



Service Priorities and Programmes
Electronic Presentations

Convention ID: 382

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Review Pre and or post-operative Cardiac Patient Transferring Process To and From F5 operating theatre and E5 intensive care unit

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Keywords:

staff wellness

quality and safety

Introduction

Queen Mary Hospital is one of the largest Open Heart Centre in Hong Kong. There are over 600 open heart surgeries performed each year. These kinds of patients usually come with multiple inotrope drugs for supporting their lives pre and or post operatively. Nearly over one hundred cases are in emergency conditions For every involving staff are competing every second in saving these patients. Unfortunately, in our clinical setting, healthcare workers and these patients are always at high risk during the transferring process. Staff needs to spend time in transferring those supporting drugs from patient's bed to OT's IV stand. These repeatable physical motions in screwing off and on those infusion / syringe pump on to IV pole are always frustrating. Also, incident had been reported that infusion pump was fastened untightly and fell off from the IV pole. Fortunately the patient was free from any injury from the fell off syringe pump. Wrist pain was also reported from involved staff. Therefore in viewing of the above problems, our department launched a project from July 2011 to Oct 2011, to review the efficiency and competency of staff in patient transferring process within the two units.

Objectives

Aim: Minimize the risks between staff and patient during transferring process

Objectives: To reduce patient transferring time To improve occupational health of staff To reduce potential risks during the transferring process

Methodology

Group leader meeting between F5OT and E5ICU for collaborating both parties and investigate the implementing logistics. A well designed multi-level syringe pump trolley was tailor-made for transferring process as well as kept inside the operating theatre until case finished. Questionnaires were developed for pre and post project assessment for participants (OT staff, anaesthetists and ICU staff).

Result

Results: From the questionnaires' result, over77% of the involved parties disliked the old method transferring process. 92% of staff thought that it would delay the treatment

and increasing staff pressure during emergency status. Outcome: Simplify work flow and save man hour Easy to realign the hemodynamic cables and infusion lines which are in use Eliminate the repetitive motion and a positive response from staff, anesthetists for implementing the trolley in assisting the transferring process.