# Green Hospital – Paperless Audit in Department of Surgery, United Christian Hospital

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# Introduction

- Nursing audit is important for developing nursing care and ensuring patient safety

- Different Nursing audit: OSH, ICT, NSD, CQI, Wound & Stoma, Pain, EOL, etc

# Problems

- Use many papers during audit activities
- Storage problem
- Incomprehensive record of audit form
- Time consuming for data input and transfer
- Risk of losing document during transfer

# Problems

Unclear hand writing
Missing data
Wrong entry

# Objectives

- To develop an electronic e-audit form
- To reduce the number of incomprehensive record of audit form

# Pathway

Set up Audit Question

Set up Permission Level

E-mail with hyper-link

Down grade Permission Level after complete the Audit

Report

# Methodology

- A pilot project started from September to December of 2017 in the Department of Surgery
- Using the "Survey" function in the Share Point

# Create

Add new sites, pages, libraries, or lists to this site.

**Select an item to create a new list, library, discussion board, survey, page or site.**
**Hover over an item to view details.**

| Libraries | Communications | Tracking | Custom Lists | Web Pages |
|---|---|---|---|---|
| Document Library | Announcements | Links | Custom List | Web Part Page |
| Form Library | Contacts | Calendar | Custom List in Datasheet View | Sites and Workspaces |
| Wiki Page Library | Discussion Board | Tasks | External List | |
| Picture Library | | Project Tasks | sopd | |
| QSD Documents | | Issue Tracking | stoma | |
| | | Survey | HREC | |
| | | TrainingProgrammeEvaluationForm | Blood Fridge Record (Trial)_template | |
| | | NSDSurvey3 | Blood Fridge Record (Trial) _temp | |
| | | 123 | Records for SharePoint Server Modification | |
| | | Seminar Course Template | GOPC Case Report | |
| | | Team Alignment | Import Spreadsheet | |
| | | Training Survey | | |

Create "Survey"

# Setting – Permission Level

| General Settings | Permissions and Management | Communications |
| --- | --- | --- |
| □ Title, description and navigation | □ Delete this survey | □ RSS settings |
| □ Advanced settings | □ Save survey as template | |
| □ Validation settings | □ Permissions for this survey | |

## Questions

A question stores information about each item in the survey. The following questions are currently available in this survey:

| Question | Type of answer | Required | Branching Logic |
| --- | --- | --- | --- |
| Staff Title and Name | Single line of text | | |
| Explain the reason and fall prevention measures to patient / significant others. | Choice | ✓ | |
| Assess patient for fall risk on admission. | Choice | ✓ | |
| Implement appropriate fall preventive measures to patient at risk. | Choice | ✓ | |
| Inform hospital staff for patient's risk of fall. | Choice | ✓ | |
| Educate patient and / or significant others the necessary precautions. | Choice | ✓ | |
| Reassess patients for fall risk regularly and when required. | Choice | ✓ | |
| Review preventive measure(s) regularly and when required. | Choice | ✓ | |
| Document the risk factors, preventive measures applied and patient's outcome. | Choice | ✓ | |

Set Permissions Level

□ Add a question

□ Change the order of the questions

# Setting

Use this page to edit a question of this survey.

**Question and Type**

Type your question and select the type of answer.

Enter Audit Question

Question

Explain the reason and fall prevention
measures to patient / significant others.

The type of answer to this question:

○ Single line of text
○ Multiple lines of text
● Choice (menu to choose from)
○ Number (1, 1.0, 100)
○ Currency ($, ¥, €)
○ Date and Time

**Additional Question Settings**

Specify detailed options for the type of answer you selected.

Require a response to this question:
● Yes  ○ No

Set "Require"

Enforce unique values:
○ Yes  ● No

Type each choice on a separate line:

1. Yes
2. No
3. NA

Enter "Choice" of the
Audit

Display choices using:
○ Drop-Down Menu
● Radio Buttons
○ Checkboxes (allow multiple selections)

Allow 'Fill-in' choices:
● Yes  ○ No

Default value:
● Choice  ○ Calculated Value

# Device

I-Pad

# Device

Portable computer
on wheel (COW)
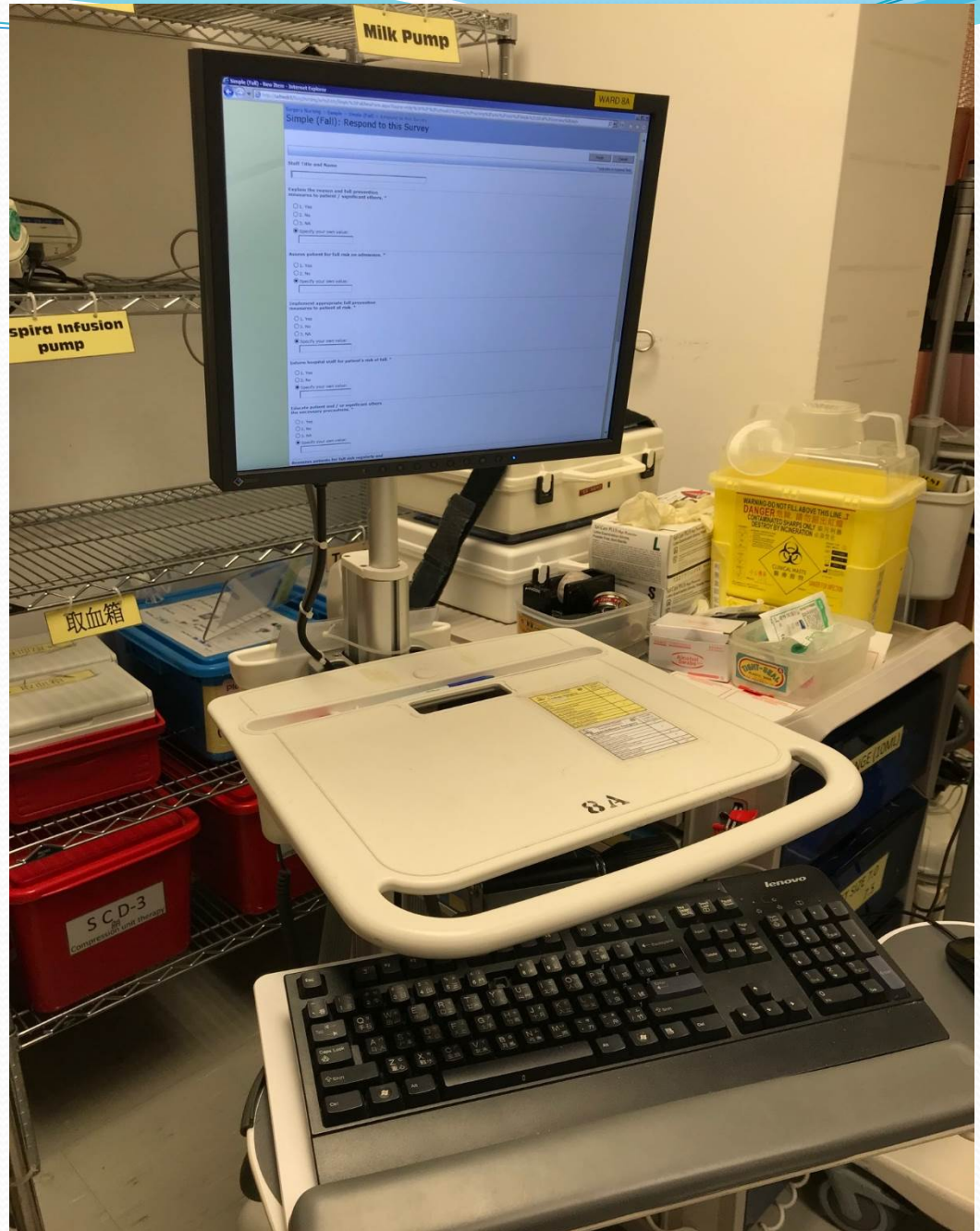
# Hyper-Link on Share Point

## 2017 Surg OSH Hand Hygiene and PPE e-Audit › Home

2017 Surg OSH Hand Hygiene and PPE e-Audit

| | |
|---|---|
| S-7A Nursing Staff | 2017 S-7A Nursing Staff Hand Hygiene Audit<br>2017 S-7A Nursing Staff 穿著個人防護裝備稽核分析<br>2017 S-7A Nursing Staff 卸除個人防護裝備稽核分析 |
| S-7A Supporting Staff | 2017 S-7A Supporting Staff Hand Hygiene Audit<br>2017 S-7A Supporting Staff 穿著個人防護裝備稽核分析<br>2017 S-7A Supporting Staff 卸除個人防護裝備稽核分析 |
| S-7B Nursing Staff | 2017 S-7B Nursing Staff Hand Hygiene Audit<br>2017 S-7B Nursing Staff 穿著個人防護裝備稽核分析<br>2017 S-7B Nursing Staff 卸除個人防護裝備稽核分析 |
| S-7B Supporting Staff | 2017 S-7B Supporting Staff Hand Hygiene Audit<br>2017 S-7B Supporting Staff 穿著個人防護裝備稽核分析<br>2017 S-7B Supporting Staff 卸除個人防護裝備稽核分析 |
| S-8A Nursing Staff | 2017 S-8A Nursing Staff Hand Hygiene Audit<br>2017 S-8A Nursing Staff 穿著個人防護裝備稽核分析<br>2017 S-8A Nursing Staff 卸除個人防護裝備稽核分析 |
| S-8A Supporting Staff | 2017 S-8A Supporting Staff Hand Hygiene Audit<br>2017 S-8A Supporting Staff 穿著個人防護裝備稽核分析<br>2017 S-8A Supporting Staff 卸除個人防護裝備稽核分析 |
| S-8B Nursing Staff | 2017 S-8B Nursing Staff Hand Hygiene Audit<br>2017 S-8B Nursing Staff 穿著個人防護裝備稽核分析<br>2017 S-8B Nursing Staff 卸除個人防護裝備稽核分析 |
| S-8B Supporting Staff | 2017 S-8B Supporting Staff Hand Hygiene Audit<br>2017 S-8B Supporting Staff 穿著個人防護裝備稽核分析<br>2017 S-8B Supporting Staff 卸除個人防護裝備稽核分析 |
| Breast Centre | 2017 Breast Centre Hand Hygiene Audit<br>2017 Breast Centre 穿著個人防護裝備稽核分析 Audit<br>2017 Breast Centre 卸除個人防護裝備稽核分析 Audit |

# Readjusted the permission Level

- Down grade to "Read only" to secure the audit result
- Allow report writer to see all the audit result
- No more hard copy transfer

# Who had finished the audit?

**1. Staff Title and Name**

Example A

1 (13%)

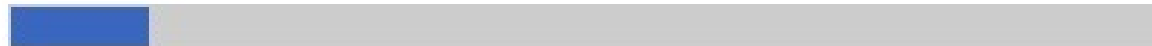Example B

1 (13%)

Example C

1 (13%)

Example D

1 (13%)

Example E

1 (13%)

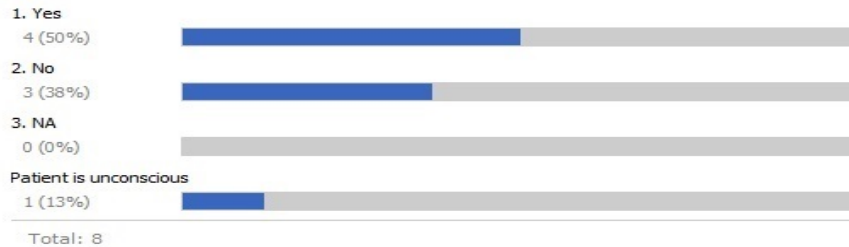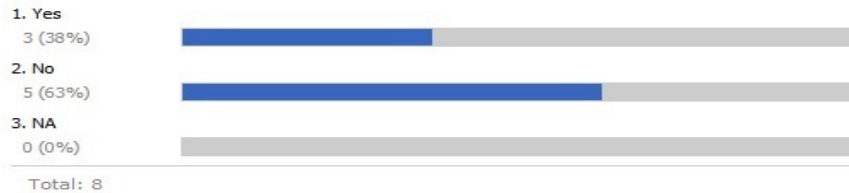Example F

1 (13%)

Example G

1 (13%)

Example H

1 (13%)

Total: 8

# Simple graphical summary

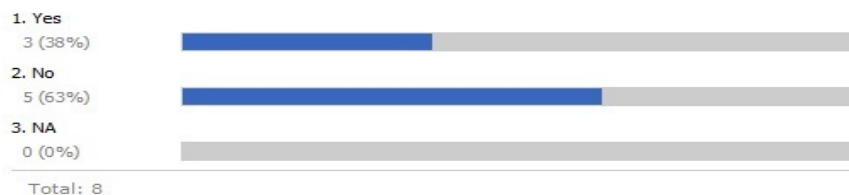**2. Explain the reason and fall prevention measures to patient / significant others.**

1. Yes
4 (50%)

2. No
3 (38%)

3. NA
0 (0%)

Patient is unconscious
1 (13%)

Total: 8

**3. Assess patient for fall risk on admission.**

1. Yes
3 (38%)

2. No
5 (63%)

3. NA
0 (0%)

Total: 8

**4. Implement appropriate fall preventive measures to patient at risk.**

1. Yes
4 (50%)

2. No
4 (50%)

3. NA
0 (0%)

Total: 8

**5. Inform hospital staff for patient's risk of fall.**

1. Yes
3 (38%)

2. No
5 (63%)

3. NA
0 (0%)

Total: 8

# Enter Remarks

**2. Explain the reason and fall prevention measures to patient / significant others.**

1. Yes
4 (50%)

2. No
3 (38%)

3. NA
0 (0%)

Patient is unconscious
1 (13%)

Total: 8
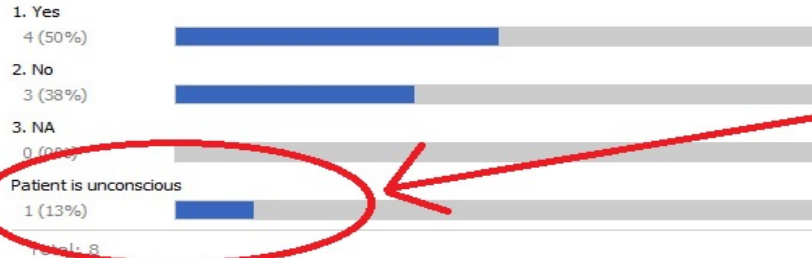
Enter Remarks in some special condition

**3. Assess patient for fall risk on admission.**
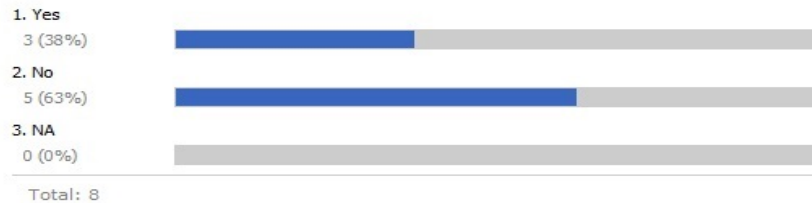
1. Yes
3 (38%)

2. No
5 (63%)

3. NA
0 (0%)

Total: 8

**4. Implement appropriate fall preventive measures to patient at risk.**

1. Yes
4 (50%)

2. No
4 (50%)

3. NA
0 (0%)

Total: 8

**5. Inform hospital staff for patient's risk of fall.**

1. Yes
3 (38%)

2. No
5 (63%)

3. NA
0 (0%)
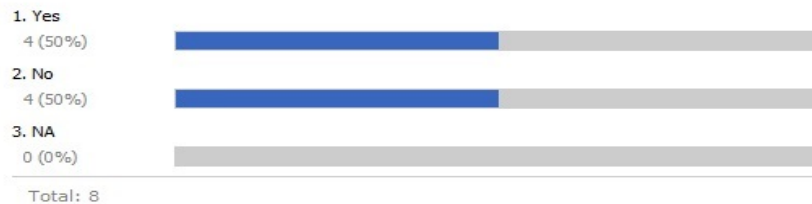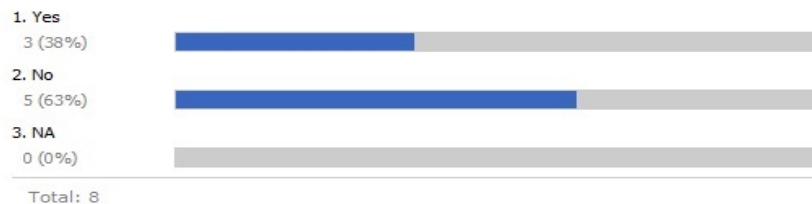
Total: 8

# Results

- Three audits in four surgical wards and Breast Centre
  - Wear of Personal Protective Equipment
  - Remove of Personal Protective Equipment
  - Hand Hygiene
- Total 27 electronic audit forms developed

# Results

- 462 e-audit forms were completed
- More than 450 pieces of paper were saved
- Storage place is saved

# Feedback from the auditors

- All are satisfied with such change
- Convenient, easy to use and time saving

# Future Plan

- Audit
- New Staff Training Record
- Mini test
- Equipment Check List

# Acknowledgment

- DOM Lau So Ying
- WM Wong Kwok Ying
- WM Lee Mei Fong
- WM Yu Pui Ling
- WM Lee Sin Ming
- NO Wong Kwai Ying
- RN Wong Wai Kit
- EN Li WanQiu

# Thank You