醫院管理局 HOSPITAL AUTHORITY

登峰 QUALITY TIMES

Issue 26 | February 2017

Head Office Quality & Safety Division

The Hospital Authority Periodic Publication on Quality Improvement for Healthcare Professionals

Preventing Perioperative Hypothermia

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Hypothermia in patients increases bleeding, transfusion, coagulopathy and acidosis in the death triad, cardiac and cerebral morbidity, mortality, infection, prolonged recovery, patient discomfort and dis-satisfaction, and length of hospitalization. To decrease the incidence of hypothermia, our department instituted measures to keep the patient from becoming cold as soon as they arrived at the operating theatre reception.

At Operating Theatre Reception

Patients are given warm blankets and their baseline tympanic temperatures are taken upon arrival. Any discoveries on patients' abnormal temperatures would be reported to the theatre team.

Before Anaesthesia

Before anaesthesia, patients are maximally covered with sufficiently warm coverings. The blankets in contact with the patients' skin should be maintained at 36.5 degrees Celsius or above. This warm micro-environment, covering most of their bodies, is kept intact for at least 5 to 10 minutes after the provision of vasodilating anaesthesia drugs as this is the period which patients would have rapid heat loss. Heat loss prevention in this critical period usually allows patients to maintain normothermia throughout their surgery.

Post Anaesthesia

If hypothermia occurs, there would be active warming in the recovery room. The tympanic temperature guides the management in this phase to ensure normothermia of patients before discharge.

These simple measures have allowed us to improve our post-operative hypothermia rates from over 20% in January 2015 to an average of 3% in 2016.

In This Issue:

Editorial Comments

The issue of hypothermia in the peri-induction period is frequently overlooked even in the most modernized theatre services. The use of warm blankets is a simple and effective measure to combat this problem. This practice should be widely promulgated to most operation suites of HA.

Dr Michael Ho Yin CHEUNG
Coordinator (Clinical Services)/ Consultant (Surgery), North District Hospital

Weekly Histo-Pathology Summary Result Screening at Tuen Mun Hospital

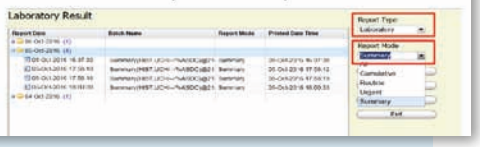
*By **Dr KM SIN,** Consultant (Medicine & Geriatrics), Tuen Mun Hospital and **Ms Bonnie WONG**, Cluster Manager (Quality & Safety), New Territories West Cluster*

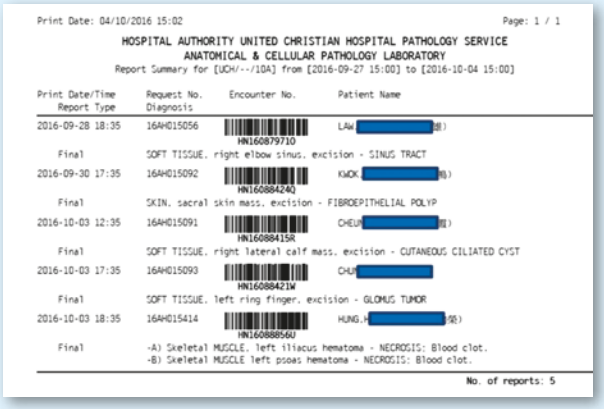
From time to time, there are reported incidents of missing communication of important laboratory results in hospitals. Delay in handling of an abnormal histopathology result may bring serious consequences and adverse clinical outcome to the patient. Since 2003, Tuen Mun Hospital (TMH) has been conducting the printing of "Weekly Histopathology Summary Result" as a safety net to prevent mis-communication and mis-handling of important results. The logistics of the weekly summary report screening in TMH is as following:

- The Anatomic Pathology Screening (APS) Weekly Summary Report is set by histopathology laboratory to be printed in early morning (05:30am) on Mondays. APS reports that have been sent to the printing location during the previous week will be retrieved and listed in the summary report. All Surgical cases, Cytology and FNA are included while Autopsy cases and Rejection Report are excluded.
- If no print queue is set, the summary report will be printed by APS default printer, and then dispatched to wards through internal mail. Ward staff will confirm the number of pages printed out with the print queue enquiry to ensure that there are no missing pages.
- The summary report will be screened by an assigned ward physician or surgeon supervisor who usually is an Associated Consultant or Consultant. The supervisor will check the cases against the Clinical Management System (CMS) one by one to confirm whether appropriate follow-up actions have been taken. If no appropriate actions have been taken, the case medical officer and ward nurse would be informed and they are required to call back the patient for follow-up measures.

- Select '7. Doc/Print' → 'Laboratory/Radiology Report'

- Select 'Laboratory' from 'Report Type'
- Select 'Summary' from 'Report Mode'





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HOSPITAL AUTHORITY UNITED CHRISTIAN HOSPITAL PATHOLOGY SERVICE
ANATOMICAL & CELLULAR PATHOLOGY LABORATORY
Report Summary for [UCH/---/10A] from [2016-09-27 15:00] to [2016-10-04 15:00]

Print Date/Time Report Type	Request No. Diagnosis	Encounter No.	Patient Name
2016-09-28 18:35	16AH015056	HN160879710	LAW [redacted]
Final	SOFT TISSUE, right elbow sinus, excision - SINUS TRACT		
2016-09-30 17:35	16AH015092	HN160884240	KWOK [redacted]
Final	SKIN, sacral skin mass, excision - FIBROEPITHELIAL POLYP		
2016-10-03 12:35	16AH015091	HN160884150	CHEUN [redacted]
Final	SOFT TISSUE, right lateral calf mass, excision - CUTANEOUS CILIATED CYST		
2016-10-03 17:35	16AH015093	HN160884210	CHU [redacted]
Final	SOFT TISSUE, left ring finger, excision - GLOMUS TUMOR		
2016-10-03 18:35	16AH015414	HN160888560	HUNG H [redacted]
Final	-A) Skeletal MUSCLE, left iliacus hematoma - NECROSIS: Blood clot. -B) Skeletal MUSCLE left psoas hematoma - NECROSIS: Blood clot.		

No. of reports: 5

- After reading the reports, the supervisor will have to sign on the summary report which would be filed and kept for 1 year.
- In SOPD, separate summary reports will be printed for different subspecialty teams. Doctor in-charge of the clinic will read the summary report on Monday mornings and take actions similar to that in ward. Verification will be needed if a particular specialty has no histopathology report during that week.

In summary, this safety net served the purpose well and missing actions had been picked up from time to time. Clinicians in general felt comfortable with this "extra work" to ensure patients' safety. The practice had been shared in the Task Force in Handover of Critical Investigation Results under HA Quality and Safety Division in 1Q 2016. Cluster members in the Task Force had expressed interest in this practice. HA Information Technology Department had also supported United Christian Hospital to launch the weekly summary printing in May 2016.

Editorial Comments

With the bitter past experience, there is a need for a robust system to provide feedback and reminder to the ordering clinicians and departments, in either paper form or electronic form, so that appropriate clinical actions can be made timely. Notify-me function in Clinical Management System (CMS) is useful in reminding colleagues who ordered the tests to review the test results accordingly. HKEC Q&S Office promoted the use of Notify-me function via Q&S publication and various Q&S meetings in 2015. The utilization rate of Notify-me in HKEC in 2016 has significantly increased by 89.6% compared to 2014. Similarly, a weekly summary of significant pathology reports, which serves as a gate-keeping reminder function, will be implemented in HKEC with effect from 6 March 2017.

Dr K Y PANG
Deputizing Service Director (Quality & Safety), Hong Kong East Cluster / Consultant (Neurosurgery), Pamela Youde Nethersole Eastern Hospital

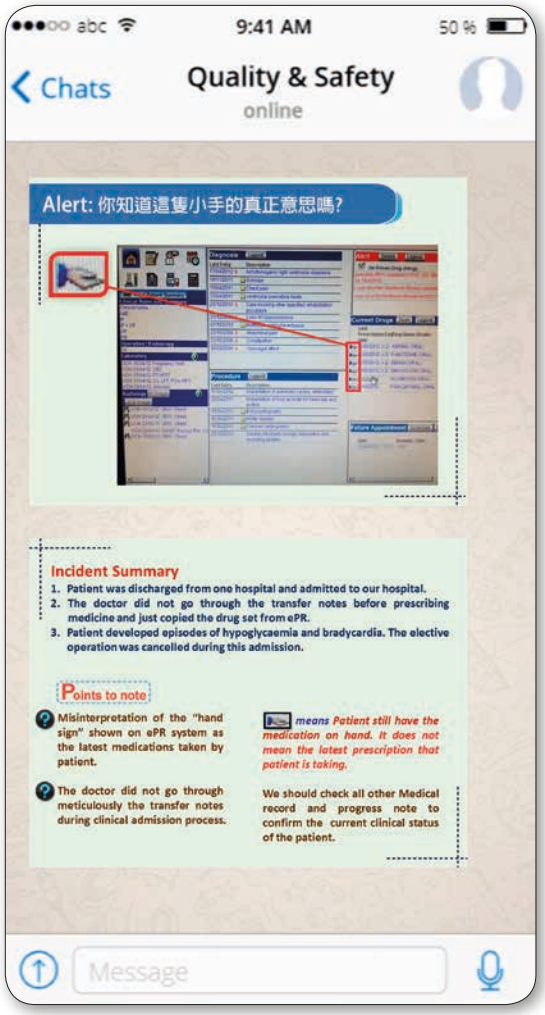
CLUSTER SHARING

Kowloon East Cluster

WhatsApp Quality & Safety related Alert : Stay Connected with Interns

*By **Quality & Safety Office,** Kowloon East Cluster*

Nowadays, the new colleagues are accustomed to a completely different learning format. Instead of reading the bulletins or reports in hard copies, they prefer to use social networking platform to share or learn from their peers. WhatsApp is one of the most popular means among the social media. This triggers us to fully leverage this platform to stay connected with our young colleagues.



In 2013, Kowloon East Cluster Quality and Safety Office created a WhatsApp group for all new interns in United Christian Hospital to disseminate quick information on quality and safety related topics, including lessons learnt from incidents, risk alerts, etc.. Interns' consents for providing their personal phone number were sought for this voluntarily-join-WhatsApp group. In order to enhance readability, all messages disseminated in the group were some easy-to-read pictures with only a few words describing the pictures. Neither sensitive nor personal identifiable information was included in the topics. The platform has successfully aroused the alertness of interns to the risks embedded in daily clinical procedures.

A total number of 375 interns joined the WhatsApp group since 2013 and no one left the group before their internship period ended. The feasibility for extending the initiative to other groups of staff, such as newly-recruited nurses and medical officers, would be further explored.

Editorial Comments

The members of new generation are accustomed to a self-directed learning environment. Seeing quality learning provided in the workplace environment as an integral part of day-to-day activity, it turns learning into a constant and continuous process. It also makes working in an organization more engaging, nurturing experience sharing and an active self-learning culture.

Dr Joanna PANG

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CLUSTER SHARING
Kowloon Central Cluster

Enhanced Infection Control Program for Multiple Drug Resistant Organisms

Hand Hygiene PLUS FOUR Program

*By **Dr Tak Chiu WU**, Consultant and Head of Division of Infectious Diseases, Department of Medicine, Queen Elizabeth Hospital*

Repeated outbreaks and persistent spreading of Multiple Drug Resistant Organisms (MDROs) including Vancomycin-Resistant Enterococci (VRE), multiple-drug resistant Acinetobacter (MDRA) have been observed in Queen Elizabeth Hospital since 2012. Poor hand hygiene compliance is considered to be one of the contributing factors for spreading MDROs. Furthermore, VRE and MDRA are found in very large amount in the stool and respiratory secretion of the patients infected or colonized with these MDROs. The environment around these patients can be easily contaminated during daily nursing procedures.

Four high risk nursing procedures for spreading MDROs were identified and a comprehensive infection control program called Hand Hygiene PLUS FOUR Program (Enteral Feeding, WOund Care, SpUtum Suction and Napkin Round) has been developed and implemented since 2014. Hand hygiene enhancement program via real-time feedback was performed by Medical Infectious Diseases Nurses. Overall hand hygiene compliance rate was significantly improved from baseline around 40% to 90%. The nursing care workflows with enhanced infection control measures were implemented by phases in all medical wards. Nursing training for these four nursing procedures, including lectures and workshops at the Simulation Training Centre and on-site training, was provided to frontline nursing staff, ward supporting staff and student nurses. Audit and monitoring were conducted to ensure good compliance. After implementation of the program, the annual numbers of new MDRA and VRE cases in Queen Elizabeth Hospital significantly dropped from a peak of 252 cases and 67 cases in 2013 to 13 cases and 2 cases in 2016 respectively. In addition, there was no major outbreak of MDROs in the medical wards during the same period.

Editorial Comments

Hand Hygiene looks simple, however, it can easily be neglected due to ever-ending excuses. The effort done by QEH colleagues in enhancing hand hygiene is highly appreciated and encouraging. The key of success is its linkage with the FOUR plus programs which interwoven with the natural workflow of daily care. Again, it shows that hand hygiene may be empirically the most important measure to combat the spread of infectious diseases in hospital.

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Comments are welcome
Please email us at address:
HO Quality & Standards Department