



**Service Priorities and Programmes**  
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**Developing an effective generic nursing care plan in United Christian Hospital**

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**Introduction**

Nursing Care plan is an important tool to ensure that the continuity, safety, and quality of care endure across the multiple handovers made by the many nurses involved in a patient's care. In current situation, there is no generic organization-wide nursing care plan found in United Christian Hospital (UCH) although a basic nursing care plan is used in some areas. In view of this, a newly-developed nursing care plan – United Christian Hospital (NDNCP-UCH) was developed under world-wide standards that need to involve particular domains to plan the nursing cares. Nursing diagnosis in the form is based on parts of the nursing diagnosis described in the North American Nursing Diagnosis Association – International (NANDA-I) (2009), including different domains such as activity/rest, ego integrity, elimination, food/fluid, hygiene, neurosensory, pain, safe and social interaction. The final version was agreed by the workgroup members representative of Medicine & Geriatric (M&G), Surgery (SURG), Obstetrics & Gynecology (O&G), Orthopaedics & Traumatology (O&T), Intensive Care Unit (ICU), Paediatrics & Adolescence Medicine (P&AM), Day Surgery Centre (DSC) and Nursing Services Division (NSD).

**Objectives**

To collect opinions on the design and workflow of the form as well as the operational issues from nursing staff being as a user.

**Methodology**

The NDNCP-UCH forms were distributed to four pilot wards (M&G-2D, O&T-3E, O&G-5A & SURG-8A) for implementation between 01 November 2013 and 31 December 2013. An evaluation form by means of self-reported questionnaire was dispatched to 4 designated wards and returned to LFT through corresponding ward managers before 18 November 2013. Spot-check on patient medical records randomly was carried out by LFT and MKS between late December and early January 2014 to check the adherence of the form used by frontline nurses in terms of the instruction of the form such as daily assessment, documenting in word required and correct signature with name chop.

**Result**

Of the 88 nurses covered, 73 had responded to the survey, giving an overall response

rate of 82.95%. Of the 73 responding nurses, 17 (89.5%) were from O&T, 13 (59.1%) were from M&G, 25 (100%) were from SURG and 18 (81.8%) were from O&G. Of the 13 responding nurses in M&G, the 25 in SURG and the 18 in O&G, two in M&G and O&G as well as one in SURG reported they had ever used the care plan form to provide nursing care plan after starting the pilot. Especially in SURG and O&G, the responding nurses found the design of the care plan form is not easy to be followed (58.3% in SURG; 50% in O&G) and is not user-friendly (75.0% in SURG; 61.1% in O&G). Most of them do not satisfy with the overall design and contents of the care plan form (62.5% in SURG; 55.6% in O&G) without illustrating any suggestion for improvement. In spite of it, some comments were adopted to revise the care plan form whereas some were rejected after discussing in the workgroup. Regarding the results of spot checking on the adherence of the form used by frontline staff, one out of five and two out of five nursing care plan forms were not found in the patient medical record at M&G (2D unit) and O&G (5A unit) respectively. 100 % of nurses were found in conducting daily assessment and giving signature at O&T (3E unit) and SURG (8A unit). Few words were written in one care plan form at SURG. Since the care plan form does not mention to indicate the full name of staff with name chop, no name chop was found in the form during the stock-take. A newly nursing care plan form has been developed and tested to apply in patients by nurses. Minimal amendment has been done to revise the care plan form that was planned to roll out in other departments. A periodic review should be required to enhance its utilization generally in future.