

National Quality Improvement Conference

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Problem Statement

Incidences of vulnerable in-patients absconding from Eye clinic while waiting for review by doctor before completing the treatment due to;

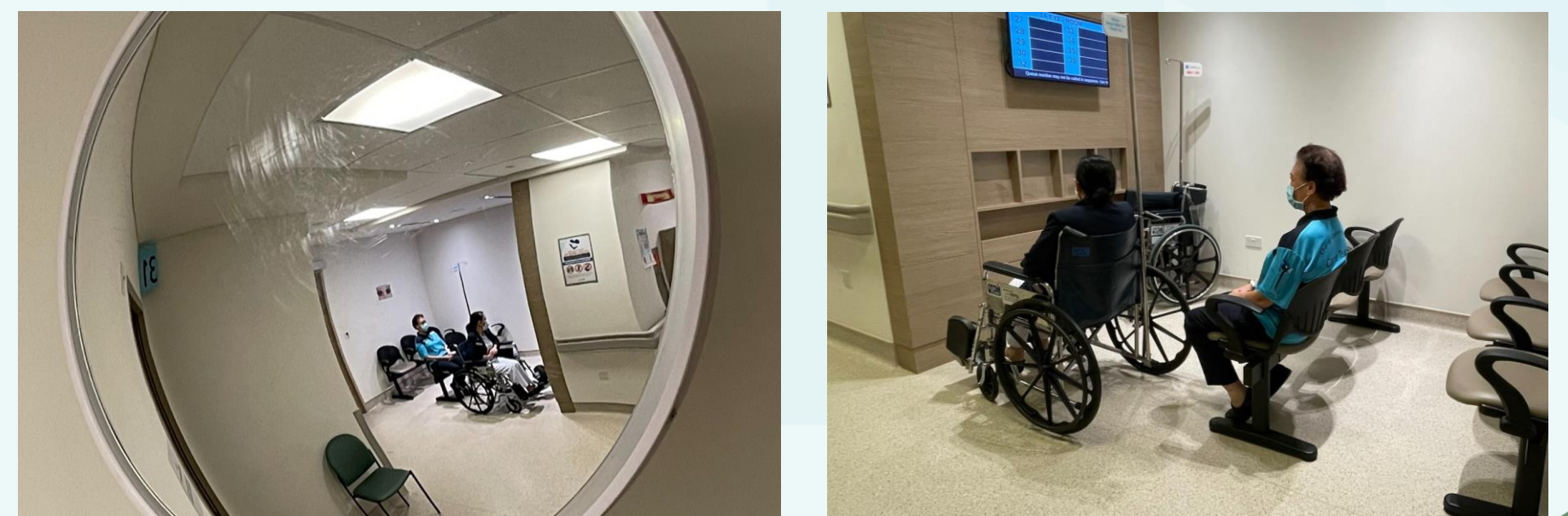
- multiple tests before and after doctor's consultation
- the process takes up to 2-3 hours resulted patients tend to get agitated, hungry, tired

Patient abscondment can lead to delay in treatment, patient harm, increase workload for hospital staff and legal problems.

Potential Solutions

- 1) Mapped and refined the process workflow from the point of in-patient referral to arrival of patient to the clinic
- 2) Define the roles and responsibilities of ward and clinic nurse
- 3) Assigned a designated area for the vulnerable in-patients in the clinic
- 4) Rotation of a non-nursing staff (i.e., Service Ambassador) to accompany the patient until end of the clinic visit
- 5) Convex mirrors were installed in the waiting area which is away from the line of sight, so the clinic staffs are able to provide timely assistance

Implementation of various strategies above have shown promising outcome, and no incidents were reported till date.



Project Aim

To minimise the unnecessary need for vulnerable in-patients to be seen at clinic through a set of screening criteria and to ensure in-patients complete their treatment in the eye clinic and are sent back to the wards safely.

Lessons Learnt

Challenges faced:

- 1) Manpower constraints
- 2) Identification of vulnerable in-patients before coming to the clinic

Strategies to overcome the challenges:

- 1) **Checklist** to identify vulnerable patients
- 2) Worked with in-patient team to **review the patient** before the patient was sent to the clinic
- 3) **Close monitoring** of patients in the clinic until end of the clinic visit
- 4) Updates patient location between each examination station and do **proper handover**

Outcomes & Impacts

- A sample size of 585 patients for a period of 4 months pilot study were conducted. 58 patients were identified to be unfit for review in the clinic. Remaining patients were reviewed in clinic; 267 were on Fall Risk and 86 were vulnerable (e.g., Dementia, Restless, Delirium). No abscondment incidents were reported.
- As a balance measure, arrangement was made for patients who are unfit to be reviewed in clinic, Eye doctor will review them in the wards.
- Vulnerable in-patients who are fit to be reviewed in the clinic are continued to be monitored closely by Service Ambassador.

