

# Service Priorities and Programmes Electronic Presentations

Convention ID: 210

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# Stakeholder's feedback on the implementation of the Dietetics inpatient electronic record

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#### **Keywords:**

Electronic patient record
Quality enhancement
Dietetics intervention
Satisfaction survey
Dietetics Patient Assessment Form

#### **Introduction**

Hospital Authority introduced the Clinical Management System (CMS) as one of the electronic means for medical information communication among hospital staffs. Studies suggest that electronic health record can facilitate higher quality and safer patient care. Dietetics inpatient service involves substantial patient record documentation, using electronic inpatient record system can enable a better quality dietetics service at North Districts Hospital (NDH).

### **Objectives**

Dietetics Department was the first Allied Health Professional at the NDH to introduce electronic patient record as a quality improvement initiative on inpatient service since April 2016. A stakeholder's satisfaction survey was completed to evaluate the effectiveness.

## <u>Methodology</u>

Dietetics Department of North District Hospital implemented electronic inpatient record since April 2016. All inpatient first and follow-up consultation attendance records were entered in the Dietetics Assessment Form under the CMS. Hospital staffs were now able to view dietetics inpatient information through the interfaces of CMS and Electronic Patient Record (ePR). Sixty questionnaires were sent out to our primary stakeholders to collect feedback. Each questionnaire contains 6-question in a 5-point scale ranking method. The questions are mainly concerning how the electronic inpatient record can facilitate multidisciplinary communication and patient safety. The survey questions are: 1) To obtain and view dietitian's intervention 2) To obtain and view dietitian's monitoring care plan (e.g., discharge feeding plan, follow-up appointment, etc.) 3) Increase patient safety by reducing or correcting errors 4) Improve shared decision making 5) More efficient/accurate transferability of record 6) Overall experience in using dietetics electronic inpatient record.

#### Result

The questionnaire return rate was 80%, and the feedbacks from our stakeholders were mostly positive. Among 48 returned questionnaires, 86% came from nurses, 6% came from ward managers, and 8% came from the doctors. Eighty-nine percent of participants reported "satisfied or above" on the question of "overall experience on using dietetics electronic inpatient record." More than 85% reported "satisfied or above" on the questions of facilitating viewing the intervention and monitoring/ discharge care plan. More than 85% of stakeholders agreed that dietetics electronic patient record could increase patient safety and promote a more efficient/accurate transferability of records, and 75% of participants agreed that electronic patient record could improve shared decision making. The findings suggested that our users supported our implementation of electronic patient record to enhance both patient's safety and service quality.