Management of Patient Journey Undergoing LA Operations at the Department of ENT, PWH
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Introduction
The caseload of LA ENT Operation has been escalating for 25% from 599 to 748 cases for the year 2011 to 2015 respectively. Every week, we have two whole day sessions of performing LA ENT operations to cater the increasing demand. However, due to the limited resources, there is lack of an ENT Day Care Centre for the provision of one-stop service to LA operations. All these operations are being booked at least 6 months in advance and without reconfirmation prior to OT. Most often, patients have to spend a whole day for completion of the process. They are admitted as ward patient at 8am, then to ENT OPD for LA operation. Besides, There are problems of waste occurred, and resulting patient dissatisfaction and staff frustration (1) Improper patient arrangement (2) Unnecessary patient waiting time for Operation and Discharge (3) Unnecessary bed occupancy during Peak Hour (4) Low value of patient movement (5) Too complicated workflow of patient from ward to Operation. LEAN program is therefore adopted for improving the management of patient journey undergoing LA ENT Operation.

Objectives
(1)Increase client's satisfaction (2) Increase staff job satisfaction (3) Minimizing waste by decrease patient waiting time for OT and discharge (4) Decrease the cycle time by streamlining the workflow (5) Improve quality service

Methodology
(1)Waste analysis by work measurement of patient flow and value stream mapping 
(2)Waste elimination by standardization and streamlining of workflow

Result
Result: Modification of Nurse Practice: (1)Two sessions for patient admission are set: AM and PM (2)Standardization of admission time: 08:00 for AM session, 12:00 for PM session (3)Patient would be informed one day before operation for
their admission time according to the session arranged  (4) Standardization of patient sending time to operation: 09:00 for all AM cases with the first and second cases at 08:45; 14:00 for all PM cases with the first case at 13:45 (5) All the discharged documents are prepared and available immediate after operation (6) Patient would return to ward then discharge are based on the pre-set criteria and their condition  

Outcome:
(1) Defaulted patient admission for LA ENT operation is kept at Zero  
(2) Ward beds are maximized to use and function during the peak hour  
(3) Crowd control and patient flow in ward is improved  
(4) Staff morale is increased with the streamline of workflow  
(5) Patient satisfaction is increased with shortened waiting time for operation and discharge