H.A. Convention
Oral Presentation

Quantify Information Dissemination In Medical Ward

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Information For Communication

- Memos
- Circulars
- newsletters
- e-mails
- paper fliers
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?
**People**

* Nursing staff --
  * Fully occupied
  * Stressful
  * Heavy Workload
  * Limited Manpower

* No time for checking e-mail

**System**

* One Way Communication Channel
  * Misunderstanding – Only involving Senior staff

* No Priority for the importance of the information

**Environment**

* Distraction – Phones calls, Ward Routine
* Not enough computer access for checking e-mail
* Busy working situation

* No Scheduling in reading and receiving Information
* Time consuming in reading the information

**Method**

* Information from multiple Sources

**Material**

* Piles of Circulars, Memos, Guidelines, Newsletters, kept in the Handover book;

* Non-Confirmable for Information being Received
* No time for checking e-mail

* Stressful
* Heavy Workload

Communication and Staff Morale Deteriorated
Problem Statement

Observed Practices and Communication Deteriorated
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

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

<table>
<thead>
<tr>
<th>To develop a 3 level information category logbook</th>
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<tbody>
<tr>
<td>• To remind staff with alertness of new information</td>
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<table>
<thead>
<tr>
<th>To standardize of the practice</th>
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<tr>
<td>• Signature and confirmation by staffs after reading information</td>
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<tr>
<td>• Reinforcement of new information on every Monday afternoon</td>
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<tr>
<td>• Conceptually completed the reading in 15 minutes</td>
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<table>
<thead>
<tr>
<th>To review system issues</th>
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<tr>
<td>• Strict implementation of the 3 level information category logbook</td>
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<tr>
<td>• Evaluation had been done by comparing the difference pre and post of the project</td>
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<td>• Scientific proved that the project can improve communication between frontline staffs and strategic planners</td>
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<tr>
<th>To share and follow up</th>
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<tbody>
<tr>
<td>• 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</td>
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<td>• Share within departmental meetings and presented in KCC and HA Convention in the future</td>
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3 - Level Information Category Logbook

Level 3
- Emergency information
- Urgent guidelines or protocol
- High patient consequence
- Completion target: 1 week

Level 2
- New information
- High risk to patient
- New skills associated
- Completion target: 1 month

Level 1
- 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.
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 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 Center for Disease Control and Prevention on 10 August confirmed this case as a human infection of avian influenza A(H7N9). The patient is currently in critical condition and 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-grade fever on 9 August. The test conducted on 10 August was negative for...
HA Guidelines on Medication Management
Prescribing, Dispensing and Administration

Administration Guidelines

<table>
<thead>
<tr>
<th>Version</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mar 2012</td>
</tr>
<tr>
<td>服務項目</td>
<td>1等</td>
</tr>
<tr>
<td>----------</td>
<td>-----</td>
</tr>
<tr>
<td>病房費用</td>
<td>每天$5,640</td>
</tr>
<tr>
<td>其他服務費用</td>
<td>每天$5,610</td>
</tr>
<tr>
<td>深切治療病房</td>
<td>每天$14,600</td>
</tr>
<tr>
<td>加護病房</td>
<td>每天$9,500</td>
</tr>
<tr>
<td>嬰兒護理室</td>
<td>每天$925</td>
</tr>
<tr>
<td>住院時醫生巡房 / 診治費用</td>
<td>$680 - $2,780</td>
</tr>
<tr>
<td>門診服務</td>
<td>首次診治</td>
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<tr>
<td></td>
<td>$680 - $2,160</td>
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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。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;*

<table>
<thead>
<tr>
<th>Description ( score )</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Slightly Disagree (3)</th>
<th>Slightly Agree (4)</th>
<th>Agree (5)</th>
<th>Strongly Agree (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you agree that the current information handover practice is clear and concise?</td>
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<td>2. Do you agree that the current information handover practice is convenient, practical and useful in the workplace?</td>
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<td>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?</td>
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<td>4. Do you agree that your time have been saved in seeking the updated information from the handover book as in the current practice?</td>
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<tr>
<td>5. Do you agree that the accountability in seeking the updated information is reinforced?</td>
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<td>6. Do you agree that misconception of the information can be clarified?</td>
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<td>7. Do you agree that the current information handover practice can enhance effective communication between the management and the clinical staff?</td>
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<tr>
<td>8. Do you agree that the staff morale can be improved through the current information handover practice?</td>
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<tr>
<td>9. Do you agree that you are satisfied with the current information handover practice as a whole?</td>
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</table>

**Suggestion / Comment:** ________________________________

Thank you very much!
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

<table>
<thead>
<tr>
<th></th>
<th>1 months</th>
<th>3 months</th>
<th>6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td></td>
<td></td>
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<tr>
<td>Staff Satisfaction</td>
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</table>
Committed and Happy Staff

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.
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 cultivate shared governance, feedback from staff will continue to be used to improve nursing communication.
References


# Communication Level Process Summary

<table>
<thead>
<tr>
<th>Level One: Practice Update</th>
<th>Criteria</th>
<th>Actions</th>
</tr>
</thead>
</table>
|                            | - Informational  
- No new practice/skills associated  
- Likelihood of patient consequence low due to new skill acquisition  
- Percent of new theoretical information is low | - A bimonthly PRACTICE UPDATE entered in LEARN® the 2nd and 4th Thursday of each month  
- Completion Target: One Month |

<table>
<thead>
<tr>
<th>Level Two: Practice Alert</th>
<th>Criteria</th>
<th>Actions</th>
</tr>
</thead>
</table>
|                            | - High level of complexity  
- High risk to patient  
- Percent of new theoretical information is high > 49%  
- New skills needed which could have patient consequence | - 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 |

<table>
<thead>
<tr>
<th>Level Three: Shift Briefing</th>
<th>Criteria</th>
<th>Actions</th>
</tr>
</thead>
</table>
|                            | - Emergent Situation/Information  
- Likelihood of patient consequence is high | - 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!