Heart 2 Heart

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Introduction

We had already started some Divisional work in Theatres, trying to streamline processes and had a lot of anecdotal evidence around delays to and from theatres and patients being cancelled frequently. We wanted to understand what the issues were, what worked well and what didn't. We ran a series of events called 'perfect days' in theatres to try and address some of the identified issues. What we lacked were some of the tools and knowledge to help us formulate a quality improvement project and understand what the data was telling us and what was driving the current practices, so that we were directing our energies into addressing the key drivers that caused the high numbers of cancellations we had.

Aim

To reduce the number of Cardiothoracic surgery cancellations from 8 non-clinical per week to 4 per week by July 2023 in Theatres 1 and 2.

Initial Assessment

Pareto chart to show the reasons for cancellations in cardioatheracic theatre's, Apr 2022- Oct 2022
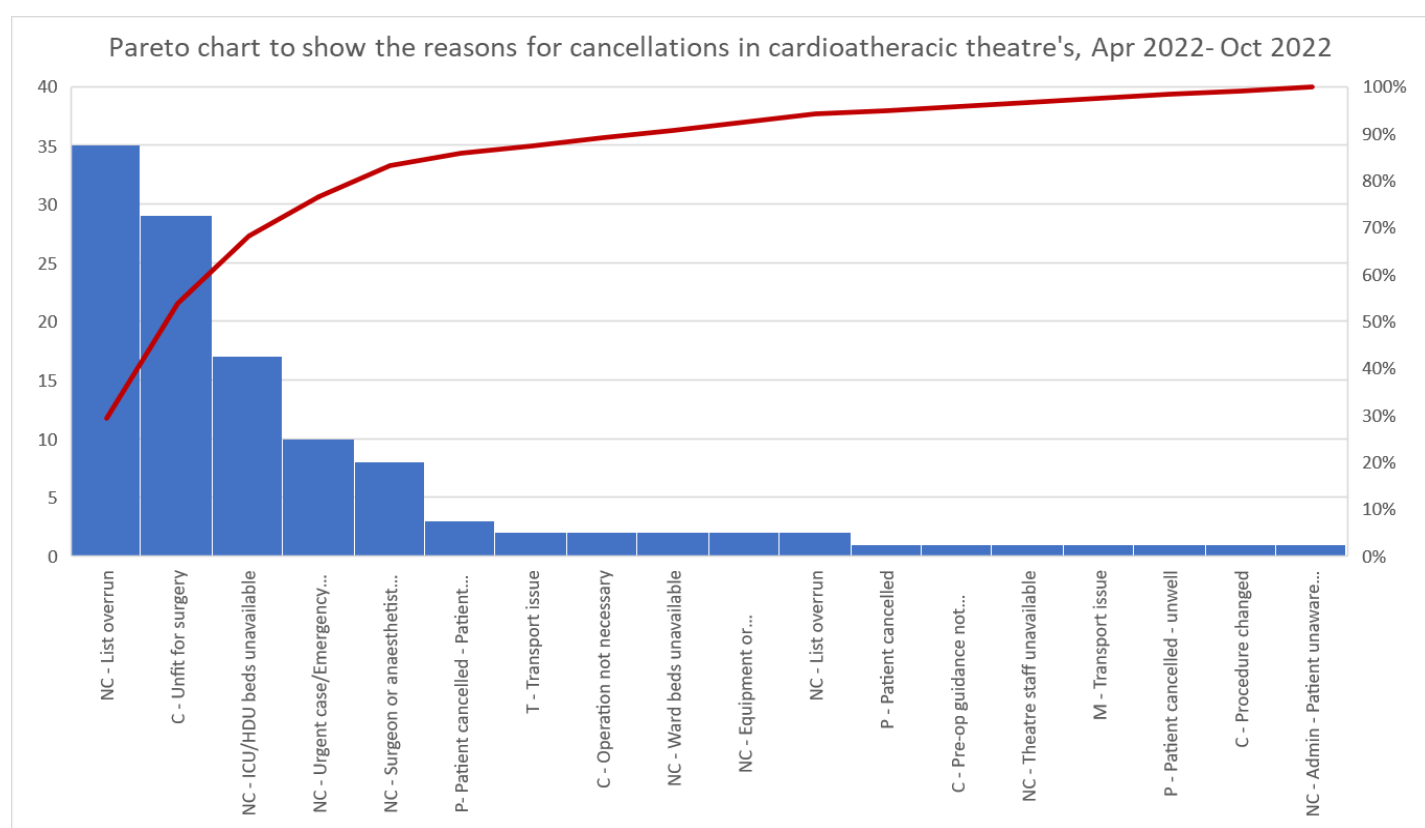
The initial assessment showed that the top 4 reasons for non-clinical cancellations included list overruns, patients not being fit for surgery, ICU/HDU bed unavailable and urgent cases taking precedence.
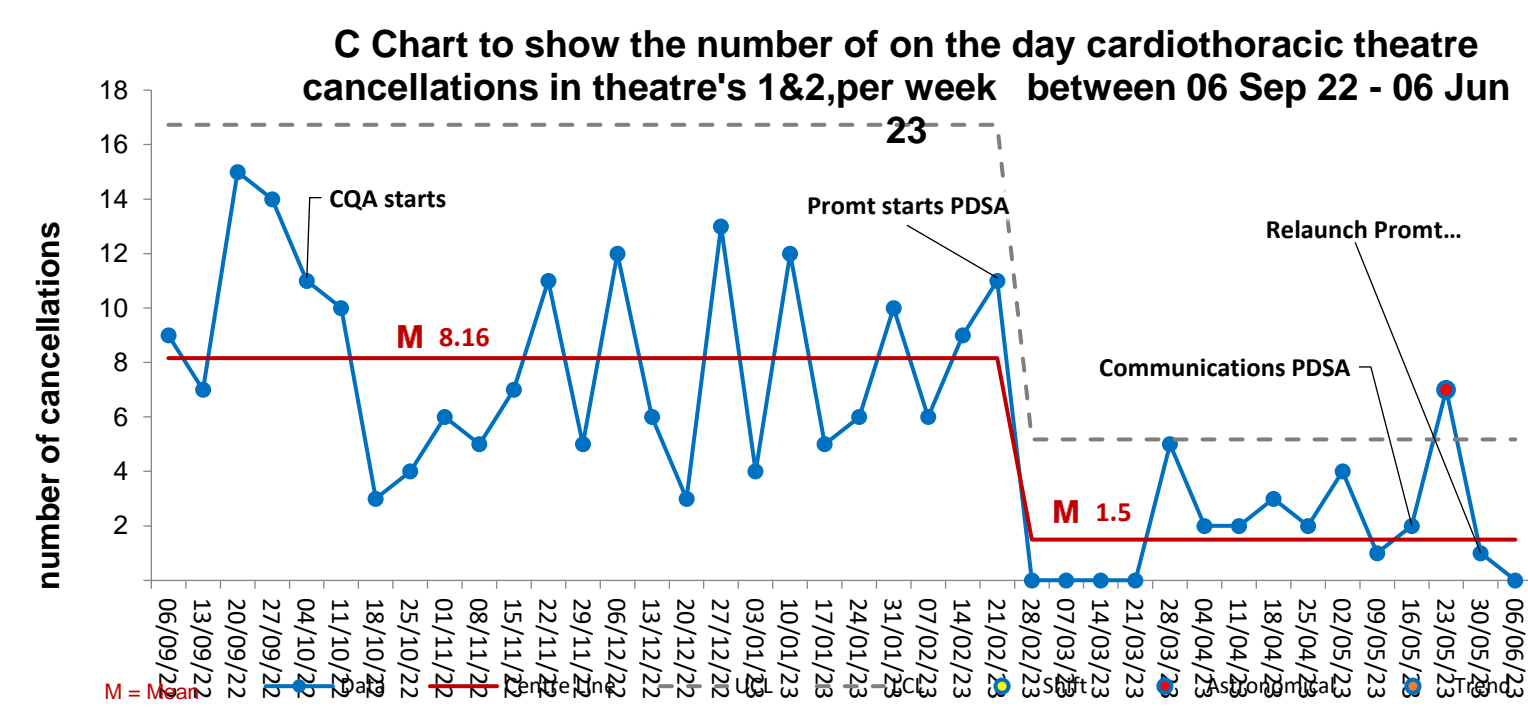
Change Ideas

We created a poster to communicate our change ideas and they included, wards prepping patients the night before surgery and an escalation process with patient flow before any cancellation happens
PDSA cycles conducted
- Prompt starts (22/02/2023)
- Relaunch of prompt starts (2/05/2023)
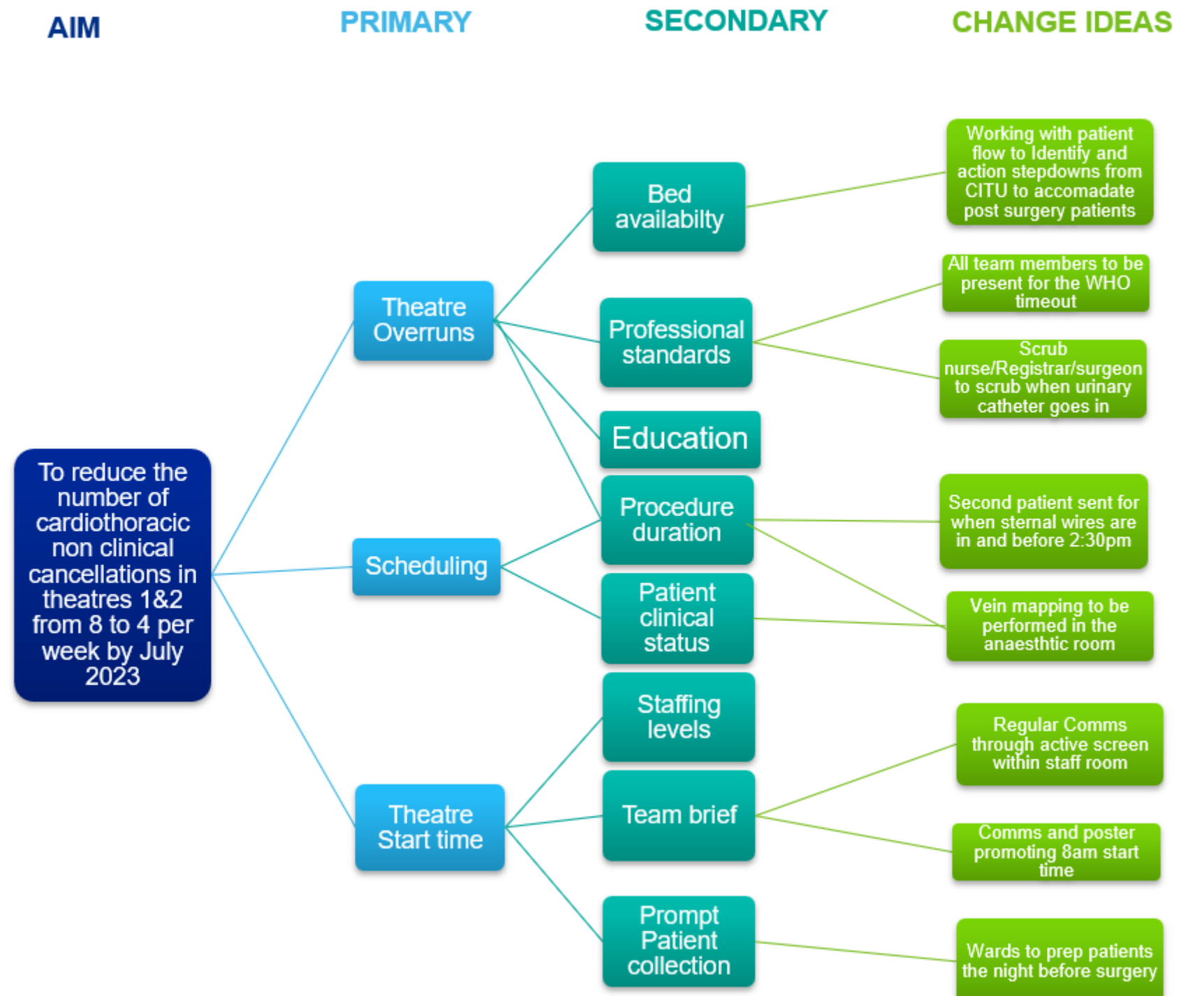- Improved communications 25/05/2023)

WE NEED YOUR HELP TO IMPROVE
THEATRE PRODUCTIVITY
- All team members to be present at **8am** for Team Brief and sign in
- Vein mapping to be performed in the Anaesthetic Room
- Scrub Nurse/Registrar/Surgeon to scrub when urinary catheter goes in
- All Core Team members to be present for the WHO timeout
- Second patient sent for when sternal wires are in and before **2.30pm**

Results

C Chart to show the number of on the day cardiothoracic theatre cancellations in theatre's 1&2,per week between 06 Sep 22 - 06 Jun 23

We saw a significant reduction in cancellations when the first PDSA cycle started and communications of our aim and expectations were sent out to stakeholders. There were some gradual increases as bed pressures continued and without our team members continued presence in emphasising the importance of the timely starts and also potential cancellations being escalated. We have changed the way we managed potential cancellations on a daily basis and look forward to improving how we communicate with our teams to support greater engagement and buy-in to support reducing the numbers of non-clinical cancellations across all our theatres.
We have also learned as a team the we all have different perspectives on what is driving some of the delayed starts and are now directed to testing theories and using the evidence base, from what we have learned through the CQA. We found the academy sessions gave us the appetite to challenge our beliefs and also created an environment where we wanted to understand what was driving some of the reasons for the behaviours we observed and feedback received. This really gave a new perspective to our thought processes.

Driver Diagram

Patient & Service User Feedback

Guilty and upset for patient when cancelled after starving for hours

Now we have made the changes, staff moral is high, especially when there was a prompt start without the need to be constantly chasing team members

I feel that I am not a person, but a commodity – I'm reaching burnout. These problems make me feel tired, stressed and sad.

Before the changes, I felt undervalued, not part of the team. I sometimes felt despondent and frustrated.

Lessons Learned

There are 2 stories we want to tell. The first can be found in the quantitative data and the change ideas we implemented whilst trying to reduce cancellations. Our project started with trying to address theatre overruns and through being curious, testing and using an evidence base and guidance, our focus changed to that of trying to reduce non-clinical cancellations.

The second story has a more qualitative feel and leans into both the culture and psychology of change. The team ethos, flattened hierarchy and commitment to shared goals has driven us through some tough times and allowed us to learn about ourselves and each other. We have led by example and this may have caused a positive cultural shift in achieving our aim.

Sustainability & Spread

- Once we are confident that we have embedded our changes in Theatres 1 & 2, we will move to extend this to the remaining 3 theatres.

- We hope to work with the Cath Lab project team to share lessons learned and good practice across Labs too.

- We are committed to continuing this learning and development and will continue to meet weekly and drive good practice and sustainability across our patch.

- We will continue to work openly and transparently and remove hierarchical barriers.

- A theatre manager role across our services would continue to support our objectives

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