Project Title

ED-OT-ICU Seamless Transfer

Project Lead and Members

Project lead: Tan Shieh Tein

Project members: Alaine Teu, Han Bee Yin, Halimah, Cindy, Cheong Wan Zhuang, Gilchrist, Ma Jing, Liu Yang

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Nursing

Applicable Specialty or Discipline

Intensive Care Unit, Emergency Medicine

Aims

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

Background

See poster attached/ below

Methods

See poster attached/ below

Results

See poster attached/ below

Lessons Learnt

The workflow needs to be continuously review and monitored. New "champions" who utilised the workflow consistently can help influence colleagues with this workflow. Systematic

handover of critical information through Epic templates help to facilitate further medical therapy or intervention to be carried out in order to improve patient outcomes.

Conclusion

See poster attached/ below

Project Category

Care & Process Redesign, Quality Improvement, Workflow Redesign, Value Based Care, Safe Care, Adherence Rate

Keywords

ED to OT to ICU Transfer, Handover Process, Epic Templates

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ED-OT-ICU SEAMLESS TRANSFER

MEMBERS:TAN SHIEH TEIN (ICU), ALAINE TEU (ICU), HAN BEE YIN (ICU), HALIMAH (ICU), CINDY (OT), CHEONG WAN ZHUANG (OT), GILCHRIST (ED), MA JING (ICU), LIU YANG (ICU)

- ☑ 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
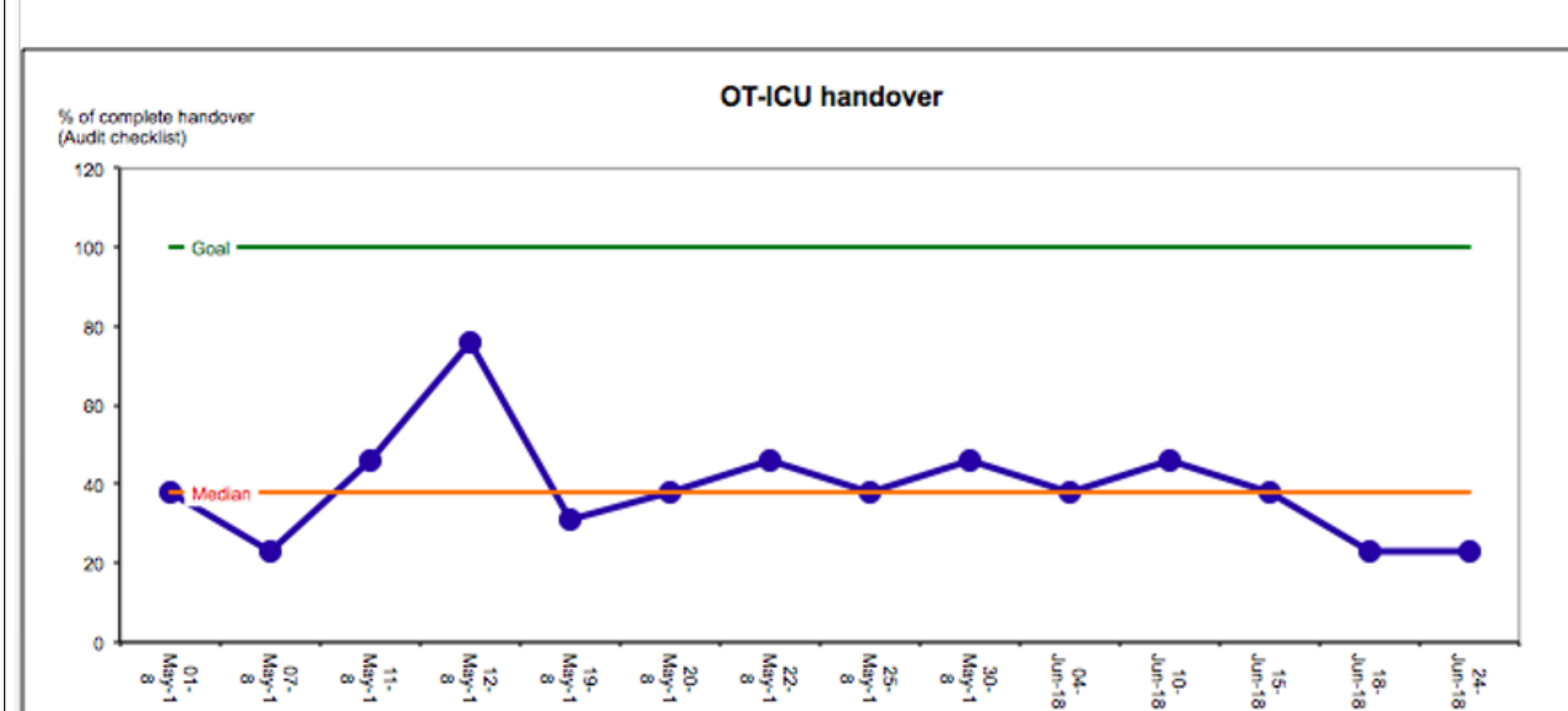
Points scored

- Neutral 9.0%
- Strongly Agree 16.9%
- Agree 74.1%

9%
16.9%
74.1%
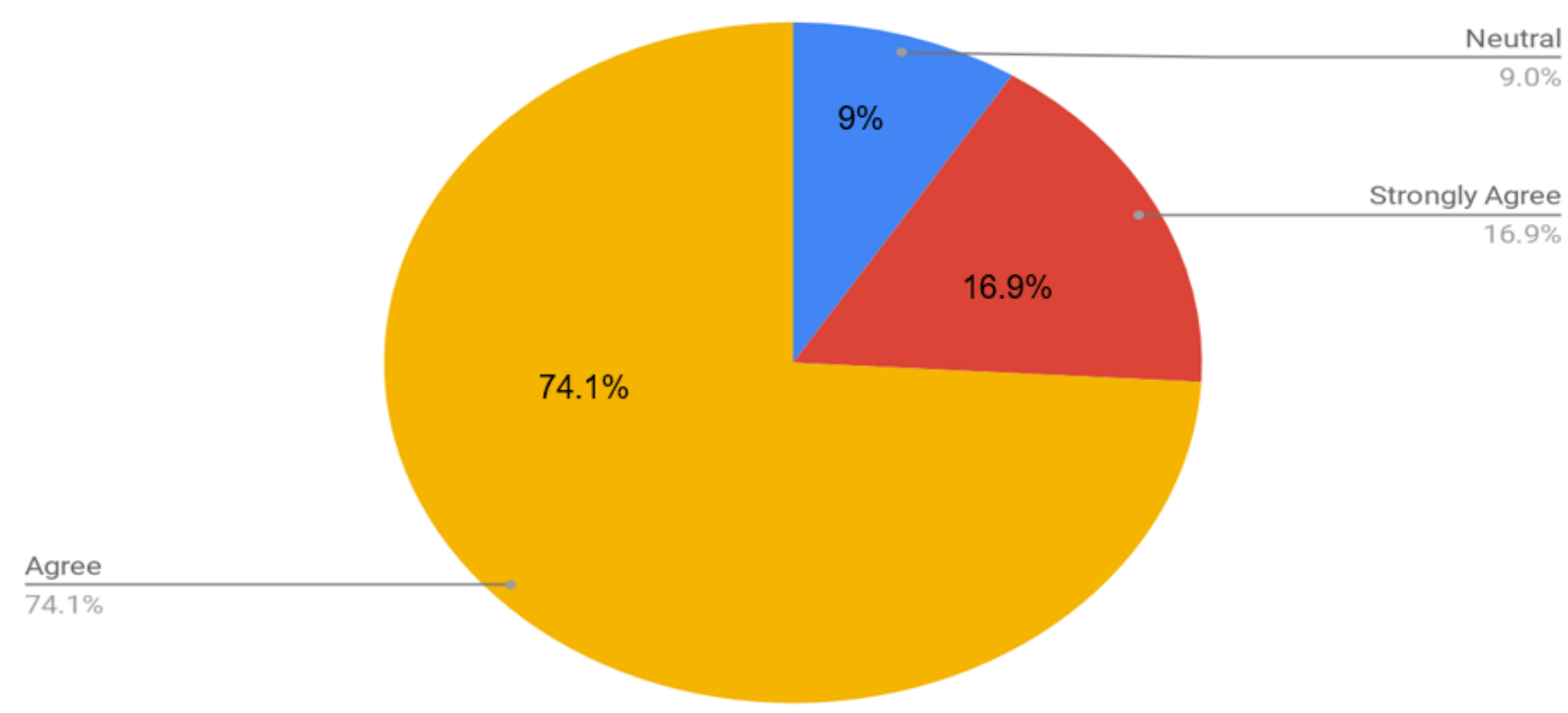
Aim

What are you trying to accomplish?
To achieve 100% complete handover from ED-OT-ICU transfer cases.
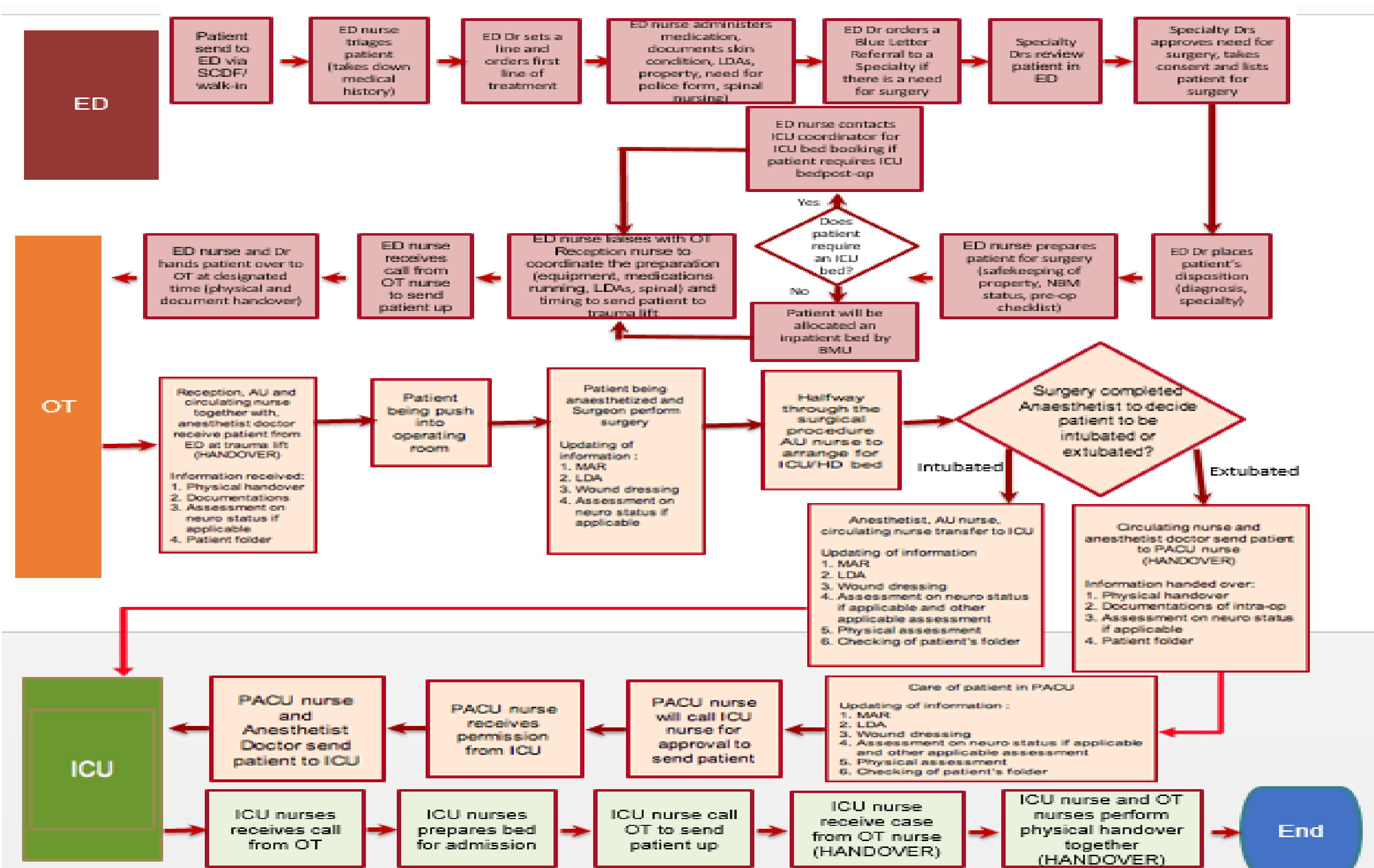
Establish Measures

What is your current performance?

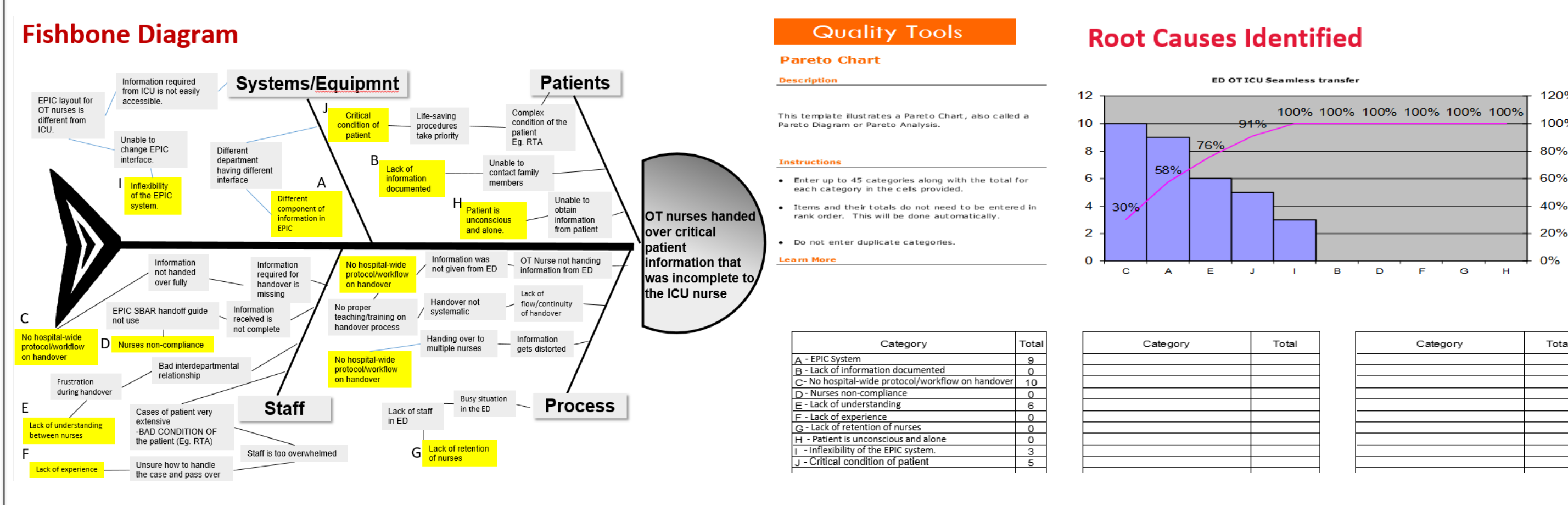Compliance to complete handover from OT Circulating/AU/PACU to ICU

Analyse Problem
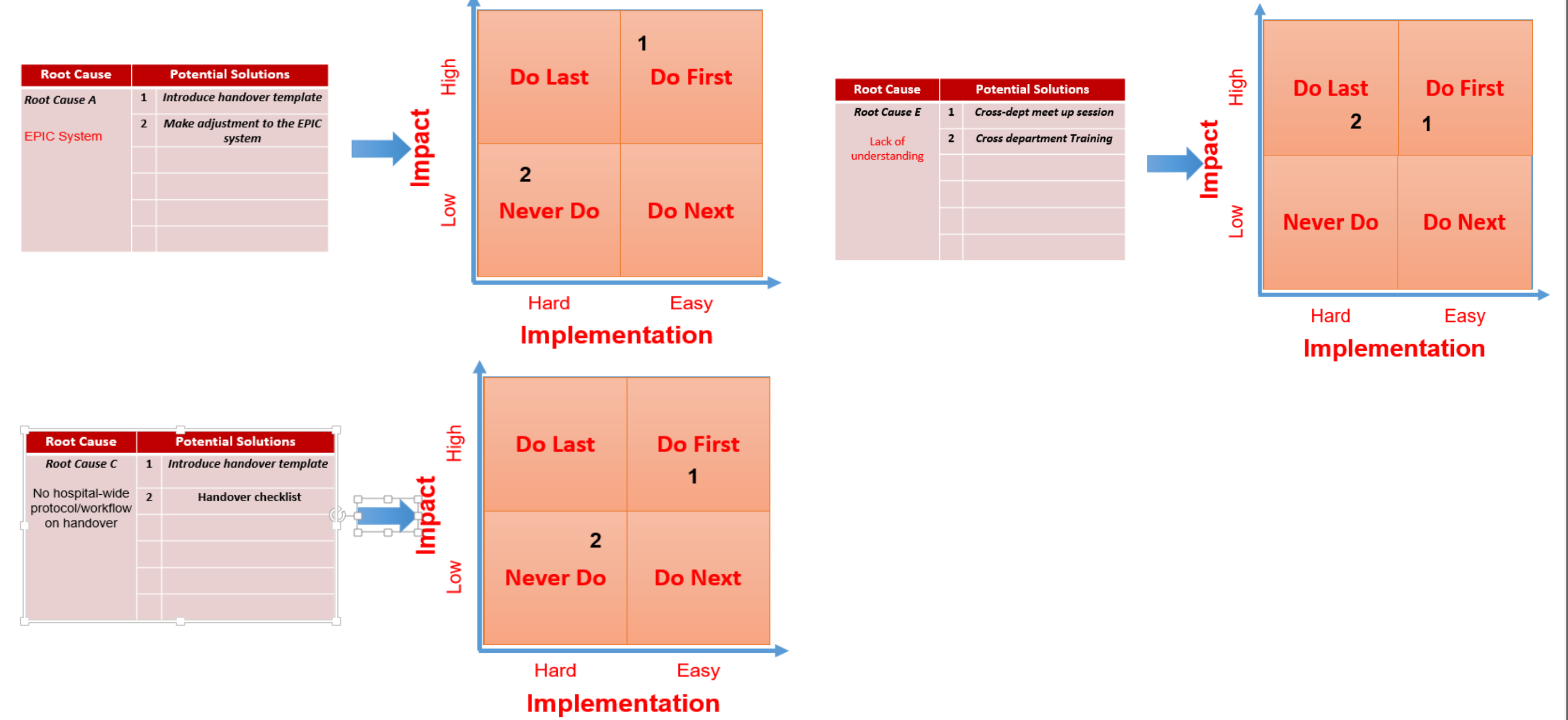
What is your current process?

What are the probable root causes?

Fishbone Diagram

Quality Tools

Root Causes Identified

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

OT-ICU handover process template

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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Members of the NUHS