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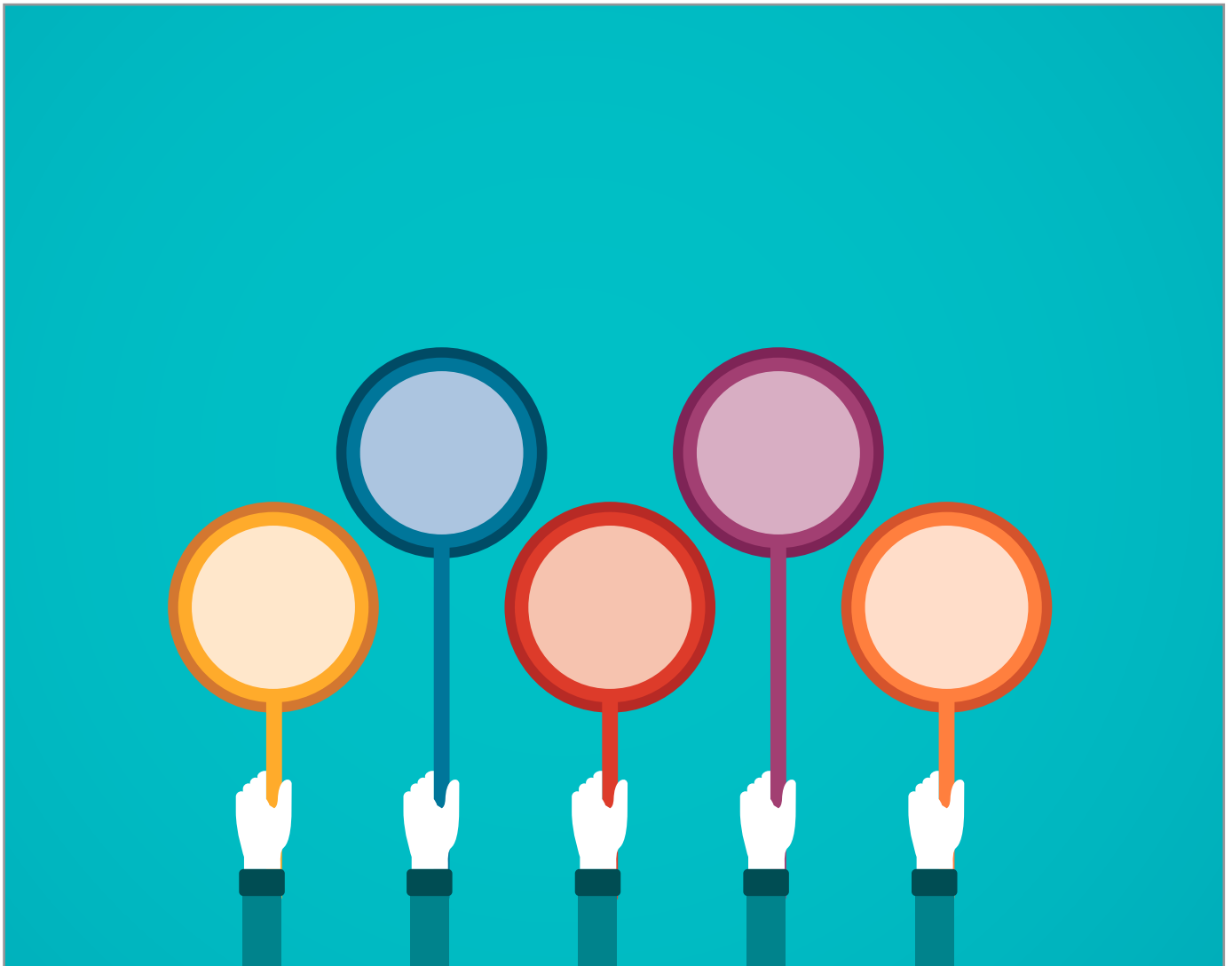
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Tackling the Five Essential Levers of Theatre Efficiency

Summary: In which areas can theatre departments instigate change for improved performance?



Theatres are at the heart of delivering quality outcomes for patients by performing life-changing and life-saving operations. That makes maximising the use of this vital and expensive resource essential for hospi-

tals' efforts to meet quality, operational and financial targets.

Nationally, theatre performance is mixed. They are under increased scrutiny from the regulators and initiatives such as Model Hospital and the GIRFT

programme (gettingitrightfirsttime.co.uk/).

However, while theatre efficiency is a broad and complex subject, five key levers can be used to drive sustainable change and improvement.

1. Robust Accountability and Governance

Clear support and accountability are needed to achieve a shared vision, and clinical leadership is essential in an overarching robust governance framework. All stakeholders must be aligned around a core set of KPIs. These performance measures also need to be understood, in the simplest terms, from the Theatres teams up to the Trust Board. For example, it can be hard to really understand what improvement in theatres' utilisation means in reality when expressed as percentages, but showing how many more patients have been treated is far more tangible, and more likely to create understanding and buy-in.

2. Better Alignment of Workforce to Demand and Capacity

Lack of demand and capacity plans, in our experience, is routinely the biggest driver of premium and temporary spend and failure to meet KPIs. However, demand and capacity planning is complex because the interdependencies across care settings (theatres, outpatients and wards) and performance against plans must be routinely monitored to ensure resources are optimised and supporting actions taken to realign the workforce. PA recently developed a Referral-To-Treatment (RTT) adjusted model that explores these issues at specialty, sub-specialty and consultant level and enables hospitals to align capacity in a way that can be easily adjusted and monitored as priorities change.

3. Automated and Efficient Scheduling

Effective theatres rely on well-structured lists to avoid over-runs and under-runs but, all too often, organisational inertia and resistance to change means scheduling and booking patterns have gone unchanged and unchallenged for years.

Artificial Intelligence (AI) can provide dedicated scheduling tools to build

efficient lists and support the achievement of RTT by selecting appropriate cases. However, effective scheduling can only be achieved through direct clinical engagement. By applying this approach to scheduling, using evidence-based insight from data and clinical teams, PA helped Leeds Teaching Hospitals NHS Trust to reduce early- and late-running theatre sessions by 105 and 30 hours per month respectively; whilst forecasting to deliver an extra 488 operations a year (PA Consulting 2019).

“CLEAR SUPPORT AND ACCOUNTABILITY ARE NEEDED TO ACHIEVE A SHARED VISION”

4. On the Day Problem-Solving

Plans change and the way teams respond to issues such as shortage of key equipment, limitations in staffing or beds, on the day - and in the moment - and learn from them is key. Improved feedback between the scheduling, operational and front-line teams is vital to tackle and learn from these. Equally, extra hands-on support (via consultancies) and a fresh pair of eyes can often deliver quick-wins and break down barriers to change.

5. Engaging Leaders with Insight

Engaging stakeholders with easy to understand insights from data is essential. Our Hospital Insights platform which provides an extensive range of key operational data in one place helped one trust identify that late-starts were the key issue when the accepted belief across the hospital was that late-finishes were the main challenge. The tool allowed us to rapidly identify repeat offenders within selected specialities, and through a selected set of interventions agreed across the theatres teams, reduce late starts by 18%.

Conclusion

It is important to recognise that deploying just one or a subset of these five levers will not sustainably improve performance. Leadership teams need to be asking if their organisation is tackling all five levers to give them the best chance of delivering sustainable performance improvement. ■

KEY POINTS

- To achieve a shared vision, accountability and clear clinical leadership in a robust governance framework are needed.
- Demand and capacity planning is dependent on factors across care settings and should be routinely monitored.
- Although AI can help with scheduling, effective scheduling can only be improved through direct clinical engagement.
- Improved feedback and communication is essential for ensuring that staff can deal with on the day problem-solving.
- Engaging stakeholders with easy to understand insights from data is essential.



REFERENCES

PA Consulting (2019) Leeds Teaching Hospitals NHS Trust: Using data to cut surgery waiting times. [Accessed: 13 September 2019] Available from paconsulting.com/our-experience/2019/Leeds-Teaching-Hospitals-NHS-Trust-Using-data-to-cut-surgery-waiting-times/