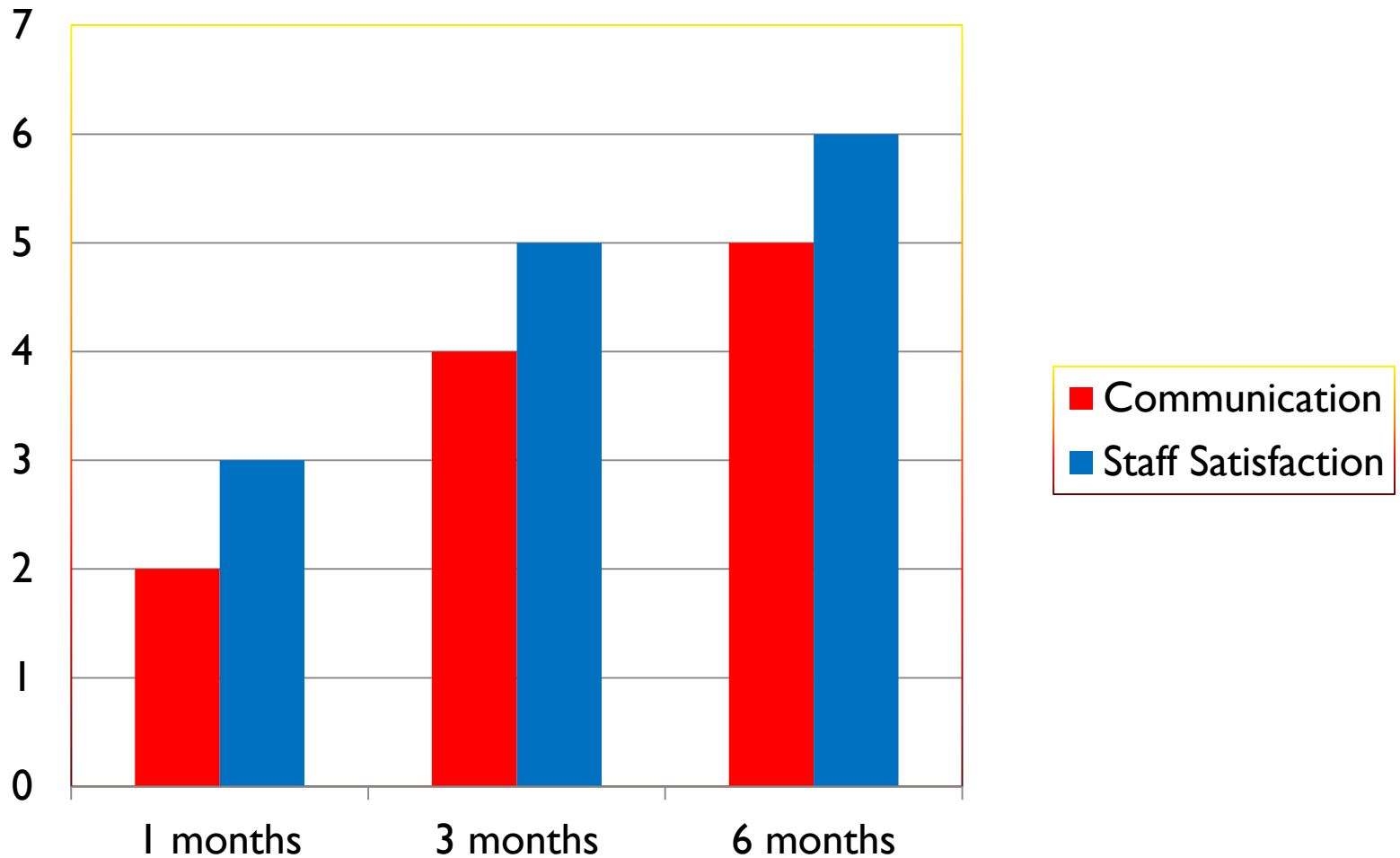


A recent communication evaluation to our Wiser Project shows that our nursing communication methods have improved over the past 7 months

On a scale of 1 (strongly disagree) to 6 (strongly agree), staffs rated current methods at mean score of 5 after the project started

On a scale of 1-3 (unsatisfactory) to 4-6 (satisfactory), our communication system received a 80% positive rating (mean scores of 5)

Result on Mean Score of Communication and Staff Satisfaction



Committed and Happy Staff



WE Innovate !

Outcomes

- **Prioritize the information dissemination from multiple sources;**
- **Accountable to read urgent information in short scheduled period of time;**
- **Improve communication in the busy working environment;**
- **Mutual communication between managers and ward staff;**
- **Enhance quality patient care.**

Conclusion

Effective communication in the healthcare organization is key for

- * patient quality,
- * patient safety,
- * staff morale, and
- * financial performance



Effective use of a communication structure is one method to demonstrate

- * decisions by managers are being implemented
- * higher job satisfaction of staff
- * successful communication through mutual support



As medical ward continues on its journey to fully cultrate shared governance, **feedback from staff** will continue to be used to improve nursing communication.

References

Kohn L, Corrigan J, Donaldson M, editors. To err is human: building a safer health system. Institute of Medicine. Washington, DC: National Academy Press; 2000.

HealthGrades. Patient safety in American hospitals, July 2004. Available at:

http://www.healthgrades.com/media/english/pdf/HG_Patient_Safety_Study_Final.pdf. [Accessed November 18, 2009].

Friedman, M. I., Cooper, A. H., Click, E., & Fitzpatrick, J. J. (2011). Specialized new graduate RN critical care orientation retention and financial impact. *Nursing Economics*, 29(1), 7–14.




Norcini JJ, Blank LL, Arnold GK & Kimball HR (1995) The mini-CEX (clinical evaluation exercise): a preliminary investigation. *Annals of Internal Medicine* 123, 795–799.

Smith, H., & Pressman, H. (2010). Training nurses in patient communication. Retrieved from http://www.patientprovidercommunication.org/index.cfm/article_9.htm

Reference



Communication Level Process Summary

	<u>Criteria</u>	<u>Actions</u>
Level One: Practice Update 	<ul style="list-style-type: none"> • Informational • No new practice/skills associated • Likelihood of patient consequence low due to new skill acquisition • Percent of new theoretical information is low 	<ul style="list-style-type: none"> ➤ A bimonthly PRACTICE UPDATE entered in LEARN® the 2nd and 4th Thursday of each month ➤ Completion Target : One Month
Level Two: Practice Alert 	<ul style="list-style-type: none"> • High level of complexity • High risk to patient • Percent of new theoretical information is high > 49% • New skills needed which could have patient consequence 	<ul style="list-style-type: none"> ➤ Education will be provided with a PRACTICE ALERT entered in LEARN® within 7 days ➤ Nurse Leader Meeting [Mandatory] within 48 hours prior to posting Practice Alert ➤ Completion Target: One Month
Level Three: Shift Briefing 	<ul style="list-style-type: none"> • Emergent Situation/Information • Likelihood of patient consequence is high 	<ul style="list-style-type: none"> ➤ Information Dissemination Urgent ➤ Education will be provided by SHIFT BRIEFINGS entered in LEARN® within 24 hours ➤ Nurse Leader Meeting [Mandatory] within 24 hrs ➤ Verbal reminders by the Nurse Mgr., Charge Nurse, Nursing Supervisor & Education staff will be conducted throughout the posting time of the shift briefing ➤ Completion Target: One week

Acknowledgement

- Dr. Patrick Li
- Miss Amy Tsoi
- Miss Shirley Yao
- Mr. Vincent Mok
- Miss Lau Kam Yim
- Mr. Chow Ki Fung

(Department of Medicine, Queen Elizabeth Hospital)



Thank You !