

Activities to improve inspection and pre-procedure verification procedures

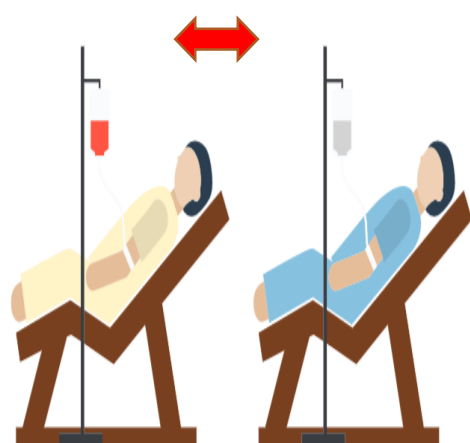
IS Park, MS Choi, EY Choi, WS Kwak

National Health Insurance Service Ilsan Hospital, Goyang, Republic of Korea

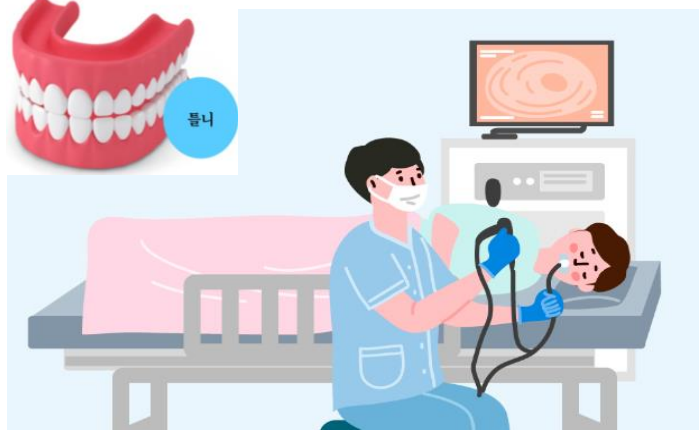
Introduction

- Accidents and complaints due to the absence of a verification process prior to tests and procedures
- Inadequate pre-test/procedure preparations Patient suffering and compensation for damages due to patient safety accidents

- Procedure on an incorrect patient
1 Adverse event,
8 near-miss cases



- Endoscopy: lost dentures
Compensation (770,000 KRW)



- MRI examination: hearing aid
breakdown Suspected cases



Indicators and Goals

- Indicator 1.** Telephone inquiries before pre-test/procedure (Target : Below 54.53%)
- Indicator 2.** Preparation error rate before Pre-test/procedure (Target : Below 25%)
- Indicator 3.** Nurses' satisfaction with pre-test/procedure preparation items (Target : 3.07 points or higher)
- Indicator 4.** Testing department employee satisfaction with pre-test/procedure preparation items (Target : 2.82 points or higher)

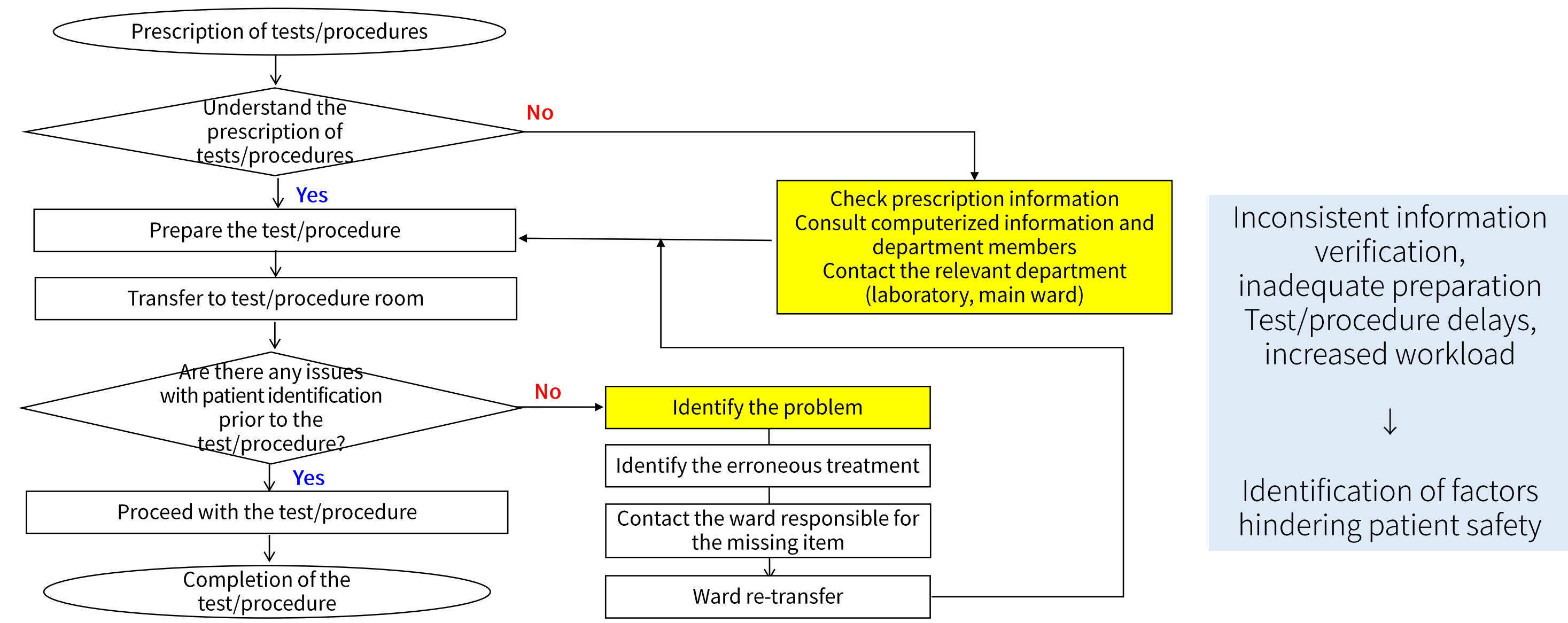
Methods

Team

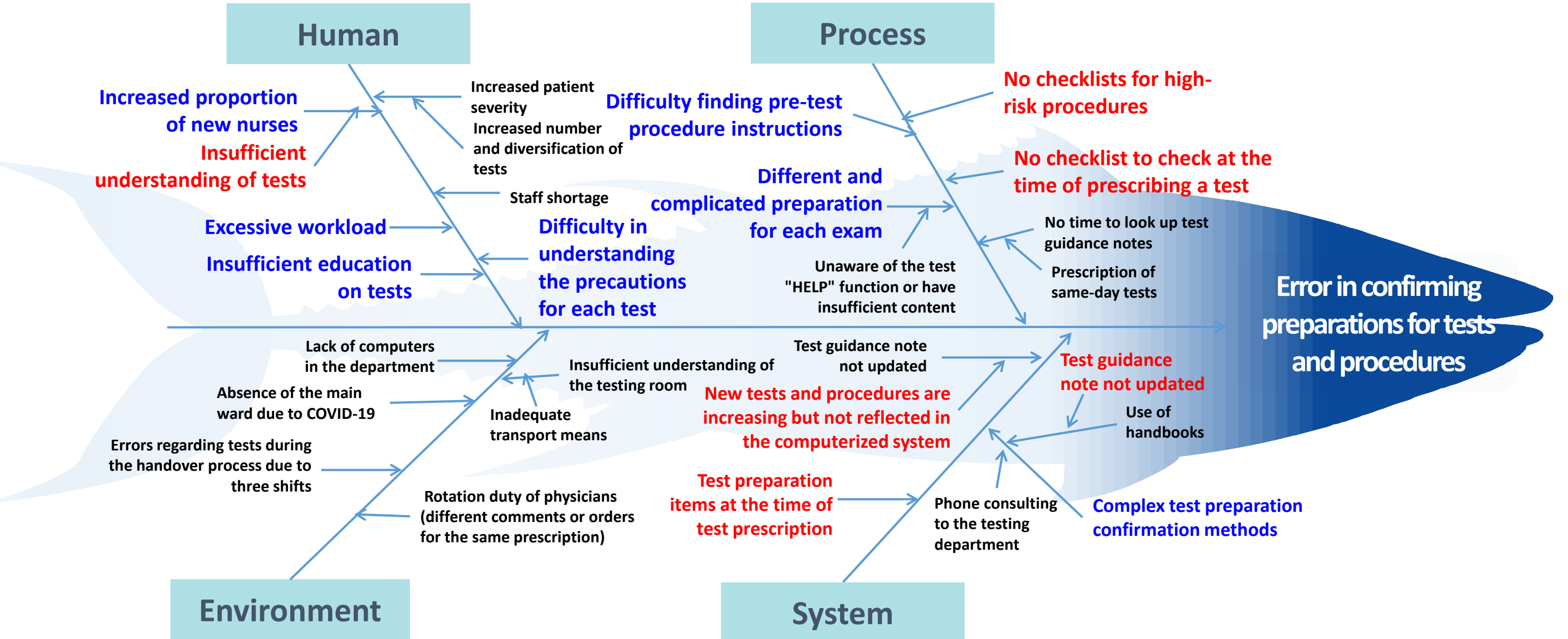


- Ward nursing department
- Testing/procedure department (radiology, angiography room, catheterization room and nuclear medicine)
- Medical information department (Information coordinator, programmer)

Work Process Analysis



Cause & Effect diagram



Improvement Activities

(1) Improve test and procedure preparation checks

Improve user experience

Reduce unnecessary phone communication through computerized confirmation

Improve utility by enhancing worksheet functionality

(2) Standardize test and procedure preparation checks

Review of necessary items in the classification by the ward and testing department

Classification of 400 checkable items in 4 out of 8 high-risk in-hospital procedures

Create checklists for 400 high-risk procedures of 4 types and the handover of general tests (CT, MRI, SONO, etc.)

(Before) No checklist

(After) [Screenshot of a checklist]

(High-risk procedures)

Step 1) Check the items on the checklist
Step 2) The designated nurse confirms and saves the checklist
Step 3) Double verification of the patient and nursing officer by scanning the patient wristband before leaving for tests/procedures
Step 4) Check the electronic medical records (high-risk checklist) and save the record

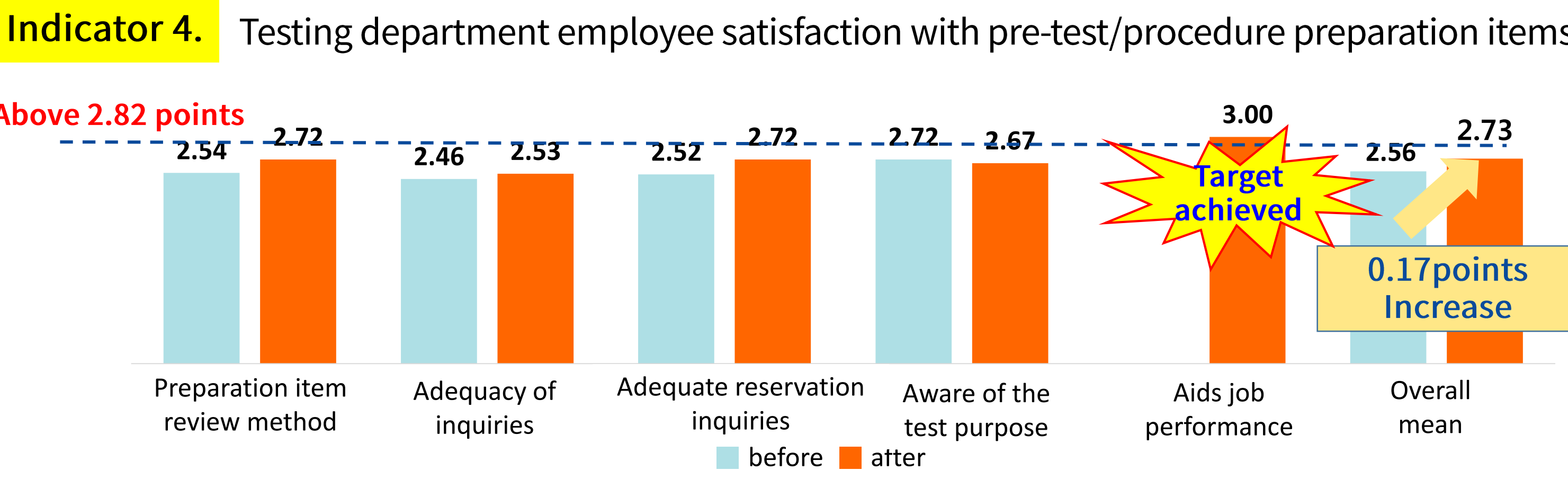
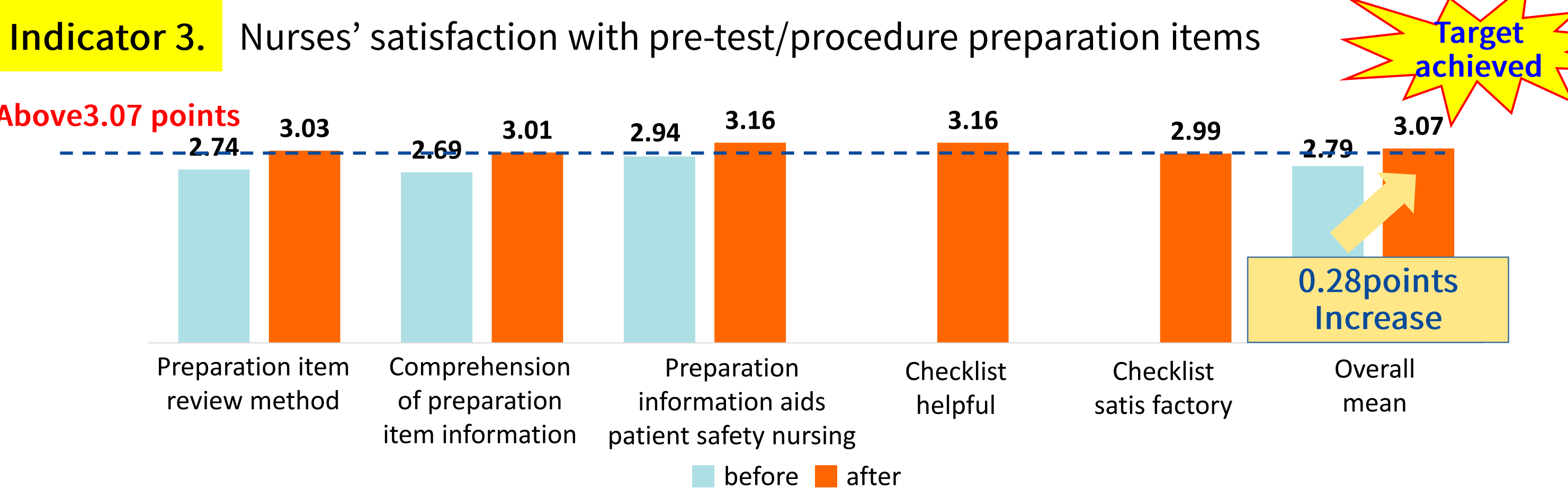
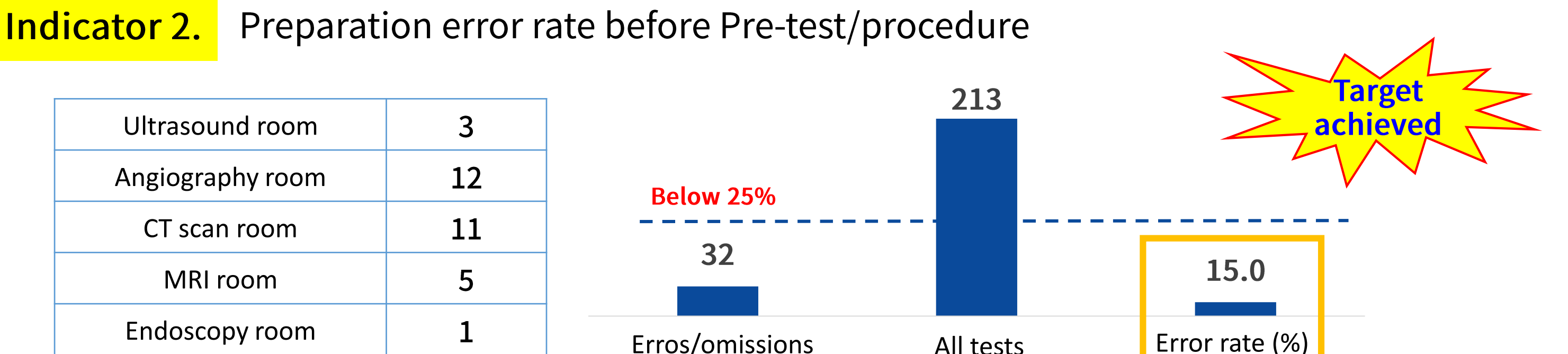
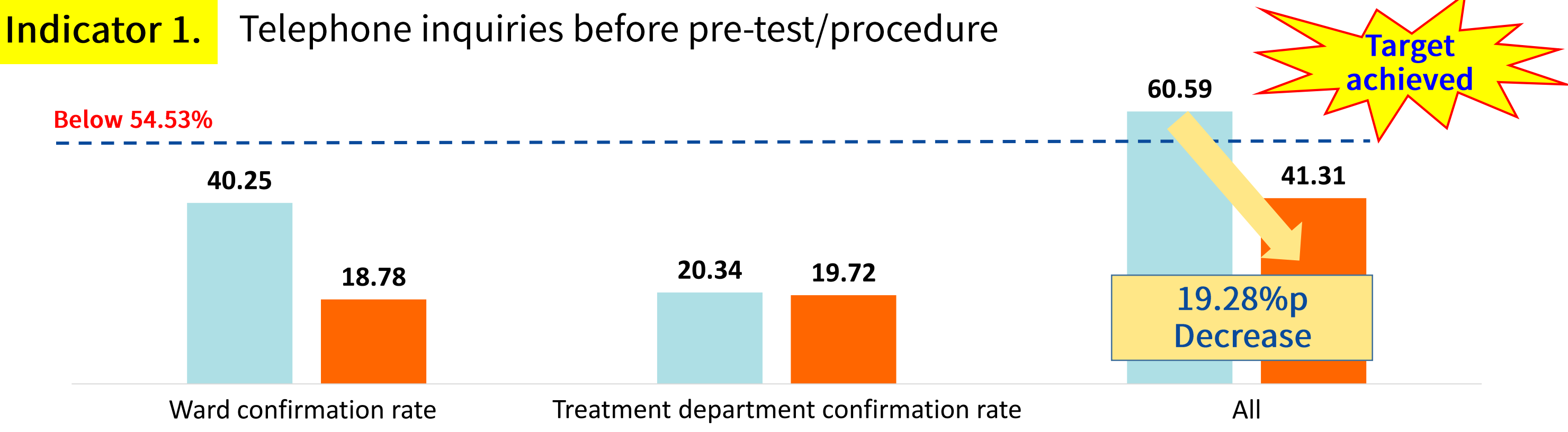
Double-check with healthcare professionals before high-risk procedures to check essential preparations again

(3) Provide and promote employee training

- Implement in pilot wards (61 wards, 72wards, 81 wards, 92 wards) → Train and implement in all departments (Expand to emergency and intensive care units beyond nursing units)
- Conduct checklist training in radiology department
- Promotion through the best practice bulletin



Results



Conclusion & Suggestions

- Conclusion

 - Increased efficiency of nursing unit and testing departments
 - Contributed to the prevention of patient safety accidents by reducing pre-test/procedure preparation errors
 - Increased work focus by reducing unnecessary telephone communication
 - Improved **standardization of nursing work** and **high-risk procedure record completion** by implementing pre-test/procedure checklists
 - Accurate communication** between nursing unit and testing departments by completing checklists
- Suggestions

 - Nursing department - promotion and training when expanded to all departments, manage reservations through checklists when training new nurses
 - Testing department -manage Test Master, manage reservations through the checklist by updating the contents of the testing guidance note
 - Medical information department - utilize PDA instead of barcode scanner recognition