



# Improving Access to Theatres

**FLAME**

**HRT 1513 Improving care for patients with a hip fracture**

**20-21 August**

**Sydney**



# Key Problem

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- Flame Hospital provides both elective and emergency surgery to a variety of specialities including but not limited to Orthopaedics, Obstetrics, Gynaecology and General Surgery.
- The Emergency Obstetrics demand was limiting access to the operating room for other specialities.
- Weekend orthopaedic, gynaecology and general surgery emergency cases were being “bumped” all weekend by obstetric cases affecting Monday morning elective lists.

# Aim of this innovation

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- The aim of the review of the theatre template and staffing requirements out of hours was:
  - The continued provision of a safe service for obstetrics;
  - Whilst improving access to the emergency OT for other specialties.
  - The provision of increased in hours orthopaedic trauma sessions to alleviate the out of hours operating for orthopaedic surgeons;
  - Reduce the impact of fatigue on the orthopaedic surgeons as operating time was sometimes only available in the evening;
  - Improved access for orthopaedic cases over the weekends to ensure best patient cares including #NOF to theatre within 48 hours;
  - Reduce the impact of weekend emergency cases affecting Monday morning elective and emergency sessions.

# Key Changes Implemented

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- The timeline for this innovation is over 5 years.
- The first component was the emergency theatre for all emergency cases that operates 24/7 with in-house staff and a back-up on call team (this happened prior to the 5 year plan).
- The second stage was the introduction of a dedicated obstetric theatre for all in hours elective and emergency – removing this component from the 24/7 emergency theatre in hours
- The third stage was to implement dedicated sessions / theatre for orthopaedic trauma as well as those emergency sessions listed above.
- The fourth stage was to increase the emergency obstetrics theatre hours from 5 days (in hours only) to 7 days (0700 hours to 2100 hours.)
- The last stage was to increase the number of orthopaedic trauma sessions on the template and introduce a dedicated acute surgical unit in general surgery to manage the acute general surgery in-hours as much as possible.

# Data to demonstrate improvement

4 Time to theatre

Flame

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## 4.1 - Percentage of fractured neck of femur (#NoF) to theatre in 2 days of admission

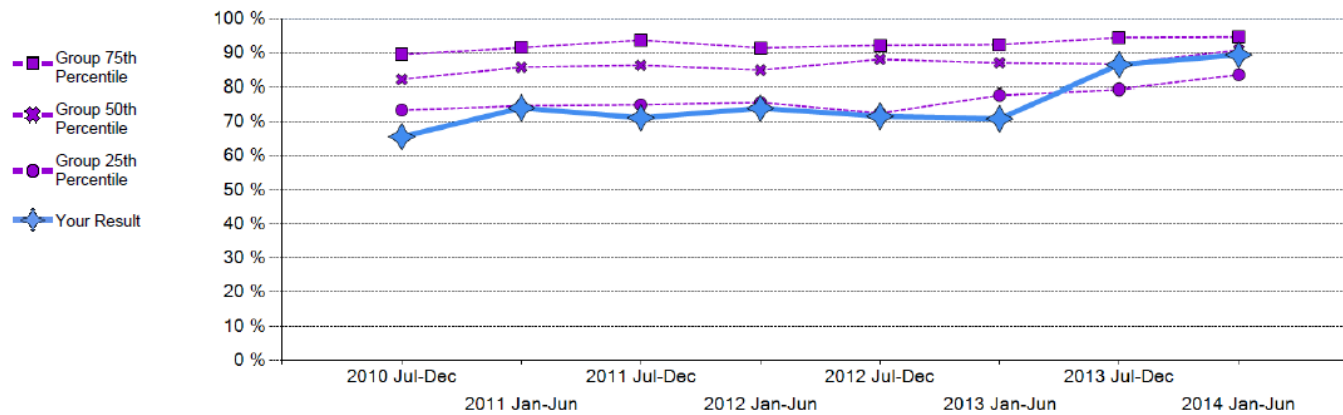
Historical Trends

✓ New data for the Half Year

2014 Jan-Jun

6 months

Here is your trend on this indicator compared to all health service facilities in this reference group

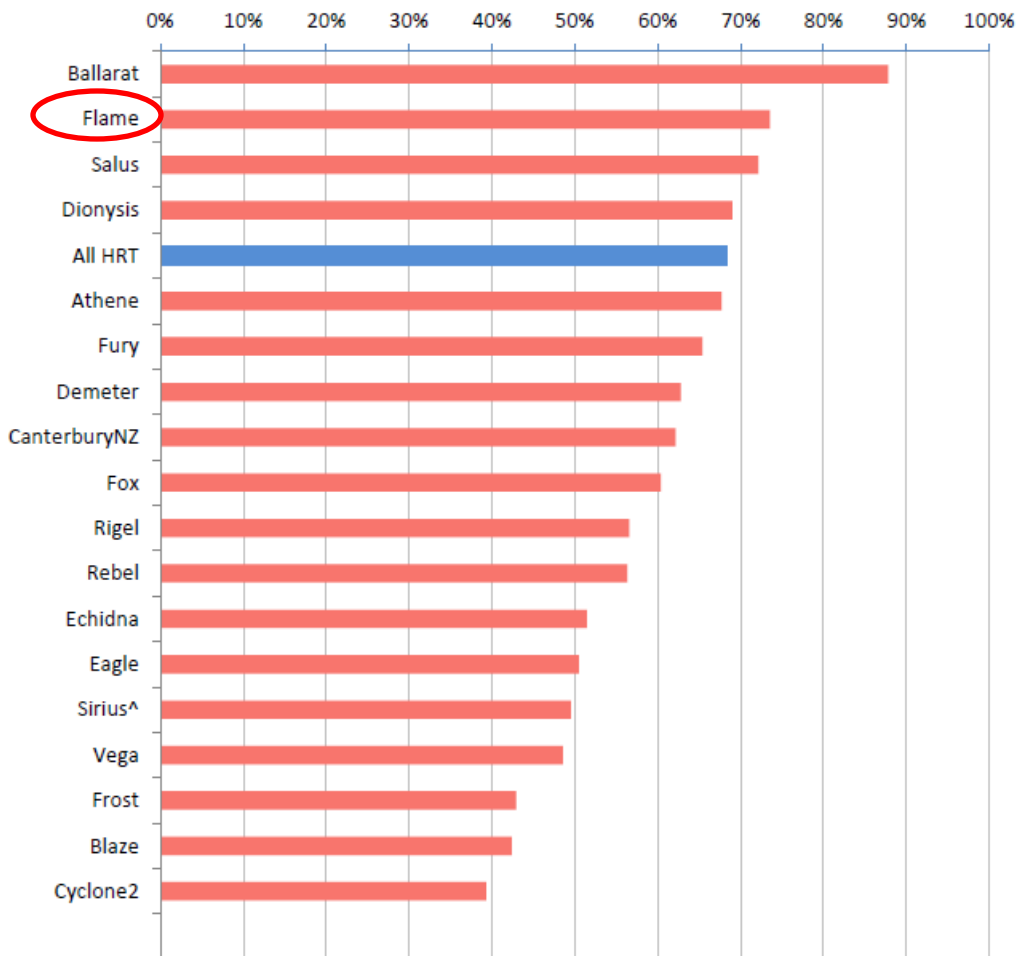


	2010 Jul-Dec	2011 Jan-Jun	2011 Jul-Dec	2012 Jan-Jun	2012 Jul-Dec	2013 Jan-Jun	2013 Jul-Dec	2014 Jan-Jun
Flame	66 %	74 %	71 %	74 %	72 %	71 %	86 %	89 %
Group 25th Percentile	73 %	75 %	75 %	76 %	73 %	78 %	79 %	83 %
Group 50th Percentile	82 %	86 %	86 %	85 %	88 %	87 %	87 %	91 %
Group 75th Percentile	89 %	91 %	94 %	91 %	92 %	92 %	94 %	95 %

# Data to demonstrate improvement

Proportion of patients with a hip fracture receiving surgery on or the day after presentation with hip fracture

	Numerator	Denominator	Result
Ballarat	36	41	87.8%
Flame	72	98	73.5%
Salus	119	165	72.1%
Dionysis	211	306	69.0%
All HRT	8461	12398	68.2%
Athene	111	164	67.7%
Fury	147	225	65.3%
Demeter	96	153	62.7%
CanterburyNZ	271	436	62.2%
Fox	143	237	60.3%
Rigel	100	177	56.5%
Rebel	49	87	56.3%
Echidna	53	103	51.5%
Eagle	114	226	50.4%
Sirius^	153	309	49.5%
Vega	66	136	48.5%
Frost	94	219	42.9%
Blaze	94	222	42.3%
Cyclone2	44	112	39.3%



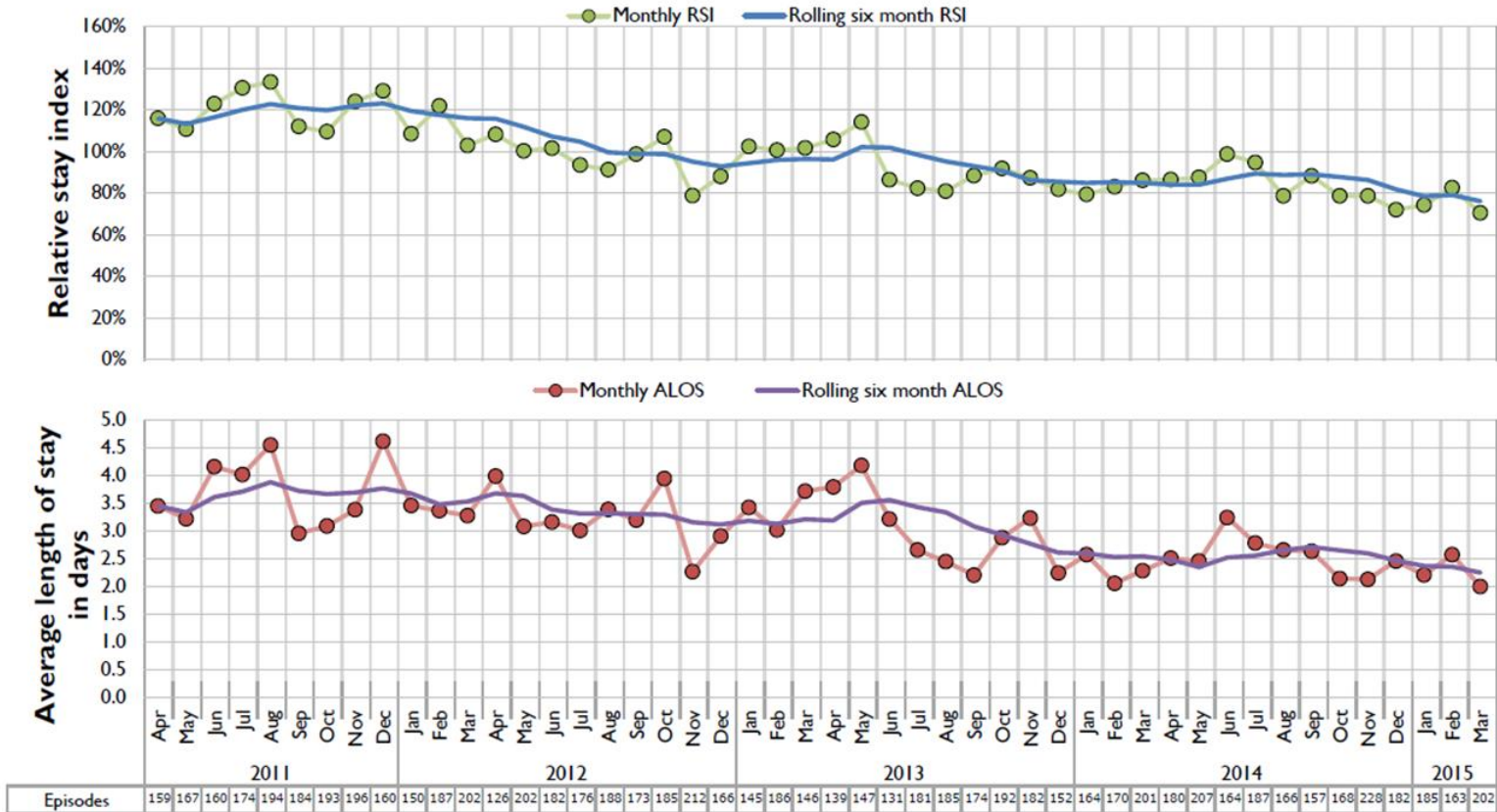
\* Includes only patients where there is a valid hip fracture procedure and valid hip fracture procedure date in that facility

\* Excludes patients transferred in from another facility

# Data to demonstrate improvement

## Length of stay trend

Apr 2014-Mar 2015



# Next Steps

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- Recent introduction of an ortho-geriatrician service to optimise care of older patient prior to surgery, support the decision making processes for the older patient, understand the holistic care requirements of the older patient and support the older patient to return home safely where possible.
- Continue to monitor the use of the trauma sessions
- Continue to monitor #NOF to theatre in 48 hours – most recent data outside of HRT has the number at 93%
- Provision of education for nursing staff in the specific management of the orthopaedic patient and specific needs of the older patient in the field of delirium.



