Change management for Productivity Improvement in Hospital using Structured Documentation System for Nursing

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We have identified three foci of the nursing observation and nursing action respectively. Using these frameworks, we have developed the structured knowledge model for a number of diseases and medical interventions. We developed this structure based NursingNAVI® contents collaborated with some quality centred hospitals. Authors analysed the nursing care documentations of post-gastrectomy patients in light of the standardized nursing care plan in the "NursingNAVI®" developed by ourselves and revealed the "failure to observe" and "failure to document", which leaded to the volatility of the patients' data, conditions and some situation. This phenomenon should have been avoided if nurses had employed a standardized nursing care plan. So, we developed thinking process support system for planning, delivering, recording and evaluating in daily nursing using NursingNAVI® contents. It is important to identify the problem of the volatility of the patients' data, conditions and some situation. We developed a survey tool of nursing documents using NursingNAVI® Content for quality evaluation of nursing observation. We recommended some hospitals to use this survey tool. Fifteen hospitals participated the survey using this tool. It is estimated that the volatilizing situation. A hospital which don't participate this survey, knew the result. So the hospital decided to use NursingNAVI® contents in HIS. It was suggested that the system has availability for nursing OJT and time reduction of planning and recording without volatilizing situation.

Healthcare including nursing is a service that is provided in response to, thus adaptive to, the patients' conditions and situations. Healthcare providers including nurses are facing the demand of responding the changing patients' needs.But this heavy interraction is inclreasing the task volume, as a result decrease productivity. The salary of the nurse accounts for 25% of all hospital expenditure in Japan. According to the survey by us, a little over 30% of the nursing service were used as time for a plan and a record. Besides, these are listed as a description record, and the reusability as information and data knows that it is not done very much. Therefore we deleted the useless work and made the organization which managed the priority of the work. After that, we structured the record for nursing. A certain large-scale acute stage hospital continued the use of the structured nurse's record for three years. As a result, I disappeared for the overtime hour, and collection time of the charge patient information before the opening decreased sharply. In a certain chronic phase hospital, the leak of the nurse's record disappeared, and the nursing observation that a doctor needed came to be provided.

We show the following clinical management models. We make it at the center and manage the clinical knowledge contents master. Each hospital utilizes them as a hospital standard. We choose appropriate contents, and the nurse applies to inpatients. Productivity rises, and the cycle of the ability improvement of the employee begins to turn around by using it.