

Singapore Healthcare Management 2013 Chee Li Li, KK Women's and Children's Hospital

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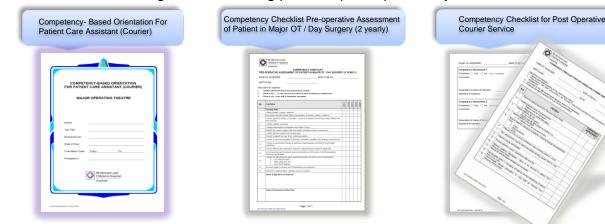
## **Overview**

Very often, there were delays of patients arriving in the Operating Theatre (OT) for their respective elective surgery when the OT reception nurse calls for patients to be sent to the OT. This was mainly due to patient transfers not being carried out promptly as ward nurses were very often being held up in the wards because of busy work schedules. To resolve this problem, a new system, known as the OT Patient Courier Service was set-up to efficiently manage the transfer and arrival of patients into the OT patient holding area. It would also allow nurses in the wards to continue giving holistic care to patients by not having to leave their wards during transfers as fetching of patients to and from the OT, pre-operatively and post-operatively would be carried out primarily by OT Patient Courier Team. The objective would be achieved by role expansion and role redesign for Patient Care Assistants (PCAs).

## **Pre-operatively**



A new OT Patient Courier role was created, which would be undertaken by PCAs. Formal in-house training and competency skill assessments were conducted in the OT. After training, they were immersed into the buddy system and guided by existing enrolled nurses. After six months of experience in fetching patients from the wards, they were then attached to OT Recovery to learn about observing and monitoring patients post operatively.

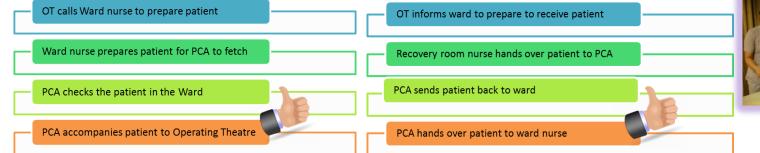




All PCAs who had successfully completed their Patient Courier service training were able to fetch and send patients confidently. Ward nurses also benefited as they could continue to provide holistic care to their patients in the ward without disruption. There was no longer any delay in the arrival of ward patients to OT reception.

## **Revised Pre-operative Workflow**

**Revised Post-operative Workflow** 





## Conclusion

With the successful implementation of the OT Courier Service, the overall service quality and operational environment of the OT was greatly enhanced. Subsequently, this was gradually expanded to the fetching of Post-operative Paediatric patients back to wards. Finally, we combined and centralised Women's and Paediatric OT courier staff to facilitate team work and consolidate manpower. PCAs involved in this initiative also benefited as they derived more job satisfaction from their newly expanded role.

