

Innovation

SPOTLIGHT



PROF. JOANA MOURÃO, CLINICAL CHIEF OF ANAESTHESIOLOGY AT ULS SÃO JOÃO

“*Getting staff on board is crucial, not by simply telling them what to do, but by showing them why it matters and how it improves patient outcomes*”

THE TEAM AT HOSPITAL ULS SÃO JOÃO

Our hospital, ULS São João, is one of the largest in Portugal, with 1,105 beds and performing around 3,500 high-risk procedures annually. As part of the SAFEST project, we have three supervisors representing key clinical departments: anaesthesiology, orthopaedics, and general surgery, working together to enhance patient safety and improve surgical outcomes.

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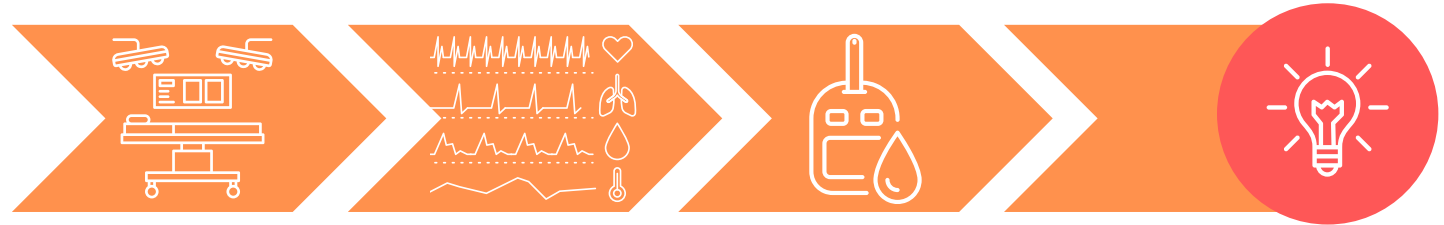
INNOVATION: WHAT'S NEW?

Years ago, we recognized the importance of structured postoperative care, particularly in the first 24-48 hours after surgery. Postoperative complications can be significantly reduced by maintaining tight control over key physiological parameters.

Uncontrolled blood glucose levels and perioperative hypothermia are well-documented risk factors for infections, delayed healing, and prolonged hospital stays. A key innovation at our hospital has been the systematic implementation of standardized glycemia and normothermia control protocols. Using improvement methodologies, we have integrated these protocols into routine practice, ensuring that anaesthesiologists and nurses closely monitor patients and intervene early when necessary.

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MAKING IT WORK: STEPS TO IMPLEMENTATION

By using quality improvement methodologies such as the IHI model for improvement and Kamishibai boards, we tracked our progress and engaged staff in achieving these critical patient safety goals. Initially, we introduced a flowchart-based monitoring system to ensure patients maintained normothermia and glycaemic control following surgery. Each patient was monitored individually, and staff had to check these parameters more frequently. Some team members were initially resistant to the additional workload, but by demonstrating the benefits for patient outcomes, we gained their engagement. Over time, adherence to these standards became routine, and we no longer needed the flowcharts, as every team member now follows the protocol naturally.

IMPACT

We are currently analysing the impact, but early indications show that patients spend less time in postoperative care, are transferred to the wards sooner, and are discharged earlier. This suggests that our structured approach is improving patient recovery times and overall hospital efficiency. The key to success was ensuring that the team understood the importance of these changes and integrated them as part of their daily practice.