



Healthcare Organization Commitment

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Position

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Commitment Details

Commitment Name

Hand-Off Communications: Hospital Unit Shift Change (APSS #6; 2g Appendix C using SBAR)

Participants

Dr. Le Quoc Su
Thai Thi Kim Nga

What Patient Safety Challenge does your Commitment address?

Challenge 6 - Hand-off communications

Commitment Start Date

01/10/2016

How Many Hospitals Will This Commitment Represent

1

Commitment Summary

City International Hospital commits to patient safety, providing excellent patient care and the finest clinical outcomes in the country and its neighboring community. Through our Clinical Excellence we commit to provide and exceed the patient expectations.

Commitment Description & Detail

1. Prevention of Hospital Acquired Infections (Ventilator – Associated Pneumonia in ICU)

Prevention and Monitoring of HAI related to Ventilator-Associated Pneumonia. Ventilator-associated pneumonia (VAP) is defined as pneumonia in a patient intubated and ventilated at the time of or within 48 hours before the onset of the event. NOTE: There is no minimum period of time that the ventilator must be in place in order for the pneumonia to be considered ventilator-associated. The ventilator-associated pneumonia (VAP) rate is defined as the number of ventilator-associated pneumonias per 1,000 ventilator days. Since we have a limited number of patients as of the moment, in this case, for a particular time period, we are interested in the total number of cases of ventilator-associated pneumonia in the ICU. For example, if in February there were 12 cases of VAP, the number of cases would be 12 for that month.

We want to be able to understand that number as a proportion of the total number of days that patients were on ventilators. Thus, if 25 patients were ventilated during the month and, for purposes of example, each was on mechanical ventilation for 3 days, the number of ventilator days would be $25 \times 3 = 75$ ventilator days for February. The Ventilator-Associated Pneumonia Rate per 1,000 Ventilator Days then would be $12/75 \times 1,000 = 160$.

Goal

Decrease the VAP rate per 1,000 ventilator days by 50 percent within 12 months.

(Reference from Institute for Healthcare Improvement ...)

2. Hand-Off Communications: Hospital Unit Shift Change (APSS #6; 2g Appendix C using SBAR)

To familiarize the staff with SBAR. It is challenging to ensure standard of care in transition from the department to the other (for example from OT or ICU to inpatient ward or from the current team to the other). As result, patients with more critical condition may expose to both medical and non-medical risks such as medications, laboratory tests, and protocols

delayed.

Commitment will focus on the ward hand-off communication (Nurses to Nurses/ shift) and (Night shift Doctors to Day shift Doctors)

Action Plan

Hand-Off Communications: Hospital Unit Shift Change (APSS #6; 2g Appendix C using SBAR) To familiarize the staff with SBAR. It is challenging to ensure standard of care in transition from the department to the other (for example from OT or ICU to inpatient ward or from the current team to the other). As result, patients with more critical condition may expose to both medical and non-medical risks such as medications, laboratory tests, and protocols delayed. Commitment will focus on the ward hand-off communication (Nurses to Nurses/ shift) and (Night shift Doctors to Day shift Doctors) We want to maintain the existing prevention of pressure ulcer plan and fall prevention which are effective at the moment. And to ensure 95% medications and key clinical protocols to be done on time. Those will be submitted to Quality Management to include in the Quality Indicators monthly.

Commitment Timeline

1 year