

"Leadership" in Clinical Settings

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Nursing Services Division
United Christian Hospital

Hospital Authority Convention 2018
8 May 2018



Members



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DOM(OTS), Queen Mary Hospital



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DOM(SOPD&AC), Prince Wales Hospital



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WM(M&G), Tuen Mun Hospital



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APN(NSD), United Christian Hospital

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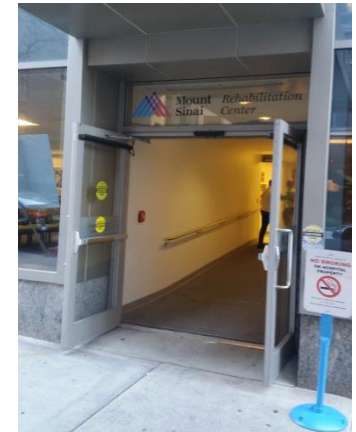
Overseas Corporate Scholarship Program for Leaders 2016/17

31st October – 18th November 2016

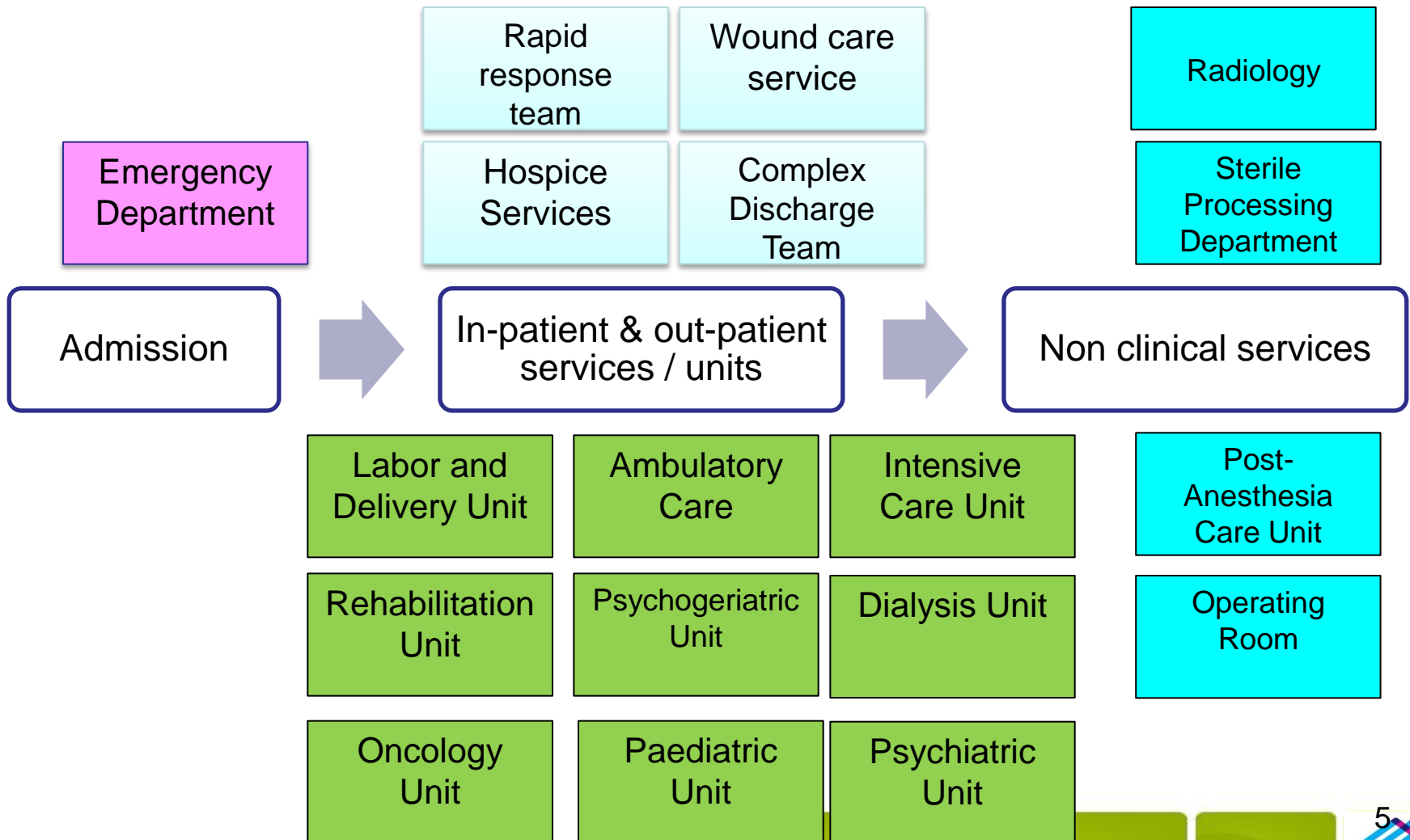


1,171-beds

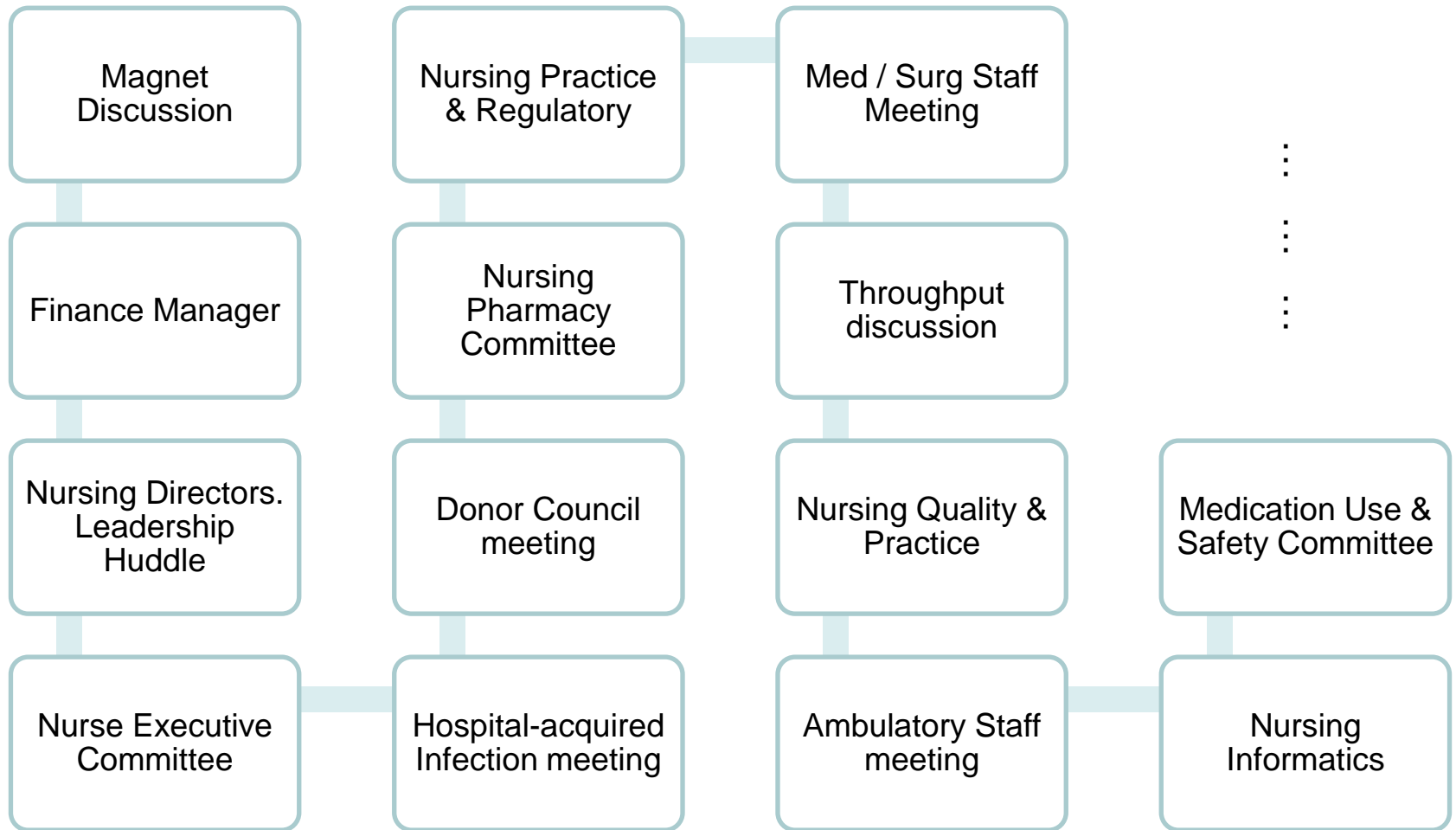
**Mount
Sinai**



Our Visiting Journey



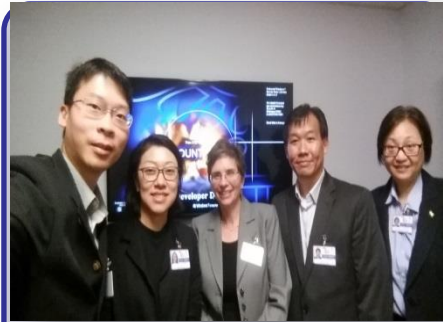
Meeting



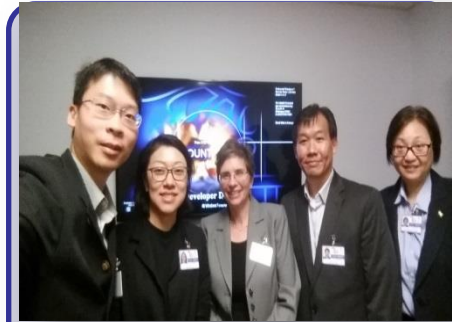
Participation in Workshop



Patient Experience Program



Research & EBP workshop



Mini Manuscript Writing Workshop



Cultural Competency Workshop

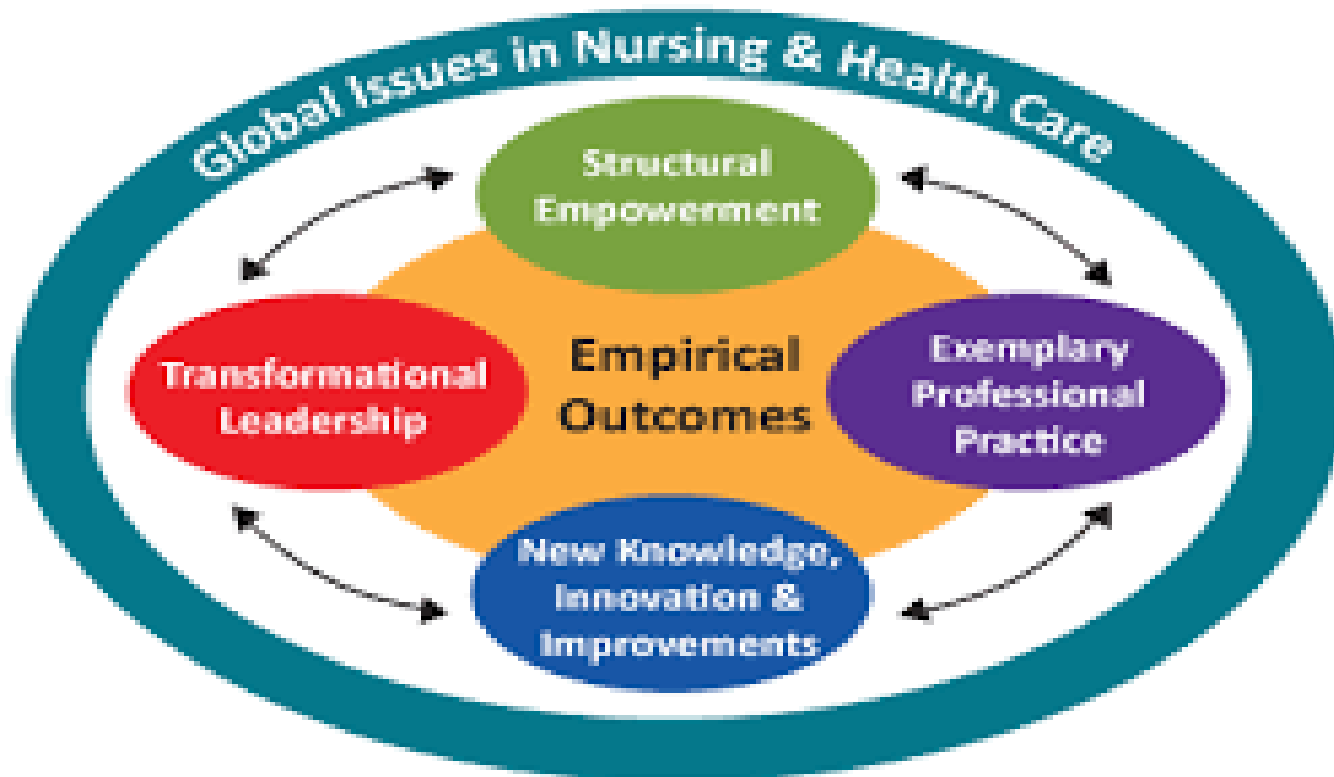


Emotionally Intelligent Management Workshop

BUSY

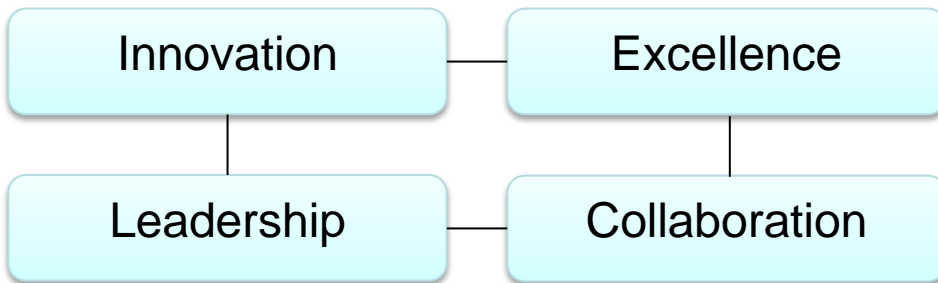


Magnet Hospital Model



Vision

- “To continue to **grow** and **challenge** convention through our pioneering spirit, **scientific** advancements, **forward-thinking leadership**, and **collaborative approach** to providing exceptional patient care in the many unique communities we serve.”



Mission

- “To provide **compassionate** patient care with seamless coordination and to advance medicine through **unrivaled education, research, and outreach** in the many diverse communities we serve.”

Compassionate

Excellence



What “leadership” we have learnt from the Mount Sinai Hospital, US

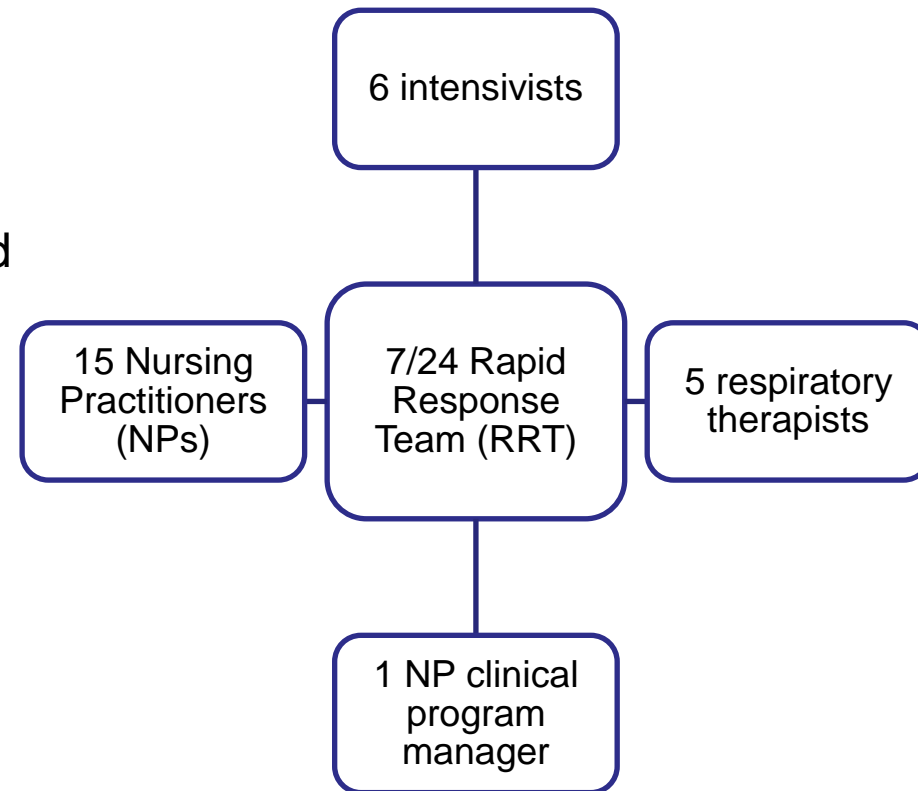


Rapid response team



Ms. Ceilia Wells

- The goal of the RRT is to **optimize patient outcomes**, **decrease mortality**, **decrease transfer** to high level of care and **decrease cardiac arrest** events.
- Discuss:
 - The obstacles of recruitment,
 - Selection of nursing practitioners, and
 - Establishment of the RRT
- Learning point:
 - Need to understand the background of what you have to establish upon planning
 - Staff readiness
 - Creation of manpower buffer
 - Methods to maintain a standard level of nursing practice and team efficiency



Participatory leadership

Hospice Services

Patients

Referral system & multi-disciplinary team for other non-palliative units

Discharge system with community support independently and safely

Hospice liaison for any package of services (i.e. tele-consultation)

Staff

Establish a clear goal for narrowing generation gap

Palliative Resources Program for nurses in non-palliative units

A vital Geri talk for enhancing palliative nurses' communication skills

Regular coffee break, morning or evening table charting, yoga class, summer picnic, and party

Positive Practice Environment & Caring



DAILY PCU ROUNDS



- RN Introduces the Patient**
(Invite VNS team to join for each VNS patient)
- Name, Room number, and Diagnosis

- CHAPLAIN**
- Spiritual/Existential Needs
 - Religious Needs
 - Patient/Caregiver Support Needs

- MD/NP**
- HPI
 - Palliative Care Diagnosis
 - Active Medical Problems

- NUTRITION**
- Nutritional Goals
 - Nutritional Needs

- RN**
- Active Nursing Problems
 - Cognitive Status
 - Mode of Medication Administration
 - Access
 - Bowel/Bladder
 - Skin Integrity

- THERAPEUTIC INTERVENTIONS**
- Art therapy
 - Music therapy
 - Creative Writing
 - Pet therapy
 - Aromatherapy
 - Massage Therapy
 - Yoga Therapy
 - Doula

- SW**
- Surrogate/HCP/ Family
 - Social Situation
 - Strengths and Weaknesses
 - Coping Strategies

DISCHARGE PLANNING NEEDS

FAMILY MEETING NEEDS

PALLIATIVE CARE SERVICE



Monday Morning Meeting Agenda

- Introductions
- Discharges and Deaths over the weekend
- New Consults
 - From the weekend
 - Pending for Monday
- Pager Schedule
- Morning Meeting Schedule

REMINDERS

- Update sign-out daily
- Complete 'pcu' for patients being transferred
- Rotators scheduled for 2 week rotation should report to RN consult manager @ 10am

Thank you and Have a Great Week!!



Psychogeriatric Unit

- Invest the psychogeriatric unit with a small budget to purchase dolls for the patients with negative behavior, poor emotional control and dementia.
- This **innovative** method can help improve fall incident, alleviate their emotional status and allay their anxiety (Green, et al., 2011; Neushotz, et al., 2009).
- Different fall preventive measures were implemented to reduce fall incident such as double tread slippers, color code bracelet, fall signage and so on



Ms. Lorna Green (Doll Therapy)



Post-Anesthesia Care Unit (PACU)

No need to rotate within OR

At least 2 years working experience in ICU

Minimum requirement to work at PACU

Basic Cardiac Life Support (BCLS)

Advanced Cardiac Life Support (ACLS)

- The Post Anaesthesia Care Unit is located at various sites within the hospital where general anaesthesia is required, that include interventional radiology (IR) and operating theatres (OT).
- Clinical Nurse Educator, is responsible for the competency assessment of nurses working in PACU, and there is [a system that could track on the training record](#) of each PACU nurse, to ensure that their knowledge are up-to-date.



Professional practice

Medical Intensive Care Unit (MICU)

- Mr. Fernando, the ward manager of the Medical Intensive Unit (MICU), described what, when, and how he prepared a simulation centre to respond the crisis and Ebola management using a scientific and practical design according to the guidelines of CDC.



Ebola Simulation Centre

Staff engagement

- Personally taking part in the preparation with staff (role modeling)

Competency consideration

- Periodical procedure training (i.e. 3 months or 6 months)

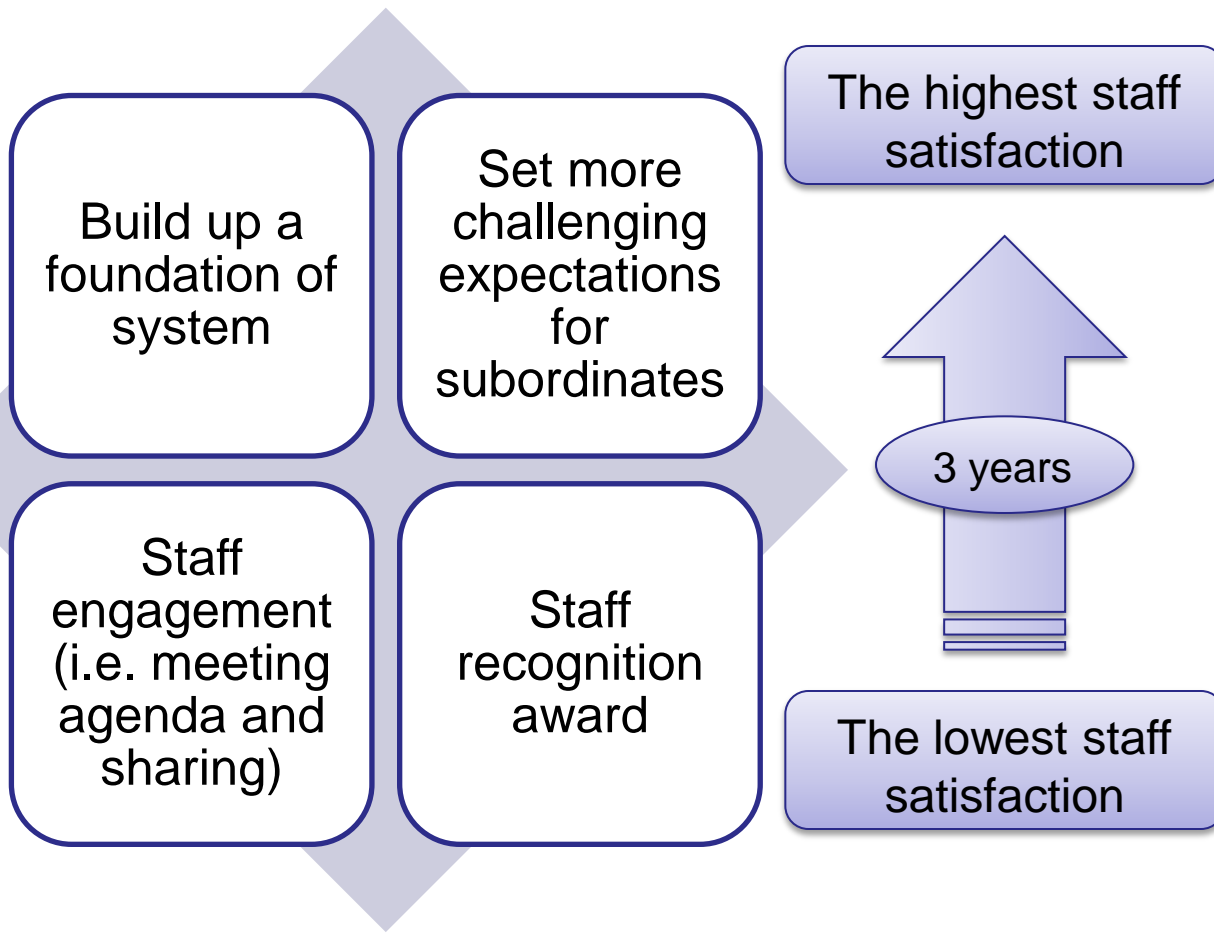
Crisis Preparation

- Scenario-based training

Two-third nurses for the readiness of working in the centre

Prepare for change

Ambulatory Care Unit



Ms. Runa Guy, CNM

Nursing Quality and Safety (Roles & Responsibilities)

Monitor nursing sensitive indicator

Convey related practical and care issues in different meetings



Ms. Catherine Schaefer,
director of nursing department

Coordinate different meetings and activities

Ensure implementation of nursing standards to support outcomes based care

Nursing Quality and Safety

To do a right thing to act on right patient given
a right time under a reasonable cost.

Professional practice

Quality

Education

Workforce

**Research and
evidence-based
practice**

Learning Areas

Standardization



- Standardize the **infusion and syringe pump** in one model in a whole hospital through exercising the power and authority to choose the best model of pump for patient.
- Mitigate the risk of medication administration errors.
- Facilitates nurses to receive a competency assessment annually.

Standardization





- A concise and succinct template of an **agenda**.
- An effective and efficient tool to guide a meeting and convenience the follow up actions.



Date: November 15, 2016	Nursing Leadership		
Location: Davis Auditorium, Hess Bldg., 2nd Floor	Time: 1:00pm – 3:00pm		
	Topic	Discussion Leader	Time
<u><i>Transformational Leadership</i></u>			
<u><i>Structural Empowerment</i></u>			
<u><i>Exemplary Professional Practice</i></u>	<ul style="list-style-type: none"> • Chaplain Services • Welcome • Complex Discharge Team • Patient Safety Wednesdays • Readiness Rounds Presentation • Sort Resumes • Dietary Services • CVS challenges • New Bed Board System 	David Coleman Will Nester Ivonne Bailey Michele Bennett Lori Finkelstein and Don Death Valerie Orellano Jerry Eisner/Pat Ortlieb Joanne Meyer Helen Brannon	1:00pm-1:10pm 1:10pm-1:15pm 1:15pm-1:25pm 1:25pm-1:30pm 1:30pm-2:00pm 2:00pm-2:15pm 2:15pm-2:30pm 2:30pm-2:45pm 2:45pm – 3:00pm
<u><i>New Knowledge (EBP & Research) /Innovations / Improvements</i></u>			
<u><i>Empirical Outcomes</i></u>			
<u><i>Global Outreach</i></u>			
<u><i>Other</i></u>			

Example of Agenda Format

UNITED CHRISTIAN HOSPITAL
130, Hip Wo Street, Kwun Tong, Kowloon, Hong Kong

MEMO

From: Ms. Alice Sham, CGM(N) To: Distribution List.






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Date: 19th March 2015 Dated

EVIDENCE-BASED PRACTICE SUBCOMMITTEE MEETING (1-2015)

Date: March 25, 2015 (Wednesday)
Time: 1430-1630
Venue: Room 235, 2/F, Block F, UCH




AGENDA	DOCUMENT(S) IF ANY
1. Terms of Reference.	 TOR (EBP) 2015.doc
2. Direction & Strategies of the EBP development in UCH (a) Reporting of 1 st EBP Study group meeting (b) Reporting of EBP Nursing Journal Club	 EBP Study Group.pdf   EBP Study Group.doc EBP Nursing Journal Club.doc
3. EBP project(s) discussion - Volume of normal saline flushing - Pre-and-post medication flushing practice	
4. Meeting schedule in 2015 (1430-1630) ● 3 June 2015 (Wed) ● 2 September 2015 (Wed) ● 9 December 2015 (Wed) (Venue to be confirmed)	

Old version





UNITED CHRISTIAN HOSPITAL
130, Hip Wo Street, Kwun Tong, Kowloon, Hong Kong

Name of meeting: 13 th Evidence Based Practice Subcommittee Meeting		Chairperson: Mr. Tsang Lap Fung (APN/NSD)	
		Secretary: Ms. Carol WONG (EA/NSD)	
Date: 8 th March, 2018	Time: 16:00-18:00	Location: Meeting Room, 3/F, Block P, UCH	

Nature	Agenda	Discussion Leader	Expected Time	File
Reporting	Confirmation of the record of last meeting.	Mr. Tsang Lap Fung (APN/NSD)	5 mins	 EBP Minutes_2017_7_Dec
	Matters arising from the minutes.			
Reporting	New Release of Review at Nursing Research/ Evidence Based Practice Sharing Platform (1Q2018) Personality traits and risk of cognitive impairment and dementia Reviewed by Szeto Wai Lun, NC(Community Psy)	Mr. Tsang Lap Fung (APN/NSD)	5 mins	
Reporting	EBN Promotion Working Group (HAHO)	Mr. Tsang Lap Fung (APN/NSD)	5 mins	 EBN Promotion WG.docx
Discussion	EBNPM discussion – (1) Lifting of Patient Using an Assistive Device (2) Intrahospital Transfer of Patients (Non-Critically Ill Adult Patients) (3) Bathing of Patient (Adult)	Mr. Tsang Lap Fung (APN/NSD)	110 mins	 EBNPM review.pptx
	Any Other Business			
	Next meeting date is arranged to 14			

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Innovation

Vocera



- A special walkie talkie makes care team collaboration faster and easier and reduce unavoidable yielding in clinical settings.
- A primary nurse can receive the call from patients through the Vocera.
- Abnormal parameters of haemodynamic status can alert the primary nurse via the Vocera.

Ava Sys Monitoring

- When envisaging the possibility of having patient fall from bed,
=> notify the concerned staff nurse via Vocera;
=> talk to the patient via the installed microphone.



“There is no right or wrong. Leaders work on reflection, so as to improve, to make things better”

Learnt from “Emotionally Intelligent Manager” workshop at Mount Sinai St. Luke’s Hospital



“Show your ‘empathy’ towards your subordinates”

Ms. Runa, the unit manager of Medical and Surgical clinic



Attributes of a successful leader to drive leadership



Special thanks to ...

- **Hospital Authority (HA)**
- **HAHO Nursing Services Department team**
 - Ms. Chung CK
 - Ms. Chung KP Bobo
- **The Mount Sinai Hospital, US The Department of Nursing**
 - Ms. Catherine Schaefer





Thank You