Are we running late ?

HEALTHCARE QUALITY QUEST

Stakeholders
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Introduction:

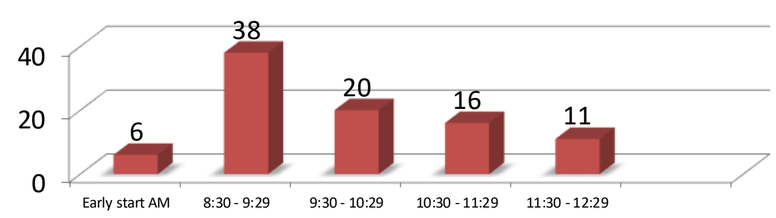
Emergency surgical cases require efficient allocation of time, resources and staff expertise. Inefficient utilisation of emergency theatre not only adds extra demand on out of hours activity with increased cost to the NHS but also imposes unnecessary prolongation of pre-op starvation period. We undertook this QI project to determine the relevant factors contributing to the delay in starting the emergency theatre and to implement changes to enhance the efficiency

Objective:

1)To improve the efficiency of emergency theatre utilisation at Dorset County Hospital Foundation Trust.
2) To improve the emergency theatre booking system

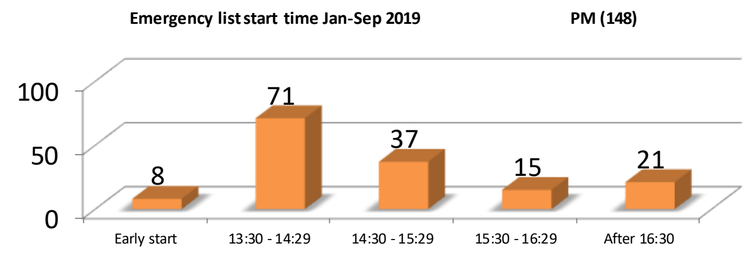
Current practice:

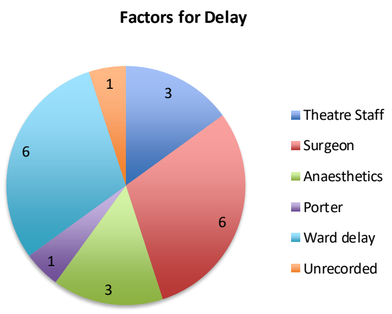
Seven sessions per week are allocated for emergency theatre work. We have collected data from Jan to Sep 2019 focusing on the theatre activity during weekdays and have analysed the data for both the morning and the afternoon lists



Current booking system:

Is run on an excel sheet located in the theatre office. A major pitfall of this system was its failure to capture the booking time and lack of data export facility for retrospective analysis.





Since the collected data did not truly reflect the delay in starting the emergency theater, I did a prospective study for 4 weeks to establish if there was a delay and the factors contributing to the delay. This demonstrated that there was more than a 30min delay in starting the theatre, almost 40% of the time.
Some of the comments included "*Not in gown, not consented*"

Actions:

1) **Dedicated theatre coordinator**: Reorganised theatre staff and created a 'theatre coordinator' role to efficiently manage patient flow, to prioritise the cases and to coordinate between surgical specialties.
2) **Theatre sessions restructured**: Increased the number of emergency theatre sessions from 7 per week to 10 per week
3) **Re-designed the booking system**: Having reviewed theatre booking systems in the neighbouring NHS trusts, we designed an in-house customised booking software.
4) **Robust documentation**: Made booking time mandatory and incorporated relevant clinical details such as fasting status, grade of urgency and diabetic status
5) **Identifying and highlighting the 'Golden patient'**

Emergency theatre activity pre & post action implementation

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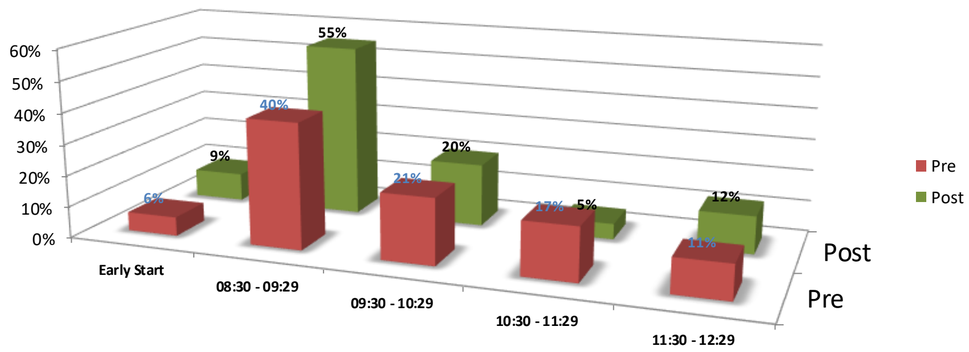

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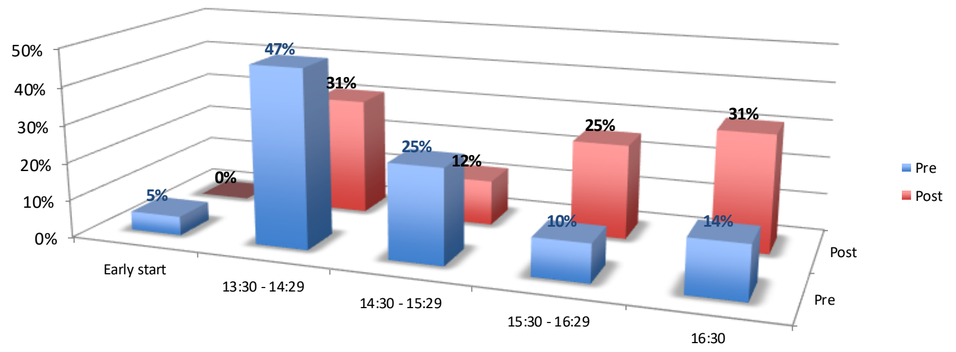

Conclusion:

Following the implementation of the above action plan, a significant, 15% improvement was seen in starting the morning emergency list on time. The introduction of a theatre coordinator, not only resulted in minimizing the unplanned disruptions to theatre activity but also improved communication across the relevant teams. Unfortunately the impact of our QI project was mitigated due to the COVID pandemic as the theatre work had to be restructured to meet the unprecedented demand. Hence the data collected post-implementation was smaller than planned. The changes made to the booking system resulted in ease of documentation and eliminated data entry mishaps.

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