



Service Priorities and Programmes Electronic Presentations

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“Filling Handover Gap” in preparation for Special Eye Equipment & Instrument required for General Anaesthesia (GA) Operation

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Introduction

Incident of “delayed” starting or “prolonged” GA duration due to lack of special eye equipment had happened in PWH Main OT GA list. 2 cases were reported in 3Q 2015. These can be prevented by developing “effective handover system” among surgeons, health nurses & Operating Theatre (OT) nurses. Current practice : Arrangement of special equipment relies on experience & practice of health nurse, who is assumed to ask surgeons & add those special equipment “automatically” onto OT list. However, “handover gaps” may happen among surgeons, health nurse & OT nurses if health nurse does not ask surgeon due to multiple reasons during OT list publishing. Lacking of special eye equipment for OT will be detected at very late stage: patient already under GA. In such situation, patient under GA has to wait for ad hoc arrangement & mobilization of those essential equipment from different locations with prolonged GA time & delayed OT starting time. In consequence, other operations on same session have to be cancelled and leads to wastage of GA OT session. This may result in patient’s complaints or medical legal claims due to unnecessary prolonged GA time.

Objectives

To enhance patient safety by developing “safe system” for ensuring special equipment & instruments are ready for eye operations

Methodology

Working group including surgeons & health nurses is formed to develop the workflow. A special equipment/ instrument preparation checklist covering different eye operations is developed. This is then reviewed & confirmed by related surgeons. Upon publishing OT list, health nurse will add those items as “remark” in the OT list. Besides, the role of surgeons/ OT nurses are clearly delineated, viz., surgeon has to check OT list & OT nurse to check readiness of special equipment shown on OT list. Surgeons need to voice out any additional equipment if needed. It is a communication and safety tool for the theatre nurse to well prepare before OT.

Result

New workflow has been implemented from 11/2015. No delay in operation due to lack of equipments or instruments since then. The workflow is effective and the objective is achieved. Staff feedback is excellent as safe system prevents recurrence of similar problem. Most important, wastage of scarce OT resources can be prevented. The enhancement is welcomed by all stakeholders. Potential medical legal claims can be avoided.