



**Case study: Improving prompt surgery
Pinderfields General Hospital, West Yorkshire
Dr Patrick O'Connor, Consultant Anaesthetist**

Background

The 2017 NHFD report showed that we were operating on only 42% of patients within 36 hours of admission to hospital in 2016. Additionally, when we looked at the online benchmarking tables we found we were 159th out of 160 hospitals in England – both of these were a driver for change.

We suspected a couple of specific issues contributed to our underperformance on this KPI, namely: inappropriate surgery cancellations/delays by both anaesthetic and surgical teams; a lack of prioritisation of hip fracture patients over other trauma cases; and a lack of capacity in the operating theatres due to inefficiencies in theatre lists.

Aim

We decided that the focus of this project would be to reduce cancellations/delays to surgery in order to improve our time to theatre for hip fracture patients.

Process

This was a multidisciplinary project led by the Hip Fracture Improvement Group but we knew that the anaesthetic team had a central role in influencing time to theatre. Thus we recognised the importance of how of altering their way of working could potentially have a positive impact on cancellations and delays to surgery.

We therefore introduced the Anaesthetic Trauma Hot Week, which involved the same senior anaesthetist covering the same trauma theatre all day Monday to Friday for each week. It was hoped that this would have the following benefits:

- Reducing the number of anaesthetists doing these lists, leading to improved expertise/experience and a reduced number of inappropriate clinical reason delays to surgery.
- Ensuring the prioritisation of hip fractures with attendance of the trauma anaesthetist at the morning trauma meetings who would have input into the scheduling of the theatre cases.
- Earlier involvement in the preoperative management of hip fracture patients, with the anaesthetic assessment usually occurring soon after admission.
- Improving continuity of care, with an overall improvement in peri-operative management.
- Enhancing professional relationships and improved multidisciplinary team-working.
- Improving overall theatre efficiency.

The Anaesthetic Trauma Hot Week was piloted successfully in October 2017 and then introduced from the beginning of January 2018.

Outcomes

Six senior anaesthetists, who volunteered for this project, started on a weekly rolling rota covering the hip fracture theatre and the benefits were immediate.

In the first three months of 2018, 90% of hip fracture patients who needed surgery had it within 36 hours of admission. Our average time to theatre dropped from 48 hours to 22 hours, and more patients had their surgery within 24 hours of admission in the first three months of 2018 than in the whole of 2017.

The implementation of this project within Pinderfields Hospital has seen prompt surgery for patients with hip fractures increase from 42% in 2016 to 85% in 2018, an improvement that has been maintained so far into 2019. Over 80% of our patients are now receiving best practice care and as a result, there has also been a significant reduction in hospital length of stay for our patients during this period.