



CASE STUDY: ACUTE TRUST THEATRE CAPACITY & DEMAND MANAGEMENT



BACKGROUND

The utilisation and reutilisation of Theatre sessions was in excess of 90%. However, 'In-Session' utilisation, measured by anaesthetic + surgical time as a percentage of session time was low, varying from 65% to 76%.

The Foundation Trust Directorate realised that this level of 'In-Session' utilisation could be significantly improved bring much needed additional revenue to the hospital.

STUDY FINDINGS

Following a three week study, working with the local management team Meridian identified a number of areas which, if addressed, would substantially improve Capacity & Resource Requirement Planning & Scheduling.

Theatre List Planning was carried out using several ad-hoc systems which had evolved over the years and plans for Centralised List Planning had been frustrated over the years.

Planning norms were not used. Lists were planned using surgeon's preferred times which were not validated using the timing data available from the Galaxy system.

The Galaxy theatre system had been installed for several years, but only used as an electronic theatre register. The very capable 'Wait List' and 'List Planning' modules were not used at all.

Late cancellation and 'churn' on Theatre lists were common, as pre-assessment was made too late and unfit patients were listed, 'TCI'd' and in some cases, admitted then assessed as unfit and late cancelled; although lists were refilled where possible.

OBJECTIVES

Develop detailed Capacity and Resource requirement plans based on demand and accounting for demand variations.

Implement a robust Pre-assessment process which would offer all patients requiring surgery an assessment on the day of decision to admit.

Develop list planning, using the front end capability of the Galaxy system and the capability of Galaxy to learn planning norms from actual operating times.

Operating lists to be planned, validated and made up of patients assessed as 'fit-for-surgery'.

Lists to be validated 6 weeks ahead of date of surgery.

Develop visual management tools to support the copious numerical reports which were generated and subsequently ignored as they did not tell clinicians and managers what they needed to know to run the service efficiently.

ACUTE TRUST THEATRES CAPACITY AND DEMAND MANAGEMENT

PROJECT RESULTS

The Galaxy System was fully activated and the concerns regarding its use were allayed.

List Planning was moved from several dispersed locations to a single 'Booked Admissions Centre'.

Pre-Assessment was co-located with Booked Admissions and sited adjacent to Outpatients to provide as close to a "One Stop Shop" as possible.

Listing, using Galaxy as a tool, confirmed the belief that the historic "ad-hoc" methods had been consistently under loading many lists and an immediate upturn in throughput and utilisation was achieved, measured and tracked through new reporting formats.

A team was set up to monitor the KPI's and work towards identifying and continuously eliminating other downtime causes.

In-session utilisation was approaching 85% (Anaesthetic time + Surgical Time as a percentage of session time)

Annual number of patients treated has increased by 8.5% (+/- 850 additional patients) resulting in a significant increase in revenue.

Demand driven Capacity Planning is used to maintain a rolling forecast of the weekly lists required by the Surgical Specialities.

Capacity is now varied with regard to forecast demand and wait list management priorities.

Staff Rosters can be confidently set 6 weeks ahead improving the working conditions for Theatre and Recovery staffs.

**A Productive NHS means
the *right* resources, in
the *right* place,
at the *right* time,
providing services at the *right*
quantity, quality and cost.**



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