Storyboard submission

Follow the detailed instructions in this template for writing a description of your storyboard. Type your information in each section below and save this completed storyboard document as a Microsoft Word file.

Please spell check your storyboard before submission as it will be published on the NHS Wales Awards website.

Please note: The storyboard should be between 500 – 1000 words maximum (including references but excluding headings, images or graphs)

Submit your storyboard using the online submission system at www.eventsforce.net/nhsawards2013 by Friday 25 January 2013.

Storyboard submission

1. Storyboard Title

Transforming Trauma and Orthopaedic Theatres – Achieving the Vision

2. Brief Outline of Context

The Transforming Theatres Programme is a national programme led by NLIAH. It is taken from the Institute of Innovation and Improvement’s Productive Operating Theatre programme and is aimed at improving four key areas in theatres across Wales, Patient Experience and Outcomes Safety and Reliability of Care, Team Performance and Staff Wellbeing and Value and Efficiency.

The Transforming Theatre programme commenced in Aneurin Bevan Health Board January 2011. Transforming Orthopaedic and Trauma Theatre commenced March 2012. Following initial success, implementing the 'Well Organised Theatre', Knowing How We are Doing visual communication board, improved WHO checklist compliance and debriefing, GLITCH list review identified variation in the timings of safety briefings and in Multi Disciplinary Team attendance at safety briefings.
Recognising current best safer surgery practice that all members of the multi disciplinary team attend safety briefings; the theatre nursing team arranged a multidisciplinary task and finish meeting to communicate performance and GLITCH data. The objective was to re-evaluate the Trauma and Orthopaedic Theatre vision, agree a designated time and place for safety briefings/debriefs and to improve performance, specifically late starts. The aim was to clearly identify multi disciplinary actions that would support the vision. Active engagement from surgeons, anaesthetists, operating department practitioners, theatre scrub practitioners, recovery practitioners, radiographer and theatre manager resulted in clear ‘vision objectives’ being agreed.

The initial vision statement and mission statement underpinned the more specific objectives. The mission statement, vision statement and ‘vision objectives’ were combined into a poster which was displayed in the orthopaedic theatres, surgeon’s room and on the orthopaedic ward. The plan was to implement the revised Trauma and Orthopaedic vision as a three month pilot, to evaluate late start data and GLITCH lists and provide feedback at the six week Multi Disciplinary review meetings.

3. Brief Outline of Problem

The group agreed to implement the revised Trauma and Orthopaedic ‘Vision’ June 2012. All staff were informed of the detail at departmental audit day. The poster was presented to all staff outlining the specifics of the safety briefing timing and attendance and clarifying late start performance indicators.

The Trauma communication board was moved from the orthopaedic ward, seminar room, to surgeon’s room, in theatre, to aid
communication, and ensure timings of the briefing as outlined in the vision statement.

4. Assessment of Problem and Analysis of its Causes

Performance data was evidenced via ORMIS electronic theatre management programme. GLITCH list information was recorded manually by Senior Scrub Team and patient satisfaction surveys were collected by ward. DATIX incident reporting was generated by DATIX programme. All information was analysed by theatre team at feedback meetings.

5. Strategy for Change

The planned change was communicated via e mail to all service users (including pre assessment staff who had access to patient information leaflets and ward staff who provided and collated patient satisfaction surveys). Daily debrief was initiated by senior theatre staff.

Agreed safety briefing timings were communicated to Clinical Directors and service users and were confirmed on ORMIS. Theatre start times were displayed in the pre operative area. The surgeons room was arranged and managed suitably (chairs, desks, white board, whiteboard markers, computer access), so as discussion could take place in a clinical environment that promoted safety and reliability.

6. Measurement of Improvement

Late starts

Data collated January 2012-Januray 2013 highlighted;

Theatre 1: There was a decrease in late starts June (35%) to December (18%).
Theatre 2: There was a decrease in late starts June (51%) to December (28%).
Theatre 3: There was a Increase in late starts June (46%) to December (60%).
The data demonstrates improvements in late starts in orthopaedic elective theatres (theatre 1 and 2) but not in the trauma theatre, theatre 3.

**Safety briefings**

ORMIS data reveals that safety briefings occurred 98% January 2012-January 2013.

100% safety briefings occurred in surgeons room June 2012-January 2013.

Safety briefing attendance was recorded on the Safer Surgery briefing sheets. Data was manually recorded by theatre staff. The main variance recorded was Consultant attendance at safety briefings.

Data collated January 2012-Januray 2013 highlighted;

Theatre 1: There was an increase Consultants attendance June (40%) to December (73%).

Theatre 2: There was a decrease in Consultants attendance June (46%) to December (28%).

Theatre 3: There was a Increase in Consultants attendance June (46%) to December (88%).

The data demonstrates increased consultant attendance at safety briefings theatre 1 (elective) and theatre 3 (Trauma). Consultant attendance was less in Theatre 2 (elective).
7. Effects of Changes

Whilst the data highlights improved late starts in the two elective orthopaedic theatres, the trauma theatre had increased late starts. Further analysis of the monitoring tool, suggests seasonal influences (namely bed capacity and HDU capacity) are factors which may have influenced these findings.

The attendance data highlighted improved consultant attendance in Theatre 1 (elective) and Theatre 3 (trauma) theatre. Further analysis is required to determine influencing factors.

A significant effect of change noted from DATIX reporting, is the increase in number of incidence reported. Feedback from initial
feedback meeting suggested an improved culture which allows improved incidence reporting and communication, is a potential influence.

8. Lessons Learnt

Multi disciplinary engagement is critical to the success of Transforming Orthopaedic Theatre. It would have been beneficial to ‘clearly define’ the Transforming Orthopaedic Vision in the initial visionary workshop. This would have made for more efficient introduction of transforming orthopaedic programme.

Data analysis needs to be more comprehensive to capture reasons for non attendance at safety briefings. This has been introduced audit January 2013 – January 2014.

9. Message for Others

The biggest success of the Transforming Theatre vision has been that theatre staff report greatly improved team working. They feel they are able to contribute to improvements and are more valued
by multi disciplinary colleagues as a result. Aneurin Bevan Theatre Department are confident that their vision can deliver safe, quality care for patients undergoing orthopaedic surgery, however more comprehensive data is required to support the achievement of the Transforming Theatre vision.