Seamless Surgery – standardise, spread and sustain
Sheffield Teaching Hospitals NHS Foundation Trust
Seamless Surgery Team
Sheffield Teaching Hospitals NHS Foundation Trust
July 2017
PROUD TO MAKE A DIFFERENCE
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST
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What is Seamless Surgery all about...?
better for our NHS

better for our people

better for our patients
Play Your Elective Surgery Right

- Pick a figure
- First player moves onto the first square and takes a card
- Read out to the group and follow instructions
- Take it in turns to move your figure round the board
- At the end of each round – turn over the week number
How was your patient experience?
Better for Patients

better for our NHS

better for our people

electronic pre-operative assessment
We asked patients what they wanted...

Am I fit for surgery?

When will my surgery be?
Very quick and lovely helpful staff

It was a good experience and everyone was helpful

“I live in Matlock – a good distance to travel – so having both clinics together saved a lot of time travelling, time and money. The whole experience was good & everyone put me at ease”

Found it very easy & speeds things up

Minimal waiting time – would recommend to other hospitals
Patients completing electronic pre-operative assessment each month

Of the 447 completed in January, only 24 needed a nurse appointment, saving 423 hours of nurse practitioner time and 423 return visits to hospital for patients.
Engaging teams

International Improvement expert and co-author of Quality by Design

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13 Seamless Surgery Principles

Once listed for surgery dates for future appointments (e.g. for pre-op or for surgery) agreed with the patient present or over the phone.

All appropriate patients will use electronic pre-operative assessment (ePAQ-PO).

Escalation plans are in place to address issues with upcoming lists (e.g. lack of equipment, staff or patients).

Scheduling meetings take place every week with staff from theatres, the Directorate with clinical input to plan theatre capacity ahead and review the lists for the following two weeks.

Weekly root cause analysis is undertaken of the previous weeks on day cancellations.

Electronic diaries to manage lists and to enable effective communication between teams.

Alturos is used to plan lists in conjunction with the operating surgeon.

Lists are uploaded to ORMIS two weeks before they take place.

All patients are called four days prior to their planned admission, to ensure they are fit, ready and able to attend.

List orders are finalised and fixed 48 hours before admission.

Operating teams are consistent with a regular core and appropriately skilled team.

Operating teams agree and standardise the organisation of the theatre, equipment needed and specific staff roles.

Theatre teams are supported to ensure lists start on time, turnaround times are minimised and the list finishes on time.

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13 key principles shared and work begins...
“Having time for all theatre users to meet and discuss problems was fantastic. This is the first time in 27 years we've had a chance to do it.”

“Good to meet with other surgical services and discuss common frustrations and what can be done to improve patient care”

“...a feeling of being heard”
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Seamless Surgery – Post Launch

Launch 16th July 2016

SS Board 28th Sept 2016

SS Board 24th Oct 2016

SS Board 22nd Nov 2016

SS Board 10th Jan 2017

SS Board 4th April 2017

SS Board 15th May 2016

SS Board 27th June 2017

Surgical Directorate Seamless Surgery Meetings
Work through Action Plans
Seamless Surgery – Post Launch

Neurosurgery Perfect Lists

- 50% reduction in on day cancellations in Orthopaedic Surgery from 6% to 3%, meaning an additional 3 cases per week

Electronic Pre-operative assessment has enabled a one stop service for 450 patients per month, whilst freeing up 430 hours of face to face slots, delivered by senior nursing staff

ENT amended their waiting form to include additional information such as procedure length and overnight stay

- Improved planning meetings

Cardiac theatres have made lots of small changes to their processes to reduce wound infections to 0

Ophthalmology get an inpatient report to reduce cancellations

- Eradicated cancellations for high blood pressure in Ophthalmology through implementation of new policy

Pre-op staff are working towards standardised working to reduce variation in patient experience and waiting times

New briefing process has reduced late starts in many theatres across NGH and RHH

- Improved planning meetings
Better for our care system

better for our NHS

better for our people

Improving the whole system

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Reducing cancelled lists

Number of booked theatre lists cancelled per week

<table>
<thead>
<tr>
<th>Split Start</th>
<th>U.C.L.</th>
<th>Mean</th>
<th>L.C.L.</th>
</tr>
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<tbody>
<tr>
<td>28/03/2016</td>
<td>-57.6</td>
<td>-20.8</td>
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</tr>
<tr>
<td>01/08/2016</td>
<td>25.5</td>
<td>11.3</td>
<td>n/a</td>
</tr>
</tbody>
</table>
...treating more patients
...improving our income

1300 more patients treated

£1.6m positive income
What does the future hold...?
Continuous and sustained improvement for the NHS

Fundamental change to how we work

Better for our patients

Better for our people

Better for our NHS

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Continuous and sustained improvement for the NHS

Fundamental change to how we work

Truly patient centered

Patient co-design of pathways

Pre-operative assessment through GPs

Root cause analysis of every patient cancellation

Development of new theatres to meet demand

Sharing everything we learn

Always Learning from others

Patient experience measures and outcomes

Reducing clinical variation

Quality improvement collaborative

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“A best practice truly patient centred experience of elective surgery where the referral to recovery process is right first time”
thank you
The afternoon plenary will begin at 3.05pm in the Broadgate Suite