

The Productive Operating Theatre Programme (TPOT)

Programme overview:

The Productive Operating Theatre builds on learning from the wider Productive Series programmes and best practice from within healthcare and other industries; it is an important and exciting programme of work that gives frontline staff the knowledge and practical tools they need to transform theatres across the four key aims of the programme:

- patient's experience and outcomes
- safety and reliability of care
- team performance and staff wellbeing
- value and efficiency.

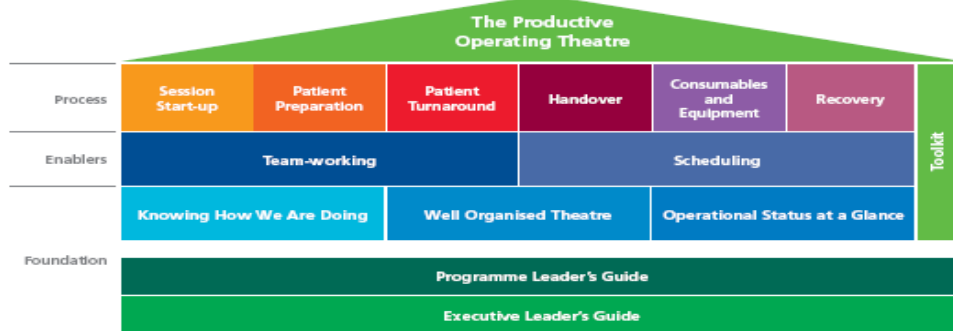


There are many components to The Productive Operating Theatre which include the explicit engagement of the executive management team, with a view to increasing their understanding of, and engagement with the operating theatre environment. The programme also recognises the importance and impact of team working on safety, reliability and staff wellbeing in particular, the purpose of the Team-working module is to create high performing teams.

The programme addresses key issues raised in delivering quality and safe care; the key themes include the value of multidisciplinary teams, accelerated change, continuous improvement and enabling staff to manage their own work.

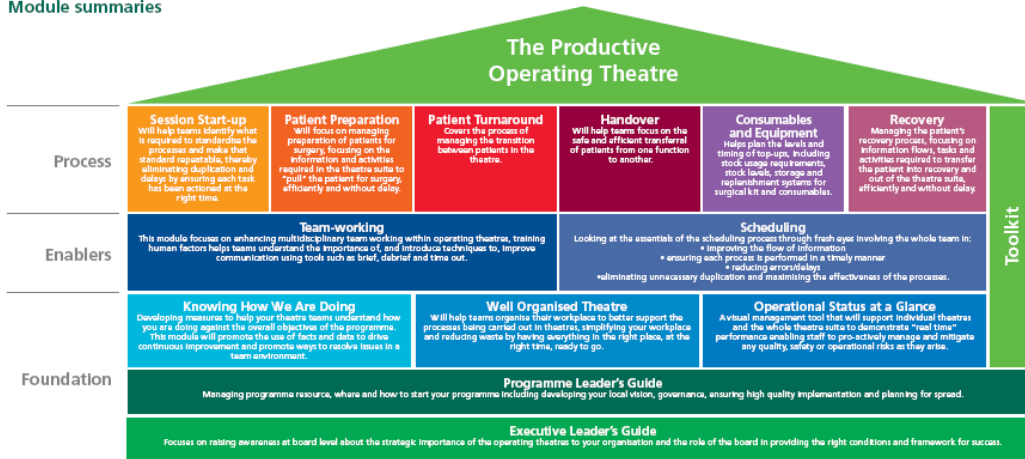
The Productive Operating Theatre programme offers you a systematic way of delivering high quality, safe, reliable care to patients across your organisation. It helps staff to understand the value of measurement, and how this can be a real motivator for improvement. The programme empowers staff to identify and resolve day to day frustrations, which put together towards a shared vision, contributes towards 'the perfect operating list', while focusing on quality improvement will deliver efficiency benefits required in a challenging financial climate.

The Productive Operating Theatre House



Module summaries

1. What is The Productive Operating Theatre?



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These modules are designed to provide a structure for implementing The Productive Operating Theatre and achieving the programme's aims, it is important to understand the modular structure of the programme. The sequencing is deliberate and should ensure that the programme team work through in the correct order.

Start with the **Foundation modules** for the first phase of the programme.

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Once they are fully in place work on the **Enablers modules**,



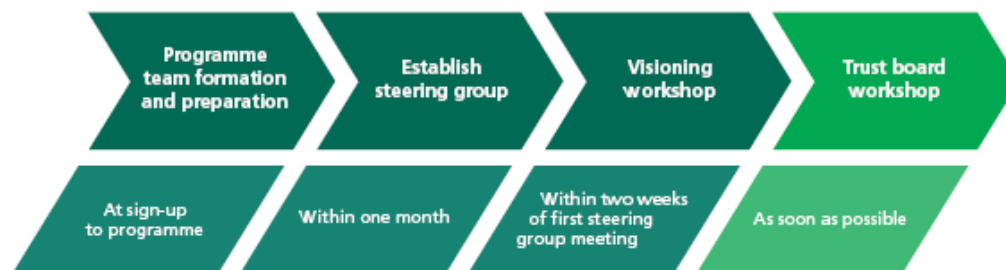
and then move on to the **Process modules**.



Timeline of Key events and time frames

The following timeline provides an overview of key events and milestones in the programme and a suggested order in which they should take place. There are three workshops that are vital in starting your programme, *visioning*, *trust board (Executive Management team)* and *measures*.

Key events and milestones



Overviews in this guide, full details in appropriate module

The Productive Operating Theatre Programme in New Zealand

The District Health Boards Involved

There are eight District Health Boards currently involved in The Productive Operating Theatre programme: Waitemata, Auckland, Tairāwhiti, Bay of Plenty, Hawkes Bay, Whanganui, Hutt Valley and Southern (Invercargill Hospital) districts health boards were all selected to begin the implementation of the programme and received training and resources in August 2010.

What gains can be made?

The Productive Operating Theatre builds the perioperative multi disciplinary teams improvement capability with a focus on best practice. The programme gives the multi dimensional frontline staff the knowledge and practical tools they need to transform their operating theatres across the four key aims of the programme:

The first steps are related to the teams identifying the areas which they consider to be barriers to them delivering the perfect operating theatre day and then remove those barriers.

The potential gains associated with the programme exist on two levels: qualitative and quantitative. The qualitative gains are fairly obvious and will be delivered through improving teamwork, staff satisfaction, patient satisfaction and better care delivery.

Those quality gains can be demonstrated through local measure for each of the four key areas, for example,

patient's experience and outcomes = *patient satisfaction surveys*
safety and reliability of care = *adverse events*
team performance and staff well-being = *staff survey*
value and efficiency = *% theatre utilisation*

It is expected that improvements in all measures shall take place which should provide local costs savings through efficiency increases, which should directly correlate with an increase in elective surgery volumes where required and improved acute surgery volumes (with lessened impact on elective surgery).

What are the potential opportunities for value for money?

With an operating theatre in New Zealand costing approximately \$1,680 (average) per hour, clear financial gains can be made through creating efficiencies in on start times, theatre utilisation and reduced cancellations. Although the true extent of actual financial return for investment is not clear as yet, the UK has reported the following savings examples, associated with the programme.

Consumable stock reduction = £40,000 per annum

Theatre utilisation 10% improvement = £330,000 per month

As much as we understand the difference in scale from UK to NZ we do expect similar, though scaled gains to be demonstrated in the first 12 months of the programme implementation in New Zealand

Feedback about programme:

"From my point of view as a cynical doctor [Anaesthetist] the great things about the program are

1. "It's all about US"- grass -roots coal face: not management driven.
2. It's not just change for changes sake like so much that has been before, but involves measurement so we prove we are doing better.
3. It's about sustainability of changes that let us do our jobs better."