

INTRODUCTION

Gamification is a relatively **new trend** that focuses on applying game mechanics to non-gaming contexts¹ in order to engage audiences and inject a bit of fun into mundane activities as well as to generate motivational and cognitive benefits². It is receiving worldwide attention across many sectors as a powerful technique to promote **engagement and motivation**³⁻⁸. Lots of applications about gamification and serious gaming in health and wellness contexts are specifically related to chronic disease rehabilitation, physical activity and mental health. However, only **few studies** are about the application of gamification in the Risk and Quality managing.

PROBLEM

In our hospital we need to **spread the Risk Quality culture** (doctors, nurses, administratives, healthcare professionals) not by managing frontal lessons.

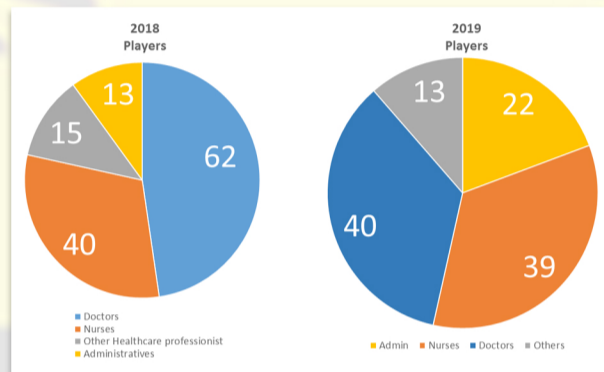
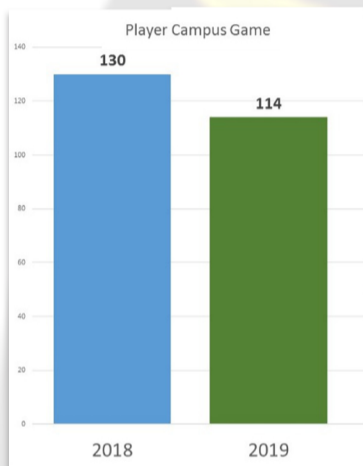


SETTING

In 2019 our staff was about 2,000 people, about 370 doctors, 500 nurses and 300 beds.

STRATEGY FOR CHANGE

In 2018 (April - October) we developed the first "CAMPUS GAME" (20 games & 60 questions). In 2019 (April - November) we developed the **2nd Campus Game (16 games and 48 questions)**. It is a team game where interdisciplinary teams are challenged to respond properly (via mobile or pc desktop) to 3 weekly questions regarding quality and clinical risk settings. Every game has a different "point set" as the difficulties of the questions (from 2 pt. to 6 pt.). It means that it was not mathematically possible to establish the winner until the end of the tournament. It was possible to play every game from Monday morning to Wednesday morning. In the Wednesday afternoon we sent to every player the "correct answers" of the single game, so **everyone** (also who did not play) could know the correct answers.

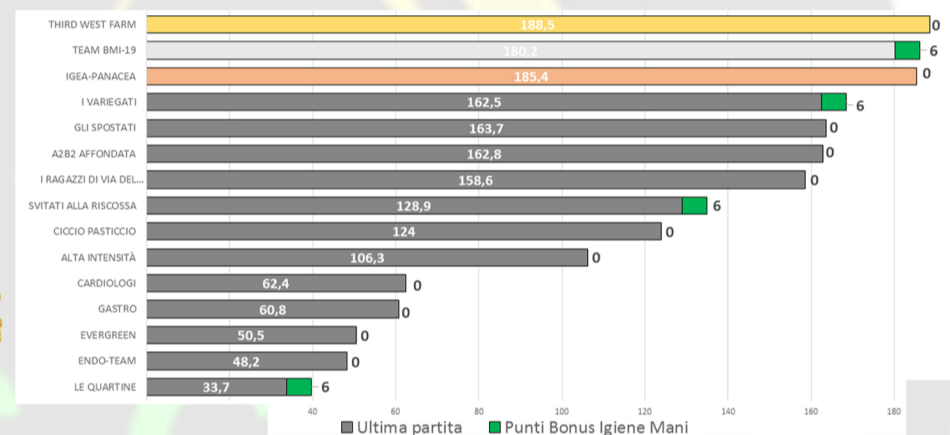


The PUCBM's top management established a money prize for winners.



The average score of each team was then published online on the hospital intranet to facilitate competition and teambuilding.

FINAL RANKING (with hand hygiene extra scores)



Questions were related to these items:

AREA	n. of questions CG18 (60)	n. of questions CG19 (48)
PROTOCOLS OF BLOOD TRANSFUSION	02	06
PUBLIC RELATIONS OFFICE	03	02
PRIVACY (LAWS)	06	08
PHARMACOVIGILANCE	08	00
HOSPITAL INFECTIONS	08	09
HOSPITAL SOCIAL SERVICE	00	03
PREVENTION AND ENVIRONMENTAL PROTECTION SERVICE	13	06
QUALITY AND CLINICAL RISK MANAGEMENT	20	14

In 2018 the rate of responses has dramatically fallen down after summer (from 77% to 54%). Perhaps because when professionals returned from vacation, they were too busy with work commitments or perhaps because those who were "mathematically" highest positions in the rankings, were no longer reachable. In 2019, the answering rate changed from 80% before the summer to 65% after summer.

It is important because it is a sign that people are more motivated in playing this game. In 2019 we had 16 people less than 2018 but 2019's Teams were more active in playing.

	Answering rate %	
	2018	2019
BEFORE SUMMER	77%	80%
AFTER SUMMER	54%	65%

ASSESSMENT

At the end of this edition we submitted a 6 question assessment test about quality and risk Management in order to know if it is an effective way to know protocols, new information or just to be up-to-date. We have also registered the intranet click of 2 important pages: 1. Rules & Procedures 2. Campus Game page.

Click on the Hospital intranet pages	Pre-Campus Game 18.04.2019	Post Campus Game 15.12.2019
Campus Game 2019 web page	43	547
Rules and Procedures web page	36.841	40.926

+ 504
+ 4.085

CONCLUSIONS

This project (started in 2018) allowed the dissemination of information related to Quality and Clinical Risk Management in a funny way, making learning easy and pleasant. All the participants were able to receive important information thanks to the delivery of the correct answers.

Teams composed by people from different professionals areas have received a strong push of team building due to the need to be close and answer questions correctly to win the game. The most important innovation of this edition is that we linked the scores of the responses to the performance of a practical indicator (adherence to hand hygiene) and we think that in the next edition we will link score's team also to correct medical record compilation or something else.

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