ED-OT-ICU SEAMLESS TRANSFER

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- ☑ SAFETY
- ☑ PRODUCTIVITY
- ☐ PATIENT EXPERIENCE
- ☐ QUALITY
- ☐ VALUE

Define Problem/Set Aim

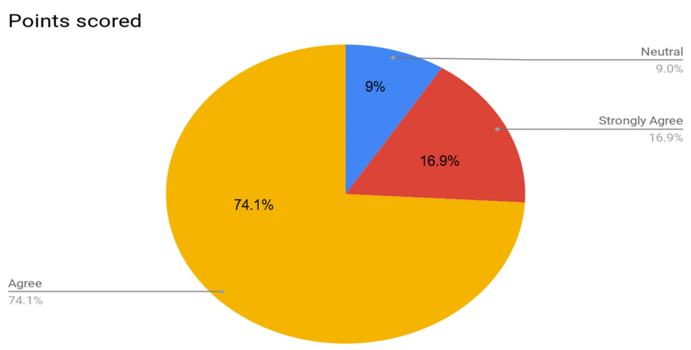
Critical information such as skin condition, medications administered and important documents (e.g. police form) obtained in ED were missing:

- Due to the lack of information received, patient safety is being compromised as patient care is delayed

*This problem was only apparent in cases where patients were transferred from ED to OT to ICU. Whereas patients directly transferred from ED/Ward/AU/JCH to ICU did not present with such an issue.

Preliminary Research (ICU)

In a survey conducted in ICU (n = 91) from February to March 2018, 91% of them felt that critical patient information was left out when they received cases that came from ED to OT to ICU



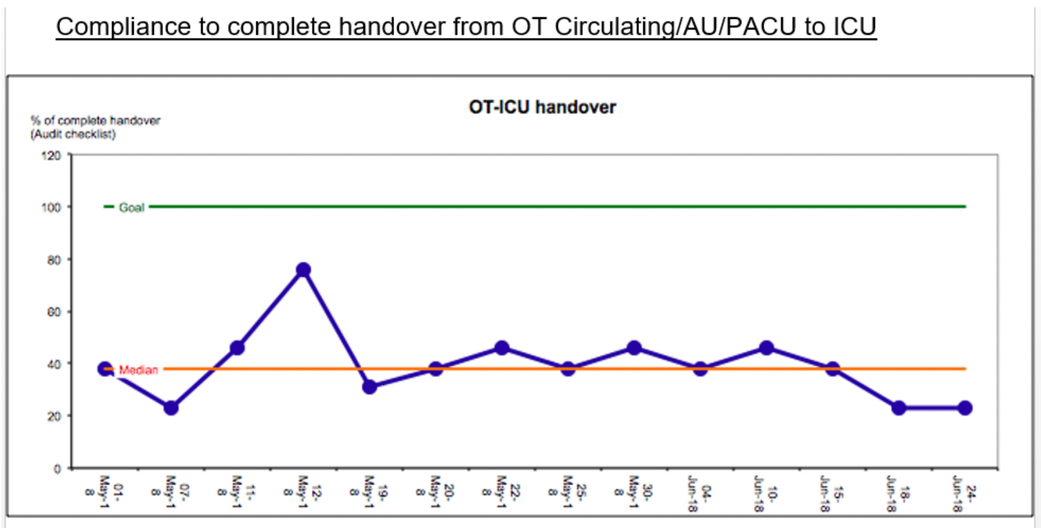
Aim

What are you trying to accomplish?

To achieve 100% complete handover from ED-OT-ICU transfer cases.

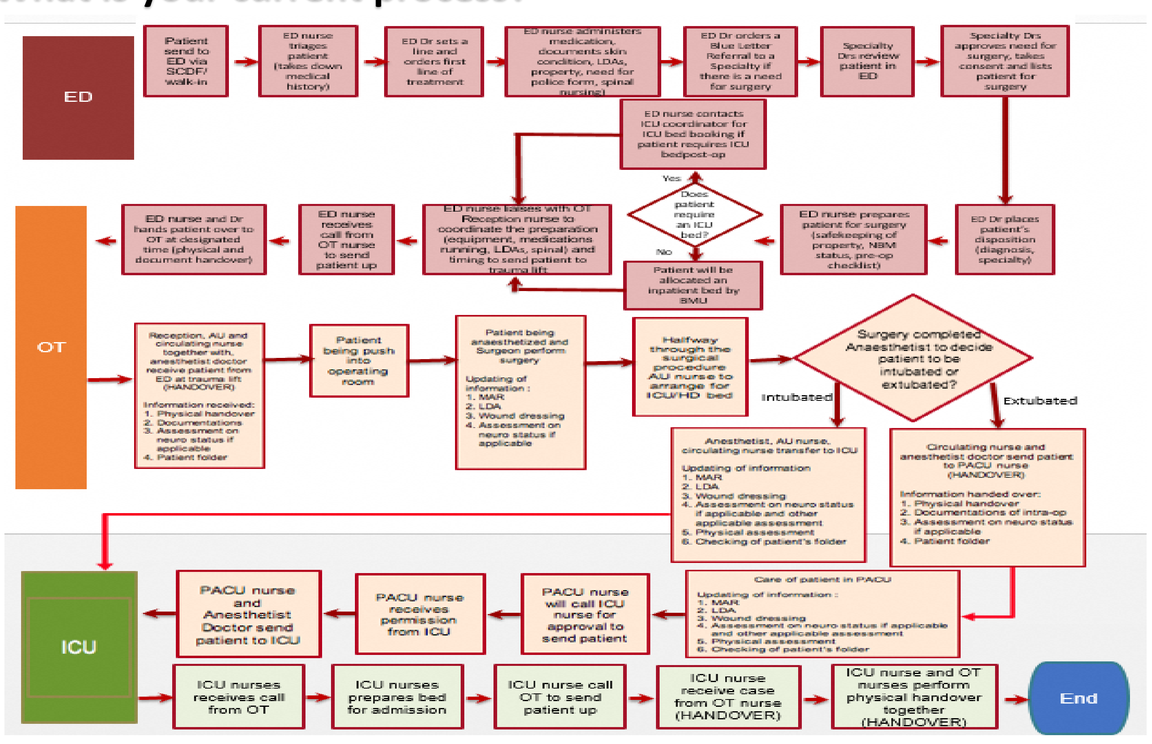
Establish Measures

What is your current performance?



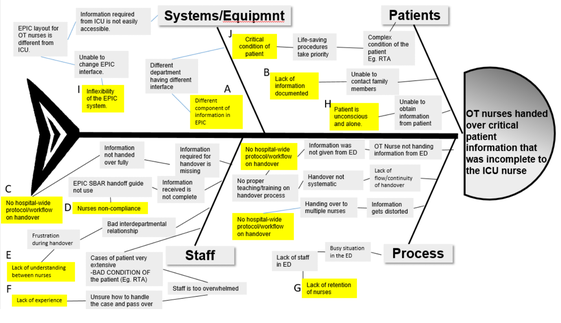
Analyse Problem

What is your current process?



What are the probable root causes?

Fishbone Diagram



Quality Tools

Pareto Chart

Description

This template illustrates a Pareto Chart, also called a Pareto Diagram or Pareto Analysis.

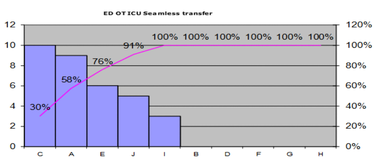
Instructions

- Enter up to 45 categories along with the total for each category in the cells provided.
- Items and their totals do not need to be entered in rank order. This will be done automatically.
- Do not enter duplicate categories.

Learn More

Category	Total
A - EPIC System	9
B - Lack of information documented	0
C - No hospital-wide protocol/workflow on handover	10
D - Nurses non-compliance	0
E - Lack of understanding	6
F - Lack of experience	0
G - Lack of retention of nurses	0
H - Patient is unconscious and alone	0
I - Infexibility of the EPIC system.	3
J - Critical condition of patient	5

Root Causes Identified



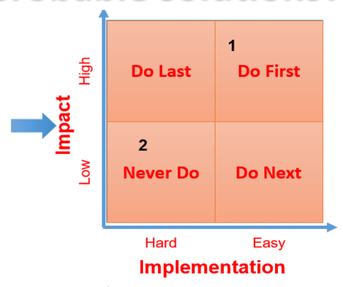
Category	Total

Category	Total

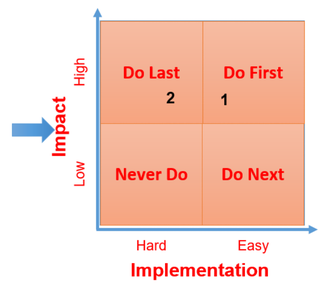
Select Changes

What are the probable solutions?

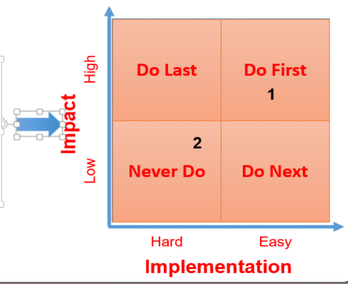
Root Cause		Potential Solutions
Root Cause A	1	Introduce handover template
EPIC System	2	Make adjustment to the EPIC system



Root Cause		Potential Solutions
Root Cause E	1	Cross-dept meet up session
Lack of understanding	2	Cross department Training



Root Cause		Potential Solutions
Root Cause C	1	Introduce handover template
No hospital-wide protocol/workflow on handover	2	Handover checklist



Test & Implement Changes

How do we pilot the changes? What are the initial results?

CYCLE	PLAN	DO	STUDY	ACT
1	Create a standard Smart phrase template for for ED-OT and OT-ICU handover process: - Pulling out the template from the notes. - Fill up the information required. - Handover using the template.	Disseminate the information that the project will be conducted: - Teaching on how to pull out the template to ED and OT nurses - Introduction on the components of the template to the ED, OT and ICU nurses	Team members review the workflow and monitor the compliance of the usage of the handover template.	1. Create a workflow policy on the inter-department (ED-OT, ED-ICU, OT-ICU) handover process 2. Additioal neurosurgical components added into the template to facilitate the OT nurses to chart GCS and ICP which are essential to monitor for patient post neuro-surgery.

ED-OT handover process template

All drugs given and documented in MAR {Yes/No:21152}

I/O updated and documented in flowsheet {Yes/No:21152}

Police Case {Yes/No:21152}
- If Yes, Police form up? {Yes/No:21152}

Property form {Yes/No/NA:21914}

Belongings sent to ICU {Yes/No/NA:21914}

LDAs documented in flowsheet {Yes/No:21152}
- Yes, please specify:
•

Skin conditions/issues {Yes/No:21152}
- Yes, please specify:
•

Socioeconomic data {Yes/No:21152}
- Yes, please specify:
Relationship to patient: {adult relatives:19540} Name: Contact number:

Family/spokesperson informed of transfer {Yes/No:21152}

Any special precaution {Yes/No:21152}
- Yes, please specify:

OT-ICU handover process template

SEAMLESS TRANSFER SMART TEXT NOTES (OT)

All drugs given in OT documented in MAR {Yes/No:21152}

Surgical site dressing{Yes/No:21152}
- Yes, please specify:
•

Skin condition{Yes/No:21152}
Yes, please specify:
•

LDAs documented in flowsheet {Yes/No:21152}
- Yes, please specify current LDA on patient:
•

I/O updated and documented in flowsheet {Yes/No:21152}
- Yes, please specify:
•

Neuro Patient	{Yes/No:21152}
Head Drains/EVD	- Yes, please specify: •
Head of bed	*Please specify: 30 degree / Flat
ICP Pressure (Before sending to ICU)	{Number (ICP):60324:::1}
GCS	{Glascow coma scale eye:60298} {Glascow coma scale verbal:60299} {Glascow coma scale motor:60300}
Pupil Size:	{Pupil Size:30110:::1} {Non-Reactive / Reactive / NA:21660}

Any special precaution {Yes/No:21152}
- Yes, please specify:
•

Others:

Handover by:
Received by:

Neurosurgical components added:
This documentation has helped to determine any medical therapy / intervention required for Post neurosurgery.

Spread Change/Learning Points

The strategy to spread change after implementation is to continuously review the workflow and monitor the usage of it. New "champions" in each department (ED & OT) that has utilise the workflow consistently will be identified and rewarded. These champions will be "ambassadors" for such a workflow to help influence their colleagues on the utilisation. A post review study will be conducted and results will be collated and shared to show staffs that their compliance towards the workflow has helped improved patient safety and outcome.

Future implementation of this template into ED and OT EPIC system. Hence, handover of critical information will help to facilitate further medical therapy or intervention to be carry out in order to improve outcomes of the patient.

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