



## Service Priorities and Programmes Electronic Presentations

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### **Daily Morning Brief - Effective to Handle the Situation and Incidents at a Regional Hospital**

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#### **Introduction**

Hospital senior staff handle rapidly evolving situation. The approach was not comprehensive and coordinated.

#### **Objectives**

The daily morning brief allows monitoring and handling the situation through collaboration of team members.

#### **Methodology**

The Hospital Chief Executive was the leader, together with our general nursing manager, representatives from Nursing Support Division, Quality and Safety Team, and administration. We started the meeting in late 2012. There were four areas demanding attention daily: 1) Admission, occupancy, discharge and attendance statistics, and number of ventilators, BiPAP, vacant isolation beds or acupuncture cases, 2) Our electronic nursing reports highlighted important or sensitive cases, 3) Incidents from Advance Incidents Reporting System, complaints, or potential medico-legal cases, 4) News concerning the hospital, and administration issues affecting the hospital. We made early actions to concerned issues, as well as generated longer term measure that might involve collaboration. The progress was also monitored. All information and measure taken in 2015 was collected and analyzed.

#### **Result**

Before the implementation, the nursing reports, AIRS and administration issues were separately examined by own departments with own follow-up actions on irregular basis. Also issue of media interest was not discussed. 1) After implementation, daily statistics report: In early 2015, it allowed nurses to manage their beds, overflow patients or isolation rooms. Also we were able to distribute evenly the

number of ventilators among our wards. With the opening of acute surgical service in late 2015, we noted early the impact on the services in NTWC, and adjusted accordingly. 2) The electronic system generated information about important cases, together with AIRS and information from complaints e.g. deteriorating patients, inappropriate handling, or staff injury. Among 2561 nursing reports, 770 were discussed with 58 early follow up actions and quality measures. Among 307 AIRS discussed, 73 cases needed early actions. Also 179 complaints and 27 medicolegal cases were discussed. 380 news were reported, 35 issues required actions and 27 with administrative issues demanded discussion. 3) Some became longer term initiatives requiring collaboration (e.g. nursing works with Quality and administration in violent patient), or facilitated planning. Conclusion: The daily morning brief is an effective and comprehensive means to monitor and handle the situation, with collaboration of team members. It becomes standard work for our hospital senior staff.