“CHANGE ”

THE DIFFICULT OPERATION

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Operating Theatres are
Dependant on many things,
BUT ACCOUNTABLE for ALL

Theatre KPIs 17/18

Hospital:

No.	KPI
	Only put data in these cells
	Do not put data in these cells - they will calculate automatically

	Total number of patients procedure
Booked Pts	541
Emergency Pts	424
Total	965

	Total time of Booked patients minutes)	Total time of staff in Room (in Sessions	Result	Target
Operating utilisation	27275	39180	69.6%	80%

	Total Booked Theatre month	Booked Sessions	Result	Target
start	111	71	64.0%	95%

	Total number of Booked patients reason (on surgery.		Total number of patients (cancelled admitted)	Results	Target
% cancelled surgery	Patient	14	557	2.4%	<2%
	Hospital	2		0.3%	
	Total	16			

SurgiNet Report

(Emergency) Surgery Time arrival				argets
E1 minutes	7	5	71%	100%
E2 - 1 hour	20	19	95%	100%
E3 hours	15	14	93%	85%
E4 - 8 hours	55	49	89%	85%
E5 - 24 hours	263	228	87%	85%
E6	64	58	91%	
Total	424	Should equal "Emergency Pts" in KPI 1.		

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What is OT dependant on?

VMO ►► RFA

▼

RFA TO HOSPITAL

▼

BOOKING OFFICE PROCESSES

ON SYSTEM AS PER WAITLIST POLICY (CPC)

▼

PRE ADMISSION CLINIC PROCESSES

▼

ALLOCATED THEATRE TIME/ DATE

▼

HOSPITAL TCI AND BED CONFIRMATION (WINTER CAPACITY RESTRICTIONS)

▼

PRE OP COMMUNICATIONS FROM HOSPITAL

▼

DOS PROCESSES AND THEATRE ACCESS (RISKS WITHIN THEATRES)

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Why Change: what were the problems

- Theatre decisions ► driven by VMO and practice managers
- Waitlist issues – failure to meet elective KPIs; patients rescheduled multiple times causing ▲ risk of cancellation; processes not meeting waitlist
- Roster issues (14 different shifts)+ 1 hour downtime over lunch
- Dysfunctional TCI process
- Schedule design ► no process
- Communication ► not efficient
- Poor KPI (SN042:OT First case on time = 31% in 2015/16)
- ▲DOS cancellations (SN027A)
- Disengagement from all stakeholders

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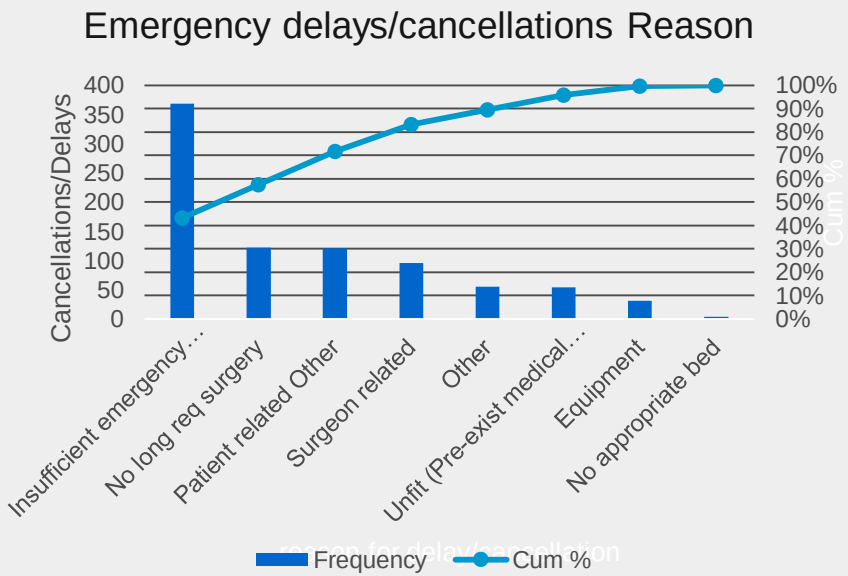
FACT V'S FICTION:
Data / KPI / Data / KPI / Data / KPI

- Monthly Elective cases
- Monthly Emergency cases (no emergency list ►cancellations)
- Actual theatre activity under reported: the power of data
- Lack of scheduling processes
- No sign off from TCI eg bed allocation, especially ICU beds
- High number of session and list changes at short notice
- Facts ►► ►►



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2016 Spot Project: Systematic Processes in Operating Theatres .

- Funding from ACI for this project
- Allowed for data as evidence
- Diagnostics June-Aug 2016

Elective V's Emergency

▼

45-55% …….. With NO EMERGENCY Lists !!

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Elective v's Emergency 2016/17

Number of OT cases																	
	Oct-16	Nov16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
% Emergency	38.82	34.09	47.63	44.93	35.65	37.52	43.60	36.88	37.49	39.37	40.87	41.15	44.55	36.53	48.63	44.99	60.36

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What did we do? – WOHP project September 2016 – September 2017

Large body of diagnostics – observation, process and data analysis, consultation

- Engagement of VMO stakeholders √
- Re-established the Theatre Management Group Committee - appropriate membership and terms of reference √
- Re-established the TCI - appropriate attendance, structure and processes & sign off √
- Reaffirmation of the processes for access to theatres (RFA v's Emergency booking) √
- Realigning schedules with resources ie nursing rosters / equipment √
- Increased theatre sessions (5.2 – 5.6) √
- Emergency list scheduled every morning √
- All day trauma lists M W F √

Booking Process ►TCI sign off► OT

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Changes with most Impact

1. Periop Business Rules
2. Redesign Theatre Schedules
   - All day lists
   - 4 week schedule (from 8 week)
3. Redesign Nursing Rosters –10 hour shifts
4. Theatre management group (TMG) monthly meeting
5. Increased Theatre capacity to return outsourcing to WBH
6. Introduction of emergency lists each day to ↓ DOS cancellations
7. Introduction of trauma lists (MWF all day)
8. Formal sign off at TCI to avoid late changes and risk DOS cancellation

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Business Rules

- Hours of operation for elective surgery (0830-1730: last patient in PACU by 1730)….. Lists built to this at TCI
- After 2130, only life, limb or organ saving surgery is performed
- Focus on 0830 starts (SN042)
- Theatre time ownership passes from Waitlist team to Theatre team once lists are signed off each Wednesday following TCI
- Emergency lists owned and managed by OT.. No access from Waitlist team
- Vacated list within 24 hours ►Emergency list
- Elective lists sent to VMO rooms by 1200 previous day for their sign off

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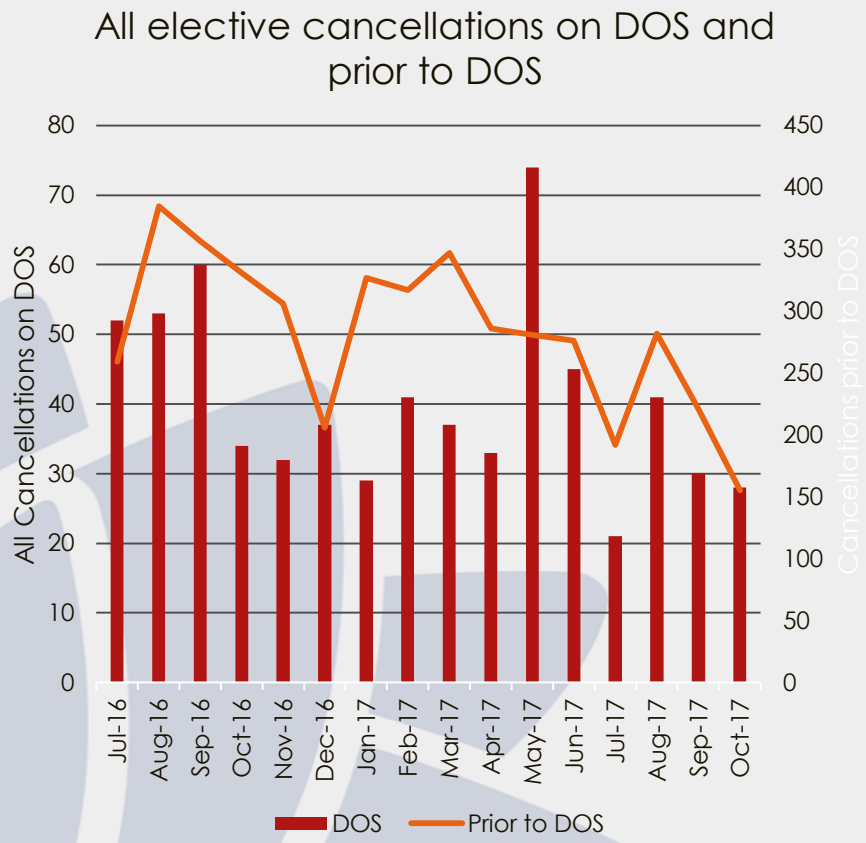
Results



DOS Cancellation/ Hospital related for April 2018 was = 0.3% √√

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Outcomes

- Structured processes for schedules/ rosters/ equipment
- ▼ DOS cancellations (0.3% ‘2’ for April)
- ▼ list changes at last minute– increase waitlist efficiency
- ▲awareness of theatre processes
- ▲awareness of data / KPI
- Emergency lists effectively utilised
- Functional TCI
- Functional TMG committee
- Functional communication between BO , OT and PAC (processes in place)

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Questions?

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