Editorial II

THEATRE EFFICIENCY

In Sri Lanka, there is a large workload involving the operating theatres of a hospital. Majority of the time they are efficiently run but there is still room for us to improve on safety and quality of care for the patient and for optimal use of resources.

The most important elements in efficient use of our operating theatres are good planning, management and communication.

The patient

A patient, if any of us were one, would prefer to be brought to the theatre just before the surgery is due to commence, without languishing in a waiting area, which makes it important that the theatre list is planned well by the surgical and anaesthetic team.

It is important that the patient is received at the theatre entrance, there is communication with them by an appropriate member of theatre staff and made to feel comfortable.

Ensuring privacy and dignity for a patient is of utmost importance. In our busy operating theatres we often forget this aspect and tend to anaesthetise and operate two patients in the same operating room, which I am sure is an unpleasant experience for one, if not under a general anaesthetic.

Operating list management

Early availability of the operating lists for the ward, theatre and anaesthetic staff leads to efficient organisation of equipment, personnel and for optimum pre operative assessment of patients. It will also enable ward staff to carry out all pre operative instructions effectively.

There should be efficient communication between the theatre and ward staff so that the patients are prepared, especially if there is rescheduling of the list. Having adequate staff for transport of patients to and from theatre improves efficiency. A nursing officer been available to accompany the patient from theatre to the ward would ensure the safety of the patient, which is a good practice we could adopt. Recovery areas which are not so well organised in our set up should be adequately staffed with senior staff members and suitably equipped. Admissions to HDU/ITU if planned early would prevent blockade of the flow of the operating list.

Effective theatre time utilisation

It is important that all lists begin and end at agreed times enabling timely preparation of patients for theatre, increased ability to match staff to workload, reduce staff fatigue and also enable scheduled start of afternoon lists with less of a chance of over running into the evening.

Scheduling the lists synchronising anaesthetic and surgical input will avoid postponements. Infectious patients should be put at the end of a list to avoid delays due to contamination. Patients done under a local anaesthetic with no monitoring needed by an anaesthetist should be scheduled at the beginning or the end of a list or all such patients could to be pooled into a separate list for efficient utilisation of manpower resources.

It has been shown that all day lists with the same team can be efficient and should be encouraged. But provision should be there for meals and breaks, for the staff to function effectively.

It is also an unfair practice to rely on the anaesthetist to instigate the postponement / cancellation of a scheduled patient. Development of a culture of good time keeping in the theatre will prevent such happenings.

Cancellation/postponement of surgery

This is deeply distressing to a patient and though not costed in our country is economically wasteful for both the patient and the country. Cancellations / postponement can be for non clinical and clinical reasons and could be avoided with pre operative assessment and better communication between staff groups involved. Local hospital procedures should be in place to deal with these with good documentation of reasons and actions taken.

Data collection and audit

We should collect data on operations, recovery and transfer times, equipment shortages, reasons for postponement cancellations and critical incidents. It would enable audit of problems and direct us towards the changes required for efficient running of theatres.

References.

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