



**Service Priorities and Programmes**  
**Electronic Presentations**

**Convention ID:** 119

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**Emergency Operating Theatre (EOT) delivery service model in Caritas Medical Centre**

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**Keywords:**

Emergency operations

EOT

**Introduction**

Since 2008, Caritas Medical Centre (CMC) has restructured its emergency operating theatre (EOT) service in order to improve the working conditions of frontline doctors. Emergency operations after 2200 hrs are limited to patients with life, limb and sight threatening conditions. The on-call anaesthetist works in-hospital from 0800-2300 hrs, and off-site from 2300-0800 hrs. The off-site anaesthetist provides emergency services when urgent operations or difficult airway support is required after 2300 hrs. Work hours accumulated after 2300 hrs are compensated by time off in the form of either a half-day or full-day.

**Objectives**

To evaluate the utilization of operating theatre in late hours after the restructuring of EOT services; and to evaluate the compensation to anaesthetists for providing emergency anaesthetic services during off-site call.

**Methodology**

A retrospective observational audit was carried out at CMC. Statistics on emergency operations requiring anaesthetists extending beyond or commencing after 2200 hrs were retrieved from computerized Clinical Information System (CIS) from 1 September 2008 to 31 August 2012. Patient records and compensation records of anaesthetists from 1 September 2011 to 31 August 2012 were reviewed by the author (Ng). Data collected included patient demographics, surgical and operation details. Descriptive statistics were analyzed utilizing SPSS 16.0.

**Result**

The number (%) of emergency cases after 2200 hrs for each one year period from September-August were 196/1328 (15%) in 2008/2009, 211/1418 (15%) in 2009/2010, 192/1430 (13%) in 2010/2011, and 173/1421 (12%) in 2011/2012 respectively. All 173 hospital records of cases identified in 2011/2012 and compensation records of anaesthetists were retrieved. The mean age (sd) of patients were 61 (24). Approximately half (102/173 (58%)) had significant medical comorbidity with ASA classification  $\geq 3$ . General surgical cases were common (121/173 (70%)). Majority of emergency cases were booked as < 5 hours (125/173 (72%)) or Immediate (36/173

(21%)). Off-site call anaesthetists were called back for duties for a total of 34 days during the 1 year period. Anaesthetists stayed back as a result of emergency operations extending beyond 2300 hrs for an additional 80 days. There were 60 full-days and 53 half-days compensation to anaesthetists, translating to an equivalent of 173 operating theatre sessions. Conclusion: The trend for emergency operations after 2200 hrs has been stable since the restructuring of EOT services in 2008. Compensatory-off days to anaesthetists should be considered during manpower planning.