



Service Priorities and Programmes
Electronic Presentations

Convention ID: 433

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Enhancement of wound care in Accident and Emergency Department by implementation of Fast Track Wound Clinic

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Keywords:

Accident and Emergency Department

Fast Track Wound Clinic

Introduction

In the scope of services, the management and care of acute traumatic wounds are entitled total workload of Accident and Emergency Department(A&E). The optimal wound care of initial wound closure is within 6 to 10 hours of injury. During the peak demand from seasonal or diurnal variation in A&E, the time of managing of acute wound may exceed the optimal time. With the introduction of Fast Track Wound Clinic in A&E, semi-urgent, single system with uncomplicated wound conditions can be managed in timely manner. The purpose of Fast Track Wound Clinic is to create a second flow of patients in parallel to the regular flow, for semi-urgency patient without adverse consequences for critical, emergency and urgent patients.

Objectives

- (1) To attain functional closure and laceration repair within 6 to 10 hours after injury
- (2) To decrease risk of infection, minimize the scar formation and improve healing
- (3) To reduce patients' anxiety and pain level
- (4) To reduce the waiting time, treatment time and Length of Stay (LOS)

Methodology

- (1) Semi-urgent, single system with uncomplicated wound conditions
- (2) Onset of acute wound injury within 8 hours
- (3) Require early surgical intervention such as suturing, application of steri-strip and tissue glue

Result

A retrospective review was conducted from 27 March 2017 to Decemeber 2017.

(1) 2222 A&E attendants were recruited to Fast Track Wound Clinic from 27 March 2017 to 31 December 2017.

(2) The average of length of waiting time of Fast Track Wound Clinic was 38.84 minutes while other semi-urgent category was 143.61 minutes. The average of waiting time was shorten 104.77 minutes.

(3) The comparison of average of LOS before and after implementation of Fast Track Wound Clinic between May to June 2016 and 2017 were 223 minutes and 150.64 minutes respectively. The average of LOS in A&E was reduced 72.4 minutes.