



Singapore Healthcare Management 2018

Decantment of Neonatal Ward - Identifying risk to mitigate operation impact

Tay Yih Yann, A/Prof Daisy Chan Kwai Lin, Chiang Juat Lan, Salimah Bte Mohd Ayoob, Chua Siew Mui, Khong Kum Chue & Audrey Seet Wai Mei
Singapore General Hospital



BACKGROUND

In November 2017, a parent with varicella zoster virus (VZV) visited a newborn patient in Singapore General Hospital Neonatal Intensive Care Unit (NICU). To prevent a potential VZV outbreak, the hospital had to create a temporary NICU and High Dependency (HD) in another ward to house the non-exposed neonates.

To ensure that the facility is operationalised optimally to provide the NICU / HD level of care for Neonates, Enterprise Risk Management (ERM) was adopted to look at potential risk involved during the decantment process.

The aim was to have a smooth and safe transfer of neonates from Labour Ward or Ward 53A to the temporary NICU and HD while maintaining operations without delays.



Assessment of patient by the medical and nursing staff prior transferring of patient



Transferring of patient

METHODOLOGY

Stakeholders from different departments who are involved in the decantment were identified (Facilities, Central Sterile Supplies, Material Management Department, Environmental Services, IT, Bed Management Unit, Pharmacy, Communication, etc).

All members were briefed on the decantment process. Stakeholders identified risk involved during the decantment based on their expertise and experiences.

Risks that were identified were rated based on their impact, likelihood of occurrence and consequences if risk was not controlled.

Current management to mitigate the risk was also listed and evaluated for its effectiveness.

RESULTS

Risks that were identified was addressed with controls to mitigate the risk during the decantment process

Risks	Controls
Unable to lock down new location in event of Code Red	Security Department to patrol premises every 30mins
No breast feeding area in new premise	Created a breast feeding zone within the HD area
Staff unfamiliar with layout of new location which affects delivery of care	<ul style="list-style-type: none"> Provide orientation to staff Maximise room space to store all item within the unit to save time in locating items
IT system delays in staff log in and patient's details in new location	<ul style="list-style-type: none"> Provide list of staff working in the new unit timely to IT Department for updates in the system Nursing Informatics to station in the new unit during decantment for IT support

As all risk was mitigated, the decantment of neonates to the new location was seamless and there was no delays nor compromise to the patient care.

CONCLUSION

The decantment for Neonatal ICU and HD was seamless. By identifying and proactively addressing risks and opportunities, the organizations are able to ensure that the broad spectrum of risks are appropriately managed.

ACKNOWLEDGEMENT

Would like to take this opportunity to acknowledge the following personnel in contributing to the smooth decantment:

- All staff of Ward 54 Neonatal
- Infection Prevention & Control
- Bed Management Unit
- Bio-Medical Engineering
- Material Management Department
- Pharmacist
- Environmental Services
- Facility Management Engineering
- Communication