

REDUCING THE NUMBER OF INVALID SURGICAL CONSENTS

Singapore National Eye Centre

Dr Wesley CHONG, YEO Yilin, Angie NG, Eileen NEO, Veronica SAM, Jessica ONG, Tze Ching LIM, Dr Allan FONG, Sister LOH Huey Peng

MISSION STATEMENT

To reduce the number of invalid surgical consents to 0 in SNEC Day Surgery Patients over a period of 6 months.

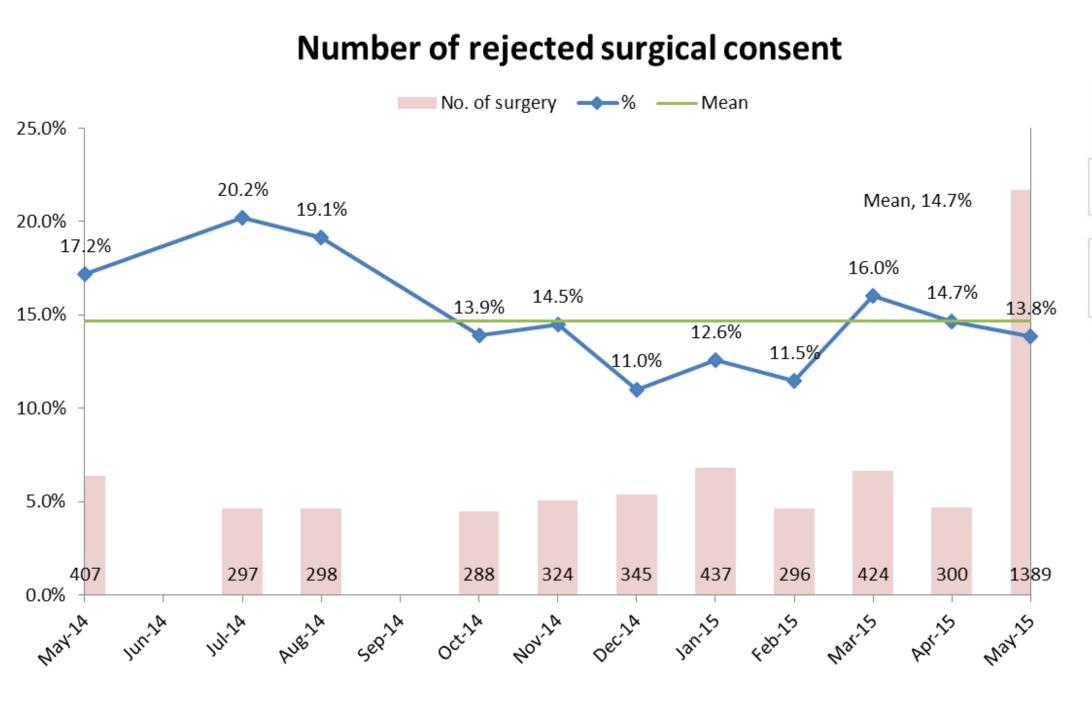
BACKGROUND

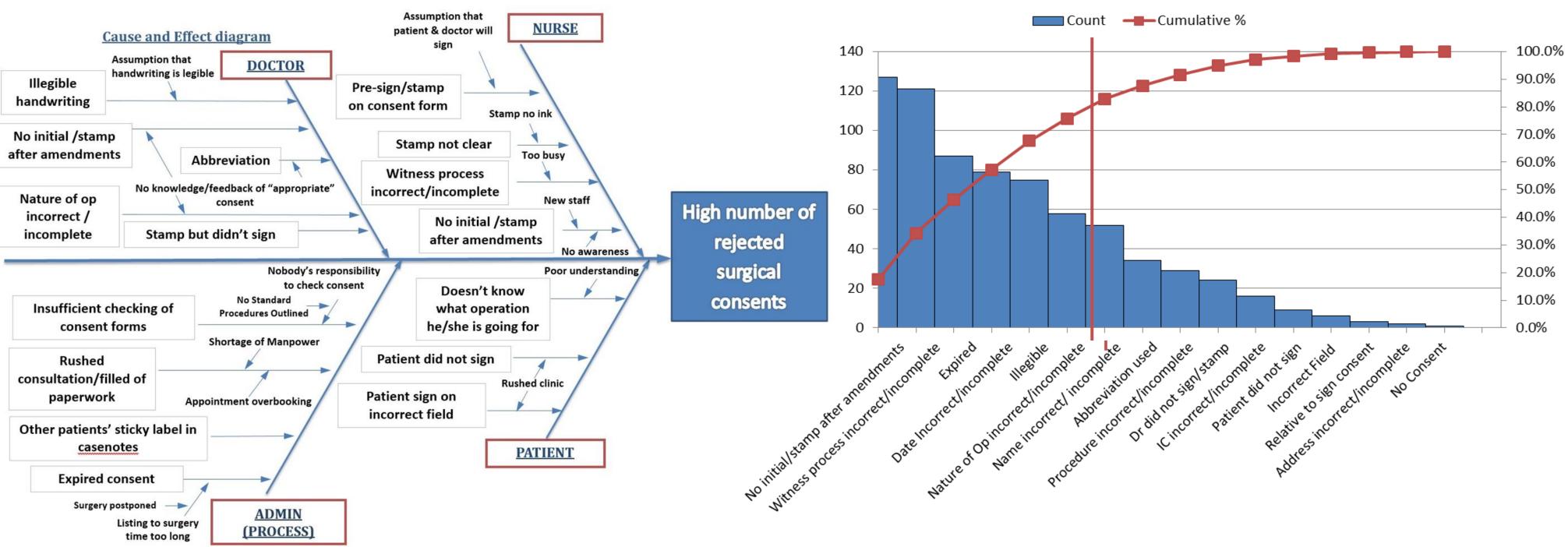
Patients listed for surgery often have consent forms that are incomplete/incorrectly filled

- > Potential Issues
 - ➤ Medico Legal Consent forms are legal documents
 - Wasted Time
 - Checking consent forms
 - Waiting for SNEC MO to take consents
 - Retaking consents
 - OT delay especially if 1st case

- > Time Wasted / Day
 - Doctor / Nurses
 - \succ (5 + 2) mins x (312/27) surg/day = **80 mins for Clinical Staff**
 - > Patient
 - \gt 10 mins x (312/27) surg/day = **116 mins for Patients**
 - > OT Staff
 - \gt 10 mins x 41/27 first cases x 50% = **16 mins for OT Staff**

BASELINE NUMBERS, CAUSE EFFECT DIAGRAM AND PARETO CHART



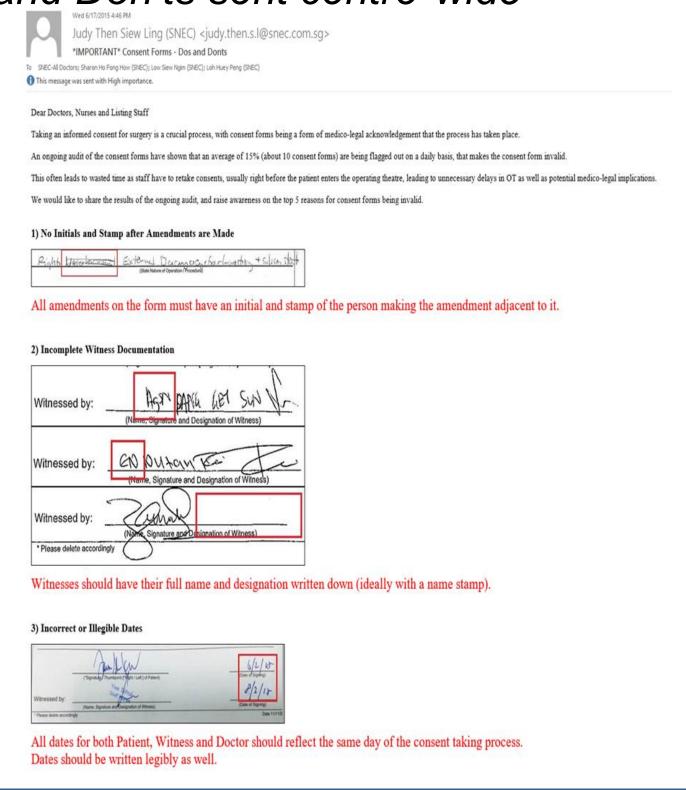


PRIORITISATION MATRIX & INTERVENTIONS

Objective Ideas Steps Send e-mail centre-wide highlighting problem Give staff individualised feedback Amend consents on day of consultation Reduce no. of irvalid Consents Reduce no. of irvalid consents in dayward Reduce no. of irvalid consents in centre stamps are available / functional Ensure stamps have sufficient ink Extend expiry date of consent forms Change legal / JCI processes Change legal / JCI processes Reduce no. of irvalid consents in centre stamps for new agency nurses 4 3 5 5 4 21 Ensure stamps have sufficient ink Extend expiry date of consent forms

PDSA Cycle 1: To raise awareness of invalid consents

How: Mass e-mail explaining Consent Do's and Don'ts sent centre-wide



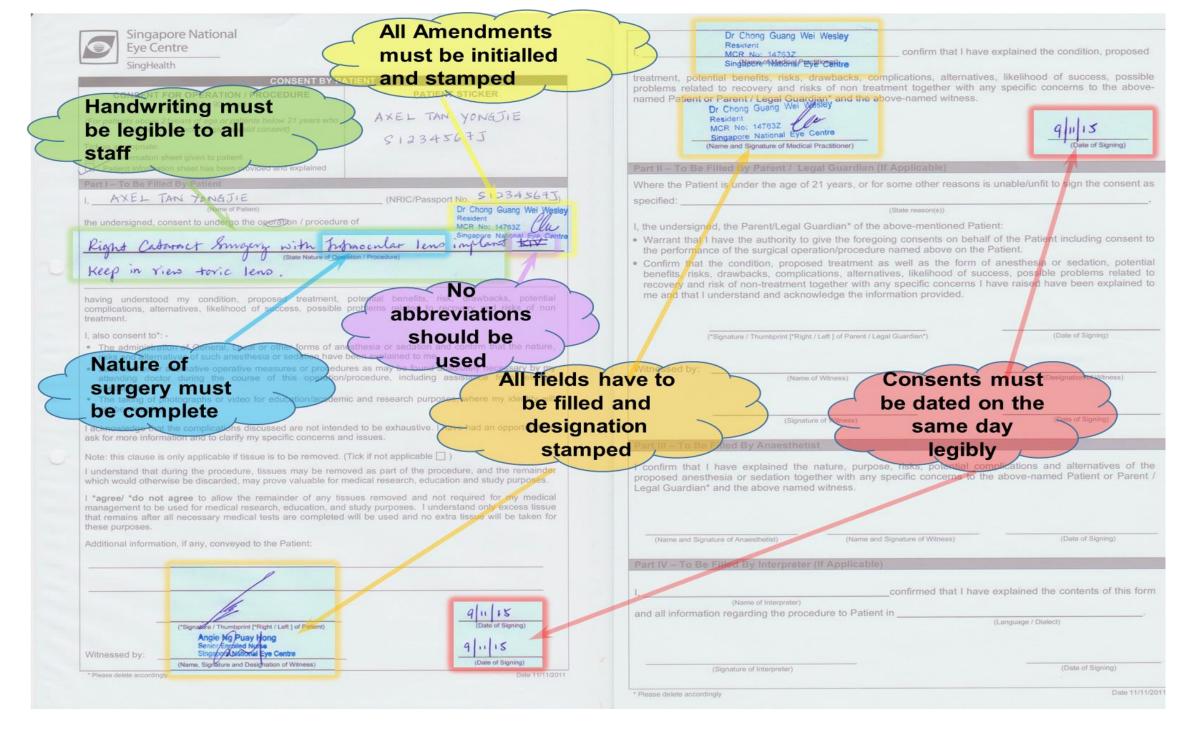
PDSA Cycle 2A/B/C: To move upstream and get invalid consents amended on the same day

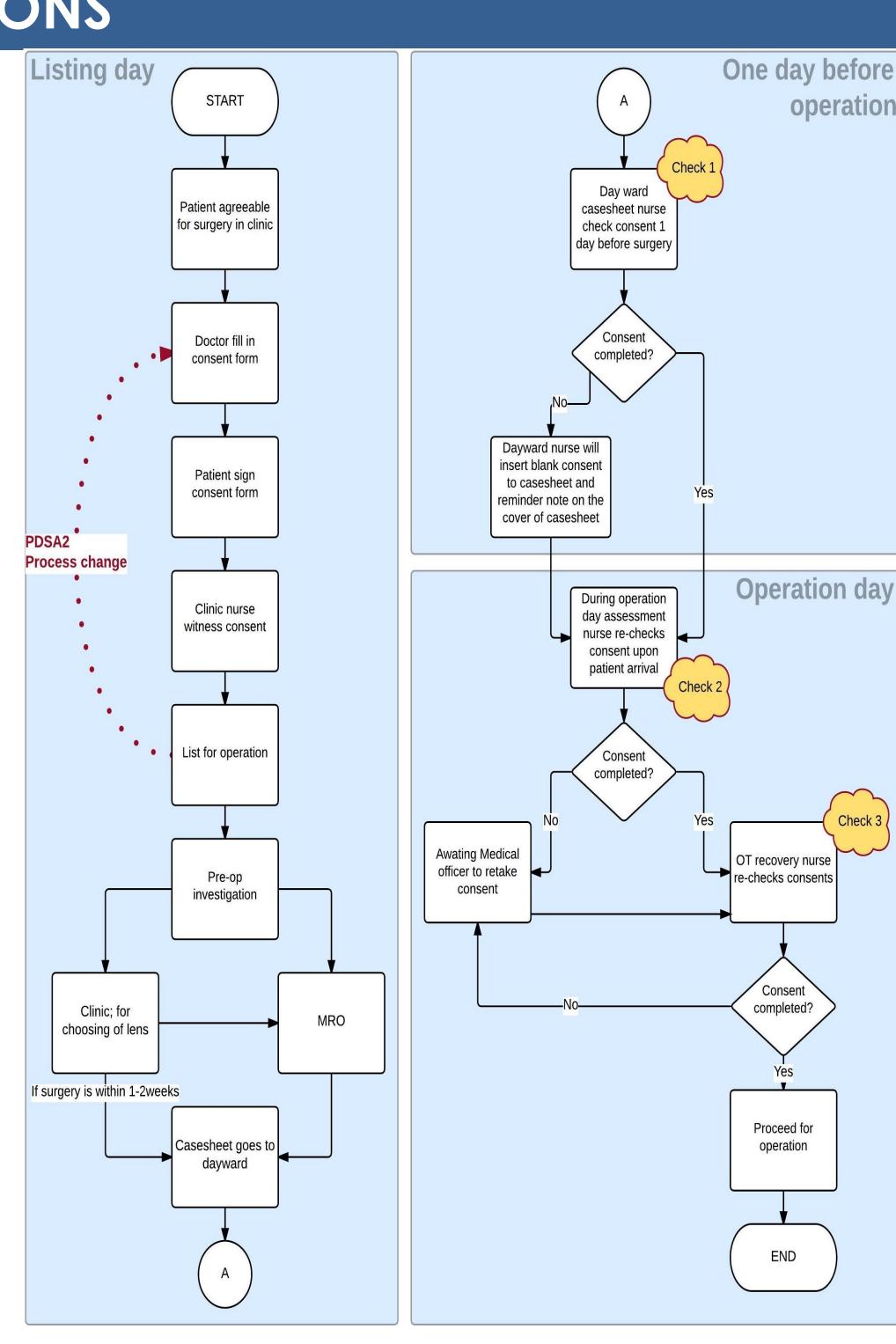
How: Listing staff identified invalid consents on listing day and sent them back to the respective doctor or nurse for amendments

PDSA Cycle 3: Pictorial reminder & Individual feedback

How: Posters of Dos & Don'ts were put up in every consult room

How: Respective doctors were given individual feedback on erroneous consents





RESULTS & SUSTAINING EFFORTS

Invalid consent at Dayward % Invalid consent at Dayward Staff (17 lun) Invalid consent at Dayward Staff (1

Results

- Progressive downtrend in median % of invalid consents since the introduction
- Sustained results
 with 7 points
 below baseline
 median

Sustaining Efforts

- Defined work process at listing
 - Incorporate consent checking into listing process
 - New staff will be briefed during orientation
- Continued monitoring of invalid consents at dayward
 - Constant feedback loop between dayward and listing
 - Periodic reminders to doctors and nurses if necessary