

BUNDABERG HEALTH SERVICE
DISTRICT

BUSINESS CASE

OPERATING THEATRE UTILISATION

3rd SEPTEMBER 2001

1. Project Title:

Operating Theatre Utilisation

63% (TMS)

2. Project Definition:

The operating theatres currently run at 61%, which is well below the industry standard of 85% utilisation. ? who

2.1 Problem being addressed:

Theatre time is not fully utilised and by addressing certain issues, the industry standard will be achieved.

2.2 Objectives:

- 2.2.1 Restructure the theatre schedule to promote better utilisation of theatres.
- 2.2.2 Modify the current rosters to reflect the new scheduling.
- 2.2.3 Restructure the clinics (DAS) to accommodate the new scheduling.
- 2.2.4 Support staff through the change by utilising QH 's change management guide.
- 2.2.5 Examine the impact this change will have on the Surgical Ward, PAC and DSU.

2.3 Outcomes:

- 2.3.1 The industry standard of 85% is achieved and maintained.
- 2.3.2 The nursing roster will reflect a seven-day coverage with nurses having 2 consecutive days off per week without call.
- 2.3.3 There will be better utilisation of both medical and nursing staff hours
- 2.3.4 There will be no disruption to clients attending clinics.

2.4 Scope:

The areas affected by the change are Clinics, Nursing Rosters and Theatre Scheduling.

**3. Business
Case:**

Development of a theatre schedule that will increase utilisation of theatres to reflect the industry standard.

3.1 Resources:

The project will be a combined effort by the Director of Nursing, Director of Medical Services, Director of Anaesthetics, Director of Surgery, the NPC of Operating Theatres, Theatre Booking Clerk, NPC Specialist Clinics, NPC Family Unit, the Dentist in Charge, the QNU and the Project Manager.

It is expected that there will be no added costs incurred in this project with the exception of wages for the Project Officer.

3.2 Benefits:

Realisable savings will occur with the employment of fewer nursing staff in theatres. This saving is estimated at \$144,649 per annum. However, this can only occur through attrition and /or training of staff to work in other area.

Tangible savings:

A new operating schedule that will allow Bundaberg Hospital to meet industry standards in theatre utilisation.

A seven-day roster for nursing staff in operating theatres, reducing overtime costs on Sundays.

Service delivery models are reviewed and evaluated in accordance with quality, activity, performance indicators and outcomes.

A less fatigued workforce.

3.3 Risks/Barriers:

3.3.1 Possible concerns about change to staffing profile in theatres.

3.3.2 Some nurses maybe unwilling to be trained/skilled in other areas.

3.3.3 It is important that managing Organisational Change is adhered to.

3.3.4 Challenges in changing clinic times to accommodate new schedule.

3.3.5 Emergencies.

4. Project Plan:

The project plan and overview of the project will be managed by the Project Officer

4.1

Strategies/Activities: See attached.

4.2 People:

The Project Officer is responsible and accountable for reviewing the schedule and for implementing the change through the working party.

The Key Stakeholders are:

Theatre nursing staff – responsible for accepting the new roster

Directors of: Anaesthetics, Surgery, Gynaecology & Obstetrics and Dental – responsible for accepting new sessions times in theatres and clinics.

NPC Bundaberg Family Unit – responsible for assisting to implement new clinic times for clients and staff.

NPC Amb. Services – responsible for assisting to implement new clinic times for clients and staff.

Booking Clerks – responsible for re-booking clients for theatre and clinics.

Benefits: Improved rosters to nursing staff
More efficient service delivery

Staff Impacts: Deployment
Training

4.3 Consultation:

Meetings with all staff involved in the change as well as meetings with the relevant Unions.

4.4 Communication: Information will be disseminated to all relevant staff by:

Speaking at Heads of Department Meetings

Ward/department meetings

Newsletters

Utilisation of Pulse

Level 3,4,5 meetings

Executive Council meetings

e-mail

Memos

- 4.5 Training:** Nursing staff being deployed to alternate areas will require training for their new roles.
- 4.6 Related projects:** Nil
- 4.7 Critical success factors:** The success of the project is dependent on the support offered by management during the change process and the degree of understanding of the change process experienced by stakeholders.
- 4.8 Policy/Legislative issues:** Relevant polices will need review and this will be in accordance with the Nurses Award, EB4 and other legislation.
- 4.9 Quality assurance:** Theatre Clinical Indicators will be utilised to obtain the Industry Standard.
- 4.10 Evaluation** The Project Officer will be responsible for compiling an evaluation tool to be used in evaluating the project.

4.1 Strategies/Activities:

STRATEGY	BY WHOM	WHEN
Consultation with all staff	P. Leck G. Goodman	17/9/01
Consultation with Queensland Nurses Union	G. Goodman	17/9/01
Business Case to DCF	G. Goodman	Next DCF
Appointment of Project Officer	P. Leck	14/9/01
Establishment of Working Party	K. Smith	
Review of present schedule		
Develop new schedule		
Review rosters for medical and nursing staff to reflect new schedule		
Review clinic times		
Review impact on PAC, DSU, Surgical Ward, BFU & Dental		
Review theatre bookings for patient flow in theatres		
Pool excess theatre nursing staff		
Retrain nursing staff		
Continue to support all staff		
Implement new schedule		
Evaluate project		
Attend to problems identified in evaluation		
Re-evaluate project		