

00206 To Provide Seamless Transfer of Patients From Post-anaesthesia Care Unit (PACU) to Ward 56 ICA

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Aims: Reduce the time taken during step-down care transfer PACU to Ward 56 ICA for fast track open heart surgery patients from 60 minutes to 30 minutes.

Methodology: A new workflow was introduced for fast track patients to be transferred from the Post-Anaesthesia Care Unit (PACU) to the Intermediate Care Area (ICA) of cardiac surgical ward 56, for continuation in providing acute care after open heart surgery.

Some of situations encountered during transfer were manpower issues, handling of equipment during transfer and handover of management plan.

The following are the root causes to the sub-optimal transfer process:

- 1) Many lines, drainage and machine to transfer
- 2) Pumps belong to different units need to be transferred
- 3) Bed difference between specialized and normal cardiac ward

PDSA Cycle 1: 5S tool (Standardize)

The team standardized the practice for step down bed transfer. The bed transfer (PACU bed to W56 bed) is postponed from Post Operation Day (POD) 0 to POD 1 onwards.

PDSA Cycle 2: Streamlining the process (Elimination of steps)

During the transfer, infusion pumps from PACU are left in W56 ICA. No swapping of pumps ensures continuous flow of medication post-operation.

Result: This project has improved patients' safety and reduced potential medication errors by changing the step-down workflow and removing the swapping of pumps to ensure continuous flow of medication post-operation. The project also recorded a time savings and manpower savings to transport the patients was also reduced by 50%. This cross-department collaboration creates a positive environment within the multidisciplinary team which enhances patient care at the organization level.

Conclusion: The new seamless transfer workflow had achieved a time savings and total estimated cost avoidance of \$61,323 per annum for NHCS. In addition, the new workflow has increased staff efficiency and satisfaction.