

1. Reason for Action

 l ate starts ·Early finishes

·Cancellations of lists

There is a need to find the capacity in the Day Surgery

There is the potential to increase utilisation of Day

surgery theatres at St Eleswhere's Trust using the St

Eleswhere site more efficiently. The Trust wants to

increase dedicated day case lists by creating more

·Patient cancellations and DNAs on the day

The Trust is also keen to improve turn around times

between cases which will boost the flow of patients

through the day surgery unit and shorten the waiting

Issues with instruments and equipments

The need to enhance staff training.

times for patients going to theatre.

efficient and smarter processes. Some of the issues

which are preventing the optimisation of this activity are:

Units to accommodate patients who are being allocated 'in patient' beds at St Eleswhere's who should be day

Theatres Capability Rapid Improvement Event

Reflections:

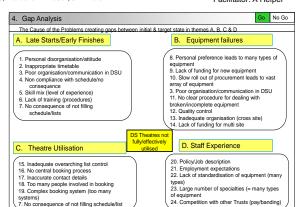
Reflections:

Reflections:

Go No Go

Sponsor: Director of Change Sensei: A Leader

Team Members: Hattie Jacques, Sid James, Charles Hawtrey, Bernard Bresslaw, Kenneth Connor, Kenneth Williams, Joan Sims, Barbara Windsor, Jim Dale Facilitator: A Helper



Go No Go 5. Solution Approach Solution Idea Affects Current State Future State Cost 1,3,4 08.45 and 13.15 Pre-list brief and A, C 82% late starts 28% late starts Delay Book (to record reasons for delay 2,7,15 Part of Theatre Planning Event A, C A, C Enforce number on list ΔΟ Part of Booking Hub Event 9.10.14.231 More funding for equipment/instruments ΔD 8,13,23 B,D 64% confident with 80% confident with Ο/Δ Ο Inventory of equipment, standardised sets 64% confident with equipment, 56% 80% confident with equipment, 80% 23 Standardisation of procedures for specialitie adequately trained adequately trained Roster (rotation)/correct staffing/skill mix A.b.C.D 11.12 B. D. a 00 Broken/missing instrument book and training for DSU staff 22 Oct 24,20 Revisit job descriptions/bandings Key 0 Easy/Low Cost △ Not so easy/ medium cost X Difficult/expensive

No Go 6. Rapid Experiments Experiment Anticipated Effect Actual Effect Follow up Action Trolley Trial Lessen manual handling Reduced mannower necessary to move patient Lessen mannower necessary to move patient Implementation of Lessen number of late ?how many pre-list pre-list briefings starts briefings are happening?

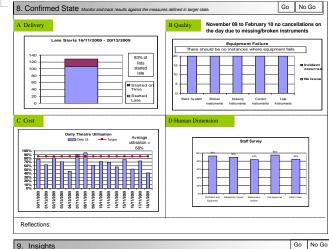
Process Owner: Dr A Medic 7. Completion/Implementation Plan

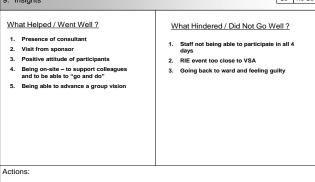
Date Initiated: 25th Sept '09 Event Date: 12 to 16 Oct '09 End Date: Mar 09

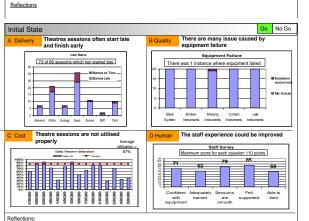
2 3 4 5 6 7 8 9

Types of Change	What	Who	Start Date	Completion Date	RAG
Projects	Investigate the possibility of new operating trolleys – arrange for loan trolleys to evaluate.	Sid James	15 Oct '09	Loan trolleys to be in use by end Oct '09	Done
	Evaluate the trial of operating trolleys and make a case	Sid James and Hattie Jaques	13 Nov '09	7 Dec '09	
	Investigate whether staff banding is appropriate	Charles Hawtrey	19 Oct '09	20 Nov '09	
	Investigate whether it is possible to employ short term contract staff rather than bank staff to cover maternity leave.	Charles Hawtrey	15 Oct '09	20 Nov '09	Don
	Carry out inventory of equipment	Sid James and Hattie Jaques	13 Oct '09	7 Dec '09	Don
	Redesign medical devices competencies	Charles Hawtry and Sid James	13 Oct '09	Feb '10 In progress	
	Carry out inventory of instruments (including amnesty)	Barbara Windsor	Oct '09	Feb '10	
	Canvass staff and put together a new mock up rota/rotation. Trial to be agreed with Matron	Jim Dale and Joan Sims	13 Oct '09	New rota in use.	Don
Do Its	Design and implement a "delay book"	Kenneth Williams	13 Oct '09	Book in use on DSU	Don
	E-mail surgeons/anaesthetists to inform them of pre-list briefings	Kenneth Williams	13 Oct '09	E-mail sent 15 Oct '09	Don
	Standardise instrument sets	Kenneth Connor	13 Oct '09	1 Dec '09	Don
	Design book to record broken/missing instruments. Weekly meeting with CSSD to review.	Bernard Bresslaw	19 Oct '09	Book in use on DSU. Weekly meeting arranged.	Don
	Follow up lack of buy in from Surgeons for pre-list briefings	Charles Hawtry and Sid James	ASAP	unknown	
	Picture board of DSU staff to be displayed	Sid James and Hattie Jaques	19 Oct '09	End Nov '09	

* To be addressed at Theatres Management Event







PATHWAY THEME

B Quality

C Cost / Throughput

D Human Dimensions

Theatres Capability should consider the following

often picked up by other surgeons or specialties

Sessions often do not start on time and sometimes finish early

for a variety of reasons. Cancelled operating sessions are not

Day surgery theatres (equipment and processes) need to be fit for purpose. Staff should be punctual and instruments need

appropriate level of training, knowledge and skills need to be

Theatre utilization is currently running at 67% (between 7th September – 25th September '09) where the optimum level

Impact Changes); patient cancellations & DNAs on the day

should be 85% based on the national standard (Top Ten High

The Department wants to ensure that there is the correct level

of staff with the correct level of skills in the right place at the right time to optimize the flow through the day surgery unit

to be available, in good working order and staff with the

n place when required to fulfill their role successfully in

