Pilot program for tracking of ward instrument set at Central Sterile Supplies Department in QMH
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Introduction
Central Sterile Supplies Department (CSSD) is responsible for reprocessing of soiled instruments after patient use and issuing sterilized items to different clinical areas. The sterilized instrument sets using in ward area are not being tracked and linked with patient information. Once the instrument is exposed to have related risk, it is nearly impossible to trace involved patients. This software program is developed to track specific type of instrument set with unique number in pilot program. Through computerized recording system, CSSD staffs can directly input the patients' hospital numbers through handheld scanner into database in the decontamination area when frontline users return the soiled instrument sets' tracking forms together with the patients' bar code labels. This system provides an effective method for CSSD to list the utilization record of individual procedure set with patients' hospital numbers after being used for high risk procedures and promotes traceability of patient at the point of care.

Objectives
1) To increase the effectiveness of tracking process on ward instrument set
2) To eliminate hand written record and repeated manual data input work
3) To generate analytical list from system database for immediate tracing

Methodology
Develop a software program based on database system for data input through the handheld scanner and touch screen workstation. Frontline users stick the patient bar code label and autoclaving label on designated form and return it with the soiled instrument to CSSD after use. All essential data and unique instrument set number would be recorded and individual instrument set's utilization record could be retrieved in system at any time.
Result
This system has been launched successfully in CSSD since January 2016. It is a useful tool for generating report and tracking of ward procedure sets used for high risk procedures. Over 85% of selected instrument sets can be linked with patients’ hospital numbers and instrument set unique codes during pilot program. It shortens data input time and reduces complicated manual works for tracing the instrument set utilization records in CSSD.