Implementation of Wound Dressing Appointment (WAS) among General Out-patient Clinics in Hong Kong West Cluster
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Introduction
In Hong Kong, wound dressing is one of the major nursing activities in General Out-patient Clinics (GOPCs). There has been no limitation of quotas on wound dressing in GOPCs. It had been operated as first come first served basis. Patients usually queued up early around 7am or even earlier before clinics were opened. After registration, they would also need to wait in average of 44 minutes or more for wound dressing. In order to improve patients flow on wound dressing and reduce patients’ waiting time, a new practical way of Wound Dressing Appointment System (WAS) has been initiated by phases in all GOPCs of Hong Kong West Cluster (HKWC) since February 2016 and fully utilized in February 2017.

Objectives
1. To reduce the waiting time of patients for wound dressing
2. To assess the dressing compliance of patients to WAS
3. To divert the wound dressing appointments to non-peak time slots and enhance clinical efficiency

Methodology
The pre and post of patients’ waiting time for wound dressing were collected and compared among 5 GOPCs after the WAS has been implemented in 6 months. The attendance rate of patients according to their allocated time slots was recorded during the period of April 2016 to December 2017.

Result
Before the WAS implementation, the average waiting time of 5 GOPCs was 44 minutes (range: 30-75 minutes), and after the WAS implementation, the average waiting time was 22 minutes (range: 15-30 minutes). The percentage of reduction in waiting time was ranged from 25-60% among 5 GOPCs. The overall of patients’ compliance (attendance rate) of wound dressing was ranged from 87-90%. The Wound Dressing Appointment System (WAS) can help to reduce the waiting time of patients for wound dressing service in GOPCs of HKWC. The patients are well
adapted and showed positive feedbacks to the WAS and the wound dressing compliance rate is encouraging. From the clinic operation perspective, the WAS can help to balance the wound dressing workload during the operation hours, and optimize the utilization of nursing manpowers.