Eight DHBs introduce The Productive Operating Theatre Programme

Eight District Health Boards (DHBs) – Waitemata, Auckland, Tairawhiti, Bay of Plenty, Whanganui, Hawke’s Bay, Hutt Valley and Southern – have introduced The Productive Operating Theatre programme. This case study looks at the steps in the planning and start up phase of the programme.

The goal of The Productive Operating Theatre programme is to increase safety, improve reliability and staff wellbeing, and add value and efficiency in operating theatres.

This can improve the patient’s experience in theatre, and their health outcome. To achieve these goals, frontline staff identify problems with their operating procedures and find ways of solving them.

For example, theatre staff are often frustrated by delays in starting the day’s surgical list, and delays in preparing patients. These delays can mean less productivity, with patients having their operations cancelled.

The reasons for delay can vary from staff being late for theatre because of difficulty in finding a car park, to faulty operating theatre doors and frustrations over missing equipment. Some are housekeeping issues which can be solved by management straight away, while others become a focus of the programme.

Background

The perfect operating list looks like this:

- effortless for everyone
- great team communication
- quiet and smooth
- fast but not rushed
- no glitches
- safe, reliable care.

The Productive Operating Theatre programme is designed to help achieve this perfect operating list, every day. The programme was developed by the United Kingdom’s National Health Service (NHS).

Its success lies in the fact that the theatre teams themselves identify the problems and then implement the solutions.

So the changes are not only much more relevant to them, but also more likely to be sustained.

Results from the UK suggest productivity improvements can be made in a number of key areas:

- improving start time and turnaround, session uptake and utilisation, and staff wellbeing
- reducing time wasted searching for equipment
- improving rates of pain control in recovery
- more smoothly running surgical lists with fewer glitches and improved safety culture with the introduction of briefing and debriefing, along with the World Health Organization checklist.

NHS theatre staff reported fewer cancelled operations, up to 25 percent reduction in start time delays, up to 60 percent faster turnaround between each operation, and significantly improved job satisfaction.

There was also a reduction in patient safety incidents and complications, and savings were made on stock reduction per theatre and theatre consumables.
The programme in New Zealand

In August, 50 staff from the eight participating DHBs received training on the programme from experts from Britain’s NHS. Following this, a smaller group of DHB staff received an additional two days of training. This group will form the beginning of a DHB clinical expert group to lead and support the programme nationally. The group’s role will include training of staff as further DHBs elect to introduce the programme.

Setting up the programme in a DHB

The eight participating DHBs are currently in the planning and start-up phase of the project, which has a number of milestones:

- team formation and preparation – at sign up
- establishing a steering group – within one month of attending training
- holding visioning workshop/s – within two weeks of first steering group meeting
- holding executive management team workshops – as soon as possible.

Programme team formation

To successfully implement The Productive Operating Theatre, DHBs establish a core programme team, consisting of the following roles:

- programme leader (full-time commitment)
  - role includes programme planning and managing, communications, training and coaching
- improvement facilitator (full-time commitment)
  - role includes organising and doing, helping with planning, recording progress including data indicators
- executive leader (two hours a week commitment)
  - role includes leadership, accountability for programme delivery
- clinical leads – surgical and anaesthetic (four hours/one session a week)
  - role includes actively promoting the programme to other clinicians
- information analyst (two days a week initially)
  - role includes measuring and analysing the programme.

Also vital to the success of the programme are champions – they will be ambassadors and engage other staff.

Once these resources have been allocated, they should be sustained throughout the programme – with people able to fully commit to the programme, and who are not pulled back into their usual roles after a few weeks.

The programme team should meet regularly; weekly is suggested, to keep up momentum.
Establishing a steering group

The steering group monitors the implementation of the programme, and ensures key milestones are met. It may also help to ‘unblock’ challenges facing the programme team.

Membership of the steering group will vary between organisations, but it is likely to include some or all of the following roles:

- Executive Leader (Chair)
- Programme Leader
- Clinical leads for surgery and anaesthetics
- Service/quality improvement team member
- Director of Nursing
- COO/Operations/Divisional/Service Manager
- Chief Financial Officer
- Clinical Director
- Non-Executive Manager
- Theatre Manager
- Improvement Facilitator
- Theatre team representative.

At the first meeting, terms of reference, plans and timescales, resources and frequency and dates of future meetings will need to be agreed.

Visioning workshops

Visioning workshops are effectively the ‘launch’ of The Productive Operating Theatre programme in a DHB.

They are attended by senior management, clinicians and theatre staff and are designed to create a shared vision for operating theatres, identify the obstacles that stand in the way of achieving this vision, and find programme champions.

Ideally, the workshop will be introduced by the DHB’s Chief Executive. This shows the importance given to the programme by the organisation.

Depending on the size of the DHB, up to 100 stakeholders may be invited, including:

- nurses
- operating department staff
- support staff – orderlies, health care assistants, clerical staff
- anesthetists
- surgeons
- theatre managers
- members of related departments – radiology, pharmacy, wards etc.

By the end of the workshop, the perfect theatre list will have been identified and a vision created.
An example vision statement could be:

[Name.] District Health Board’s theatres will have:

- good communication
- strong leadership
- efficient, well-planned lists.

This will result in the best possible theatre experience for patients and staff, in terms of:

- safety and reliability of care
- patient experience
- effective team work
- efficiency and value.

This vision must then be communicated to everyone, by displaying it on productive operating theatre noticeboards, and in other prominent places.

As a result of the visioning workshop, awareness of the programme will have been raised, and some programme champions recruited.

**Executive Management Team workshops**

The Executive Management Team workshops aim to raise awareness of The Productive Operating Theatre programme at management level, and emphasise the role the DHB’s executive management team plays in ensuring the programme succeeds.

The aim is to have, by the end of the workshop, active support for the programme from the Executive Management Team and a commitment to resource the programme.

**Next steps**

The Productive Operating Theatre programme is in its early stages in New Zealand. Each month, DHBs send monthly reports to the Ministry of Health, providing progress to date, and relevant data. DHBs are encouraged to post their monthly reports directly onto the HIIRC website, so others can read them, and if they wish, contact the report author. The aim is to have those DHB implementing the programme, and other DHBs interested in doing so, sharing information and collaborating.

The programme is open to all DHBs, and those wanting to find out more can contact Ministry of Health Senior Advisor Quality Improvement Joe McDonald on joseph_mcdonald@moh.govt.nz.