



Service Priorities and Programmes
Electronic Presentations

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Patient transport from wards to the operating theatre by wheelchair

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Introduction

Patients who are going to undergo operations are usually quite anxious. We hope that transport by wheelchair rather than by stretcher could reduce their anxiety level especially in those who are still physically energetic and smart mentally. This is because transport by stretcher may lead to loss of autonomy and altered sense of security. Besides, transport time and manpower may be saved.

Objectives

1. To reduce patient anxiety 2. To improve the efficiency of patient transport 3. To relieve staff's workload

Methodology

Since the 1st of April 2013, patient who are from surgical and orthopedic wards, alert and mentally oriented, ambulatory, physiologically and emotionally stable, without drainage system and aged below 70 were transferred by wheelchair to the operating theatre. Ward staff made the final decision of wheelchair transport. The patient must wear gown, trousers, jacket and slippers if any and was escorted either by health care assistant, ward nurse or student nurse. On arrival to the reception of operating theatre, the patient is directly transported to the designated operating room after identification procedures. The time lapses from premed time to floor-in time in those wheelchair transported cases were calculated. A questionnaire was distributed to all staff in-charge of surgical and orthopedics wards to evaluate their feelings on the wheelchair program.

Result

From April to July 2013. 22% to 35% surgical patients and 20% to 31% orthopedic patients were transported by wheelchair to the operating theatre. The time lapses from premed time to floor-in time in those wheelchair transported cases were compared with similar cases in March 2013 when all cases were escorted by stretcher. The time lapses were compared under several categories including types of anesthesia and ASA level. Transport time was not shortened significantly as expected. 38 questionnaires were returned with 79% rated average or above concerning the relief of staff's workload and the increase in the flexibility of manpower management. All comments are positive and constructive. Conclusion: Probable explanations for

insignificant change in transport time may be free of physical pressure from OT staff and time taken for transfer between wheelchairs. Patients showed less anxious on arrival to the operating theatre and they were more cooperative to our instructions. Both operating theatre and ward staff's workload was relieved for other patient care because wheelchair transport provides flexibility in the choice of escorting staff. Recommendations: Patient's view and the occupational safety and health issues should be highlighted in the future. Coverage can be expanded to patients from other wards and emergency cases. The age allowance of wheelchair transported patients is greater than preset in the project. Even patients aged up to 80 were transported by wheelchairs.