

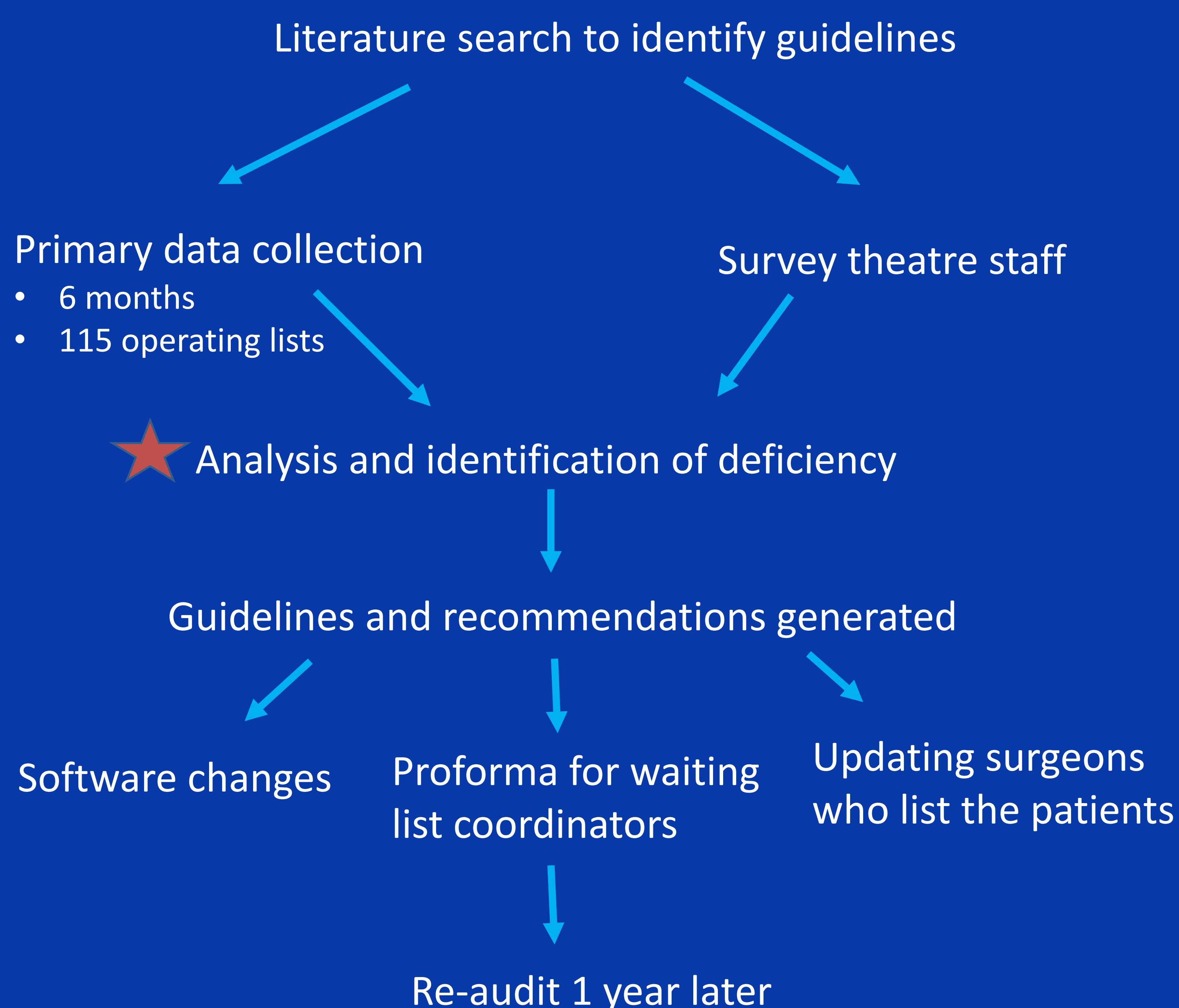
How can we improve our Trauma and Orthopaedic theatre lists? – a quality improvement project with the aim to produce a new standard

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Introduction

- Surgical departments are increasingly put under pressure to improve services, cut waiting lists, increase efficiency and save money. (1)
- Orthopaedic theatre lists are an important tool which must convey essential information to all staff to run an effective and safe theatre list. However, there are no set standards or guidelines on the components of an Orthopaedic theatre list.
- The objective of this study is to formulate guidelines for theatre lists which improve efficiency and reduce errors. At a district general hospital in East Kent we approached the challenge of improving our Orthopaedic theatre lists.

Methodology



★ Factors considered were:

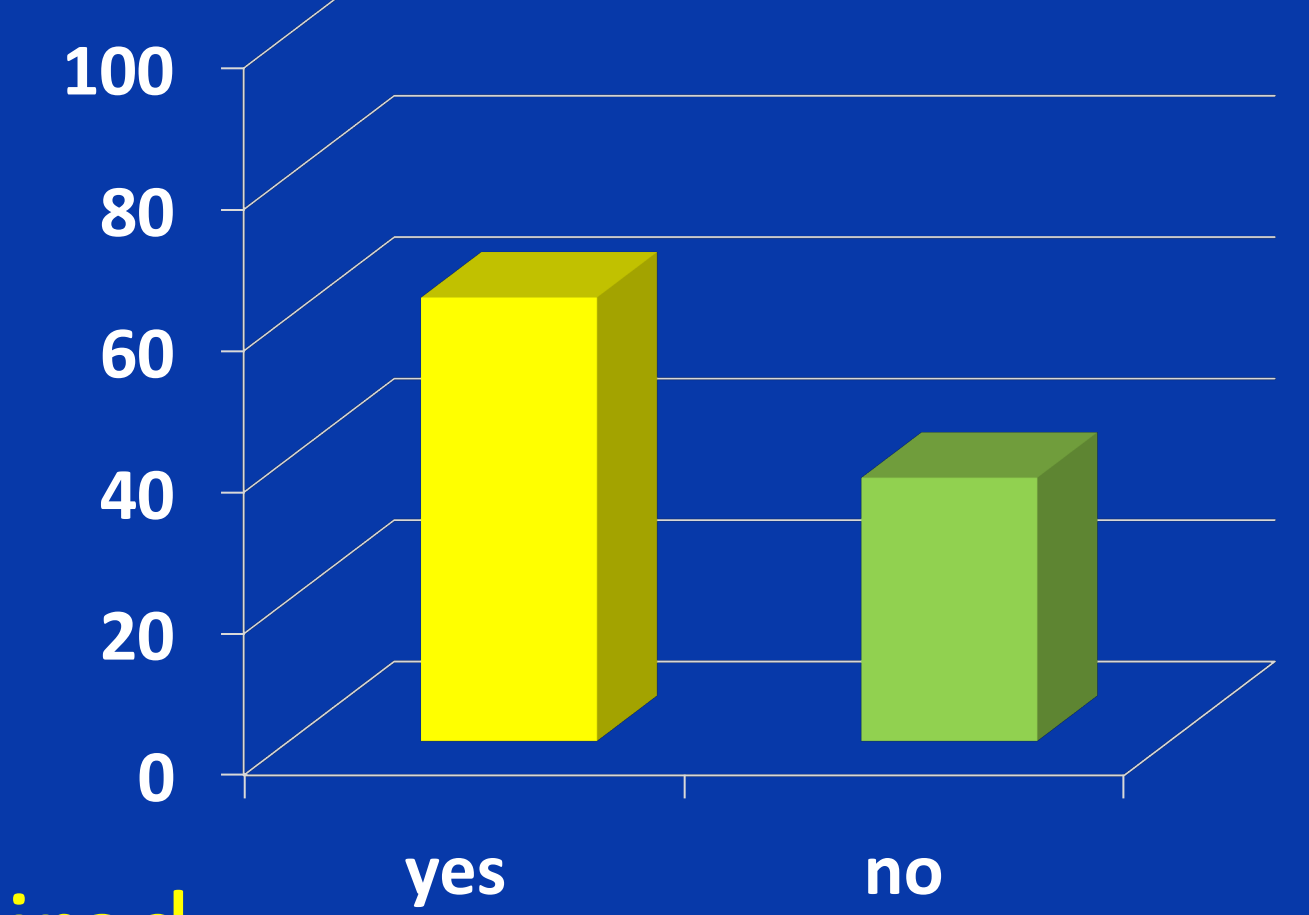
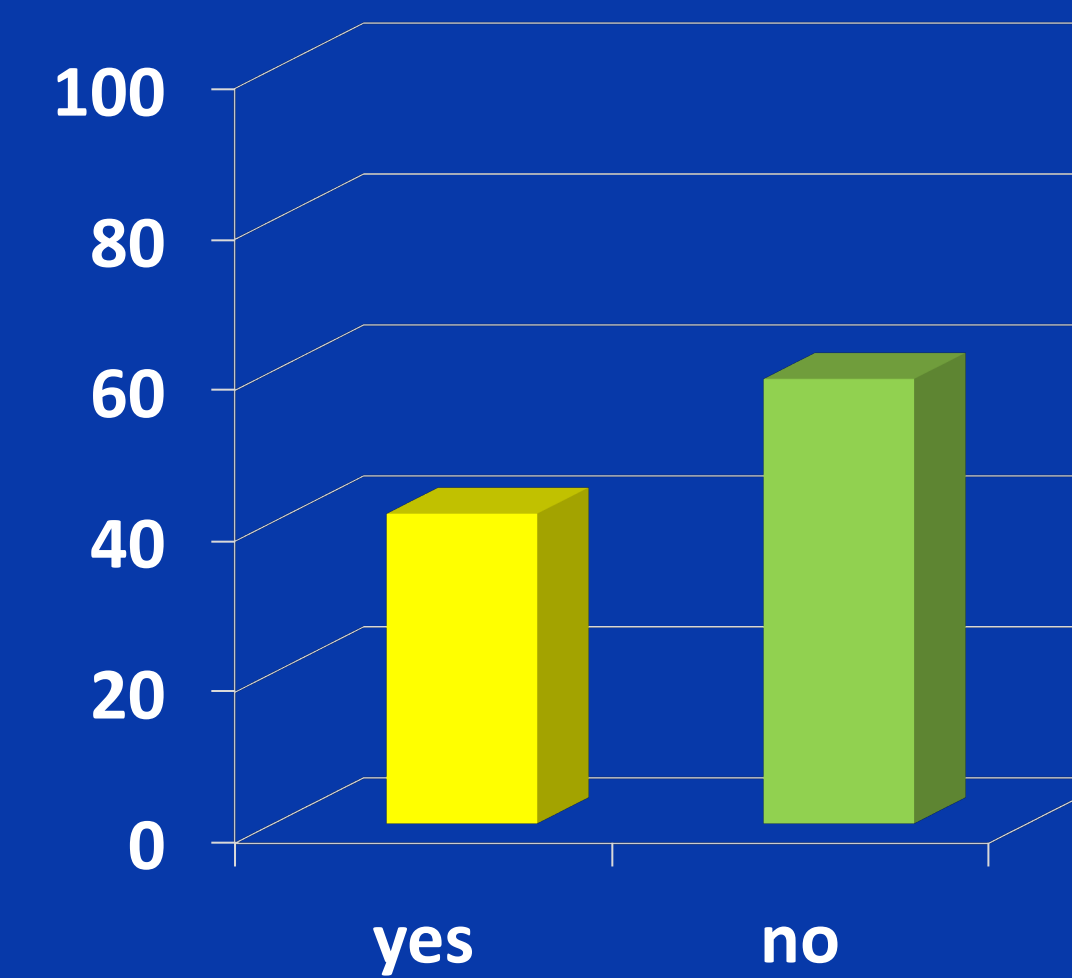
- Theatre and patient demographics
- Surgical team (Consultant in charge, operating Surgeon, first assistant, lead Anaesthetist)
- Type of anaesthesia (general anaesthesia (GA), local anaesthesia (LA), regional, sedation)
- Surgery (side, operation, prosthesis/equipment, cemented/uncemented, XR or rep required),
- Acronyms
- Extra information such as allergies, infection, disabilities, comorbidities, high body mass index (BMI) and whether a postop HDU or ITU bed was required.

Results

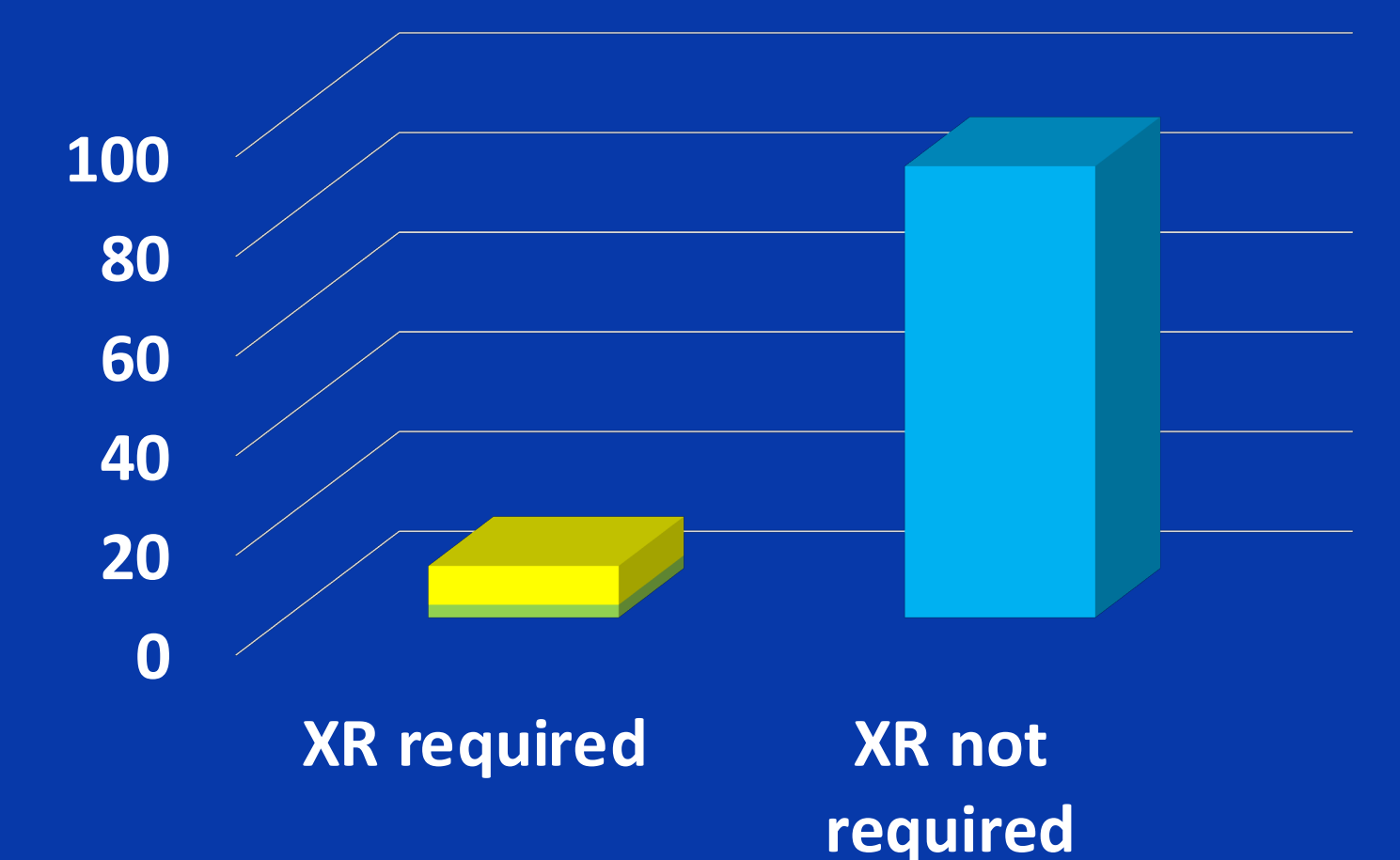
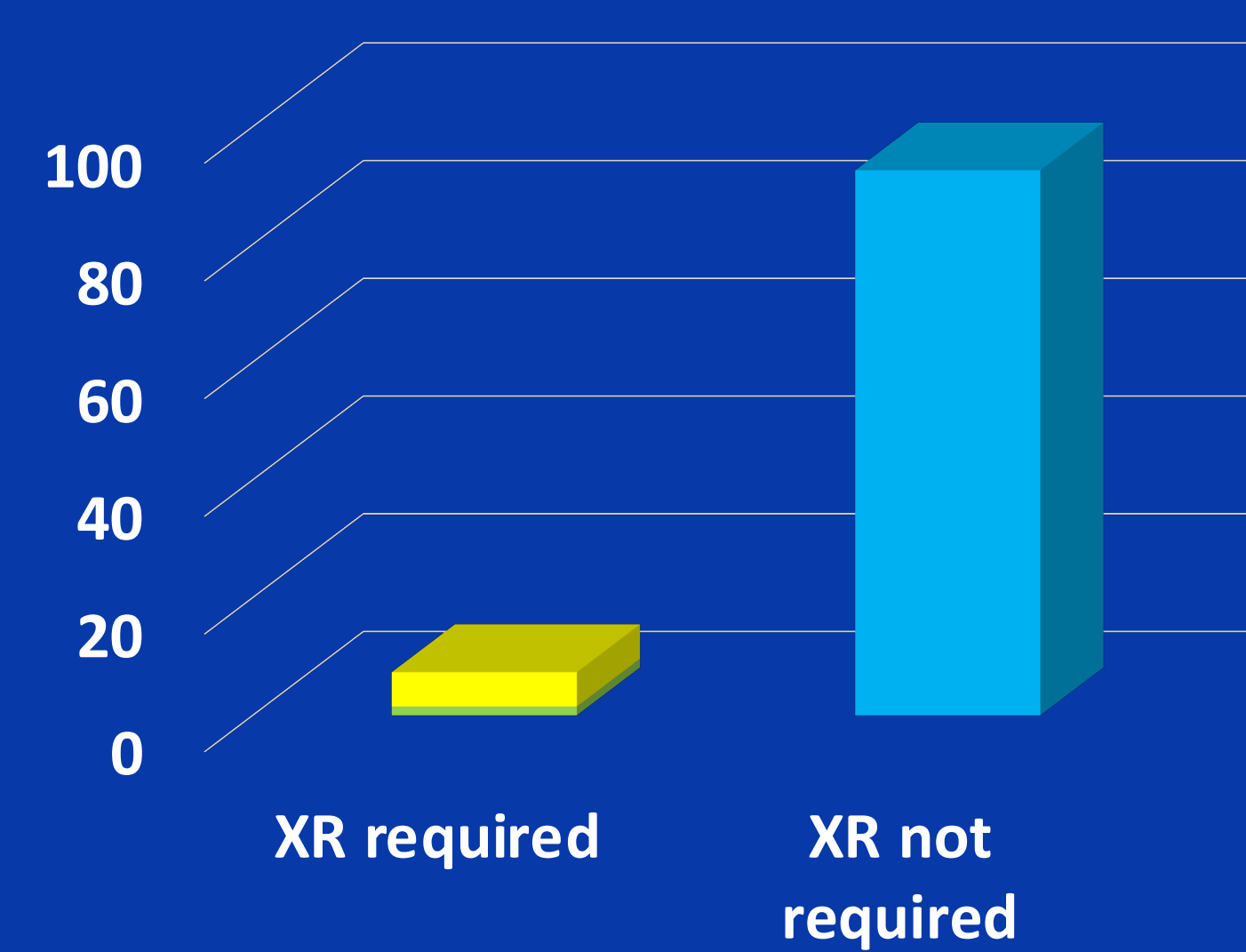
Results from 1st round

Re-audit results

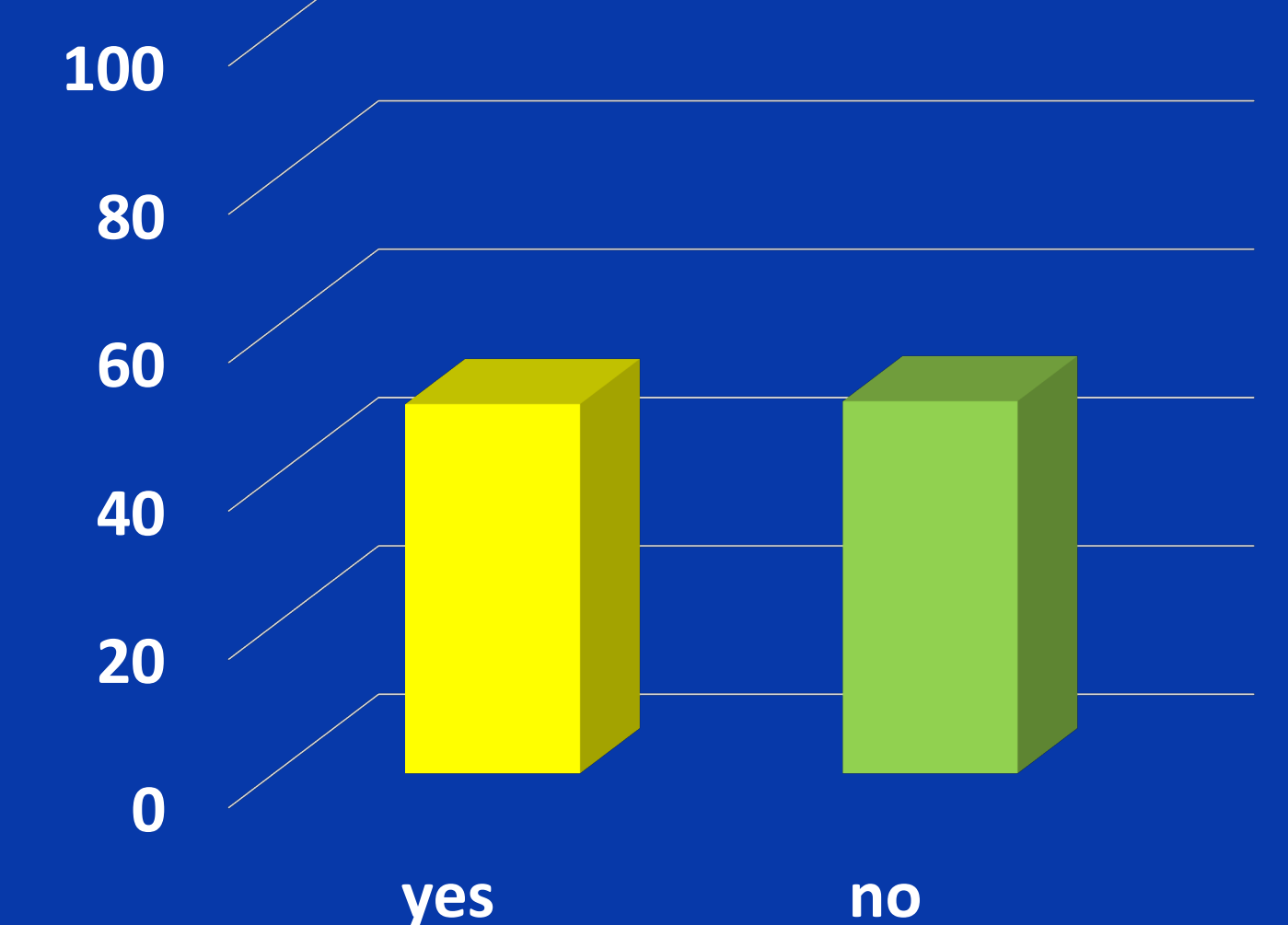
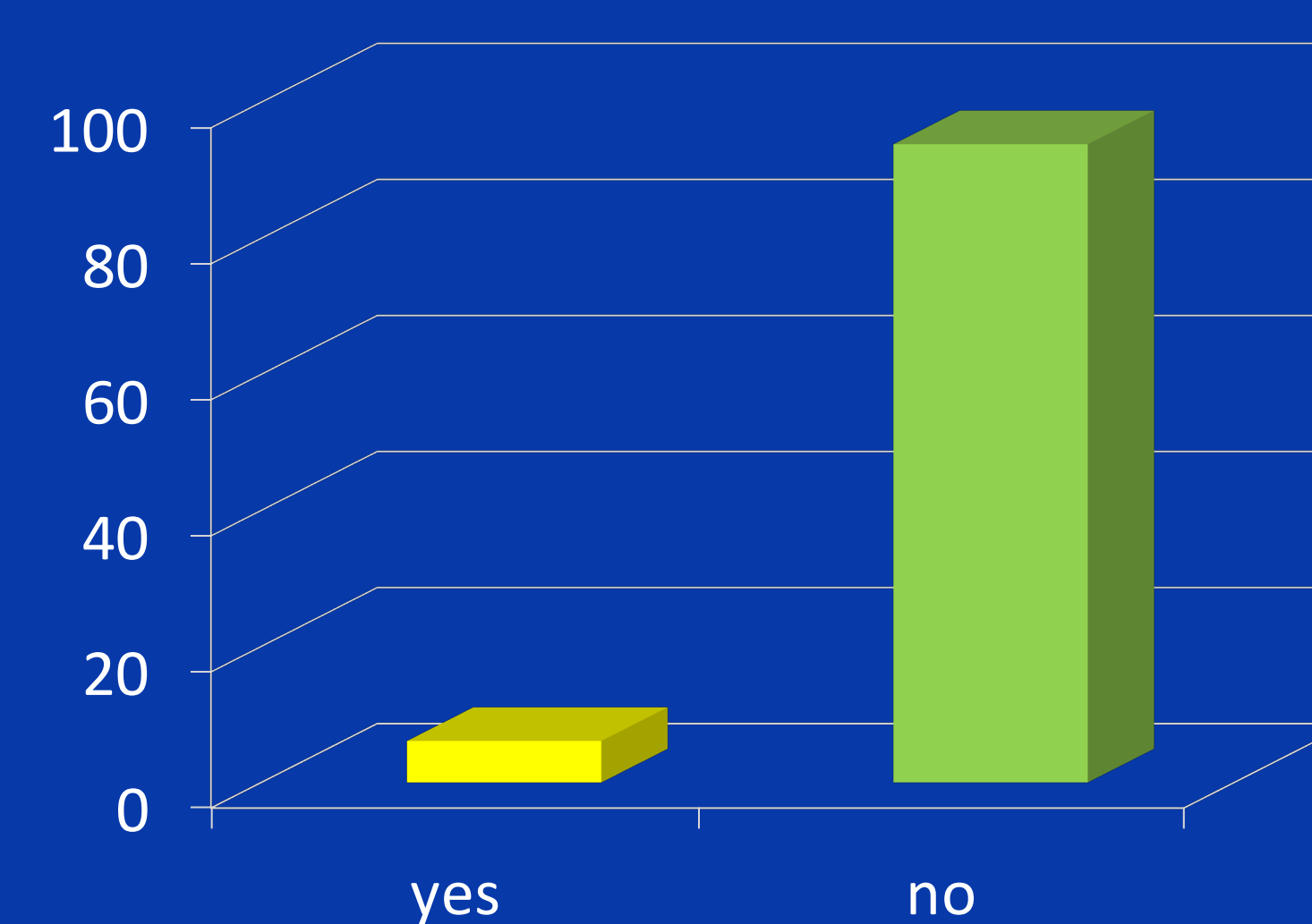
Prosthesis/equipment



XR required



Extra information



Conclusion

- We believe all elective Orthopaedic theatre lists should contain the following:
 - Patient and theatre details
 - Surgical team details
 - Prosthesis/equipment
 - Extra information e.g. allergies, infection, disabilities, comorbidities, high BMI
 - Type of anaesthesia
 - XR/Rep needed
- Ensuring that these details are included will lead to a safer, more efficient theatre list and prevent delays and cancellations.

References

- Roberts S, Saithna A, Bethune R. Improving theatre efficiency and utilisation through early identification of trauma patients and enhanced communication between teams. *BMJ Open Quality* 2015;4:u206641.w2670. doi: 10.1136/bmjquality.u206641.w2670