Improving Work Process to Enhance Patient’s Safety Pre-operatively

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Introduction

In Major Operating Theatre, all first cases of the day are brought into their individual OR as they arrive at OT Reception by nurse floaters as early as 0715hr. The patient will be waiting in the induction room before the respective OR nurses arrive.

Background

There is often a short period of waiting time before the respective OR nurses arrive. Preoperative waiting has been recognised as a trigger for anxiety in patients. Furthermore, the unfamiliar OR environment increases patient’s anxiety. If the patient is left alone in the OR, he/she may feel a sense of abandonment during the preoperative period, which may jeopardize patient’s safety. The surgical team will be held liable for any untoward incident that may occur.

Mission Statement

To ensure patients’ safety by holding OR’s first patient of the list at Post-Anaesthesia Care Unit (PACU) and Reception area before fetching into the OR from 0745hr to 0800hr.

Analysis of problem

Early arrival of first case patient in OR Induction Room (without staff supervision)

Patient experienced feelings of abandonment in the preoperative period

Patient got down from trolley and walked out of Induction Room

Insufficient cubicles at Pre-operative holding areas (OT Reception and Same Day Admission (SDA) Reporting Station)

Shortage of manpower to handle increased transportation load of patients into OR after 0730hr

Respective OR nurses arrive in OR by 0800hr as per assigned duty

Goals

1. Centralising the first case patients at the pre-operative holding areas at PACU and Reception.
2. Staffing levels adjusted to provide adequate coverage during revised peak timing of first case transfers to the OR daily.

Interventions / Initiatives

1. Pre-operative holding area

<table>
<thead>
<tr>
<th>Cubicles</th>
<th>OT Reception</th>
</tr>
</thead>
<tbody>
<tr>
<td>27, 28, 29</td>
<td>8 Bays</td>
</tr>
<tr>
<td>1, 2, 25, 26</td>
<td></td>
</tr>
</tbody>
</table>

7 cubicles in PACU to cohort SDA patients, 8 bays at OT Reception for in-patients

2. Visual signage:

OR number tags to be hung on patient’s trolley drip stand, to facilitate easy identification by nurse floaters.

3. Staffing:

All 0700hr and 0730hr duty OT Nurses assigned as floaters, will bring in the first case patients from pre-operative holding areas into respective ORs from 0745hr to 0800hr (except surgeries with early start times). Increased staffing for 0730hr duty nurse floaters.

Implementation Plan

<table>
<thead>
<tr>
<th>S/No</th>
<th>Implementation Plan</th>
<th>Responsible</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Discussion with members on issue</td>
<td>Peng Jiping, Angela Tan</td>
<td>19/09/16</td>
</tr>
<tr>
<td>2</td>
<td>Pre-operative holding areas identified</td>
<td>Angela Tan, Esther Lim</td>
<td>20/09/16</td>
</tr>
<tr>
<td>3</td>
<td>OR signage created for identification</td>
<td>Anny Teo, Nur Ellyqa</td>
<td>26/09/16</td>
</tr>
<tr>
<td>4</td>
<td>Roll call and update staff on new workflow</td>
<td>Peng Jiping, Lim Poh Yan</td>
<td>3/10/16</td>
</tr>
</tbody>
</table>

Results

Centralising the first case patients at the pre-operative holding areas at PACU and Reception has enhanced patient safety by providing supervised refuge for patients awaiting transfer to the respective ORs; thus avoiding early transfers and leaving the patient unattended in the OR.

Conclusion

With staffing levels adjusted to provide adequate coverage during revised peak timing of first case transfers to the OR daily, this approach also addressed the people and system necessary to successfully deliver safe patient care in the preoperative period.