

Transportation without me

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Introduction

Ward 47A (Colorectal) & Ward 57 (General Surgery) are both surgical wards dealing with patient mostly going for elective procedures such as surgery, endoscopy, diagnostic & interventional radiology. The patient is admitted one day prior to procedure for optimization and most of them required an intravenous infusion (IVI) as per nil by mouth guidelines. It has been a hospital practice to accompany patient on IVI when transporting for procedure even though patient condition is stable. A nurse accompanying patient will be away from the clinical area and this leads to interruptions in providing care for the patient or hindering them in carrying out duties that require more urgent attention. Initial data collected shows that an average of 10-30 minutes per trip was spent on accompanying patient for procedure. Therefore, the team look into how to efficiently use available manpower in order to decrease unnecessary movement of ward nurses.

Objective



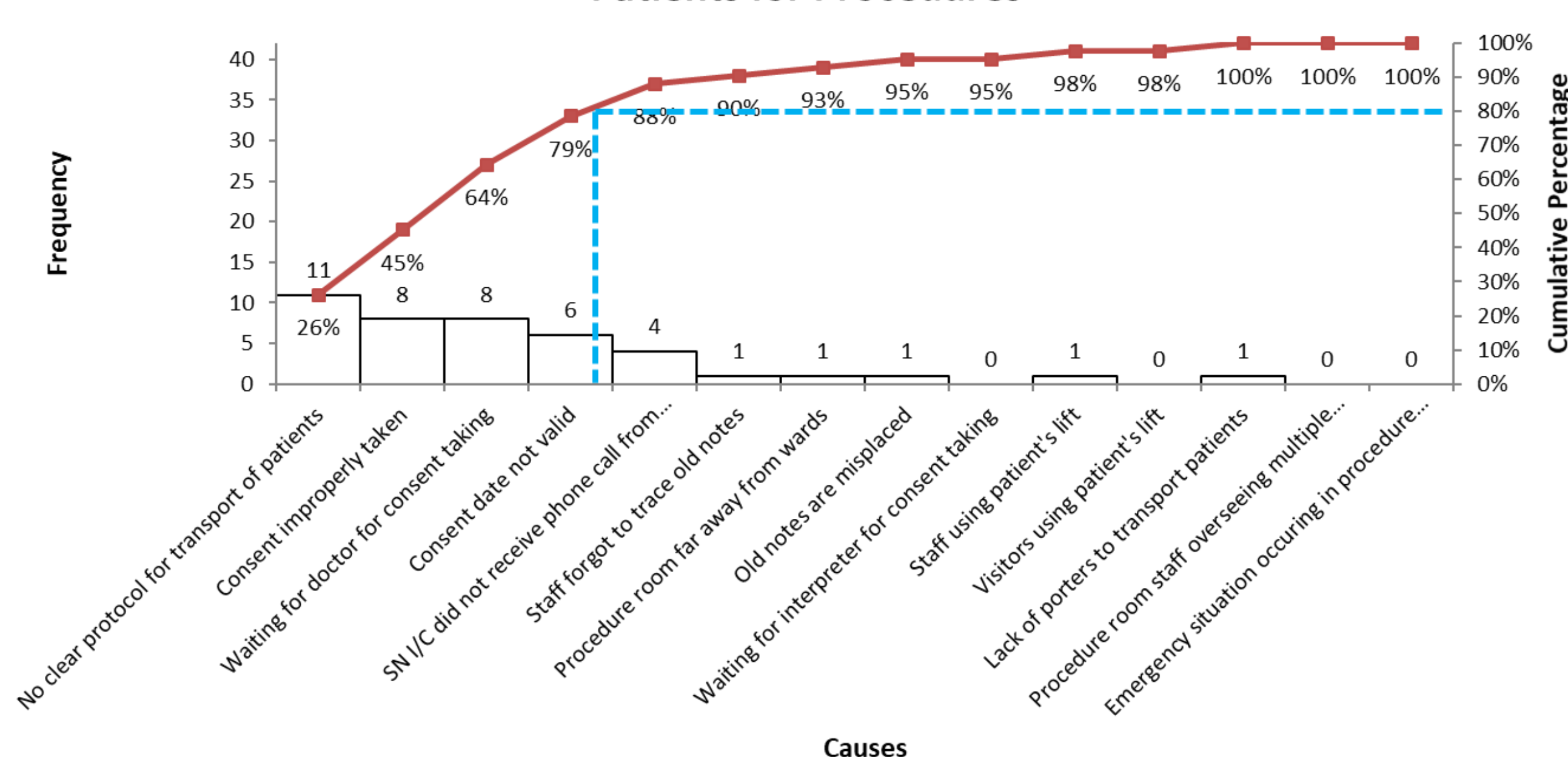
The aim of this project is to eliminate time spent transporting patient from Ward 47A & Ward 57, going for elective procedures such as surgery, endoscopy, diagnostic & interventional radiology to Operating Theatre, Endoscopy Centre & Department of Diagnostic & Interventional Radiology by 50% within 6 months.

Methods

The team have brainstormed on various possible root causes on time spent of nurses transporting patient for procedure. A cause and effect diagram use to identify possible root causes. Thereafter, a Pareto Chart was chosen to analyze final root causes. The following are the root causes identified:

1. No clear protocol for transport of patients
2. Consent improperly taken
3. Waiting for doctor for consent taking
4. Consent date not valid

Pareto Chart of Root Causes Affecting Time Spent Transferring Patients for Procedures

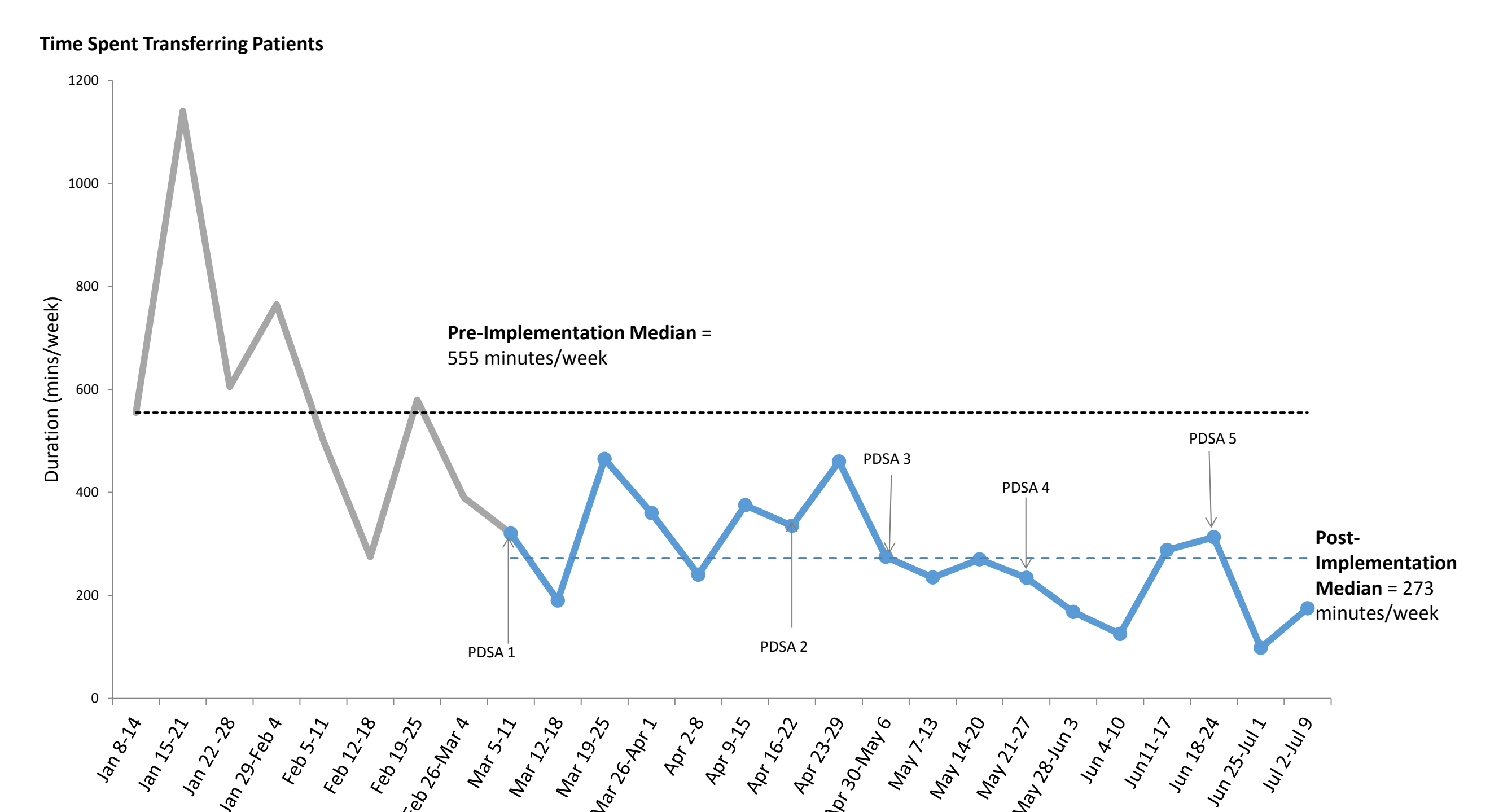


Interventions/Initiatives

Solutions Implemented	Action Plan
PDSA 1 Establishment of protocol	Create protocol Staff orientation Department briefing Stakeholders briefing
PDSA 2 Integrates One Man Operation (OMO) into daily work process	Gathers feedback Enhance OMO workflow Refining selection criteria
PDSA 3 Department orientation/meeting	Shared with Department HOD (CLR & GS) Orientation to new doctors arrived in the Department Orientation to new staff – Induction Program Briefing to OT Nurses
PDSA 4 Schedule designated HO to check consent before the procedure	Orientation to new doctors arrived in the Department Briefing to new Nurses and Doctors Ensure availability of the notes prior to procedure Ward clerk briefing
PDSA 5 Staff IC to check consent date is valid before the procedure	Staff orientation Orientation to new doctors arrived in the Department

Result

Run Chart



Result shows that there was a reduction in time spent transporting patient with intravenous infusion for elective or planned procedure. The pre-implementation median time was 555 minutes per week (111 minutes per day) to post implementation median time of 273 minutes per week (55 minutes per day).

Conclusion

The initiatives helps decrease time spent on transporting patient for elective procedures and was implemented throughout the hospital phase by phase. However, due to limitation of trolley availability, certain department unable to do OMO.

Moving on:

Involvement of higher management with regards to purchasing of trolley that can be maneuver by OMO is important.

Three yearly review of hospital nursing operational guidelines.