



A mixed surgical ward case management platform to reduce hospital length of stay

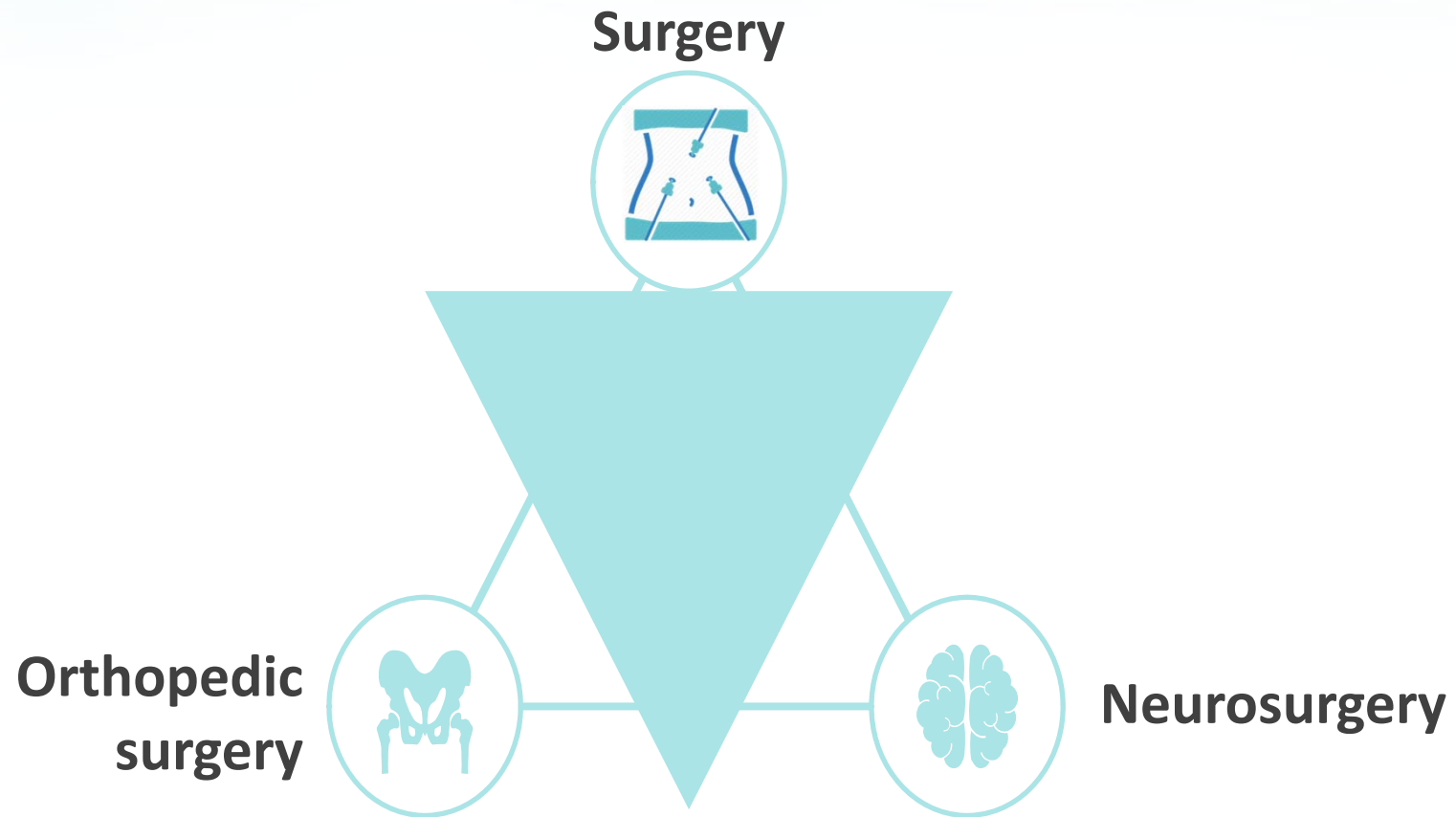
HO MEI SZE
Registered Nurse
Department of Surgery
Princess Margaret Hospital



Background



The first mixed surgical ward in PMH (opened in NOV 2017)





Multi-specialty Environment

- Complex medical round
- Coordination of operation among specialties

Multiple Consultations

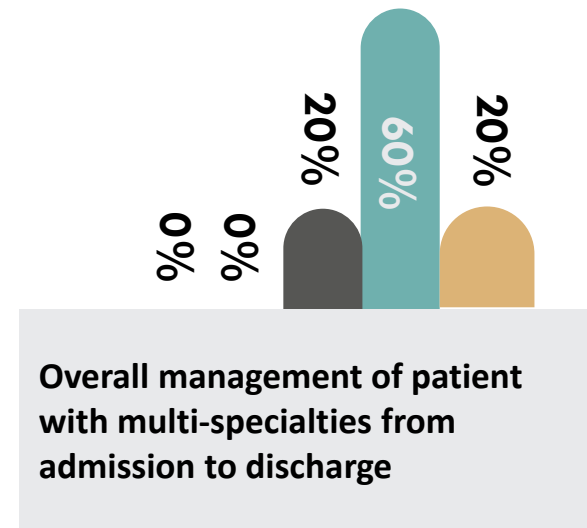
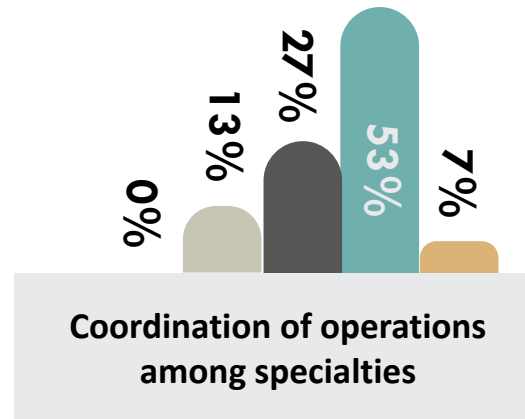
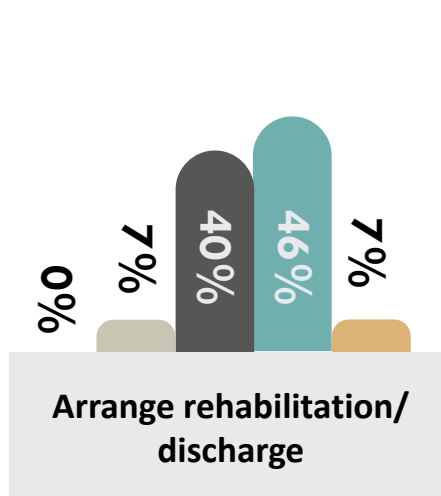
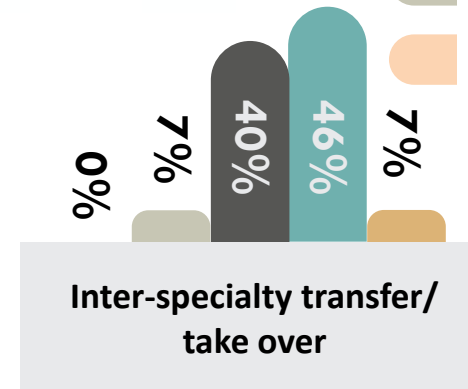
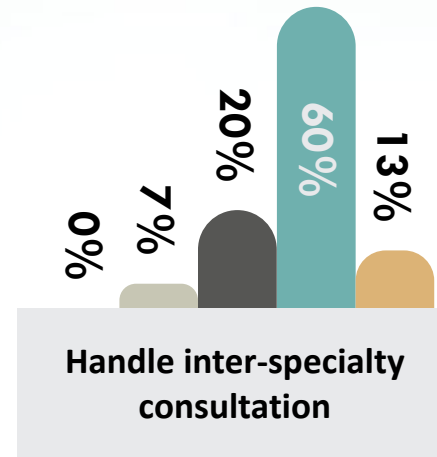
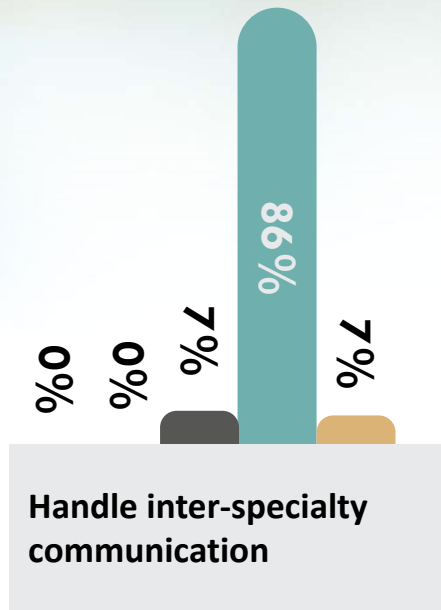
- Inter-specialty consultation
- Transfer/ takeover

Communication

- Inter-specialty communication

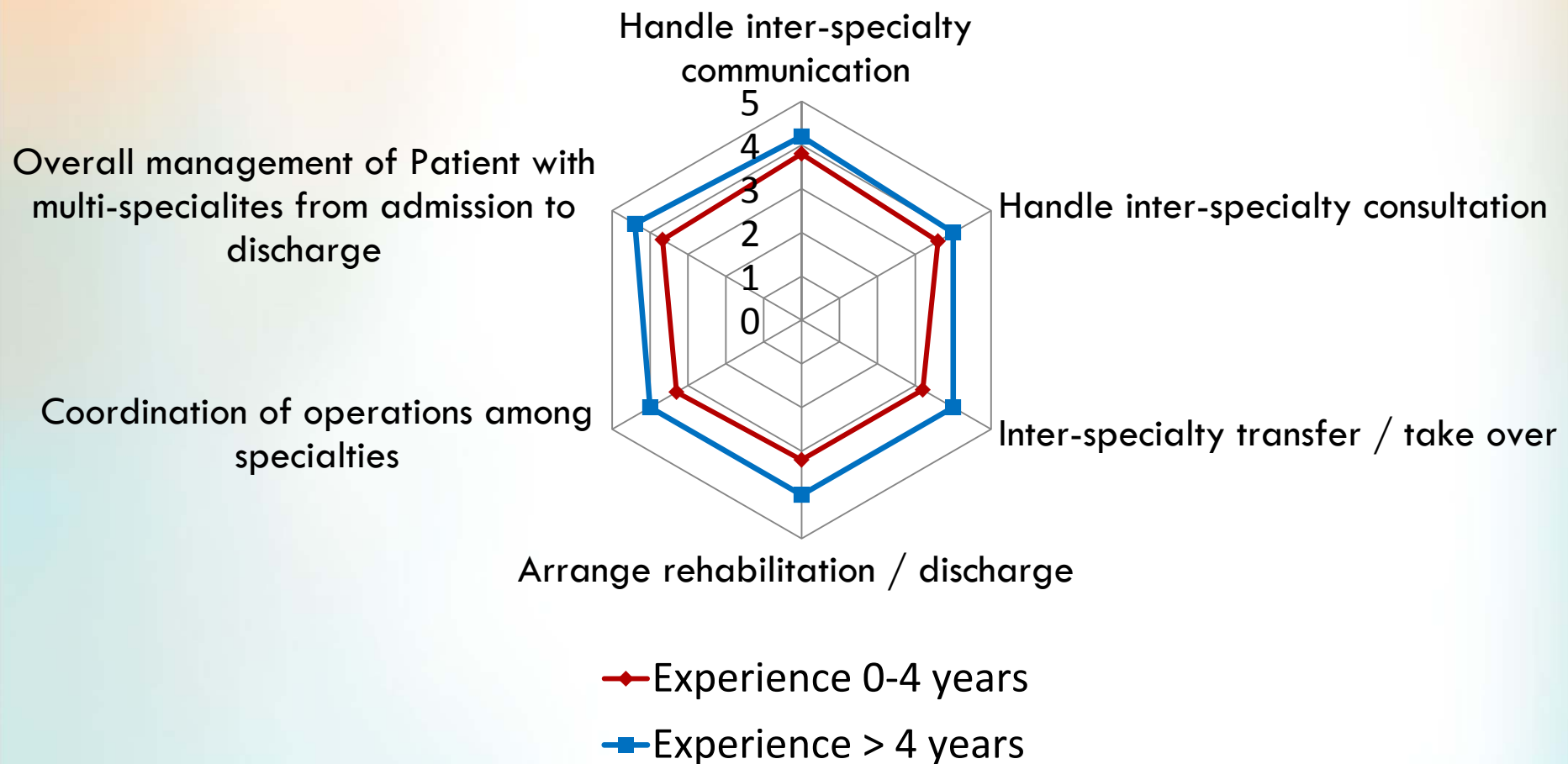
CHALLENGES

Perception on Service Challenge

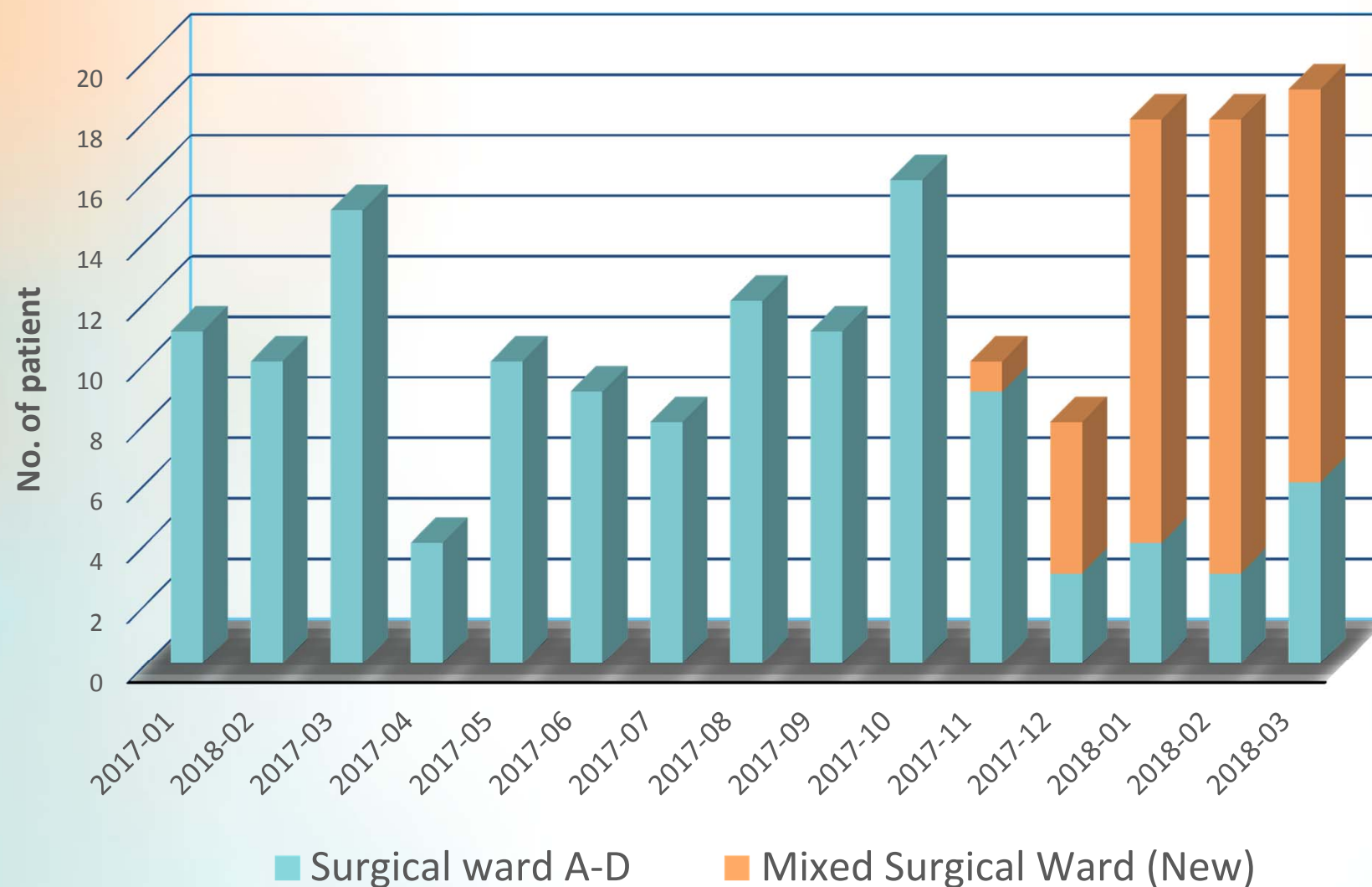


Perception on Service Challenge

Scale: 1- Strongly Disagree to
5- Strongly Agree

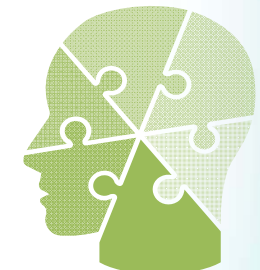
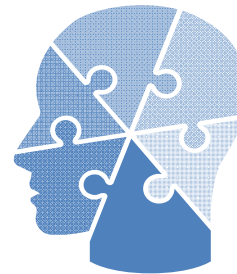
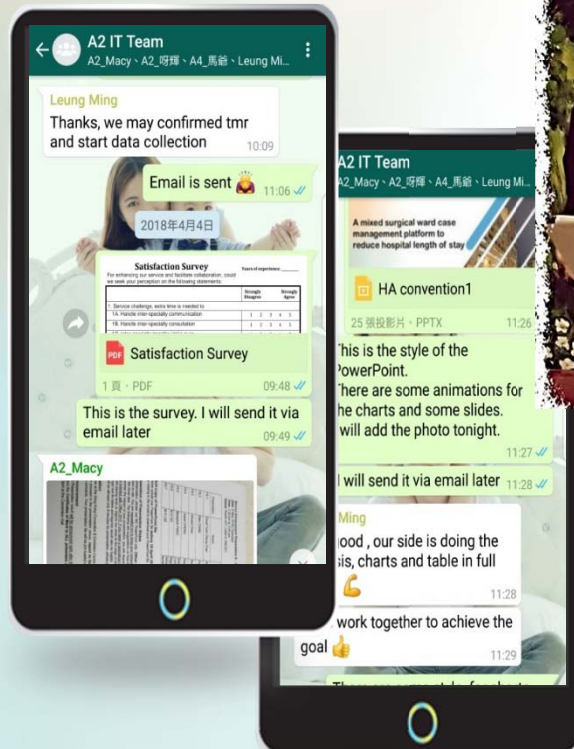


Traumatic Admission for General Surgery





Our Team





Objective

To setup an **electronic platform** with the capacity of **real time communication** on patient's parent specialties and status of consultations under the **multidisciplinary Environment**.

Aimed at **reducing hospital length of stay**.

Case Management System



- Real time electronic communication platform
- Web-based and accessible on HA network

PMH Home > PMH Trauma Service

Welcome H C YEUNG, PMH EA I(Trauma)

This Site: Case management fr

PMH TRAUMA SERVICE
瑪嘉烈醫院創傷中心

Case management for mixed surgical Ward

Home Guidelines Resource Trauma Case Management Trauma Meeting Simulation Training Performance Improvement Portal Mixed Surgical Ward Site Actions

Lists

- Mixed Surgical Ward
- Surgery Consultation
- NS Consultation
- ORT Team 1 Consultation
- ORT Team 2 Consultation
- ORT Team 3 Consultation

A2 consultation

New Actions Settings

HN Number	Surname	Bed No	Cubicle	Admission Time	Parent specialty	2nd specialty	SUR Active Consultation	NS Active Consultation	ORT Active consultation
HN123	Leung	5	Cubicle A	3/10/2017 0:00	ORT1		URGENT	No	No
HN123	So	6	Cubicle A	3/10/2017 0:00	NS		ROUTINE	No	URGENT, Team 1
HN123	Yeung	9	Cubicle B	3/10/2017 0:00	SUR		No	ROUTINE	No
HN172	Yip	9	Cubicle B	6/9/2017 12:05	SUR	ORT3	No	No	No
HN173	Zhou	18	Cubicle C	20/9/2017 19:00	SUR	NS; ORT2	No	ROUTINE	URGENT, Team 2
HN123	Ng	20	Cubicle C	3/10/2017 0:00	SUR		No	No	URGENT, Team 3
HN172	Wong	22	Cubicle C	17/10/2017 0:00	SUR	NS	No	No	No

Patient Demographic

Active Consultation Status



Home - Case management for mixed surgical Ward - Internet Explorer

http://pmh.home/sites/trauma/A2_ward/default.aspx

PMH.Home > PMH Trauma Service

PMH TRAUMA SERVICE
瑪嘉烈醫院創傷中心

Case management for mixed

Home Guidelines Resource Trauma Case Management Trauma Meeting Simulation Training Performance

Lists

- Mixed Surgical Ward
- Surgery Consultation
- NS Consultation
- ORT Team 1 Consultation
- ORT Team 2 Consultation
- ORT Team 3 Consultation

A2 consultation

New Actions Settings

HN Number	Surname	Bed No	Cu
HN12345	Leung	5	Cu
2345	So		
2345	Yeung		
7287	Yip	9	Cu
HN17313	Zhou	18	Cu
HN12345	Ng	20	Cu
HN17213	Wong	22	Cu

New Case

PMH Trauma Service > Case management for mixed surgical Ward > A2 consultation > New

A2 consultation: New Item

OK

Attach File

HN Number * HN

Surname Kazim

Bed No * 17

Admission Time 21/9/2017

Discharge Time

Specialty

- ☐ NS
- ☐ ORT1
- ☐ ORT2
- ☐ ORT3
- ☒ SUR

2nd specialty

- ☐ NS
- ☒ ORT1
- ☐ ORT2
- ☐ ORT3
- ☒ SUR

SUR consultaton request Time 00: 00

SUR consultation urgency

SUR consultaton Time 00: 00

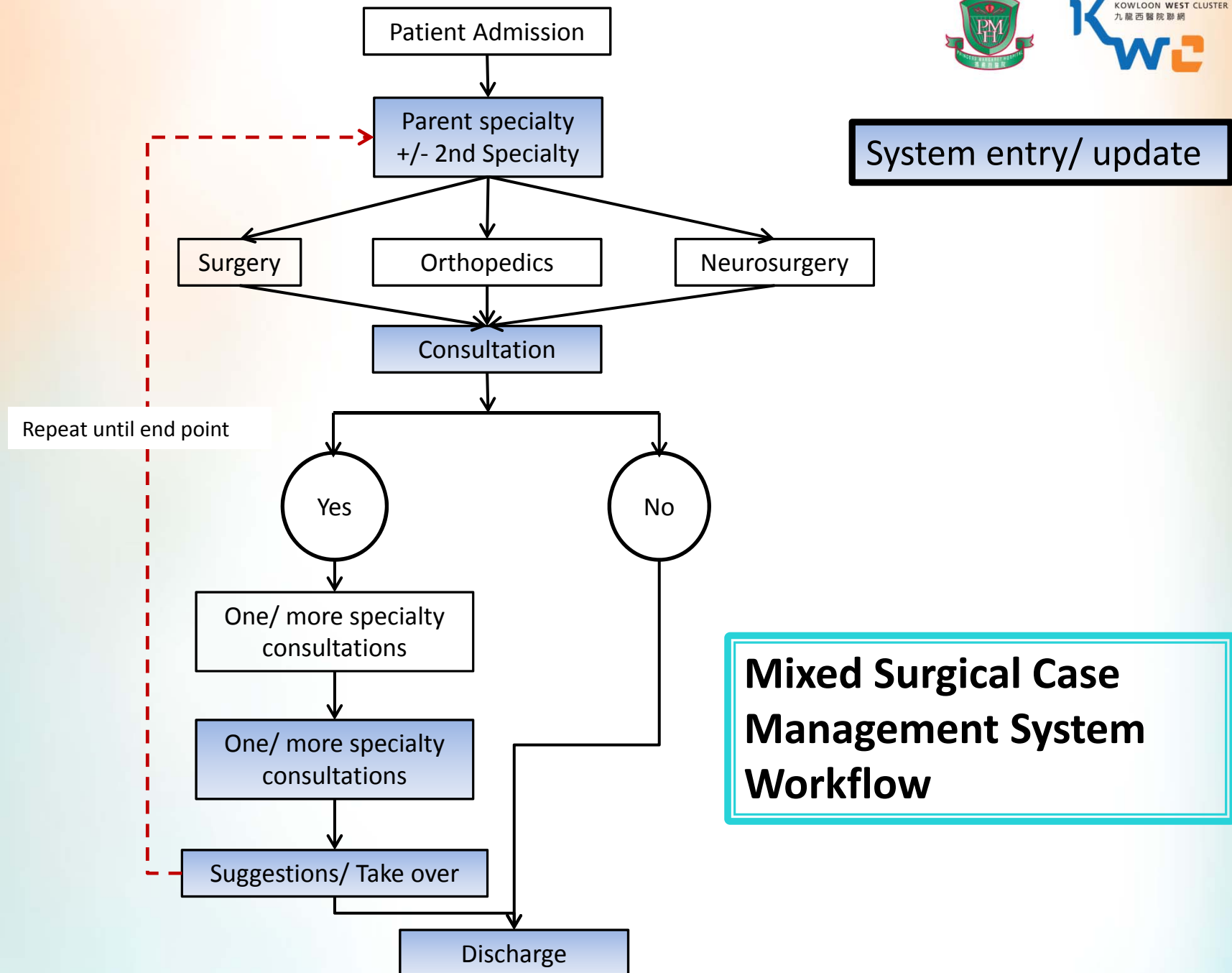
SUR Consultation remarks

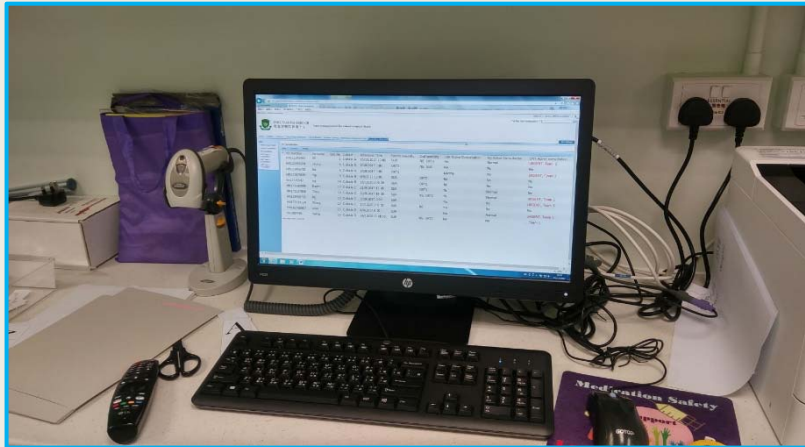
Input Demographic



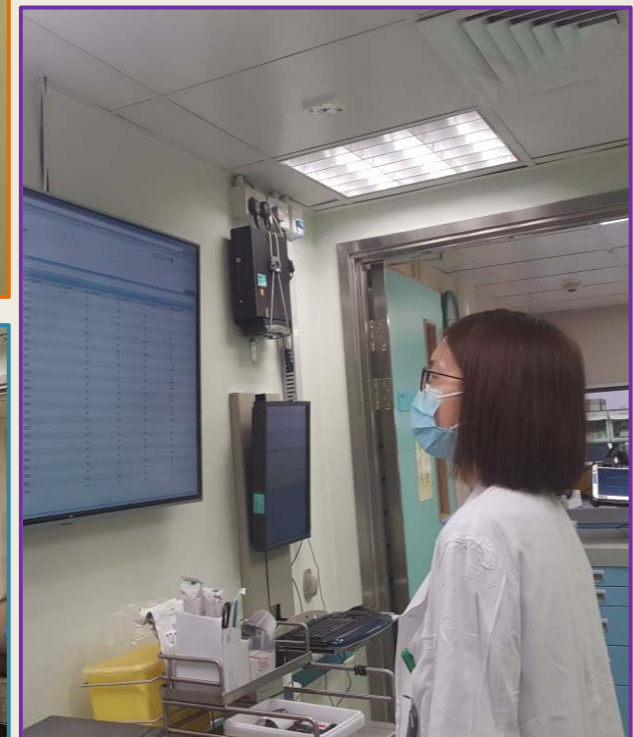
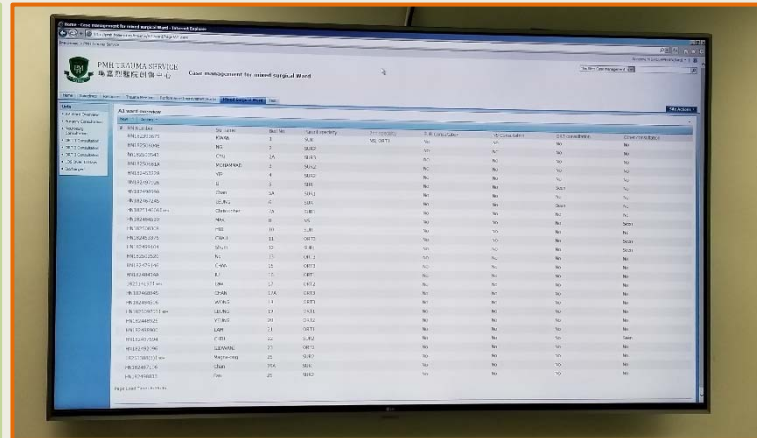
A2 consultation									
New	Actions	Settings							
HN Number	Surname	Bed No	Cubicle	Admission Time	Parent specialty	2nd specialty	SUR Active Consultation	NS Active Consultation	ORT Active consult
HN123456789	Leung	5	Cubicle A	3/10/2017 0:00	ORT1		URGENT	No	No
HN123456789	So	6	Cubicle A	3/10/2017 0:00	NS		ROUTINE	No	URGENT, Team 2
HN123456789	Yeung	9	Cubicle B	3/10/2017 0:00	SUR		No	ROUTINE	No
HN172345678 NEW	Yip	9	Cubicle B	6/9/2017 12:05	SUR	ORT3	No	No	No
HN172345678 NEW	Kazim	17	Cubicle C	21/9/2017 13:45	SUR	ORT1; SUR	No	ROUTINE	URGENT, Team 2
HN172345678 NEW	Zhou	18	Cubicle C	20/9/2017 19:00	SUR	NS; ORT2	No	ROUTINE	URGENT, Team 2
HN123456789	Ng	20	Cubicle C	3/10/2017 0:00	SUR		No	No	URGENT, Team 2
HN172345678 NEW	Wong	22	Cubicle C	17/10/2017 0:00	SUR	NS	No		

NS, ORT consultation
update, urgent marked
with red



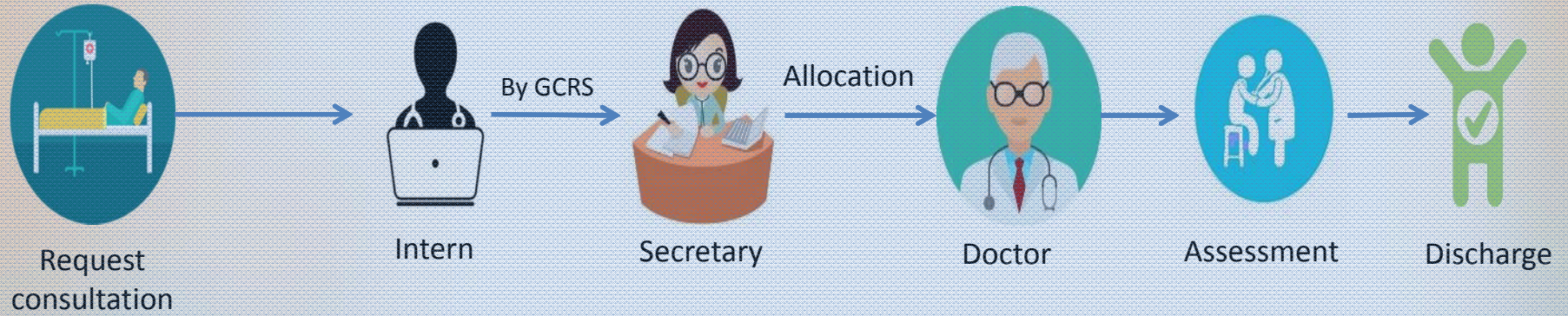


Accessibility
HA network
Authorized person

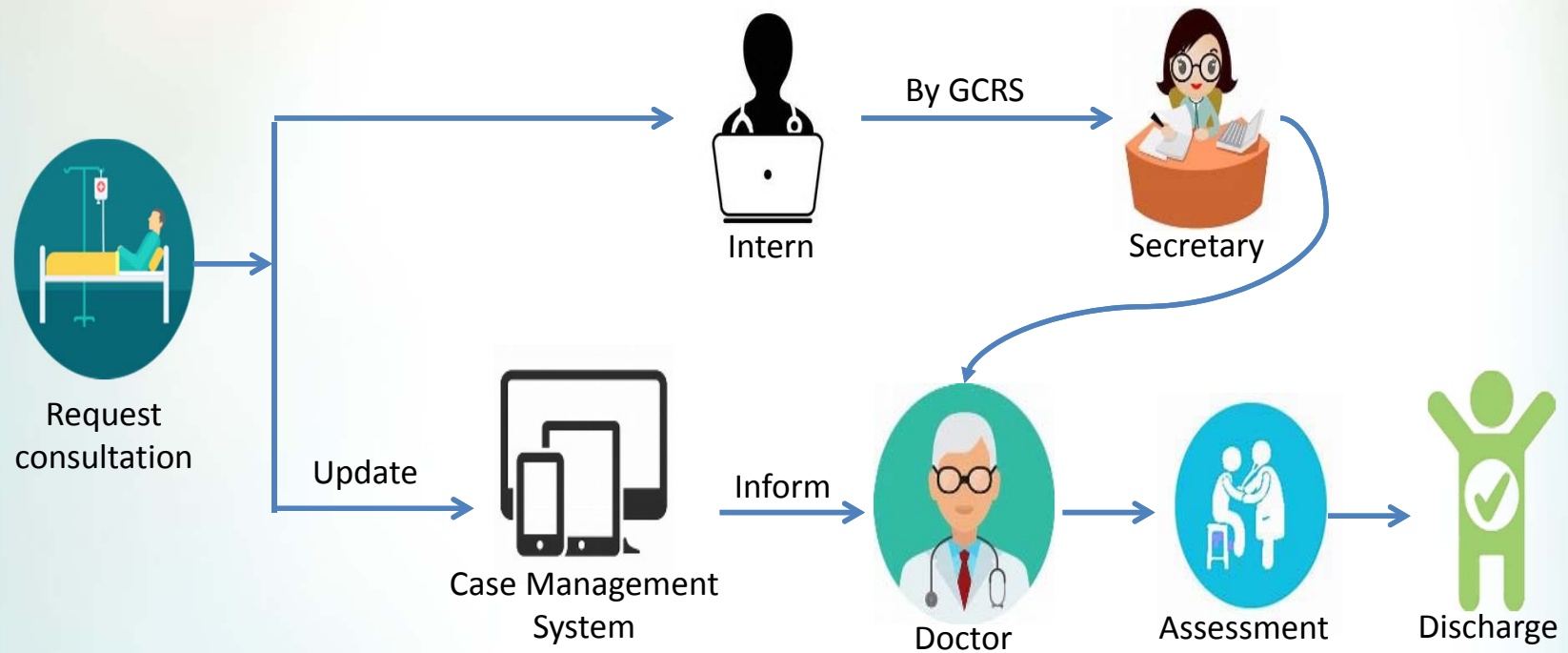




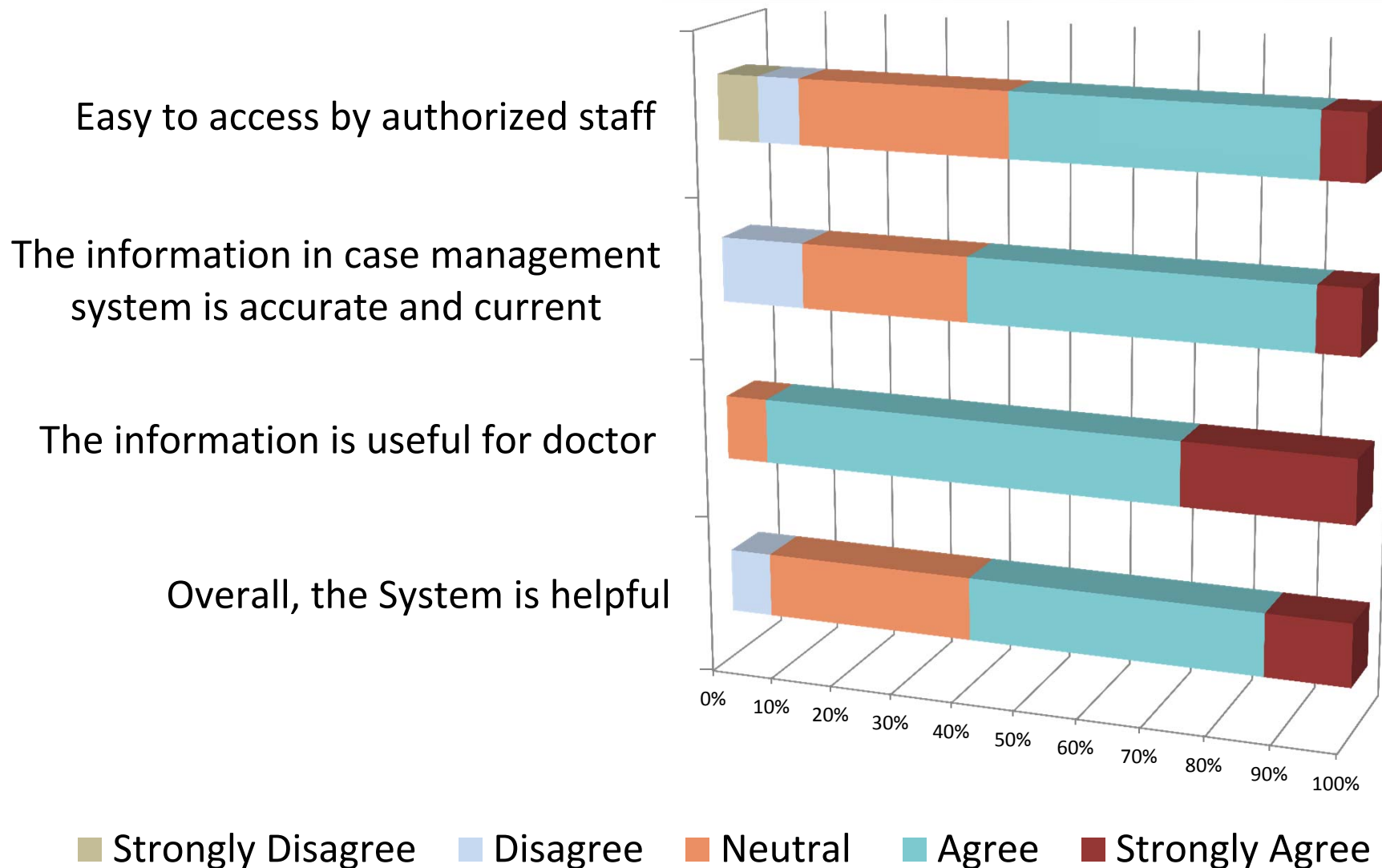
Existing



Enhanced Workflow



Colleague's Perception



The System is Helpful ? How ?

The information in case management system is accurate and current

Facilitate the handover between staff

Easy to access by authorized staff

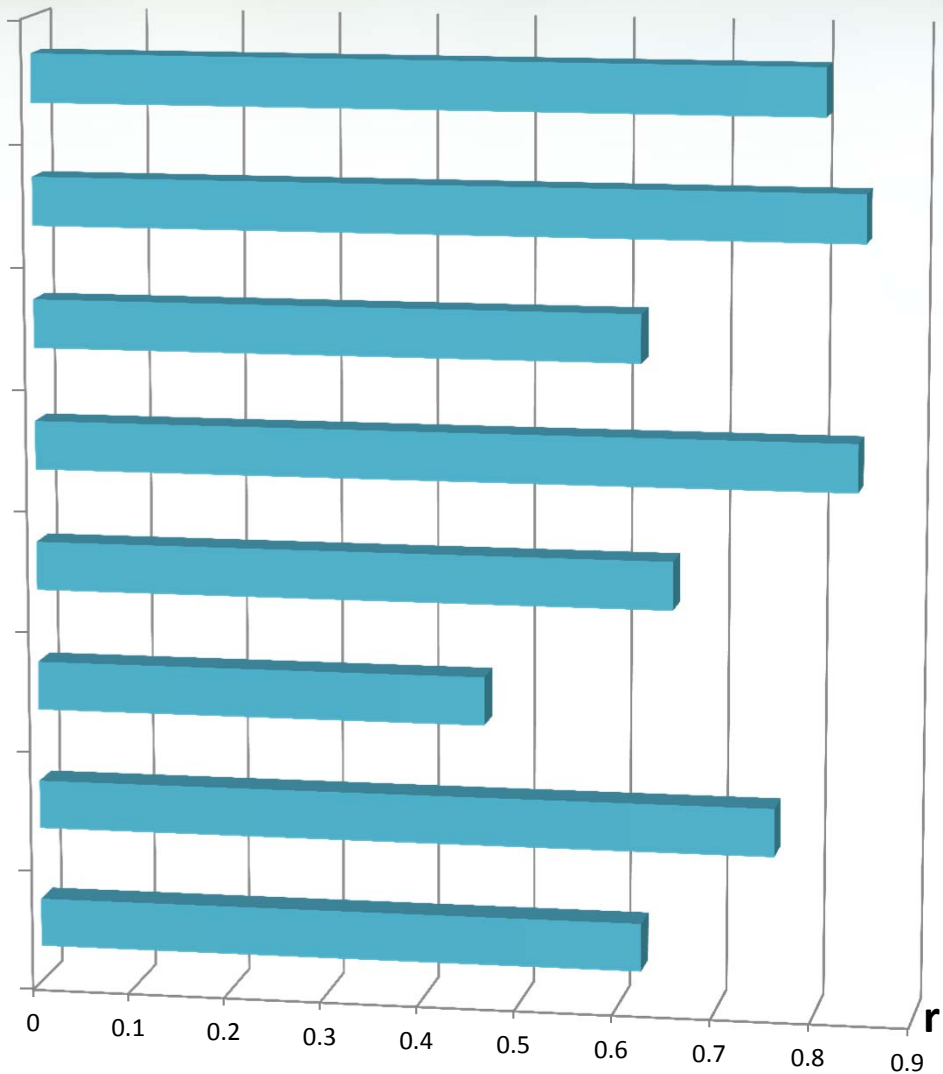
Easy to reach the consultation information of patients

System layout is clear and systematic

Easy to learn how to use

User friendly in data entry

The information is useful for doctor

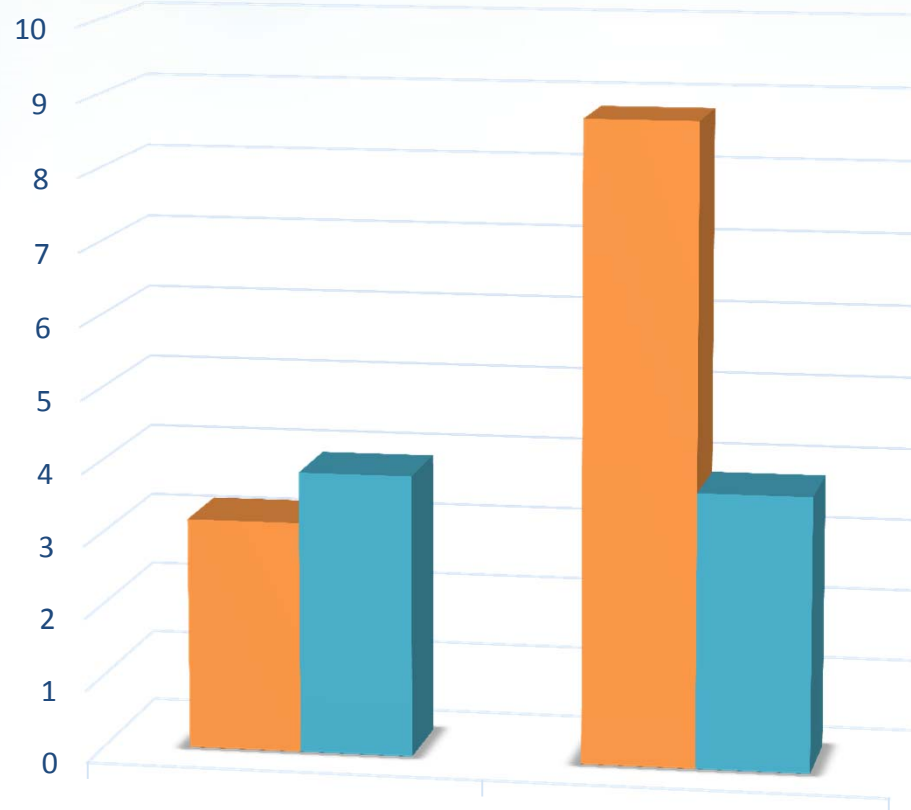


$$r = \frac{\sum_{i=1}^n (x_i - \bar{x})(y_i - \bar{y})}{\sqrt{\sum_{i=1}^n (x_i - \bar{x})^2} \sqrt{\sum_{i=1}^n (y_i - \bar{y})^2}}$$

Length of Stay



LOS



ISS ≤ 4

ISS > 4

- Non mixed surgical ward admission
- Mixed surgical ward admission

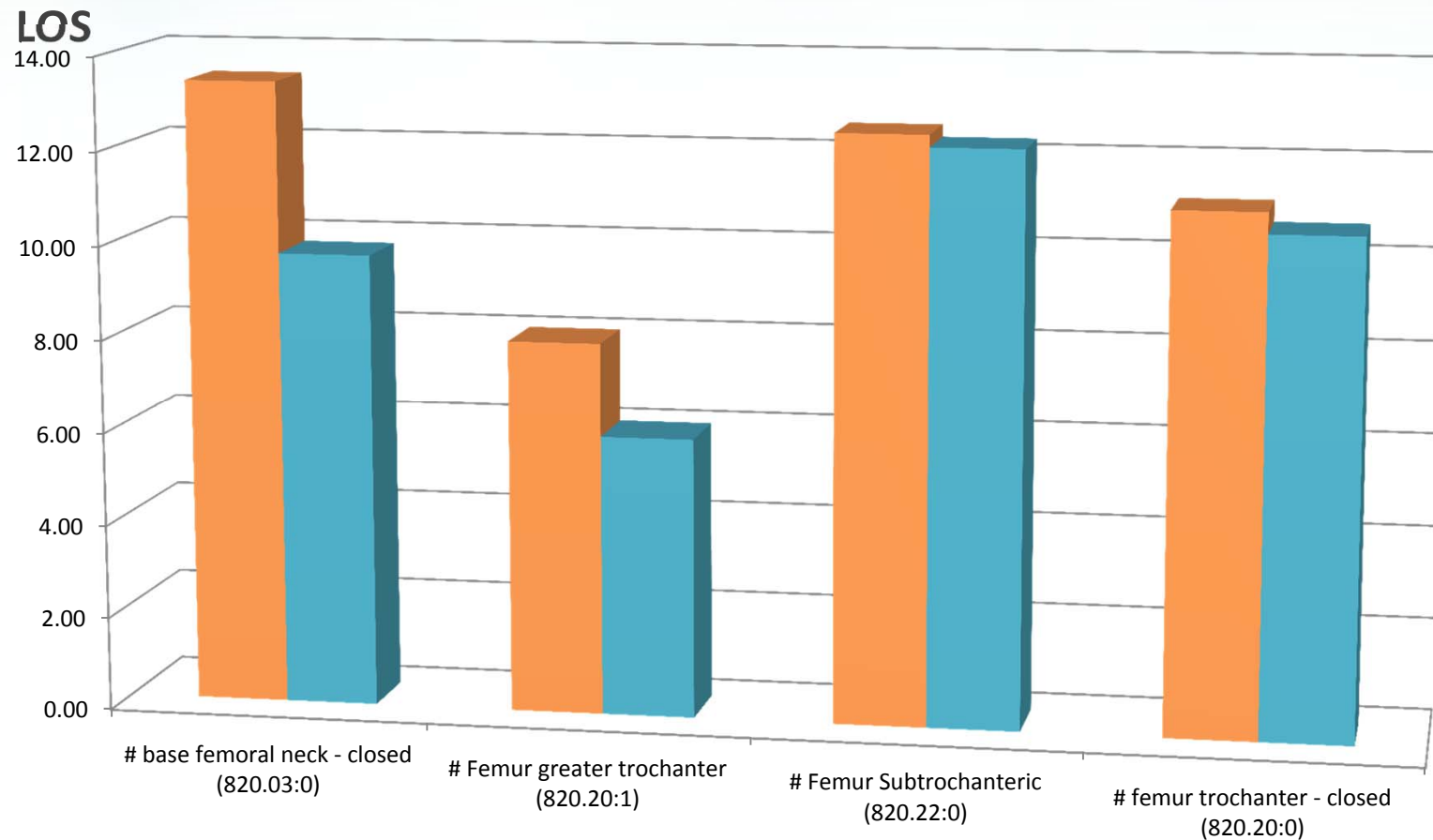
Injury severity score (ISS)

ISS ≤ 4	N	Mean	Std. Dev.	P-value
Non mixed surgical ward admission	121	3.2	4.8	0.7687
Mixed surgical ward admission	43	3.9	6.5	
ISS > 4				
Non mixed surgical ward admission	8	8.8	6.0	0.071
Mixed surgical ward admission	4	3.8	1.9	

$$T = \frac{Mean_{A2} - Mean_{Non A2}}{\sqrt{\frac{(SD_{A2})^2}{N_{A2}} + \frac{(SD_{Non A2})^2}{N_{Non A2}}}}$$

Length of Stay

Comparison of mixed surgical and general orthopaedics ward By principal diagnosis



-  Non mixed surgical ward admission
-  Mixed surgical ward admission

Conclusion



Positive comments have been received from users' interview

Well acceptance from medical and nursing colleague

High system ownership and incredibly easy to use

Evidenced in reducing unnecessary length of stay

Enhanced communication among different specialties

FUTURE PLANNING

1

Customized display for different specialties

2

Link up with nursing activities

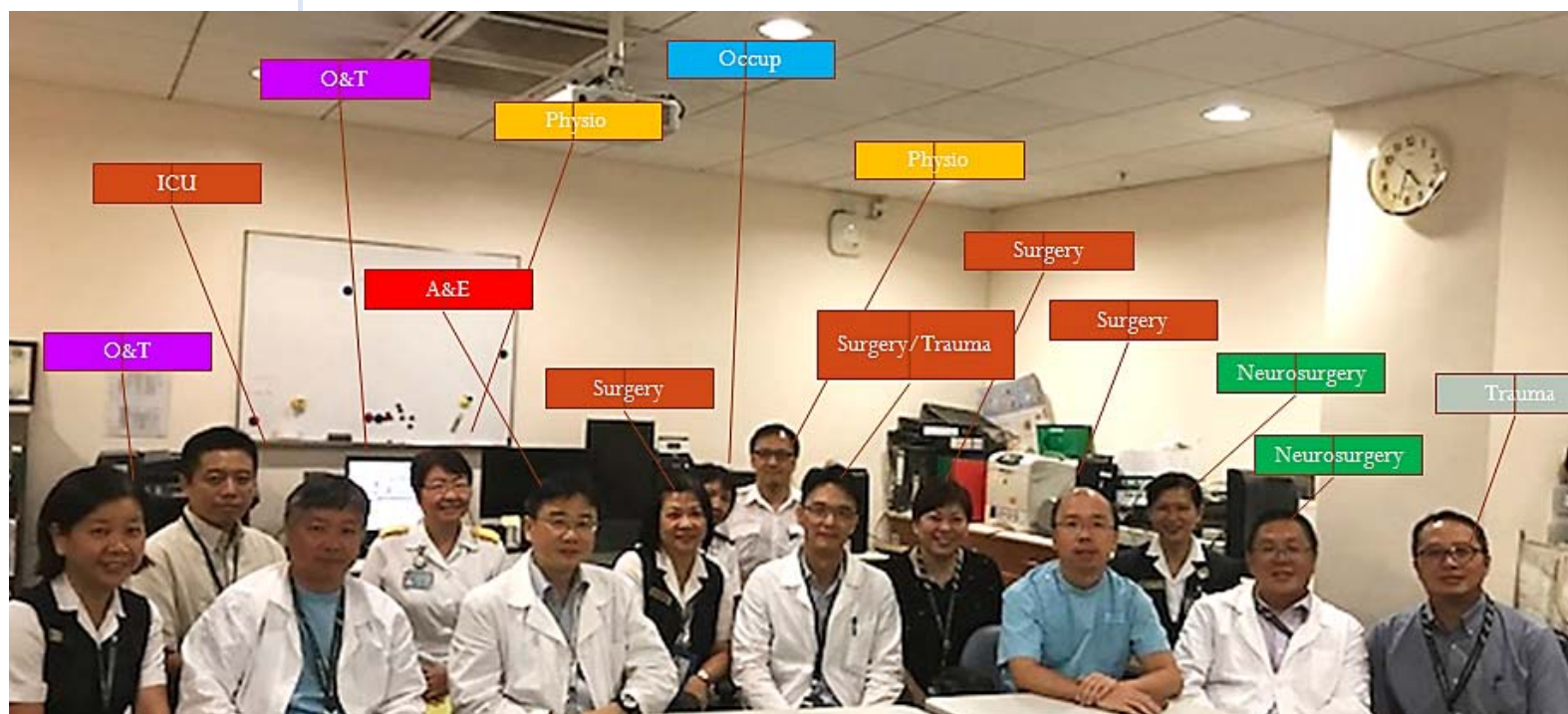
3

Integrated information for nursing handover
e.g. out-standing consultation

4

Longitudinal evaluation

ACKNOWLEDGEMENT



Multidisciplinary mixed surgical ward task group

“Coming together is a beginning.
Keeping together is progress.
Working together is success.”
Henry Ford

Thank you



Mixed Surgical Ward, PMH

References



1. Al-Hawamdih, S. and M.M. Ahmad, Examining the Relationship Between Nursing Informatics Competency and the Quality of Information Processing. *Comput Inform Nurs*, 2018. 36(3): p. 154-159.
2. Boydston, J., Use of a standardized care communication checklist during multidisciplinary rounds in pediatric cardiac intensive care: a best practice implementation project. *JBHI Database System Rev Implement Rep*, 2018. 16(2): p. 548-564.
3. Carrington, J.M., et al., Nursing Informatics Year in Review 2017. *Nurs Adm Q*, 2018. 42(2): p. 180-185.
4. Der, Y., Multidisciplinary rounds in our ICU: improved collaboration and patient outcomes. *Crit Care Nurse*, 2009. 29(4): p. 84, 83.
5. Dojmi Di Delupis, F., et al., Communication during handover in the pre-hospital/hospital interface in Italy: from evaluation to implementation of multidisciplinary training through high-fidelity simulation. *Intern Emerg Med*, 2014. 9(5): p. 575-82.
6. Dutton, R. P., Cooper, C. & Jones, A. (2003). Daily Multidisciplinary Rounds Shorten Length of Stay for Trauma Patients. *Journal of Trauma and Acute Care Surgery*, 55 (5), 913-919.
7. Glance, L. G., Stone, P. W. & Mukamel, D. B. (2011). Increase in Mortality, Length of Stay, and Cost Associated With Hospital-Acquired Infections in Trauma Patients. *Arch Surg*, 146 (7), 794-801.
8. Halvorsen, K.H., P. Stensland, and A.G. Granas, A qualitative study of physicians' and nurses' experiences of multidisciplinary collaboration with pharmacists participating at case conferences. *Int J Pharm Pract*, 2011. 19(5): p. 350-7.
9. Hellier, C., et al., Improving multidisciplinary communication at ward board rounds using video enhanced reflective practice. *BMJ Qual Improv Rep*, 2015. 4(1).
10. Joseph, K., et al., The "TRAUMA LIFE" initiative: The impact of a multidisciplinary checklist process on outcomes and communication in a Trauma Intensive Care Unit. *Am J Surg*, 2018.
11. Kleib, M., N. Simpson, and B. Rhodes, Information and Communication Technology: Design, Delivery, and Outcomes from a Nursing Informatics Boot Camp. *Online J Issues Nurs*, 2016. 21(2): p. 5.
12. Madsen, I., Taking Nursing Informatics into the Future. *Stud Health Technol Inform*, 2017. 244: p. 73-75.
13. Marsden, E., et al., Nurse-led multidisciplinary initiatives to improve outcomes and reduce hospital admissions for older adults: The Care coordination through Emergency Department, Residential Aged Care and Primary Health Collaboration project. *Australas J Ageing*, 2018.
14. Ndoro, S. (2014). Effective Multidisciplinary Working: the Key to High-Quality Care. *British Journal of Nursing*, 23 (13), 45-48.
15. Rowlands, S. and J. Callen, A qualitative analysis of communication between members of a hospital-based multidisciplinary lung cancer team. *Eur J Cancer Care (Engl)*, 2013. 22(1): p. 20-31.
16. Shin, E.H., E. Cummings, and K. Ford, A qualitative study of new graduates' readiness to use nursing informatics in acute care settings: clinical nurse educators' perspectives. *Contemp Nurse*, 2018. 54(1): p. 64-76.
17. Streeton, A., et al., Improving Nurse-Physician Teamwork: A Multidisciplinary Collaboration. *Medsurg Nurs*, 2016. 25(1): p. 31-4, 66.
18. Szyld, D., Peyre, S. E. & Cooper, Z. R. (2011). Trauma Team Training: Multidisciplinary Training for Trauma Management. *MedEdPORTAL*, 78267.
19. Turner, P., et al., Multidisciplinary communication strategies for Magnet(R) success. *Am J Nurs*, 2012. 112(1 Suppl): p. 45-7.
20. Zhu, L.L. and Q. Zhou, Multidisciplinary collaboration among physicians, pharmacists, nurses, and information technology engineers addresses inappropriate pill crushing and capsule opening in hospitalized patients. *Int J Nurs Pract*, 2016. 22(6): p. 660-661.

Appendix

Satisfaction Survey

Years of experience: _____



For enhancing our service and facilitate collaboration, could we seek your perception on the following statements:

	Strongly Disagree				Strongly Agree
1. Service challenge, extra time is needed to					
1A. Handle inter-specialty communication	1	2	3	4	5
1B. Handle inter-specialty consultation	1	2	3	4	5
1C. Inter-specialty transfer / take over	1	2	3	4	5
1D. Arrange rehabilitation / discharge	1	2	3	4	5
1E. Coordination of operations among specialties	1	2	3	4	5
1F. Overall management of patient with multi-specialties from admission to discharge	1	2	3	4	5
2. Following the case management platform, could we seek your perception:					
2A. User-friendly in data entry	1	2	3	4	5
2B. Easy to learn how to use	1	2	3	4	5
2C. System layout is clear and systematic	1	2	3	4	5
2D. Easy to reach the consultation information of patients	1	2	3	4	5
2E. Easy to access by authorized staff	1	2	3	4	5
2F. Facilitate the handover between staff	1	2	3	4	5
2G. The information in case management system is accurate and current	1	2	3	4	5
2H. The information is useful for doctor	1	2	3	4	5
2I. Overall, the system is helpful	1	2	3	4	5
2J. For further development, would you have interest to join the development team	1	2	3	4	5
3. Would you believe the case management system could facilitate:					
3A. Inter-specialty communication	1	2	3	4	5
3B. Inter-specialty consultation	1	2	3	4	5
3C. Inter-specialty transfer / take over	1	2	3	4	5
3D. Rehabilitation / discharge	1	2	3	4	5
3E. Coordination of operations among specialties	1	2	3	4	5
3F. Overall management of patient with multi-specialties from admission to discharge	1	2	3	4	5
3G. Also helpful for allied health staff such as physio, occup, clinical psy	1	2	3	4	5
3H. Helpful for reducing LOS	1	2	3	4	5

Other Suggestions:
