

Service Priorities and Programmes Electronic Presentations

Convention ID: 671

Submitting author: Ms Y P CHAN

Post title: Nursing Officer, Tseung Kwan O Hospital, KEC

Cross Hospitals Collaboration for ICM: Nursing Without Boundaries

Chan YP 1, Chow MF1, Keung SH 2, Kwan J 1, San J 1, Chow A 3, Yau D 3, Lau IT1 1 Department of Medicine, 2 Nursing Service Department, Tseung Kwan O Hospital, 3 Haven of Hope Hospital

Keywords:

ICM

Nursing without boundaries

Introduction

TKOH and HHH formed one combined team in KEC to provide discharge support services in Integrated Care Model for High Risk patients (ICM) since 17/10/2011. It requires collaboration between acute and rehabilitation hospitals including nursing teams. Cultivating team spirit and establishing an integrated TKOH/HHH ICM nursing team for providing care during transition from hospital to community is essential to ensure services are well coordinated.

Objectives

To establish an integrated TKOH/HHH ICM nursing team through: (1) integrating the nurses from two hospitals (2) configuring a seamless continuum for discharge nursing care delivery for elderly at various transitional places e.g. from acute to rehabilitation to community.

<u>Methodology</u>

ICM nursing team adopted the following mechanisms for integration: (1) nurse payrolls under two hospitals, (2) clear line management (3) co-location of ICM service (4) information technology integration (5) communication pathway (6) service delivery model (7) joint training and (8) team building.

Result

Support by GM(N)s, TKOH/HHH ICM nursing team was established for sharing nurse resources. Nurse coordinator (ICM nurse in charge) played a coordinating role to oversee joint tasks of ICM nurses. Role of link nurses and case management nurses were well defined and shared workloads in upstream and downstream by skill mix and liaised elderly discharge journey needs at two hospitals. TKOH ICM office acted as a command centre to intake elderly and liaised services within ICM nurses. Reciprocal CMS accesses at both hospitals were available to facilitate workflow. Effective vertical and horizontal communication were established with standardized tools e.g. workflows/ assessment forms, daily communications by fax, telephone, E-mail and weekly joint hospitals case conference. Case and disease management were main themes for ICM nursing team. Joint training for enhancing nurse competencies as one team was arranged, e.g. CNS attachment, joint lecture by overseas professor.

Cohesiveness and team spirit were enhanced by joint preparation for Opening Ceremony, standardized outreach overcoat and ICM badge. Through this program, an integrated TKOH/HHH ICM nursing team shares manpower, resources and information for discharge services for high risk patients in TKO and Sai Kung Region. It pioneers a new concept of continuous nursing services without boundaries.