Improving Resource Management in Post-Operative Area: A multidisciplinary approach

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INTRODUCTION

Tight bed situation at public hospital still remains to be a problem today. Post-Operative Area (POA) is an observation unit to provide close hemodynamic monitoring for post-operative and nonoperative patients whose condition are unstable but do not required intensive care treatment. Total 9 beds are allocated for this unit. When tight bed situation occurs, patients stagnate at operating theatre recovery waiting for transfer, which affect not only patient care but also patient's satisfaction.

RESULTS

Post implementation result showed 40.7% obstetric case reduction (Graph 1). Total 336 post caesarean section cases directly transferred from operation theatre to postnatal ward. None of the case developed postpartum hemorrhage or hemodynamic unstable requires POA care. There are 10 cases (2.9%) developed post-operative complications (Table 1) including Lower respiratory tract infection, post-operation ileus, chest tightness, asthma exacerbation, thrombocytopenia, anemia, pruritic urticarial papules and plaques of pregnancy and all cases managed the in general ward. Three cases (0.8%) discharged after 3rd post-operative day and recovered well.

CONCLUSION

performed by Caesarean sections medical office are well monitored in the general ward. Patients are benefited from lesser waiting time, better lower and management a hospitalization bill. They could room in with their babies all the time. Operationally, manpower required for patient transfer is cut down and POA beds are prioritized for needy patients. Utilization of POA bed situation is improved.

METHODS

A root cause analysis was conducted in May 2017 (Graph 1). High usage of POA resource by obstetric caesarean section identified. Further (CS) cases was about 47% of analysis showed caesarean section cases admitted to POA without medical indication which performed by Medical Officer under the guidance of specialist could possibly be monitored in the general wards. A revised POA admission criterion was developed with tighter post-operative obstetric criteria by Labour Ward Committee.

analysis

1: Root causes

Graph

Graph 2: No. of obstetric cases in POA per month



Table 1: Cases with post-operative complications

Case Number	Mode of Delivery	Primary Indication	Post operative complication	Post partum hemorrhage (PPH)	Post operative length of stay (days)
1	Elective CS	Previous CS	Lower respiratory tract infection	No	6
2	Emergency CS	Breech	Chest pain likely MSK with history of intermittent chest pain due to pectus excavatum since young	No	3
3	Emergency CS	Breech	Asthma exacerbation 2 nd to viral upper respiratory infection	No	3
4	Emergency CS	Breech	Thrombocytopenia	No	3
5	Elective CS	Previous CS	Pruritic urticarial papules and plaques of pregnancy	No	3
6	Elective CS	Previous CS	Chest tightness	No	3
7	Elective CS	Previous CS	Post operation ileus	No	4
8	Elective CS	Previous CS	Antenatal anemia (hemoglobin 9.3), intra-operative blood loss 500mls s/p one pint blood transfusion in ward	No	3
9	Emergency CS	Previous CS	Post operation ileus	No	4
10	Elective CS	Previous CS	Antenatal anemia (hemoglobin 9.3), intra-operative blood loss 900mls s/p two pints blood transfusion in operation theatre and two pints and intravenous iron in ward	No	3