

Healthcare Organization Commitment

Contact Details

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Position

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Organization Name

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Commitment Details

How many hospitals are represented in this commitment?

Last Report	Current
1	1

Action Plan

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 Update

We started the commitment last October 1, 2016 to end of September 2017. For Hand-off communications, we focused more on the "step-up hand - off" using SBAR from A&E to different wards, wards to ICU or NICU to ensure 95% of medications and key clinical protocols are done on time and no vital information's are forgotten during the transfer of patient. The data below will show how we struggle from the beginning of the commitment. The staff nurses are not aware how to use the SBAR hand-off until such time they got used to it. Take note that the patient files were reviewed randomly on a monthly basis. With a total of 642 patient files reviewed from Oct. 1, 2016 to September 30, 2017 from A&E to different wards, Medical or Surgical wards to ICU, Paediatrics or Nursery to NICU. Total of 211 or 33% of patient files reviewed are not applicable for the hand-off as these were direct admissions. The total patient files reviewed for SBAR to different wards were 431. The total patient files reviewed from A&E were 408. Only 93 or 23% random patient files were non-compliant with the new challenge. In Paediatrics ward / Nursery to NICU, we have 6 out of 23 or 26% non-compliant, for Medical / Surgical wards to ICU as too many paper works to do at the said departments but to sum it up there were no lost data and forgotten procedures during the transfer as we put "PATIENT'S FIRST". NOTE: We admit more than 30 days to more than a year in NICU as special arrangements than in ICU as our hospital is still new and we have more skilled Nurses in NICU to take care of babies than in ICU which are more skilled in adult patients. Since the start of October 2017, we regulated Critical Paediatric patient (31 days and above) to ICU as we have skilled staff now to take care of babies and per policy. ESTIMATED LIVES SAVED: 431

Other

Challenge 6 - Hand-off communications

Please describe any best practices your organization has learned through your commitment and share valuable lessons or challenges that were overcome

The best practice that our organization learned is the importance of hand-off communications. As stated on the summary report above.

Impact Details

Initial Commitment	Commitment Update	Project Next Year
Lives Lost	Lives Lost	Lives Lost 0

Lives Spared Harm Target	Actual Lives Spared Harm in last 12 months	Lives Spared Harm Target for following calendar year
Lives Saved Target	Actual Lives Saved in last 12 months (might differ from initial target)	Projected Target of Lives Saved for following calendar to try to finish commitment
	New Lives Lost (lives lost – actual lives saved) 0	

Acknowledgement

Yes, I acknowledge that this commitment may be used for external communication and publicly announced at the World Patient Safety, Science & Technology Summit. Furthermore, I agree that this commitment may appear on the website of The Patient Safety Movement Foundation or the Masimo Foundation. I also give permission for my commitment to be used in support of the promotion of the World Patient Safety, Science & Technology Summit as well as The Patient Safety Movement initiative.