Aim Statement:
To Improve the Percentage of Main Operating Theatres Starting On-time from 60% to 80% (stretch 85%) by December 2016

Team members:
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**Possible Solutions/Interventions:**
- menu enumeration amongst surgeons agree to schedule 1st case as a time complexity case
- provide blinder cases as first
- hospital porter support in transport when theatres start
- improve list of completed cases added to tasks
- institute a 1st PP/PAT koala by hour first case, providers have shops and rats on all 100 patients arriving in front time
- ensure ready to start on time and enhancing awareness of the importance of starting on time
- improve communication between theatres and surgeons in the morning
- enhance adherence to start times
- ensure system for staff keeping to time is effective
- minimize last minute changes to actual theatre allocation of lists

**Priority**
- **Primary Drivers**
  - Enhance Bookings and OT List Generation Process
  - Expedite Patient Preparation and Transfer
  - Improve OT Preparation to Receive First Patient
  - Improve Team Personnel Assembly Times Prior to Start

**Secondary Drivers**
- optimize scheduling of 1st cases of the day
- prioritize patient collection
- ensure adequate numbers of pagers on duty
- 1st patient lined up and ready to go
- ensure wards aware of first patient and prepared for pagers arrival
- early identification of Patient at Risk of being Delayed
- ensure gear needed to start first case set and ready to go
- ensure hospital bed(s) known as early as possible
- ensure that 2nd case gear requirements communicated to OR

**Results**

**Outcome measures**

**Results Balancing measures**

**Discussion**
On-time start performance over the 5 month intervention period trended upwards, reaching 82% in December 2016. Notably, staff arriving late into theatre fell in absolute terms by 70%. This reflected a number of measures put in place to enhance staff awareness of the importance of starting on-time and enhancing processes to avoid any delays.

A number of other delay categories fell markedly, reflecting changes that enhanced the more timely preparation of patients for theatre in the morning. Despite the improvement in the on-time start rate in the intervention period, a reduction in the number of hours lost due to late starts could not be demonstrated. This may reflect the presence of unavoidable delays, such as lack of hospital beds preventing theatre starts or delays related to patient factors.

**Overall Outcome of Project:**
Main operating theatre morning On-time starts improved to 82% by December 2016

Cultural change occurred resulting in improvements to staff arriving on-time in theatres.

Processes allowing both theatres and patients to be ready earlier in the morning for the commencement of surgery were enhanced.

**Plans to sustain change**
A number of initiatives are planned for 2017 to hold onto and improve on the gains made in 2016.

- **Formation of a Theatre Efficiency Group** to drive Quality Improvement projects in theatre
- Implementation of newly constructed Theatre Metrics System which will provide:
  - Automated Control Charts
  - Broadcasting performance metrics in real time to all staff
- **Bi-annual intensive audits drilling down into main causes**
- **Continued staff engagement (through participation and education)**