Learning from Excellence in Emergency Theatre: A LfE Quality Improvement Project

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Discover

- Delays in preparing patients for emergency surgery are potentially costly, with increased risk of adverse outcomes, reduced theatre utilisation and prolonged hospital stay [(1)].
- Following COVID-19 there is an interest in improving theatre efficiency to deal with the backlog of surgical cases .
- Traditional QI projects risk alienating theatre staff already facing potential burnout[(2)(3)].
- LfE offers an alternative framework for quality improvement, recognising the value of positivity and promoting current excellent clinical practice[(4)(5)].

Dream

- Currently, 72% of our emergency surgical patients aren't ready for theatre by the morning handover, leading to delays, frustration, poorer patient outcomes and reduced efficiency.
- However, **28% of patients were ready**, thanks to hard-work and good clinical practice from many members of the multidisciplinary team responsible for the care of surgical patients.
- Positively recognising those who frequently deliver excellent care by getting patients to theatre safely and promptly we can reinforce these behaviours and learn from them.
- As well as making staff feel more appreciated and improving morale, LfE can lead to sustained improvements in clinical outcomes[(5)].

Design

A new LfE QI project based on the methodology of previous successful projects[(5)]:

1. Pre-intervention phase (6 weeks) - baseline data collection (fig. 1) using database and forms.
2. Intervention phase (4 months) - standardised GREATix form sent out to relevant team members when emergency surgical patients identified as meeting 'gold-standard' (fig. 2) of being correctly prepared for theatre at time of morning handover. **Current Phase**
3. Post-intervention phase (6 weeks) - GREATixes no longer sent out, with ongoing data collection. We hope to present our results in early 2022.

Destiny

- We hope that our LfE intervention will lead to a sustained improvement in the proportion of patients correctly prepared for theatre on time, reducing delays and improving theatre efficiency and patient outcomes.
- By recognising and rewarding the hard-work and clinical excellence of our theatre teams (many of whom were re-deployed during the pandemic) we hope to improve staff morale.
- Identifying particular individuals who consistently manage to prepare patients for theatre on-time, we can use advocacy inquiry to identify areas of learning which can be shared.
- Demonstrates the utility of Learning from Excellence as a tool for Quality Improvement.

Figure 1: Pre-intervention data collection – surgical patients ready for theatre at time of morning handover (57 patients)

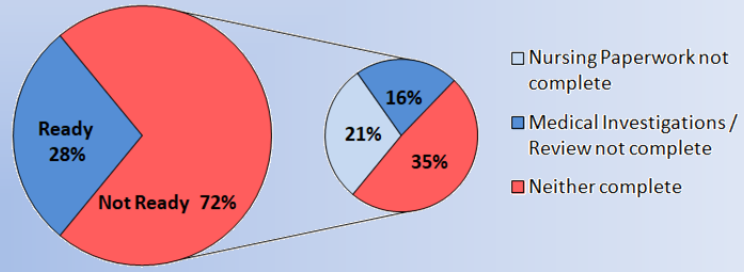

Figure 2: 'Gold Standard' for preparing emergency surgical patients for theatre

Consent Form signed	Nursing checklist complete
Pre-op ECG (if needed)	Baseline observations
Pre-op Bloods	Changed into hospital gown
2 x valid G&S (if applicable)	Bed available postoperatively
Surgical investigations complete	Pregnancy Test (if applicable)
NBM > 6 hours	VTE assessment complete
COVID-19 PCR result	2 x ID Bands
Anaesthetic Pre-op Assessment	

References

1. O'Leary, D. P., Beecher, S., & McLaughlin, R. (2014). Emergency surgery pre-operative delays–Realities and economic impacts. *International Journal of Surgery*, *12*(12), 1333-1336.
2. Owen, G. (2021). Covid: Call for long-term plan to help 'burnt-out' nurses. *BBC News.* Available from: https://www.bbc.co.uk/news/uk-wales-55770323
3. Gollop, R., Whitby, E., Buchanan, D., & Ketley, D. (2004). Influencing sceptical staff to become supporters of service improvement: a qualitative study of doctors' and managers' views. *BMJ Quality & Safety*, *13*(2), 108-114.
4. Kelly, N., Blake, S., & Plunkett, A. (2016). Learning from excellence in healthcare: a new approach to incident reporting. *Archives of Disease in Childhood*, *101*(9), 788-791.
5. Jones, A. S., Isaac, R. E., Price, K. L., & Plunkett, A. C. (2019). Impact of positive feedback on antimicrobial stewardship in a pediatric intensive care unit: a quality improvement project. *Pediatric quality & safety*, *4*(5).

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