PATIENT STATUS AT A GLANCE:

BRIDGING THE GAPS OF COMMUNICATION THROUGH A VISUAL MANAGEMENT TOOL

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ESCC G2 UNIT

INTRODUCTION

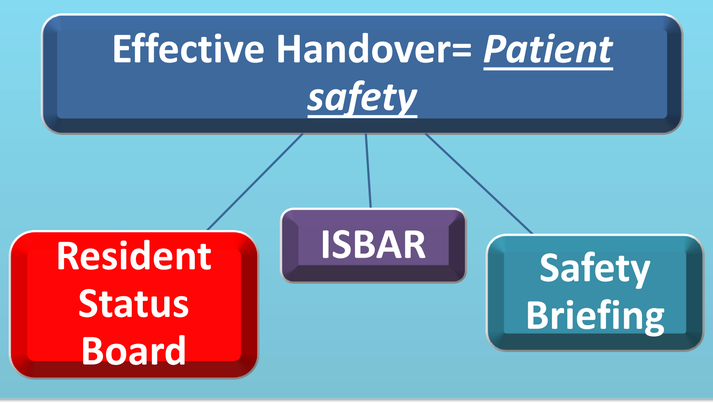
Handover is one of the most important rituals in the nursing care process. It is so crucial that any errors or discrepancies in the task may cause harm to the patient, thus illustrating its perceived importance in delivering continuity of care. ESCC G2, in collaboration with IHI, has reinvented the handover procedure by creating the Resident Status Board. This board is a visual tool designed to summarize general resident information that is relevant for all disciplines. The board is divided into nine columns that determines their DNAR status, pressure ulcer, fall risk, restraints, infection control issues, contraptions such as tracheostomy tube, enteral feeding, Foley's catheter, and other nurse alerts that include blood extractions and appointments.

PROBLEM

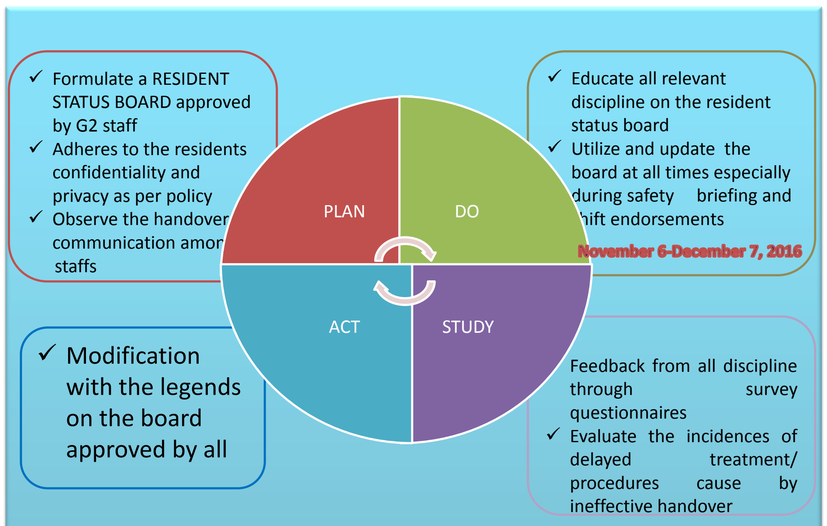
Safety briefing and ISBAR compliance in G2 is 100% from October 2016 from all disciplines. However, It was observed that there were 15 incidences of delay in procedures such as routine changing of NGTs and tracheostomy tubes, and also DNAR renewals.

AIMS

To improve patient safety in G2 by integrating the Resident Status Board with the ISBAR and Safety briefing as part of the communication methods by June 2017.



STRATEGIES



PDSA CYCLE

RESULTS

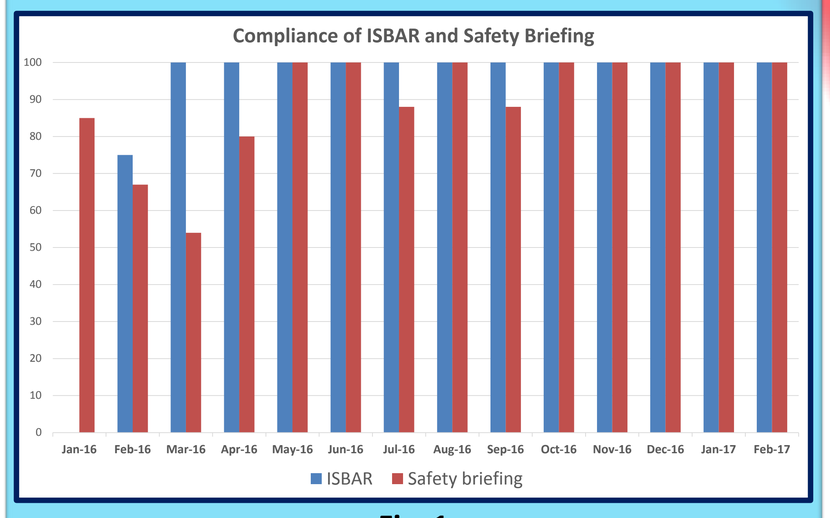


Fig. 1

It could be noted that from January 2016, there were variations as to compliance due to transition of documentation for the ISBAR to Cerner and as for the Safety Briefing, adjustments were still on the process to establish a fixed date and time for the assembly. Full compliance was later achieved from October 2016 onwards however, there were still a significant occurrence of delayed treatment as shown in the Fig. 2.

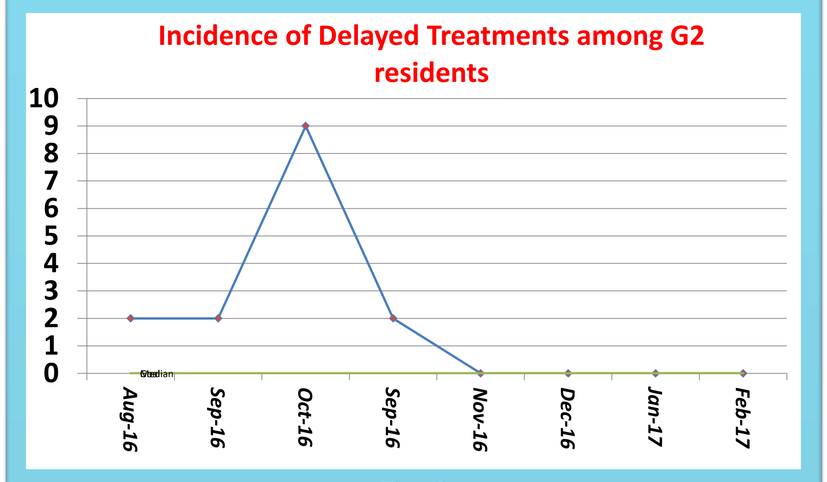


Fig. 2

After the utilization of the Resident Status Board which took effect on November 2016, it is evident that there was no incidence of delay in executing due procedures/treatment for the residents of G2.

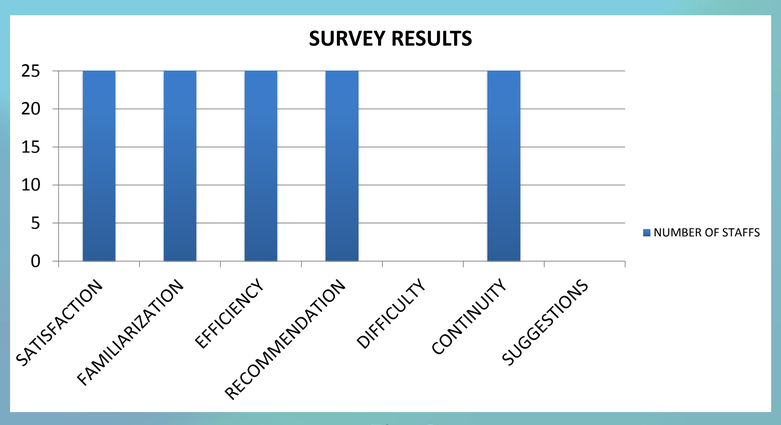


Fig. 3

To assess the effectivity of this project, a survey was conducted through questionnaires for all members of MDT. It shows that 100% of the members found the board useful and that there was no difficulty encountered while utilizing the Resident Status Board.

CONCLUSION

The Resident Status Board complements the established methods of handovers such as the ISBAR and Safety Briefing as it is accessible and visible for all disciplines that are involved in the patient care. This is indeed a breakthrough in promoting effective communication. With patient safety as our main priority we can say that it is part of our advocacy to continually innovate new ideas to enhance delivery of quality patient care. Above all, cultivating the spirit of teamwork and brainstorming promotes open-mindedness to change and further deepens the camaraderie between staffs and other disciplines. As for future plans, the MDTs will have to formulate a guideline to standardize handover operations in all ESCC and to influence other units to adapt the Resident Status Board and seek ways to better improve the said project.