Workflow standardization for Operating Theatre turnaround in Prince of Wales Hospital
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Introduction
Nowaday, there are increasing in ageing population that causing further increase in demand of surgery. With limited and low growth budget, improvement in Operating Theatre (OT) efficiency is crucial. OT resources are precious. Any non-operative time is perceived as non-valued added. In a surgical patient journey, many activities will affect OT efficiency such as patient transportation to OT, clinical handover, anaesthetic procedure, instrument counting, theatre cleansing, theatre setup, post anaesthetic care and discharge. Besides, factors including manpower, experience of staff and staff mixing may greatly affect the efficiency during the turnaround. High turnover rate of supporting staff in OT is also a contributing issue on OT efficiency. In Our OT, our baseline turnaround time in 2014 was a champion in New Territories East Cluster and at the mean of all HA Hospital (in average, 14.9mins). However, the overtime of theatre utilization was also in top ranking in the cluster. High turnover rate of supporting staff in OT is an alarm for us to examine our workflow during turnaround, thus improving the OT efficiency.

Objectives
This project aims to reduce the work pressure of OT supporting staff by standardising and reorganising the workflow during OT turnaround. In addition, by minimising the performance variation of patient turnover disinfection, further enhancement of the infection control practices and overall OT efficiency would be improved.

Methodology
The workflow on Patient Care Assistant (Anesthetic Assistant) who worked alone with multiple tasks and spent time (in average 2.6min, range 1-5 mins) to accompany patient to post anaesthetic care unit and back to theatre for cleaning and set up was targeted. A lean team was formed to plan an improvement proposal. This team acted...
as a bridge to provide a friendly relationship with the supporting staff for open communication and trust relationship building in order to acknowledge their difficulties and assist in improving their working environment. The first improvement action was to smooth their workflow and reduce work pressure via a buddy system. The next action was to minimize the performance variation of patient turnover disinfection during the turnaround by using a self–developed visual management tool.

**Result**

Result/Outcomes: 1. The workflow during OT turnaround was standardized and introduced to all supporting staff to follow. 2. Reduce in work pressure and increase in job satisfaction were demonstrated by supporting staff during individual staff interview. 3. Minimization in performance variation of patient turnover disinfection was observed. 4. Improvement in OT turnaround time was noticed. Future suggestion: 1. Continue in monitoring the performance of supporting staff on the standardized workflow. 2. Further examine on OT turnaround for other workflow in order to maximize the OT efficiency.