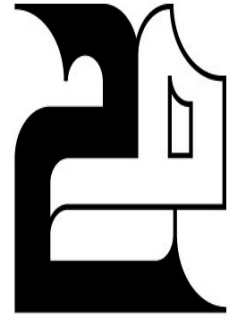


“Nursing Care Plan”  
HHUMC  
Experience

مستشفى حمود  
Hammoud Hospital  
مركز طبي جامعي  
University Medical Center



Presented  
by

**Rassmeih Al Ali, NM**

HHUMC

# Outline



- Objectives
- HHUMC background
- Introduction
- Planned strategy
- Recommendations

# Objectives



At the end of this session you will be able to :

- Share our NCP experience
- Improve the implementation process of NCP
- Control and Maintain the improvement process

# HHUMC background



- Dr. **Ghassan Hammoud** established **Hammoud Hospital** in 1966, in Saida.
- 300 beds
- 200 physicians in all specialties.
- 453 nurses, 253 of them RNs
- HHUMC delivers high quality of patient care
- It is considered the referable hospital in south Lebanon



# Hammoud Hospital

Hammoud hospital has 22 Nursing Units



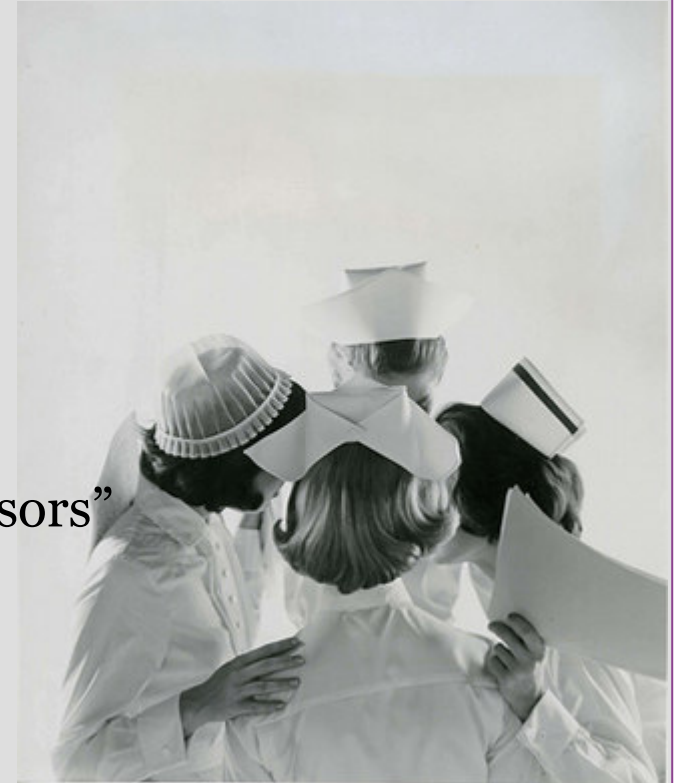
- Emergency department
- Orthopedic-Urology
- Hematology –Oncology
- Delivery suite
- Nursery
- Obstetrics –Gynecology
- Neonatal intensive care unit
- Intensive care unit(ICU, 2 sections)
- Cardiothoracic and vascular surgery
- Invasive Cardiology
- Cardiac surgery unit(CSU)
- Telemetry
- General surgery
- Operating Room
- One day surgery
- Anesthesiology
- Medical unit (1<sup>st</sup> class)
- Pediatrics
- Medical unit (2<sup>nd</sup> class)
- Coronary care unit (CCU)
- Dialysis unit
- VIP Floor

# INTRODUCTION



Nurses talk about NCP:

- “We are busy!”
- “It is just a paper”
- “What are the benefits of it for the patient”
- “We do it so we will not be blamed by supervisors”
- “Why are we importing issues strange to our culture into our work ?”
- “We are writing it because it is required by MOPH standards”
- “Writing plans of care needs time taken away from patient care”



# Introduction



- ✓ Quality patient care must be planned and coordinated.
- ✓ NCP provides direction and continuity of care provided.
- ✓ NCP facilitates communications between nurses and care givers.
- ✓ NCP is a guideline for evaluation and documentation.
- According to these benefits of NCP, efforts were used to implement it.

## Quotes



*“So many dreams at first seem impossible.  
And then they seem improbable.  
And then, when we summon the will, they soon  
become inevitable.”*

*Christopher Reeve*



# Planned strategy



Planned Strategy consists of three phases:

I-Assessment phase :

- Team initiation
- Data collection(survey)
- Data analysis
- Personnel involved (NS-NM-RN-D.O.N- Administrative-nursing schools)

II-Planning phase

III-implementation phase:

- implementation of the methodology

III-Evaluation phase:

- Audit
- Follow-up

# Assessment phase

## 1. Team initiation



- ❑ Selection of two RN from the hospital to attend an extra training session about Nursing Care Plan. (Jan 2005)
- ❑ Selection of Nursing Care Plan Members according to different criteria:
  - ❖ Theory and practice skills
  - ❖ Educational Level background
  - ❖ Language and management skills. (June 2005)
- ❑ Training of team members through training sessions, workshops, and evaluation tests about NCP.
- ❑ Meetings were initiated in order to define the objectives of the NCP team, tools used for the process implementation and evaluation.

# NCP Team Members



- This team consists of the following staff:
  - ✓ Telemetry NM (Team Leader)
  - ✓ Clinical Director
  - ✓ NM Pediatric
  - ✓ CCU NM
  - ✓ NICU NM
  - ✓ OBGYN NM
  - ✓ Medical Floor NM
  - ✓ Clinical Educator
  - ✓ Two Supervisors

Most of the team members are instructors in different universities

- This team started to work on the ground at the beginning of 2006.

# Purpose of PCP Team



- To comply with MOPH standards
- To improve the nursing care plan documentation
- To unify the nursing process

# Responsibilities of NCP Team



- To establish a policy and procedure
- To train RNs on documentation
- To perform audit
- To collect data and improve documentation
- To review the documentation process (review form, use of computer system...)

# Time Table



- The team chairperson /leader will report directly to nursing director
- Meeting will be held as necessary and as assigned by chairperson/leader (biannually or as needed)

# Assessment phase

## 2. Data Collection



- The first step was identifying the total number of RNs in the hospital which was: 115 BSN and 24 TS.
- A survey was distributed to the staff as initial data baseline that takes into consideration nurses' knowledge and experience level, educational background, and language skills (Jan 2006)

# Assessment phase

## 2. Data Analysis



Data collected from the survey reveals the following:

- language barrier (English, Arabic & French)
- Variation in the level of education among RNs
- Variation of education background among RNs
- Variations in the nursing theory and practice skills among RNs



# Assessment phase

## 2. Data Analysis



Data collected from monthly meetings with NM, supervisors, patient's file audit team and members reveals the following:

- Shortage of registered RNs
- Workload
- Turnover
- Lack of motivation and interest to write NCP

# Assessment phase

## 2. Data Analysis



### Problem:

- language barrier
- ❖ 10 RN use Arabic language
- ❖ 39 RN use French language
- ❖ 90 RN use English language

### Solutions:

- We aimed to Standardize the NCP to be written in English Language.
- We trained each RN to improve his/her English language for better writhing skills.
- English courses were given to them.
- Guide them in the writing process.

# Assessment phase

## 2. Data Analysis



### ❑ Problem:

- **Variation in the level of education among RNs**
- ❖ Grade I: high level of education(80 RN)
- ❖ Grade II: moderate level of education(34 RN)
- ❖ Grade III: weak level of education(25 RN)

### ❑ Solutions:

- Staff Development started to play a major role in training session regarding nursing processes, critical thinking, communication skills and documentation .

# Assessment phase

## 2. Data Analysis



### PROBLEM:

- **Variation of educational Background among RNs.**

### Solution:

- Choose NANDA as our nurses reference.
- Started to train on it within sessions done by Staff Development Dep.
- Distributed of NANDA books in all nursing units as a guideline.
- Sent via email specific nursing diagnosis list for each department in order to improve nursing care plan documentation.
- Selection of the Nursing Diagnosis and training done by the NMs according to the Department specialist

# Assessment phase

## 2. Data Analysis



- ❑ Problem:
  - variations in the nursing theory and practice skills among RN
- ❑ Solution:
  - Training session about physical assessment (residents/external educators)
  - Training session about how to do link b/w NP in patient's file
  - Training on proper documentation without duplication in patient's file
  - Training on how to use communication skills
  - Training on leadership and management skills.
  - Training session grouped from the development plan of each RN

# Assessment phase

## 2. Data Analysis



Problem:

❖ **Shortage and turnover of RNs**

solution

❖ Insist on administration to recruit more RNs

2004-----139 RN

2010-----253 RN

❖ Motivating and rewarding our RNs

# Assessment phase

## 2. Data Analysis



### Problem

➤ **Workload (High acuity patient)**

### solution

- ❑ Plan with administrative and paramedical units to decrease workload e.g.: inserting a computerized system
- ❑ Organizing and facilitating both admission and discharge processes...etc

# Assessment phase

## 2. Data Analysis



### Problem

- **Lack of motivation and interest to write a NCP**

### Solution

- Shedding the light about the importance of nursing care plan in the nursing process.
- Alert them about the legal issues that result from not writing a NCP.
- Inspire them to write NCPs through collaborating nursing students while documenting a care.
- Choose the Nurse Managers ,RNs to be a nursing instructor s to follow up the student
- Inform the nurses that NCP is a mandatory process



# Planning



Put a plan for our strategy divided to:

- Encourage the RNs to write what they know ( simple manner-2005)
- Training session for the policies and procedures(2006)
- Started our audit(2007)
- Follow up

# Implementation phase

## 1. PCP Team Activities



- Training session for all RN in charge on intervals(2006-ongoing)
- Initiation of nursing care plan policy and procedure
- Initiation of nursing care plan audit checklist(2007)
- Starting audit on monthly basis in all nursing department
- Analyzing the result quarterly (three month)
- Putting plan for each department according to the deficiencies found in the result (quarterly results)
- Obligated department with low rate to take this as KPI
- Conduct electronic nursing care plan to be implemented in 2012
- Modify the NCP sheet according to the new requirements
- Training session to the new employee during their orientation phase

# Implementation phase

## 2. personnel involved Activities



- Nursing Director held continuous meetings with nursing schools and nurses instructors about NCP improvement strategies.
- Nurse supervisors play a role of follow up on the effectiveness of training session, through the on-site continuous training

# Implementation phase

## 2. Tools used



- NCP sheet
- Nursing Care Plan Audit Checklist
- Electronic Nursing care Plan system

## Nursing Care Plan sheet

**Patient Name:** \_\_\_\_\_  
First Middle Last

**Date Of Birth:** \_\_\_\_\_  Male  Female  
D M Y

**Medical File No:** \_\_\_\_\_ **Admission No:** \_\_\_\_\_

**Service:** \_\_\_\_\_ **Bed No:** \_\_\_\_\_ **Class:** \_\_\_\_\_

Date & hour Nurse Name &Title	Nursing Diagnosis	Related to	Evidenced by	Outcome(s)	Nursing Intervention(s)/Action	Evaluation	Date & hour Nurse Name&Title



# Evaluation Phase



- Monthly Nursing care plan audit
- Modify the plan of implementation according to the results at the end of the year
- Keep updated about the new NANDA releases.
- Follow -up to the process
- Modify the nursing care plan audit checklist (2010)

# NCP Audit Results



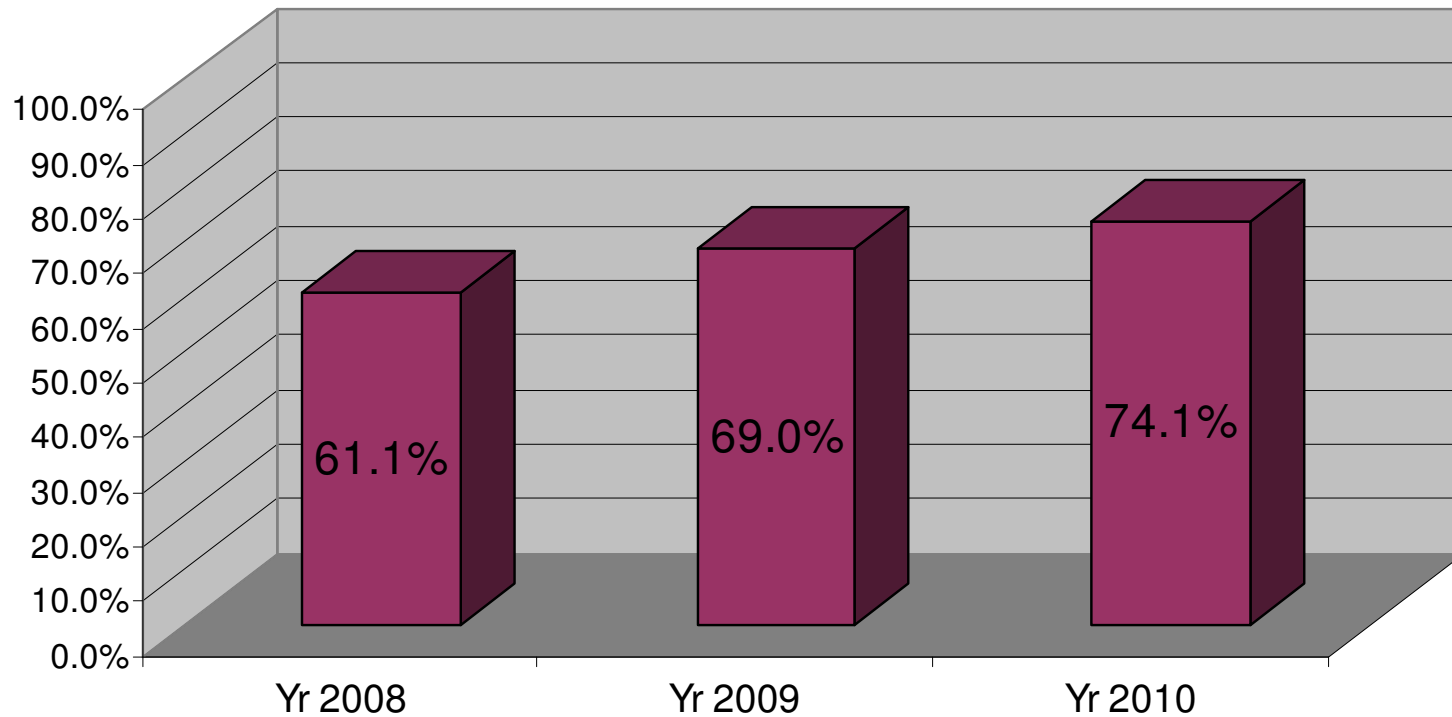
<b>Nursing unit</b>	<b>Quarter I</b>	<b>Quarter II</b>	<b>Quarter III</b>	<b>Quarter IV</b>	<b>Total</b>
GF	85.30%	76.70%	87.30%	94.70%	<b>86%</b>
NICU	85.30%	86.70%	86.70%	87.30%	<b>87%</b>
8 <sup>th</sup> MS	78.10%	76.90%	80%	75.30%	<b>78%</b>
Telemetry	84.70%	78.70%	84.70%	86%	<b>84%</b>
7 <sup>th</sup> MS	82.70%	90.00%	89.30%	88.70%	<b>88%</b>
OBGYN	62.00%	66.70%	78%	84%	<b>73%</b>
Pediatric B	70.70%	74%	84.70%	83.30%	<b>78%</b>
Pediatric A	78.70%	78%	78.70%	80.70%	<b>79%</b>
5 <sup>th</sup> MS	72.00%	58.70%	75.30%	78%	<b>71%</b>
CCU	51.30%	64.70%	61.30%	72%	<b>62%</b>
ICU	57.30%	65.30%	69.30%	72%	<b>66%</b>
4 <sup>th</sup> GS	61.30%	62%	65.00%	72%	<b>65%</b>
Oncology	38.70%	42.70%	45%	62.70%	<b>47%</b>
<b>Total</b>	<b>69.9%</b>	<b>70.9%</b>	<b>75.8%</b>	<b>79.8%</b>	<b>74.1%</b>



# NCP Audit Results



**Compliance of NCP documentation for the past 3 years**



# Conclusion



- All nurses should have at least the ability to write and individualize an appropriate and effective NCP
- NCP is not an action but it is a complete process that starts from assessment and ends in evaluation, and all nurses with different levels are involved.



# Recommendations



- NCP is the cornerstone of the RN'S duty.
- Nurse Managers should play a role in both supervision and follow up .
- Administration must provide all resources needed in the improvement pathway.
- Improving the NCP is not a individual effort but it is a team work.

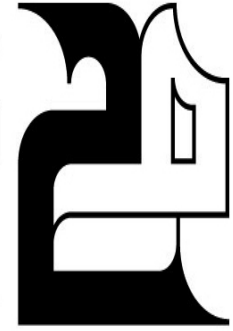


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