



ผลักดัน R2R ในระดับนโยบาย... เรื่องเล่าจากผู้บริหาร



แพทย์หญิงสมสิริ สกลสัตยาทร ผู้อำนวยการโรงพยาบาลสมิติเวช สุขุมวิท

3 กรกฎาคม 2551











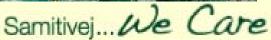
from an infirmary in 1979...

The Private Tertiary Care Hospital with International Standard

..to a 2-buildings with a 275-bed capacity.









Our goal

The Best Practice in

- Quality and Safety
- Academic and Research









Years of Change (2007-2008)

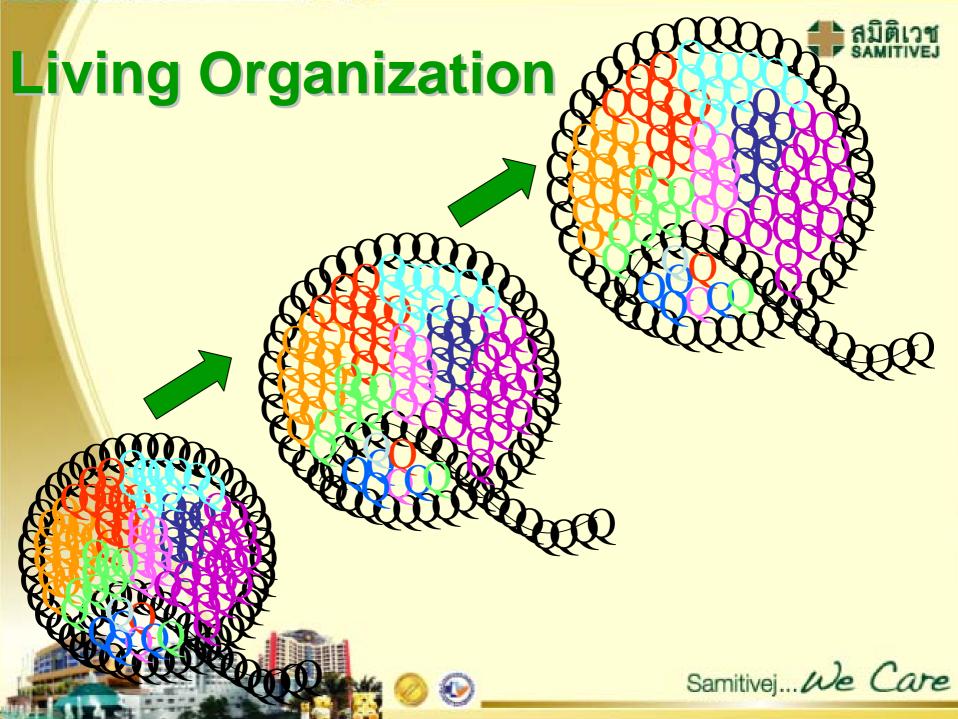
- Change attitude
- Change process of working
- Change the way of life



Living & Learning Organization











Team-Based Environment

Leadership

Employee Involvement

Living

Organization

Lean Enterprise

Knowledge Management

HAPPINESS









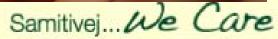
R2R is the tool for

Continuos development of the organization towards the Goal.

Strengthen the care of patient

for excellent services.







R2R is the tool of development

People development

Process of work development

Place development











R2R Value

- Development of Leadership
- Innovation supported by evidence base
- Win-Win situation for all levels of personnel
- Team work (Bridging the gap)
- Knowledge Management









Operational Team

Routine

Research

Quality Team

Information & Communication Team











Leadership Team is the key success factor of R2R project







Leadership "styles"

- Vision.
- Passion and selfsacrifices.
- Confidence, determination, and persistence.
- Role-modeling.











Leadership "styles"



- Image-building (competent, credible, trustworthy)
- Expectations and confidence in followers.
- Frame alignment.
- Inspirational communication.









Leadership "styles"



Lead others with integrity, compassion, and strength.

Lead from behind.

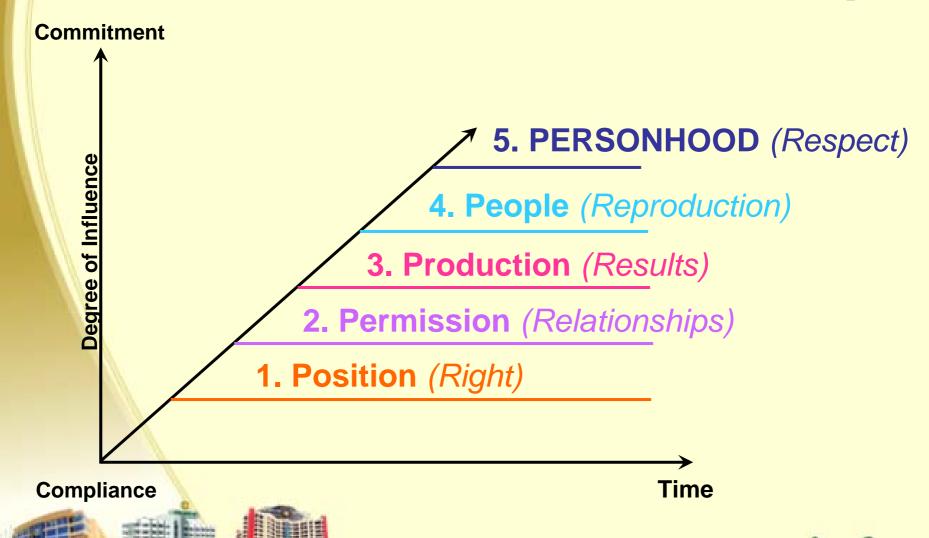








The Five Levels of Leadership





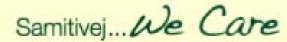


LEVEL ONE: POSITIONAL LEADER Rights: People follow because they have to

- Security based on title not talent
- Position often gained by appointment
- Followers only follow to leader's appointed authority
- Positional leaders have problems leading volunteers, white collar and younger employees







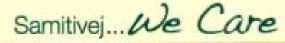


LEVEL TWO: PERMISSION LEADER Relationship: People follow because they want to

- People follow you beyond your stated authority
- Work is fun
- Time, energy and resources are spent on individual needs and desires









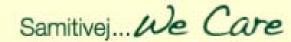
LEVEL THREE: PRODUCTION LEADER

Results: People follow because of what you have done for the organization

- People follow you because of what your have done for the organization
- You get results, increased visibility and success
- People want to be associated with results and success
- Problems are fixed with little effort









LEVEL FOUR: PEOPLE DEVELOPMENT LEADER

Reproduction: People follow because of what you have done for them

- People are loyal to you
- Long-range goals occur here
- The organization continues to grow through your development of people







LEVEL FIVE: PERSONHOOD LEADER

Respect: People follow because of who you are and what you represent

- Attract followers who are loyal and sacrificial
- Devote years mentoring and molding leaders
- Derive great joy from watching people grow and develop
- Transcend the organization

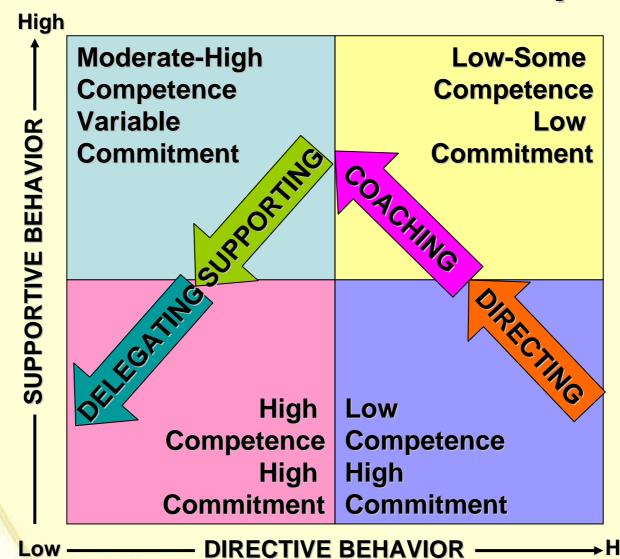






Situational Leadership









Leadership Team is the key success factor of R2R project

Influence by building leadership team at all level

- Motivate
- Change management
- Supportive
- Recognition
- Rewards











R2R Presentation

























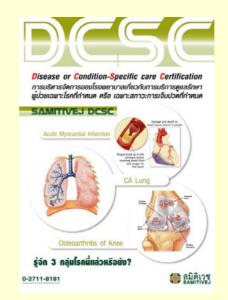






SVH Disease or Condition Specific Care

Acute MI
CA Lung
OA Knee



Routine to Clinical Pathway
Then
Clinical Pathway to Routine

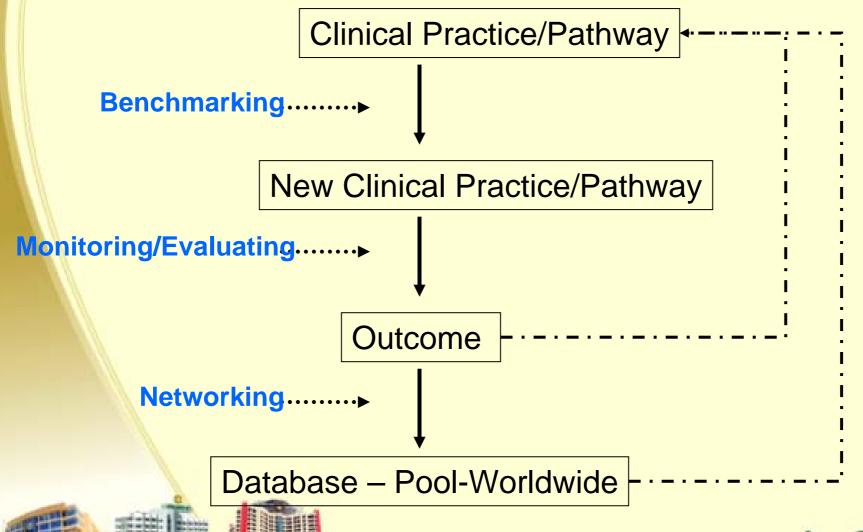








DCSC: Conceptual Framework









ROUTINE - INNOVATION - ROUTINE

MEDICATION MANAGEMENT SYSTEM





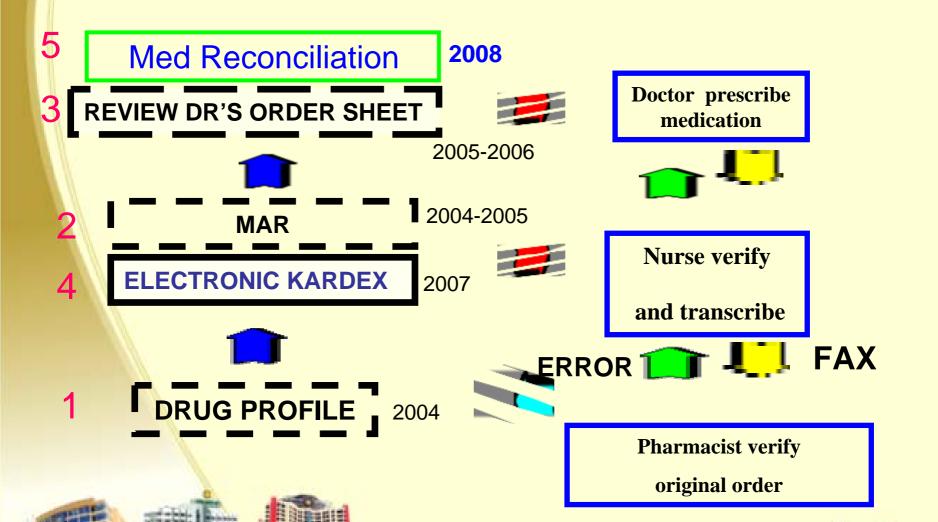




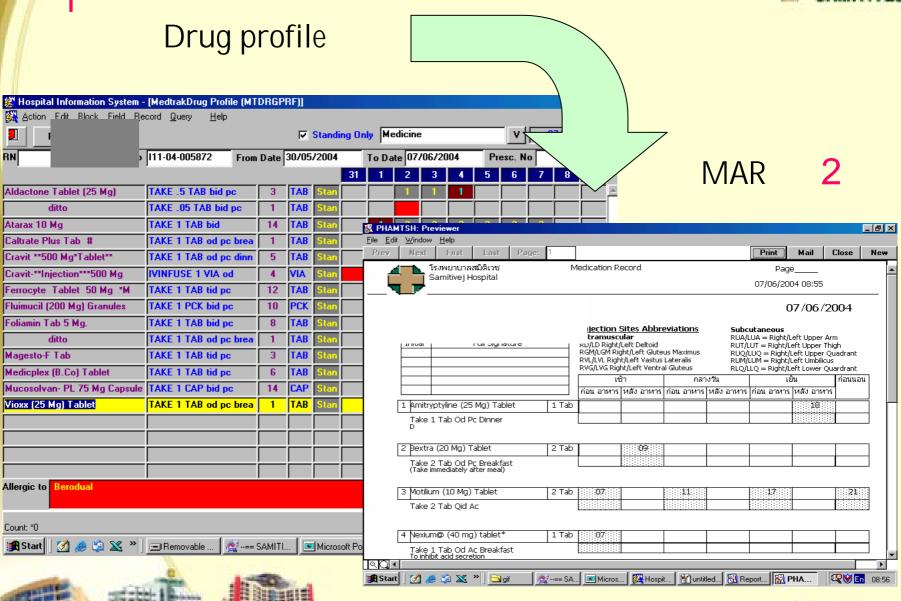


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medication management system









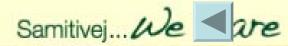


สรุปผลสำรวจความพึงพอใจการใช้ระบบ MAR

รายการ	ร้อยละของระดับความพึงพอใจ				
	มากที่สุด	มาก	ปานกลาง	น้อย	ปรับปรุง
ความสะดวก					
การค้นหาข้อมูลผู้ป่วยในจอ	26.80	56.10	17.10	-	-
การเข้าสู่หน้า Med Sheet (MAR)	34.10	56.10	4.90	-	4.90
การสั่งพิมพ์	34.10	53.70	12.20	-	-
การทำคำสั่งยา นอกระบบ	9.80	51.20	34.10	2.40	2.40
การลดความผิดพลาด	12.50	57.50	30.00	1	-
การลดระยะเวลาในการทำงานของพยาบาล	20.00	35.00	30.00	10.00	5.00
ความน่าเชื่อถือของข้อมูล ที่นำมาทำ Med Sheet (MAR)	30.00	57.50	12.50	-	-
ความพึงพอใจในภา <mark>พรวมของทั้งระบบ</mark>	14.60	68.30	14.60	2.40	-

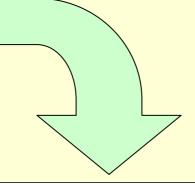




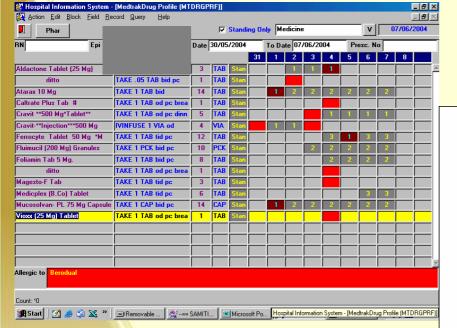




Drug profile



Review automatically Dr's order sheet



โรงพยาบาลสมิติเวช SAMITIVEJ HOSPITALS		
DOCTOR'S ORDER SHEET	Attending Staff	ชัย

ชัยพร เรื่องกิจ,น.พ.

11ICUA 1-ICU27

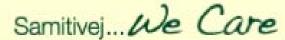
Page 26/01/2

Allergic to: No known of drug allergy

Date <u>Date</u> Orders for 1 day only Orders for continuation Hour Hour Antiamoebics 1 Flagyl (400 Mg) Tablet #(Standing) Take 1 Tab tid gt/ng Antianemics/Pre & Post Natal Vitamins 2 Foliamin Tab 5 Mg. (Standing) Take 1 Tab od qt/nq (6) Antidepressants | 3 Zoloft Tablet 50 Mg(Standing) Take 1 Tab od pm. Antiemetics & Antivertigo Drugs 4 MOTilium (10 Mg) Tablet(Standing) Take 1 Tab gid gt/ng (5,11,17,23) **Antineoplastics** 5 Arimidex Tab 1 Mg. >D<*High Alert*(Standing) Take 1 Tab od (17) Antispasmodics 6 Col OFac (135 Mo.) Tablet(Standing)



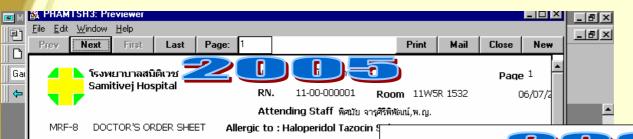






Page

26/01/2



Take 1
4 Isopt
Take 0.5
5 MOT
Take 1
6 Pulm
Udb 1 T

Attending Staff พิศมัย จารศิริพิ MRF-8 DOCTOR'S ORDER SHEET Allergic to : Haloperidol Tazocin S Date Hour Date Hour Orders Hour 1 Amlo
Take 0.5
2 CalTR
Take 1
3 Detro

@ So... ■ Re... ■ Mi... ② Pe... 🤼 Ho... 👸 Re.

โรชพยาบารไส	FIN. 11-00-327934 Room 11ICUA 1-ICU27
DOCTOR'S ORDER SHEET	Attending Staff ชัยพร เรื่องกิจ,น.พ.

Allergic to: No known of drug allergy

<u>Date</u> Hour	Orders for 1 day only	<u>Date</u> <u>Hour</u>	Orders for continuation
			Antiamoebics
			1 Flagyl (400 Mg) Tablet #(Standing)
			Take 1 Tab tid gt/ng
			Antianemics/Pre & Post Natal Vitamins
			2 Foliamin Tab 5 Mg.(Standing)
			Take 1 Tab od gt/ng (6)
			Antidepressants
			3 Zoloft Tablet 50 Mg(Standing)
			Take 1 Tab od pm.
			Antiemetics & Antivertigo Drugs
			4 MOTilium (10 Mg) Tablet(Standing)
			Take 1 Tab qid gt/ng (5,11,17,23)
			Antineoplastics
			5 Arimidex Tab 1 Mg. >D<*High Alert*(Standing)
			Take 1 Tab od (17)
			Antispasmodics
			6 Col OFac (135 Mg.) Tablet(Standing)



□ ■ QQI

Slide 29 of 29

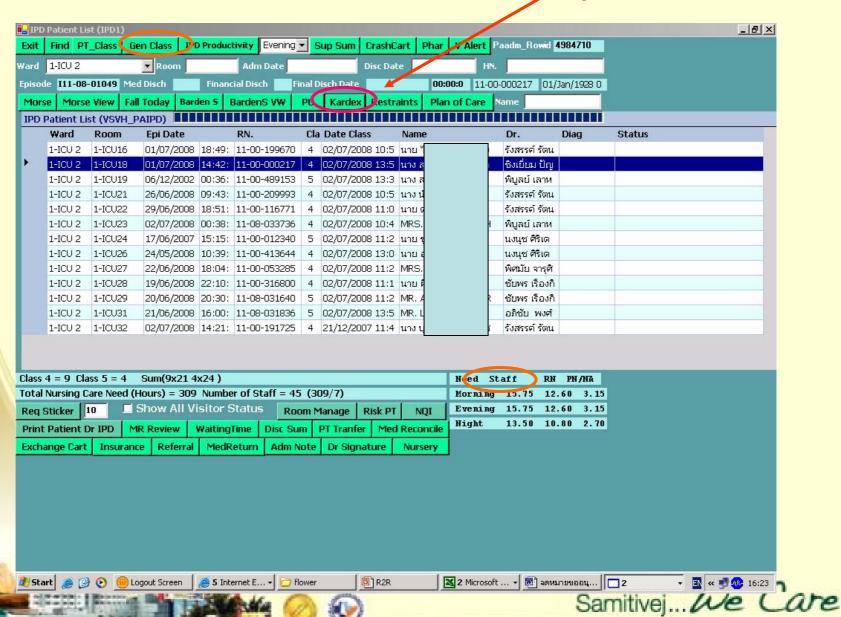
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Patient classification & manpower











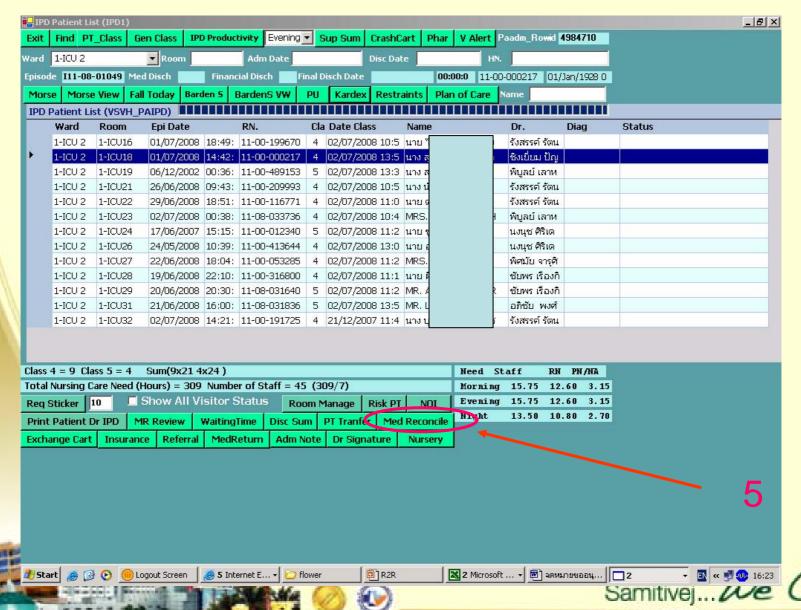
Kardex			
โรชพยาบาลสมิติเวช R. โ	I-ICU26 02/07/2008 Evening ▼	Patient have Appointment please	Payment Self Pay Insurance Page2 Result Result
A CONTRACTOR OF THE PARTY OF TH	e 10:39:04 Pt. Class 4	check	
		APP	ONGOING CARE ISSUES : Skin breakdown/risk High
10	- Land Control Control	DIET: Advance DAT: 24/05/08	Fall hx/risk VeryHigh Hx of seizures Hx of aggressive behavior/violence
11-00-413644 Ag nief Complain	ge 64 Year	1	Altered mental status
		☐ Nutrition Risk Tube feedings ▼	Aspirate Precaution Pregnant
ergies/Sensitivities To Known of Drug Allergy		Remark Isoal (1:1) 300 ml x 4 feed, น้ำ 50 📤	Pain Management ☐ Restraint V No ☐ Yes ☐ Min. ▼ ☐ PCA
CONTRACTOR OF THE PARTY OF THE	Disangeis	ml/feed, 17 100 mk x 4 feed ss	V No
dmit Diagnosis	Diagnosis	I/O : q shift Push fluids ml./day	Vision
		No.	Vision
onsult	Chabon	Remark	□ Speech/language
Date Consults 24/May/2008 รังสรรค์ รัตนปราส	Status		FAMILY/PHONE NO.:
24/May/2008		V/S NEURO CHECKS date	02-391-5045/084-1286776
POWER TO SERVICE THE POWER THE PO	Lab/Xray S		RELIGION / Belief
Date Operation 18/Jun/2008 Permanent tr	▶ 29/Jun/2008 Chest AP Por	NEURO routine q h	ไม่ระบุ (Unknown)
10/30/1/2000 Tellifatiericti	29/Jun/2008 EKG Monitor -	The tatic BP 1	Plan o, Care AddCarePlan
			Pholem Date
elivery 🜮	New Born 5	PULMONARY CARE:	Impaired gas exchange 08/Jun/2008
Date Time 🔺	Date Time -		Anxiety 21/Jun/2008
00:00:00	00:00:00	Cough,Deep breathing q h	*
	i l	Intermitant Suction q h	
CTIVITY	BMI W	☑ 02 at 5 1/min ☐ prn ☐ cont	K D
- Partial -	H 167	☐ Cannula ☐ Mask ☐ Tent 🔽 Ventilator	Refresh Add Needs Edit Needs Delete Needs
immob	NT Asian 🔻		
- Compl		Others TT. &SIMV8,TV660 PS 15 PF50 C	Note User Name A
	BATH: Daily	BLADDER CARE : incontinent	Date Note Oser Name ▶ 28/May/2008 10: Daily PT,Hct เฉลิมศรี นิลศีริ 34
Bed rest Chair		Catheter F/C	29/May/2008 3:0 นึ่งบนเตียง 3 เวลา เฉลิมศรี นิลศิริ 3
Turn q 2 h	N Shower Total	Changed:	30/May/2008 10: นั่งห้อยเท้า วัด BP ก่อนลูกนั่ง+เวล ธุจาภา คีซูนทด
BRP	ORAL CARE:	Start Date Finish Date	
Ambulate	☐ Dentures ☐ Partital Plate	Cath care Clamp routine	Add Note EditNote Delete Note
With Help	Scheduled Therapies:	BID prn Cystostom BOWEL CARE: Incontinent	User ID 000194
ansport via:	-	Colostomy	1000104
WC ▼ Stretcher	<u> </u>	Last BM :	Save Edit Exit
	100	reas off. 7	

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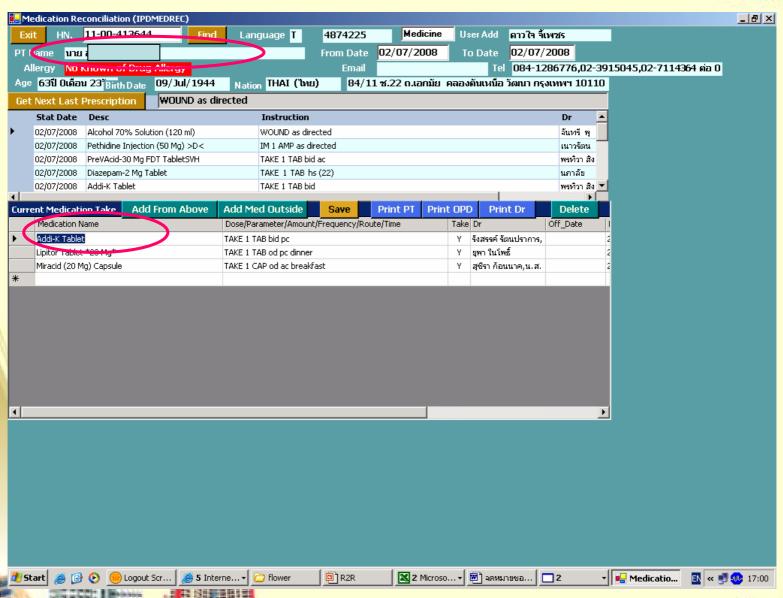
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Med Reconciliation













NURSING E-KARDEX is worksheet to record all patient information when they admitted.



- # It consists of :
 - General patient information and functional status
 - Clinical diagnosis
 - Consulted doctors
 - Procedure and treatment
 - Medication order
 - m Plan of Care
 - Results of Lab, X-ray and other
- (Key activities that will be required of the upcoming shift
- Shift changed report of a patient status, plan of care, interventions and outcome of patients by charge nurses.

NURSING DIVISION









0-2711-8181



















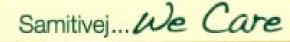
Conclusion

R2R: influenced by leadership that is the momentum of strength of the team for continuous quality improvement to achieve standard operational procedure with innovation via evidence based decision making leading to

"Living and Learning organization"









Thank you from

Samitivej







