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Effective utilization of order sets to enhance patient outcomes and accommodate variations in practices in orthopedic surgeries in a tertiary care hospital

Ambreen S Khowaja, Kaleemullah M Khan and Nousheen A Sachwani

Aga Khan University Hospital, Pakistan

Background: Previously, Total Knee Replacement (TKR), Total Hip Replacement (THR) and hip fracture pathways were being used in our orthopedic specialty since many years. However, with the passage of time it was observed that the compliance to following pathways had declined and there was difficulty in the alignment of orders between different consultants. Moreover, the residents were leaving it incomplete which exhibited lack of coordination among surgeons, residents and nursing staff. As a result, essential orders were missed out which ultimately impacted on patient care outcomes. So, the idea emerged for the development of orders sets which could be filled as per consultant preferences based on their clinical practices. The purpose of these order sets was to provide easily accessible format with all pre-prepared set of orders in a concise template for the users. These order sets will also help in the compliance of pre and post-operative orders as per consultant's guidelines despite of the variation in their practices. It will also help the nurses to be more accurate and proactive while dealing with TKR, THR and hip fractures patients.

Method: A model named ADRAK was used in this project for implementation of this Change. The formatted order sets were based on the pre and post-operative phase which were further segregated into 5 sub-categories. They include the general condition of the patient with the initial diagnosis, medications, pre and post-operative care plan, laboratory diagnostics and other investigation and physiotherapy. It was then piloted in inpatient setting of 31 bedded orthopedics units. After implementation, head nurses, clinical nurse instructor and clinical nurse coordinator were over looking for its compliance and accuracy in completion on daily basis in their rounds.

Result: Initially, 200 order sets of TKR and 50 order sets of THR were piloted and filled during the duration of three months. It was identified that the entire forms were filled completely and the problems due to variations in practices which were observed previously in pathways were resolved. Moreover, these order sets have proved to be a user friendly approach for the entire team members to adopt and implement essential clinical practices in a synchronized manner.

Conclusion: Overall, the initiation of order sets compared to the pathways have proven to be an effective and efficient way of dealing with circumstances such as variations in the consultant's practices. They not only helped to accommodate these variations but also helped the ground level staff to cover each aspect of patient care activity from initial diagnosis to rehabilitative physiotherapy. In the future, these order sets will further be modified and adapted after the initiation of Electronic Health Records (EHR) in this organization.

ambreen.khowaja@aku.edu