



Service Priorities and Programmes
Electronic Presentations

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Submitting author: Ms Lai Ha WONG

Post title: Advanced Practice Nurse, United Christian Hospital, KEC

Streamlining the Workflow of Postoperative Patient Transfer in OR

Wong LH

Operating Room, United Christian Hospital

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Introduction

Introduction The usual workflow of transferring postoperative patient is from theatre room (OT room) to the Post Anesthesia Care Unit (PACU) after the patient being anaesthetized after surgical procedures. The anesthesiologist or/and OT room nurse escort and handover the patient with illustrated information such as the patient's condition, type of surgery performed, type of anesthesia given, estimated blood loss, and total input of fluids and output of urine during surgery to PACU nurse. Throughout escorting, the theatre nurse and Anaesthesia Assistant had spent a considerable period of time to transfer the patient from OT room to PACU, and then return to the theatre preparing for the next case which more or less affects Operating Room (OR) efficiency. Therefore, we have considered the need of ensuring an efficient and smooth transferring workflow of patient from OT room to PACU.

Objectives

Project Objectives 1. To shorten handover period in PACU 2. To provide immediate PACU care 3. To enhance the cooperation between nurses in OT room and PACU

Methodology

Methodology 1. Criteria for supporting the clinical care of OR: I. The first patient is not being admitted in PACU after checking of emergency equipment. II. The nurse-patient ratios are met. 2. 2 PACU staff (1RN +1 RN/ supporting staff) is preferable to care the patient if admitted in PACU. 3. When the criteria are met, PACU nurse will go to the OT room which shows Procedure Finished (PF) in Computer Information System (CIS). 4. PACU nurse should receive and escort patient from OT room to PACU. 5. If no PF is shown in CIS, PACU will start ward round. The first priority is complex cases which require more manpower. 6. PACU nurse should bring DECT Phone for call-back if PACU situation changed

Result

Results From 27 May to 7 June, the maximum caseload was 37 patients on Tuesday and the minimum caseload was 20 patients on Thursday during weekdays. There were at least 5 patients and at the most of 7 patients being able to handover in theatre, which occupied over 13% of cases in PACU every day. There were totally 13.5 hours used to support OR clinical activities within the pilot. By time intervals, it occupied the highest overall percentage in 09:30-11:00 (48%), then followed by 14:30-16:00 (26%)

and the remaining were random. Thursdays, Tuesdays and Wednesdays constituted 44%, 26% and 19%. Other weekdays accounted for only 11% collectively.