Workflow re-engineering &

Instrument Sets Modification Had Increased Cataract Surgery Throughput

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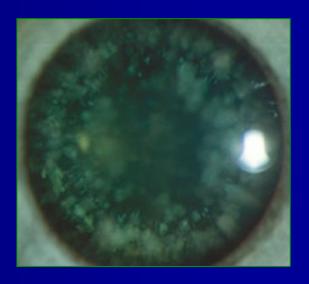
Ambulatory Surgery Centre, TKOH
Anaesthesia & Operating Theatre Department, TKOH
Department of Ophthalmology, TKOH

Huge Demand for Cataract Surgery in KEC

Waiting time could be as long as 9 years







Waiting List & Waiting Time

Period	Waiting List	Notional waiting time (mouths)
4Q 2008	9233	86.3
1Q 2009	9711	126.7

Aging Population in HK

- In 2005, population age over 65 is 12.1%
- Expected to be double by 2029
- One in every five of our population will be aged 65 or above

(Census and Statistics Department, 2005)





What does cataract mean to the patient?

- Blurry vision
- Colors appearing faded
- Poor night vision
- Halos appearing around lights...









Can We Do Something?

Yes, we must!

BUT we have all the constraints

- Limited manpower
- Limited space
- Limited equipment
- Limited theatre sessions





Our Way Out...



- Work smarter
- Work faster
- Work better





Increase Surgery Throughput

- High Vol Cataract Surgery Workflow
- NHS guideline /w local modifications
 (NHS Institute for Innovation & Improvement 2008)







Objectives

- Shorten cataract surgery waiting time
- Improve work efficiency & operation throughput
- Promote surgical safety
- Enhance quality of per-operative care
 & outcome of cataract surgery

Embark on High Volume Cataract Surgery

- Commissioning team led by CCOS, Ophthalmology Dept
- Multi-units collaboration
 - Dept of Ophthalmology, UCH/TKOH
 - Ambulatory Surgery Centre, TKOH
 - Anaesthesia & Operating Theatre Dept, TKOH
 - SOPD, UCH
 - SOPD, TKOH
 - Finance Dept, UCH/TKOH
 - NSD, UCH
 - NSD, TKOH

Increase Case Load in TKOH

900 additional cases in KEC per year

All 900 cases to be performed in TKOH





Ambulatory Surgery

- All cases done as ambulatory
- 2 whole day sessions added
- 10 operations each day

- Patients admitted to ASC in 2 lots
 - am session 6 cases
 - pm session 4 cases





Improving efficiency

- Enhancing team work
- Workflow re-engineering
- Smart use of instrument & equipment
- Use of electronic patient record system





Team Work – Cluster Level

- UCH and TKOH worked hand-in-hand
 - Pre-op patient assessment
 - Post-op patient follow up
 - Pharmacy support





Team Work – Peri-op Care

- OT nurses & ASC nurse work as one team
- Primary Nursing implemented



Increased Surgical Safety







Primary nurse performs IOL checking and time out together with OR Team

Streamline Patient Transfer



ASC send patient to OT direct

ASC 1º Nurse performs immed pre-op care in OT

1º Nurse returns to OT to escort pt back to ASC



Reduced Traveling Distance

- Eye OR next to ASC
- Shortened transport time





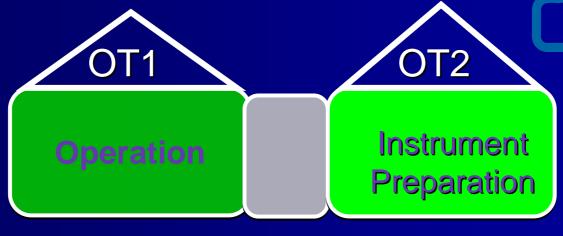


Instrument Ready Just-in-time

Use of twin theatres to save time

One for instrument preparation

One for operation





Simplify instrument sets

- Re-design instrument sets
- Ready-to-use layout





Ready-to-use Consumables

- Standardized
- Pre-packed







Improve Instrument Flow

TSSU delivers prepacked instrument trays to theatre by "auto refill"



Prompt removal of used instrument by at end of OT



Efficiency in Intra-op Care

 Set up electronic patient monitoring & medical recording system

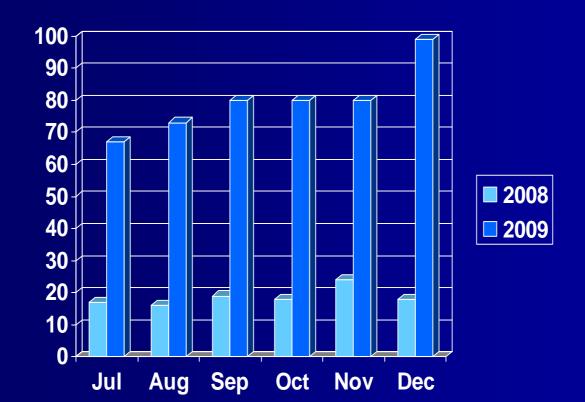
	Hospital Authority, Tseung Kwan O Hospital		
	RTMENT	Anesthesia Record	
OF ANAESTHESIA & OT SERVICES		Name: Chan chan chan Hospital No.:	IN123456 fale © y
PREOP DIAGNOSIS		PLANNED PROCEDURES	
[1]Cataract (LE) (Cataract (LE)) PATIENT AND ADMISSION INFO	DIATION	[1]Phaco + IOL (LE) (phaco + IOL (LE))	
ASA:	RMATION	Book Type: Elective	
INFECTION CONTROL MEASUR	ES	PRE-OP CONDITION	
Standard Precautions		Co-operative V Operation Site Marked V Oriented V Skin Intact V	
MODE OF ANESTHESIA 1. LA			
Details:			
GAS & VENTILATOR		MONITORS & EQUIPMENT	
O2 flow nasal: 2 L/min Supplemental O2 by: Nasal cannula		Equipment: Phaco System Stellaris A Monitoring S/5 AM	
PATIENT POSITION & PROTECT	TON	, and the second second	
10:39 Position Supine		Arm guard applied V Body alignment checked V Head ring inplace V Safety Strap Applied V	
FLUIDS		CONDITION ON LEAVING OT	
	straop bid loss: 0 mL Irine out:	Breathing : SR/Good Color : Pink Conscious State : Awake	
EVENTS			
Sharps & Instrument count correct ~	,		
Anesthesia start: Surgery start: 09:12	Anesthesia Ready Incision start:	Anesthesia end: Surgery end: 09:39	
PERSONNEL			
	G Wai-tat Wilson Foon Kathy Oi-Chu		
E-Signature: TO Siu-Foon	Kathy		
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Results

A Comparison of throughputs

(2 whole day sessions added per week)





Improved Turn Around Time

Turn around time reduced by 66.1%

Period	Jul-Dec 08	Jul-Dec 09	Time Reduced
Average Turn around Time	8 mins	2.7 mins	5.3 mins (66.1%)



Mission Accomplished?





Ensured Patient Satisfaction

Patient Satisfaction Survey

- 113 feedback forms collected
- 100 completed forms received
- 13 were incomplete and discarded
- Negative feedbacks Nil

Overall Comments



N=100	Good	Very Good
Total feedbacks	46	54

Key to Success



- Maximize use of available resources to add value to work
- Staff enjoy involving in the project
- A mission to promote client's health





Conclusion

Workflow re-engineering & re-designing of instrument sets

- Increased surgery throughput
- Improved work efficiency
- Promoted care quality
- Enhanced patient safety
- Ensured patient satisfaction

The Journey Had Just Started









Special thanks to Dr Kenneth Li (CCos, Ophthalmology, KEC) &



Colleagues of
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Eye Centre, QMH; SOPD UCH; SOPD TKOH;
ASC TKOH; A&OT Dept TKOH