Enhancement of the Ambulatory Aids Management System in the Physiotherapy Department

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Introduction
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Physiotherapist (PT) has an important role on the prescription of ambulatory aids and training of their usage to ensure the safe mobility of patients. It is crucial that the ambulatory aids provided are safe and in good condition, such that unnecessary injuries resulted from defected ambulatory aids could be prevented. However, a review of the previous management system on ambulatory aid showed that the safety checking system was not standardized and the staff training was insufficient. Therefore, a quality improvement initiative was formulated to revamp the ambulatory aids management system.

Objectives
Objectives:
The objectives of this quality improvement initiative are:
- To ensure the ambulatory aids in-use are in safe and good condition
- To enhance and standardize the ambulatory aids safety inspection and storage system
- To improve staff competence and compliance in ambulatory aids safety inspection
- To improve stakeholders' experience on the loan service for ambulatory aids

Methodology
Methodology:
Phase 1: Revamping the safety inspection and storage system (June to July 2017)
The safety inspection and storage system were revamped with reference to the Kaizen 5S model. Major changes included:
1. Standardization of storage area for different categories of ambulatory aids
2. Systematic demarcation and labeling to facilitate easy and correct access of the required ambulatory aids
3. Standardization of safety inspection workflow and checking criteria
4. Sort out defected walking aids for repair or disposal
5. Revised loan form and patient education pamphlet
6. Provision of staff training to improve staff awareness and competence

Phase 2: Audit & feedback evaluation (September to December 2017)
Regular audit was conducted to evaluate the system compliance. Also, stakeholders' feedback were collected to evaluate users experience and identify areas for improvement. Major evaluation components included:
1. Monthly system audit which focus on the compliance of the inspection, storage and recording system
2. Evaluation on patient and staff feedback

Phase 3: Debriefing and Continuous Quality Improvement (January to March 2018)
Audit results and stakeholders' feedback were analyzed, with debriefing conducted to all staff in RH PT Department. Areas of improvement, such as correct labelling and pamphlet provision were identified. Actions would be taken to further improve the ambulatory aids management system continuously.

Result
Results and Outcomes:
During the review period, audit on 15 loan transactions were evaluated, with key findings as follow:
1. 100% compliance rate on the standardized storage system
2. 95% compliance rate on the standardized safety inspection system
3. 25754282 Seven defected or unsafe ambulatory aids identified

Evaluation on staff feedback including the understanding of the inspection procedure, competency in safety inspection, color-coding identification, operation efficiency and safety inspection showed that 100% of staff agree or very agree that the revamped system is useful.
Evaluation on patient feedback including patients satisfaction on the loan procedure, service, provision of information and education found that 100% of patient was satisfy or very satisfy with the ambulatory aid loan service.
Therefore, the enhanced ambulatory aids management system in RTSKH PT Department was effective in ensuring safety of ambulatory aids. In addition, the staff training was effective to increase standardized system compliance and staff competence. The quality of ambulatory aids loan service provided by the Department was evidenced by high level of patients satisfaction. On-going system audit, staff training and service evaluation shall be conducted regularly to ensure the sustainability of our safe and efficient ambulatory aids management system.