



To Improve Communications With NOK on Patient's Peri-operative Status



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Background of the problem

Singapore General Hospital's Major Operating Theatre has 26 ORs and performs around 100 surgeries every day. Patients' next of kin (NOK) often enquire about patient's surgical location and status of the surgery at the MOT Reception. Hence, the Reception staff has to spend much of their time explaining the same information to numerous people on different occasions who enquire about the same patient.

This disrupts the perioperative work process of the Reception Nurses, Leading to misunderstanding and frustration among the staff and NOK as well as reduced staff productivity.

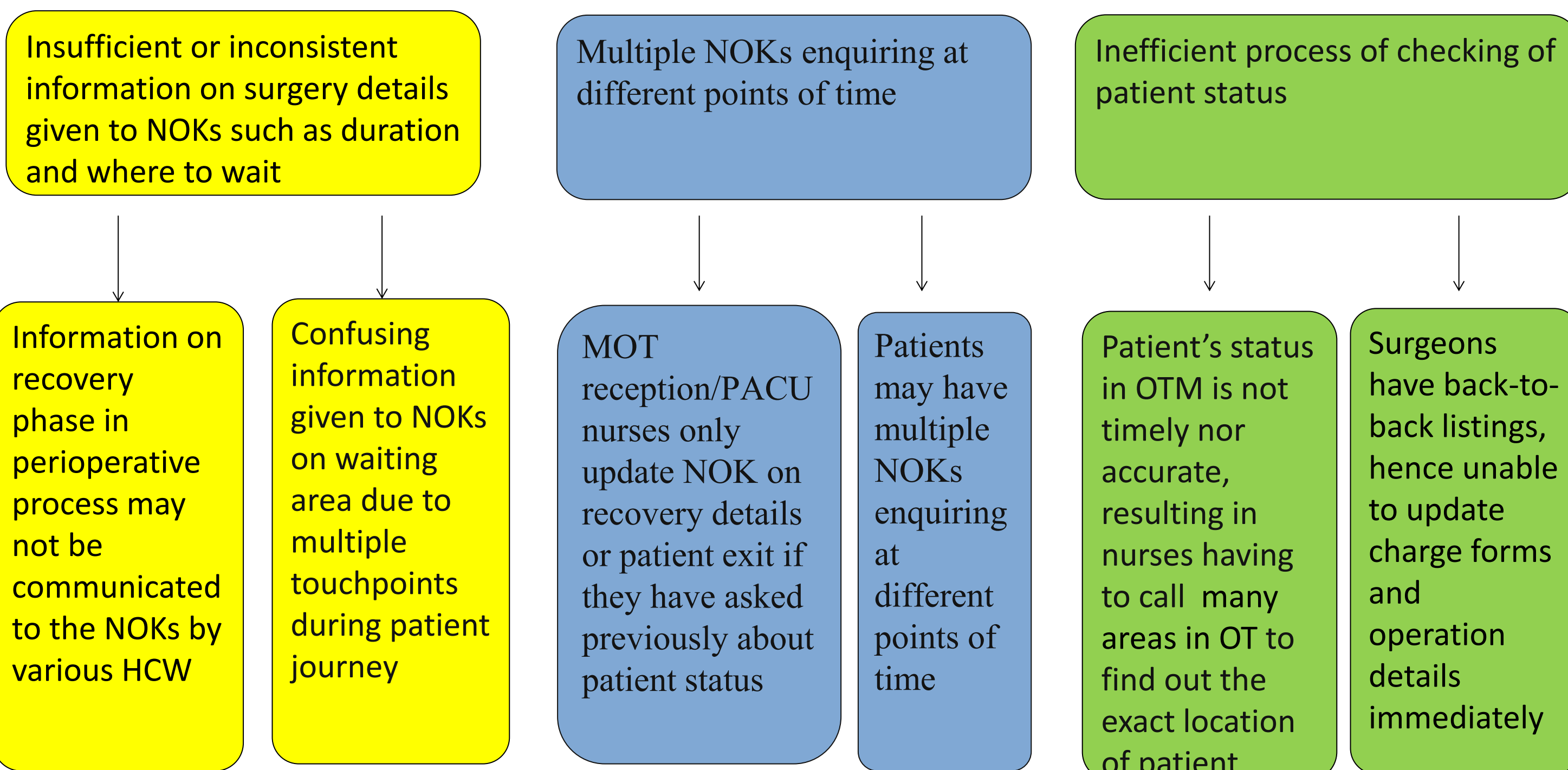


Mission Statement

To improve communications with next-of-kin about SGH Major Operating Theatre patients' peri-operative status in 9 months.

Analysis of problem

3 main root causes identified



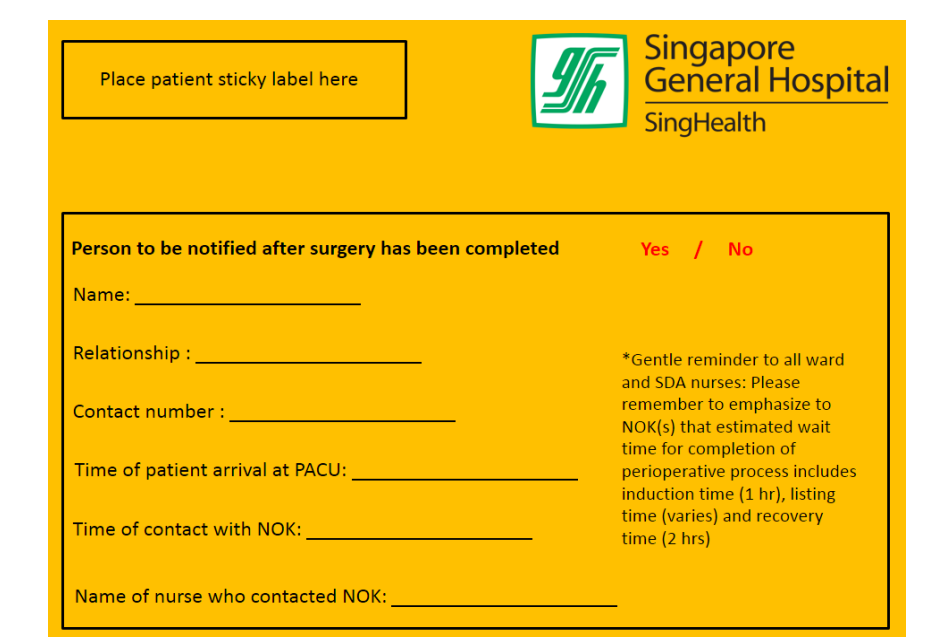
Interventions / Initiatives

PDSA 1

- 1. Amendments to current communications workflow**
 - SDA and ward nurses to manage NOK expectations about wait time to completion of perioperative process by briefing NOK about duration of individual process steps (induction time = 1 hour, listing time = varies by individual, recovery time = 2 hours)
- 2. Creation of NOK chit to be tagged to patient case notes from start of perioperative process to end**
 - Contains contact number of designated/accompanying NOK
 - Contains indications of time of patient arrival at PACU, and whether patient's accompanying NOK has been called by the PACU nurse-in-charge
- 3. Signage placed at MOT reception doors to deter NOK from entering MOT compound**
 - Two A3-sized signage placed on doors right in front of MOT reception

PDSA 2

- 1. Refining the communications workflow in PDSA 1**
 - Communications workflow remains the same
 - Procure private phone line with General Services
 - Refine calling process by PACU nurses with a script
- 2. Understanding demands of information by NOK**
 - Surveys with NOK to rank the top 5 most requested information about the perioperative process

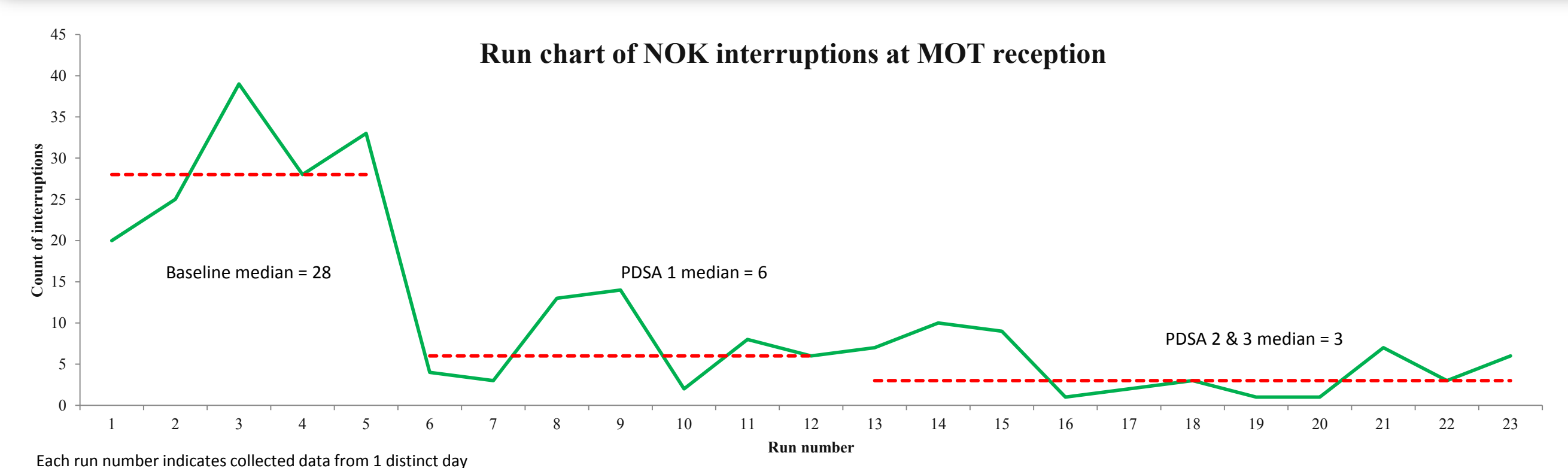


NOK Chit

PDSA 3

- 1. Managing expectations of peri-operative duration**
 - Ask for the contact number of the designated NOK (Spokesperson).
 - Inform patient and NOK that an SMS will be sent to the spokesperson once surgery is completed and stabilized at the recovery bay
 - Inform patient and NOK the reasonable estimated duration
 - Inform that ward nurse will be calling the spokesperson to confirm the specific ward and bed number once the patient has settled in the ward
- 2. A SMS will be sent to the designated NOK by the PACU nurse to inform that patient is out of surgery and is being monitored at the recovery bay**
 - * Bizlive message**
Your loved one has completed surgery and may spend 1-3 hours in the recovery unit before being sent to the ward. You will be informed of the location once patient has arrived at the ward. <Please do not reply to this SMS>
- 3. The ward nurse will follow up with a call to the designated NOK when patient has been settled down in the ward**
 - Inform the NOK (Spokesperson) that patient has arrived at the ward
 - Provide ward, room and bed number

Results



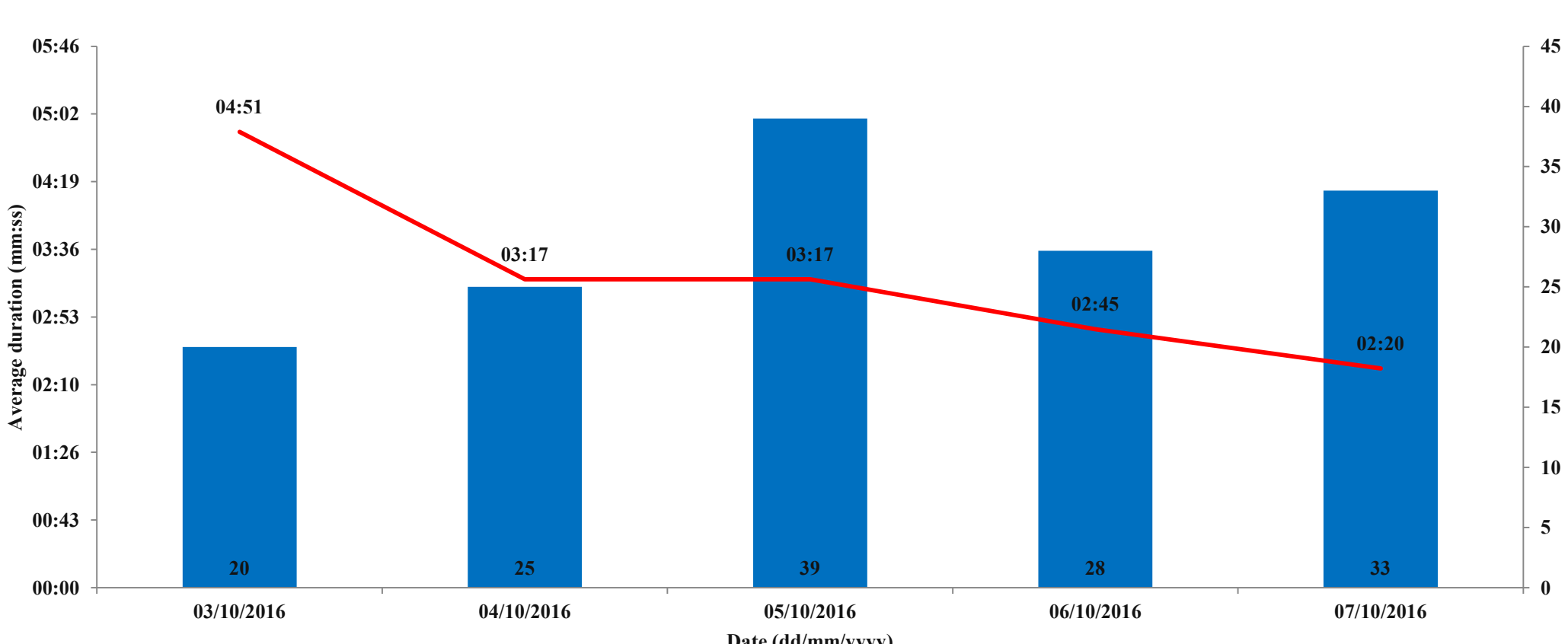
- The results shows huge reductions of NOK visiting MOT reception from a median of 28 to 3 interruptions a day by the 2nd and 3rd PDSA.
- Feedback obtained from the NOKs have been largely positive, highlighting that the SMS update had alleviated their anxieties about the patient's perioperative status. Additionally, the NOKs could better utilize their waiting time, such as doing their work at home or at their workplace.

Conclusion

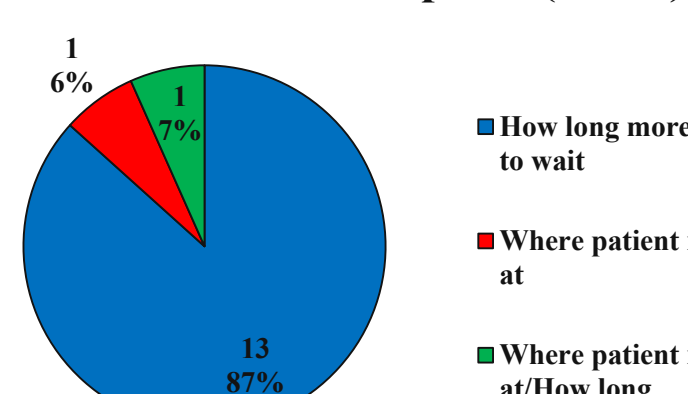
- Patient's anxiety has been greatly alleviated.
- Staff productivity has been increased.
- Both patient and staff's satisfaction has been improved significantly.
- Effective communication between staff and patient's NOK has been achieved.



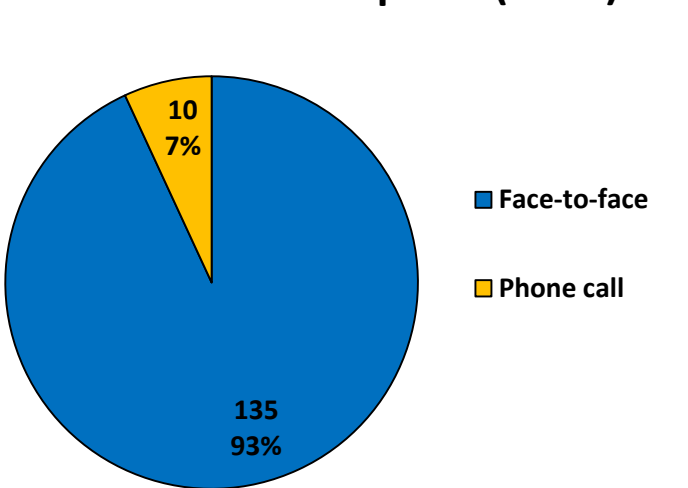
Run chart (frequency/average duration) of interruptions (MOT)



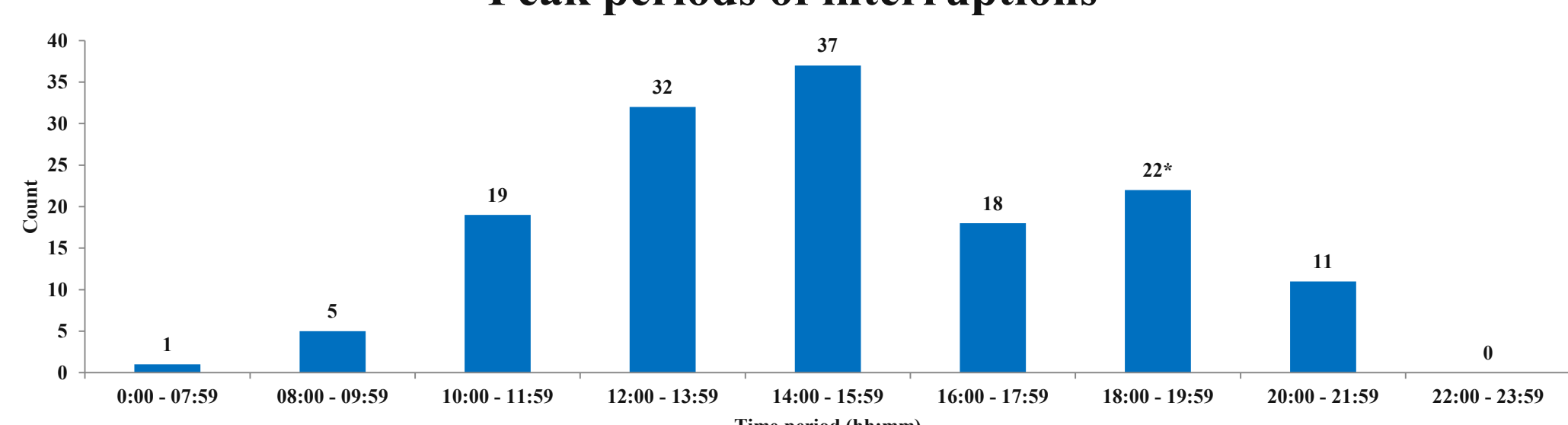
Reason for interruption (MOT)



Method of interruption (MOT)



Peak periods of interruptions



Source of interruption (MOT)*

