GO Electronic: The Implantation of Perioperative Nursing Information System
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Introduction
Paper documentation has been used by nurses in the operating theatre for decades. We sometimes came across documentation problems which resulted in communication chaos with or without harms to patients. We are looking for different ways to minimize and even eliminate these problems. Electronic documentation is one of the way to improve patient safety and quality of care by enhancing the efficiency and effectiveness. Perioperative Nursing Information System (PNIS) was adopted to digitalize the hand-writing sheet and whiteboard so that portable PC and smart TV will be used respectively for nursing documentation during the operation.

Objectives
1. To safeguard patient safety
2. To enhance the quality of patient care
3. To digitalize and standardize the documentation of the intraoperative nursing record and counting record
4. To improve the communication between different health care discipl

Methodology
In 2016Q3, perioperative nursing information system was briefly introduced to the nursing team which was assigned to follow the progress of the implementation of the system. In 2017Q2, the first RH version was ready and deployed to the iPad. Mobile smart TV and WIFI were installed for trial run. Again, briefing session to all nursing staff was done by the developer. The team tried to use the system in 30 operations while paper documentation was still in-use. Opinions from our colleagues were also collected. Discussions on our worries and other technical problems related to PNIS continues through meetings, phone calls and emails.

Result
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In 2018Q1, WIFI connections and other hardware were available and ready for the implementation of PNIS in all operating rooms. Each operating room will have individual iPad, mobile 50' smart TV and WIFI account. In order to acquire a better view, we are going to make use of the filmless TV which was wall-mounted in each operating room instead of using the mobile smart TV. The iPad will be replaced the sheet of intraoperative nursing record while the TV will replace the whiteboard to displace the counting record.

Conclusion
In 2018Q2, hopefully we can parallel run PNIS in one or two operating rooms with paper documentation in-use at the time. In the meantime, the team will keep collecting feedback from nursing staff and continue discussions with the developer. In 2018Q3-Q4, our target is to parallel run in all operating rooms. In 2019 Q1, hopefully we can fully launch the system in all operating rooms and join the paperless world. We will revisit and revise the content of PNIS after using for one year.

Recommendations
Staff training which includes change of mindset and technical support, and adequate backup of hardware are crucial factors in safeguarding the smooth and safe implementation of PNIS. Electronic documentation is recommended as it allows retrieval of clear and accurate patient information anytime, anywhere and by anyone with access to the Clinical Management System.