



Service Priorities and Programmes
Electronic Presentations

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3 Simple Actions – Better Patient Management: Improving patient flow for patient with CT plus X-ray imaging in Tuen Mun Hospital, Accident and Emergency Department

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Introduction

CT imaging for brain has been widely utilized for patient with suspected brain injury, such as prolong headache, dizziness and head trauma. However, priority will only be given to those suffered from acute deterioration. For those cases with stable vital sign, they may need to wait for the arrangement. There was a high critical deterioration potential during their waiting. Incidence(s) were happened occasionally for this group of patient. Problem (Causes of the incidences) Staff – Medical and nursing colleagues cannot identify the patient easily; Different supporting staff involved in the patient flow but failure to communicate Machine – Limited CT imaging machine to support the heavy workload for CT imaging and as a result of long waiting time Material – No identifying material to identify these patients Method – Complexity of patient flow. Environment – Patient may be isolated when they are waiting for the X-ray after the CT imaging because of the environmental limitation.

Objectives

1) To prevent further incidence happened for patient with CT imaging plus X-ray together. 2) Improve the patient flow 3) Colleagues can easily identified the patient

Methodology

A new patient flow “3 simple actions” was implemented. Action (1) - Arrange priority X-ray imaging for those patients with CT imaging. Action (2) – Attached an orange flag to the AED patient record for easy identification. Action (3) – Keep the documentation on the CT GCRS request forms with the use of a chop if the AED patient record is not available during the monitoring period.

Result

From 1 November 2013 to 31 January 2014, cases with CT plus X-Ray imaging were about 878 (average 3 cases per shift). No case was found indistinguishable to our

colleagues and no patient was being left in an isolated area. Nurses can also keep documentation by using the chop even the AED record is not available during the monitoring period. Most importantly, during this period, 2 critical cases were being identified timely in preventing adverse event happening. Conclusion The new patient flow helps colleagues to identify patients with potential critical deterioration with limited change.