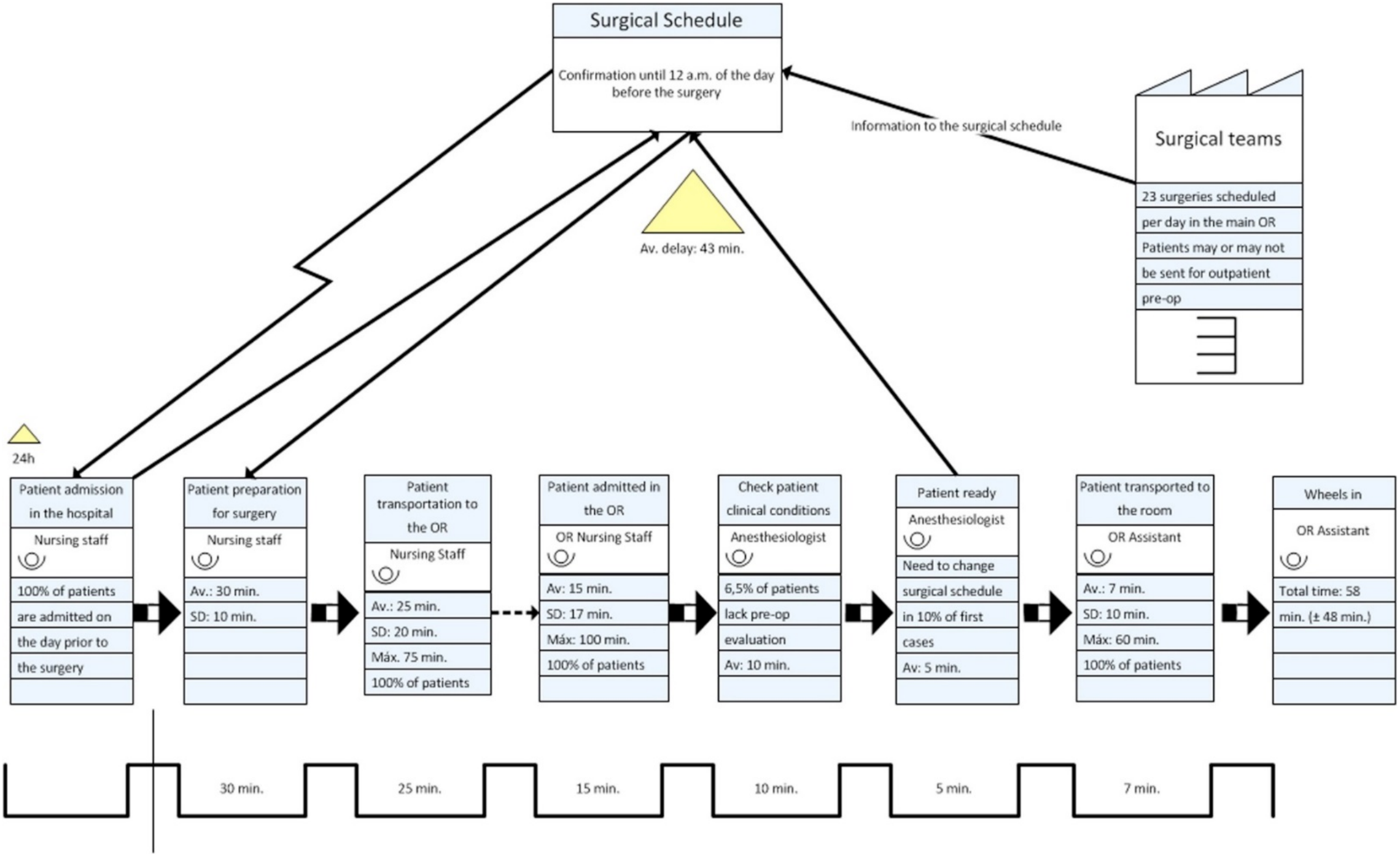
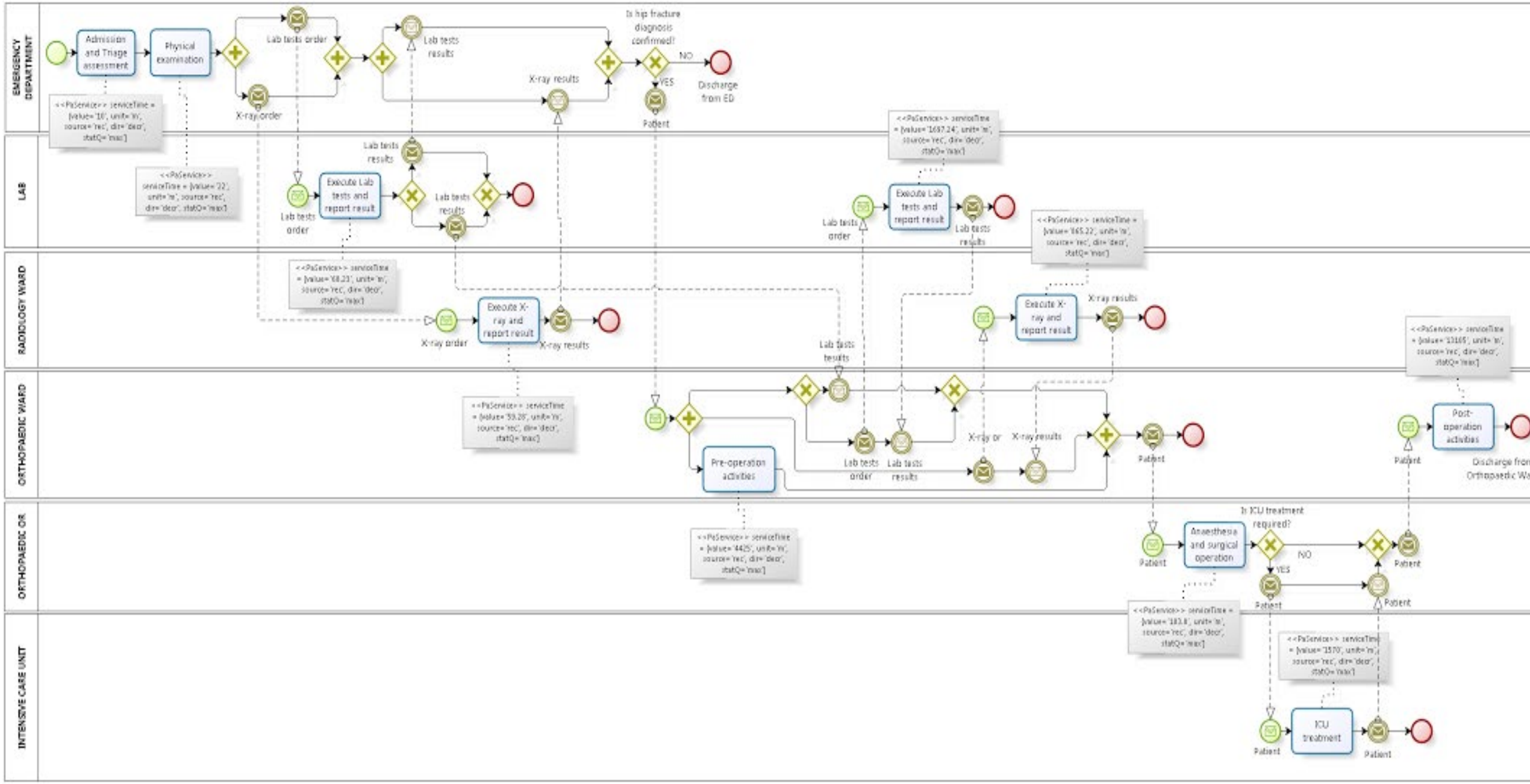

Surgical Schedule
Confirmation until 12 a.m. of the day before the surgery
Information to the surgical schedule
Surgical teams
23 surgeries scheduled
per day in the main OR
Patients may or may not
be sent for outpatient
pre-op
Av. delay: 43 min.
24h
Patient admission in the hospital
Nursing staff
100% of patients
are admitted on
the day prior to
the surgery
Patient preparation for surgery
Nursing staff
Av.: 30 min.
SD: 10 min.
Patient transportation to the OR
Nursing Staff
Av.: 25 min.
SD: 20 min.
Máx. 75 min.
100% of patients
Patient admitted in the OR
OR Nursing Staff
Av: 15 min.
SD: 17 min.
Máx: 100 min.
100% of patients
Check patient clinical conditions
Anesthesiologist
6,5% of patients
lack pre-op
evaluation
Av: 10 min.
Patient ready
Anesthesiologist
Need to change
surgical schedule
in 10% of first
cases
Av: 5 min.
Patient transported to the room
OR Assistant
Av.: 7 min.
SD: 10 min.
Máx: 60 min.
100% of patients
Wheels in
OR Assistant
Total time: 58
min. (± 48 min.)
30 min.
25 min.
15 min.
10 min.
5 min.
7 min.


EMERGENCY DEPARTMENT
LAB
RADIOLOGY WARD
ORTHOPAEDIC WARD
ORTHOPAEDIC OR
INTENSIVE CARE UNIT
Admission and Triage assessment
Physical examination
Lab tests order
Lab tests results
X-ray order
X-ray results
Is hip fracture diagnosis confirmed?
NO
YES
Discharge from ED
Patient
Execute Lab tests and report result
Execute X-ray and report result
Pre-operation activities
Post-operation activities
Anaesthesia and surgical operation
Is ICU treatment required?
ICU treatment

Process Map for the CAP Clinical Care Pathway
Hospital

= AAU
= A&E
= Steps with highest risk of 'failure' (**Doctor** FMEA)
= Steps with highest risk of 'failure' (**Nurse** FMEA)
= Delay

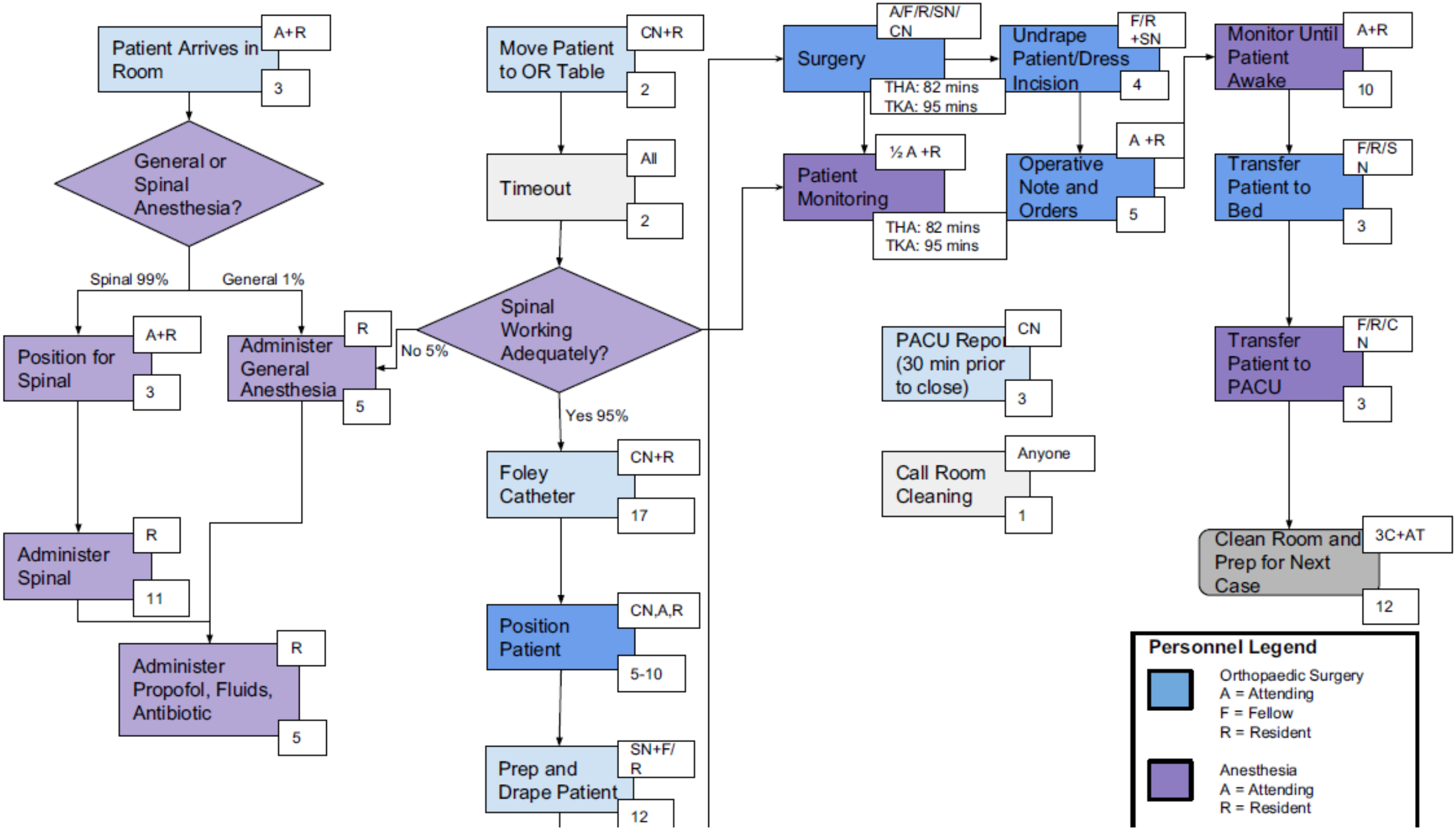
Reg lets nurse know patient is coming in
Pt presents themselves with GP letter to the Staff nurse in trolleys
Patient unsure what was happening as previous similar admissions were via A&E
Nurse checks if pt is expected with the list/ reg
Nurse bleeps SHO/HO/Reg that pt has arrived
If not a C&W patient then nurse/ward clerk registers pt
Nurse books in pt on LastWord
Ward sister allocates a bed in trolleys (or AAU bed if full or seat if no beds)
Simultaneously/ Interchangeably
If on a trolley – obs done by nurse
Oxygen given if needed by nurse
Full nursing assessment
Dr (SHO/FY1) clerks pt using booklet, canulates and does bloods
Patient felt sad
1 hour
WAIT – driven by list order
Consider alt. diagnosis
Refer to Med Team (AAU or ITU)
Refer to AAU
Consider Oral ABX and discharge
Patient goes home
Patient deteriorating?
If severe –sepsis unknown origin. Prescribe non-pneumonia ABX (Level 1)
Non-severe pt – wait for x-ray
If severe & looks like pneumonia. Give bundle ABX
Dr books x-ray on LastWord
Patient picked up and taken for x-ray
Delay until Dr see's x-ray
Dr looks for x-ray on PACS
Clerking Dr requests senior review
Dr diagnoses pneumonia
Pt confirmed pneumonia
Daily ABX prescribed via EPR
Possible delay if 'first dose now' not selected on EPR
Delay finding a nurse
Dr finds trolley nurse and tells 1st dose now
Delay as nurse finishes jobs
Nurse checks patient allergies etc using EPR and in medical notes
Nurse gets drug from treatment room
Delay finding 2nd person and finishing their jobs
Nurse finds another nurse or doctor to check 5Rs
Nurse gets kit ready and 2nd person helps check the drug
Indicate drug given on EPR (and time)
Possible delay from recording to giving
2nd person co-signs (has to log in separately)
Nurse communicates with patient, check wrists etc.
Nurse administers drug to patient
Patient had no idea what tablets she was taking and what they were for, even after asking
(Has had previous adverse reaction to drug for AF)

Treatment (Resus and Majors) Confirm diagnosis of pneumonia
Dr forms an impression & decides treatment
Dr checks allergies & prescribes ABX on A&E booklet (& route)
Handed to nurse for immediate administration
Oral:
1. Collects quantity required
2. Cross checks dose, route, patient etc with 2nd staff
IV:
1. Makes up dose
2. Cross checks dose, route, patient etc with 2nd staff
Nurse signs off and administers drug. 2nd staff counter signs

Call made to radiographer
Dr & 2 nurses assemble in resus room
LAS criteria met for Blue Call
LAS Blue Call -Severe risk to life - poor baseline obs
LAS call ahead to A&E
Blue Call declared in A&E
JD and SpR become available and head to reus
LAS arrival
Pt wheeled to designated handover point
LAS & senior sister handover
Emergency team take over care – repeat observations
LAS called
LAS attend scene
No life threatening signs
LAS handover to Dr
Nurse does baseline obs.
Pt arrives in resus. room
LAS book in Pt
Reception confirm details, generate hosp record and hosp #
Reg – Rapid Assess and Treat (RAT). Nebulisers, oxygen and chext x-ray requested
Chest assessment by any Dr. chest x-ray requested
SHO clerks patient (variable wait)
Bloods labelled
Patient stable?
Nurse does obs and ECG
Nurse does obs, ECG, bloods and cannula
Chest x-ray request printed and taken to A&E x-ray
Radiographer bleeps porter
Porter collects patient & delivers to x-ray
Patient waits in queue for x-ray
Radiographer x-rays pt and uploads to PACS
Radiographer logs for porter
Porter returns patient
Bloods I-stat (Dr or experienced nurse)
Blood analysis request form completed on LastWord for Biochemistry (90mins), Haematology (30mins) and microbiology (5 days)
Bloods put in pod and sent to pathology
Bloods arrive in lab & is sorted into depts
Machine analyses and uploads results automatically
Lab staff release results on LastWord
Drs check for results (until come in)

GP referral
Self referal
Pt presents to A&E reception
Patient well?
Advised of waiting time and told to wait
Pt seen by triage nurse- baseline obs & risk assessment
If concerned discusses pt with senior sister
Senior sister does risk assessment
Major (Red stream)
UCC – GP priority
UCC – Minor ailments
UCC – Minor injuries
Expected specialities patient
Investigations
Chest x-ray (see x-ray process)
Bloods
Art. blood gas
Cannula
Treatment (UCC)
Oral ABX with FP10 prescription (Opt./ Com. Pharmacy)
OOH – 1st dose prescribed on Adastra
Nursing staff receive notification on Adastra
Nurse checks, signs off and administers 1st dose
Patient goes home

Assessments (Resus & Majors)
History
Examination
Observations
1. Results of investigations
2. Assess response to treatments
3. Re-assess


Patient Arrives in Room
A+R
3
General or Spinal Anesthesia?
Spinal 99%
General 1%
Position for Spinal
A+R
3
Administer General Anesthesia
R
5
No 5%
Administer Spinal
R
11
Administer Propofol, Fluids, Antibiotic
R
5
Move Patient to OR Table
CN+R
2
Timeout
All
2
Spinal Working Adequately?
Yes 95%
Foley Catheter
CN+R
17
Position Patient
CN,A,R
5-10
Prep and Drape Patient
SN+F/R
12
Surgery
A/F/R/SN/CN
THA: 82 mins
TKA: 95 mins
Undrape Patient/Dress Incision
F/R +SN
4
Patient Monitoring
½ A +R
THA: 82 mins
TKA: 95 mins
Operative Note and Orders
A +R
5
PACU Report (30 min prior to close)
CN
3
Call Room Cleaning
Anyone
1
Monitor Until Patient Awake
A+R
10
Transfer Patient to Bed
F/R/SN
3
Transfer Patient to PACU
F/R/CN
3
Clean Room and Prep for Next Case
3C+AT
12
Personnel Legend
Orthopaedic Surgery
A = Attending
F = Fellow
R = Resident
Anesthesia
A = Attending
R = Resident