




RCSI

RCSI DEVELOPING
HEALTHCARE
LEADERS
WHO MAKE A
DIFFERENCE
WORLDWIDE

National Theatre Quality Improvement Programme (TQIP)


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- 1: Royal College of Surgeons in Ireland (RCSI);
- 2: Health Services Executive (HSE);
- 3: National Clinical Programme in Surgery
- 4: National Clinical Programme in Anaesthesia

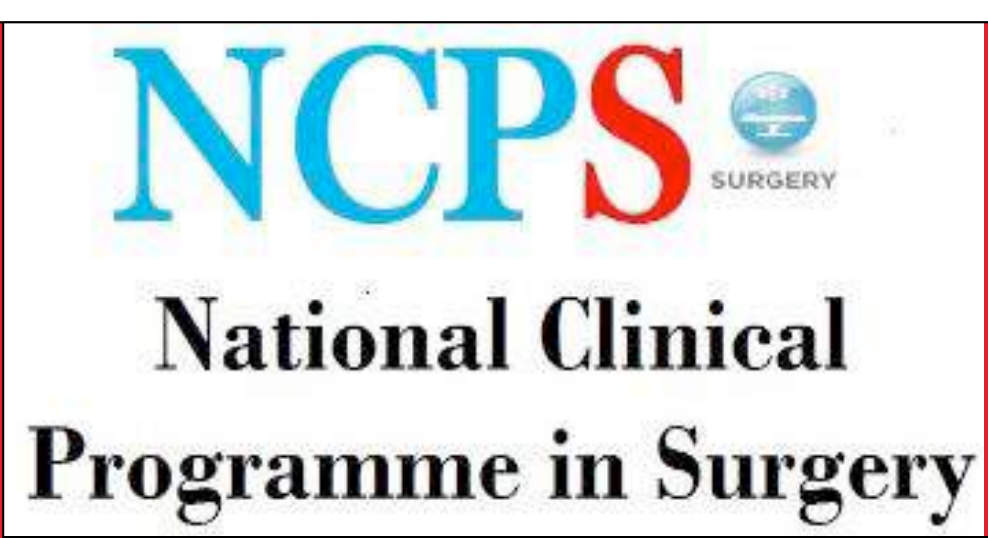


Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Clinical Strategy and Programmes Division



Anaesthesia



NCPS SURGERY

National Clinical
Programme in Surgery

Introduction

In late 2016, a collaborative between the HSE Integrated Care Programme for Patient Flow, National Clinical Programme for Anaesthesia (NCPA), National Clinical Programme in Surgery (NCPS), supported by the HSE Quality Improvement division and the RCSI's Quality & Process Improvement Centre (QPIC) was established to oversee a sustainable theatre quality improvement programme.

The programme includes a QI training programme for perioperative teams in selected sites and on-going support from the QPIC Quality Improvement Advisors and Nurse Leads. QI facilitation is seen as a key enabler based on feedback from previous work on the productive operating theatre programme. Site selection is based on agreed readiness assessment criteria. University Hospital Kerry was selected as the first site to participated in the programme and commenced in March 2017

Aims & Theory



THEATRE QUALITY IMPROVEMENT PROGRAMME (TQIP)

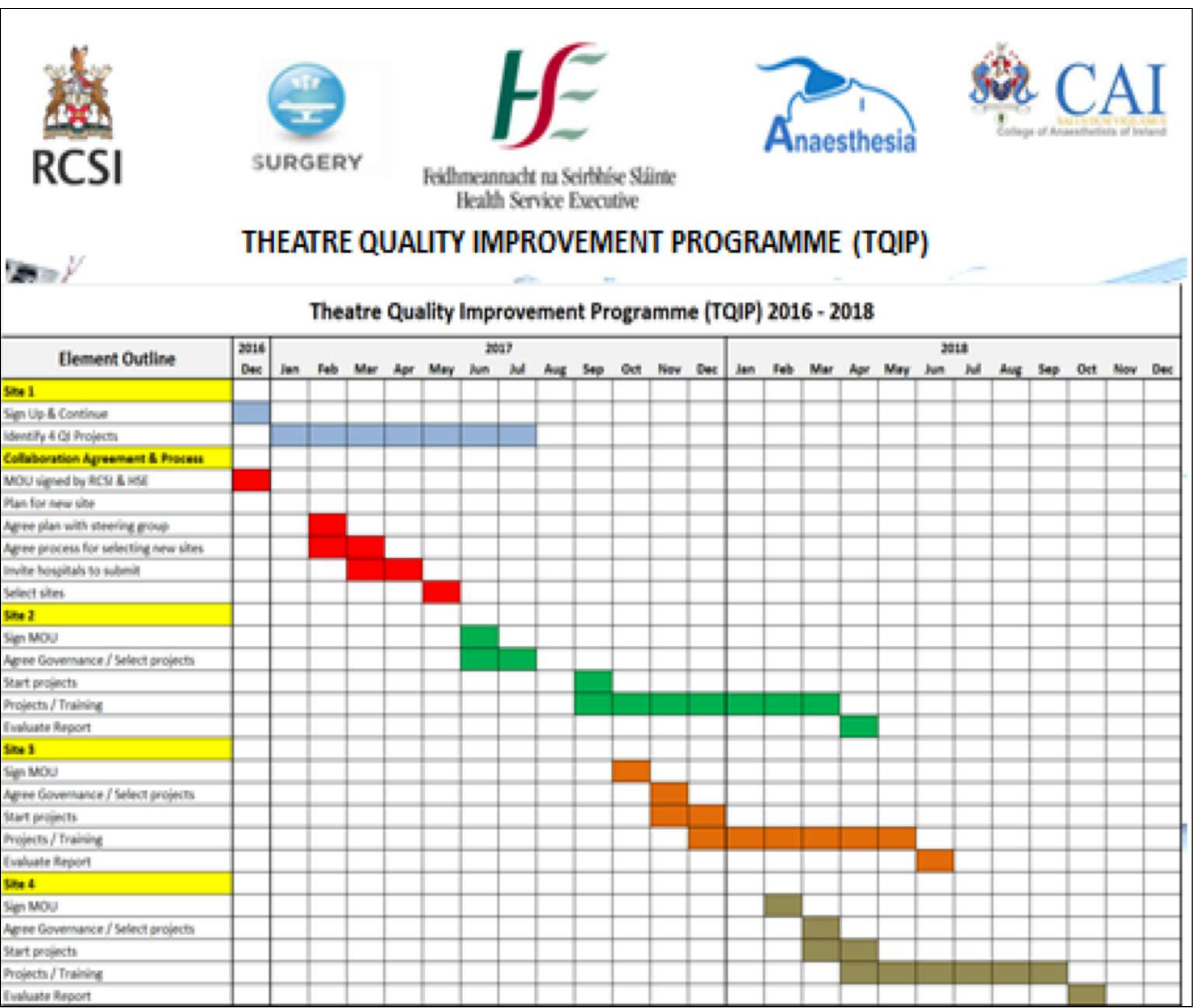
University Hospital Kerry

Ospidéal na hOileáirí, Cairé
University Hospital Kerry

Main Objectives

1. Improving Patient Experience and Outcomes
2. Improving the Safety, Quality and Reliability of Care
3. Team Performance and Staff Wellbeing
4. Adding Value and Improving Perioperative Efficiency
5. Organisational QI Capability, enabling a Culture of Continuous

Timelines



Methodology

Facilitated Team Based QI Training

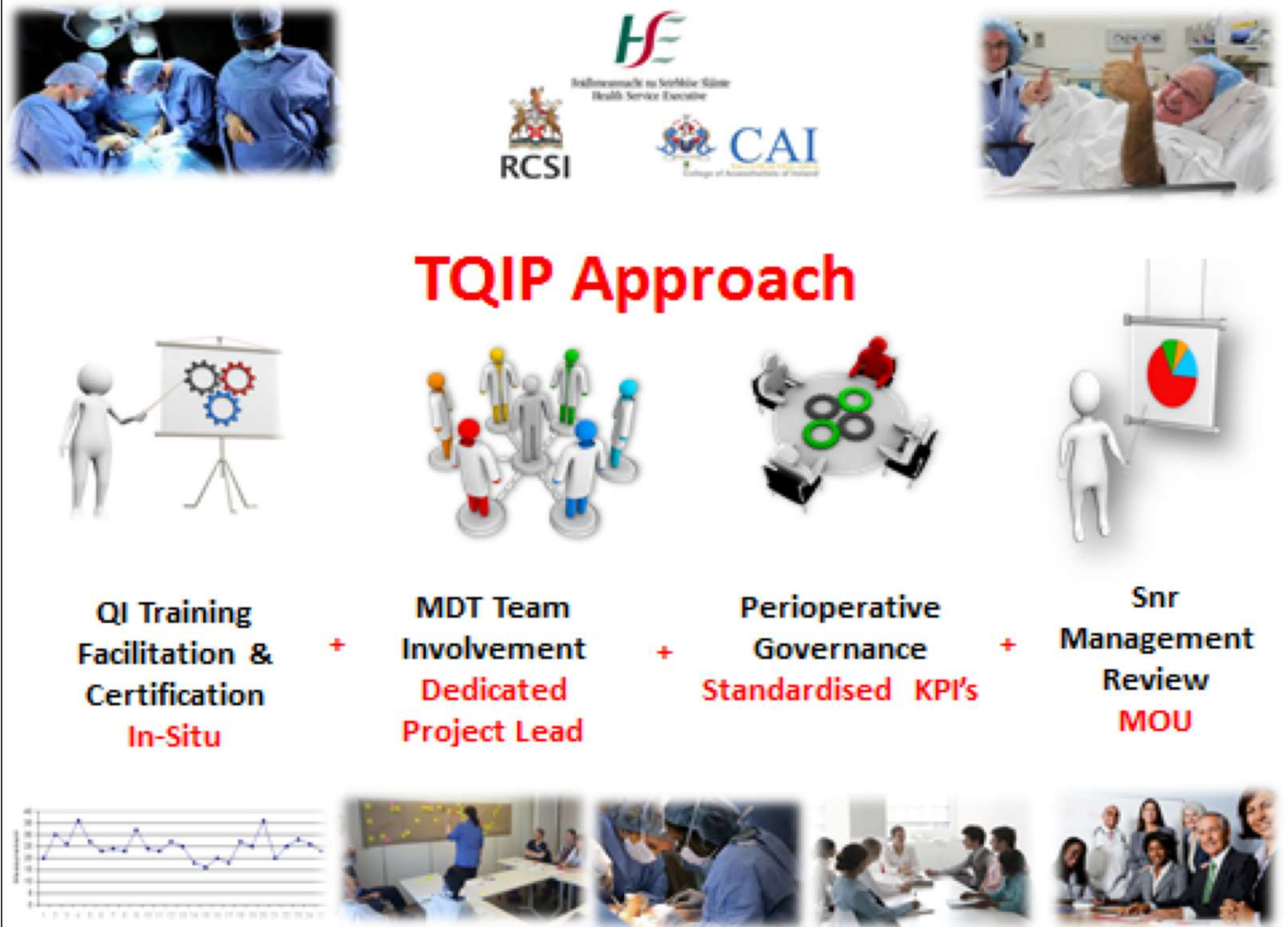


Quality & Process Improvement Centre (QPIC)

APPROACH

- ✓ Team-based QI training
- ✓ Working on real projects
- ✓ Learn while doing - the solution is in the room
- ✓ Facilitated through each step of the improvement journey
- ✓ Experienced facilitators using clinical and systems design knowledge
- ✓ Supporting Sites to build Organisational QI Structures & Capability
- ✓ Supporting NCPA/NCPS/HSE

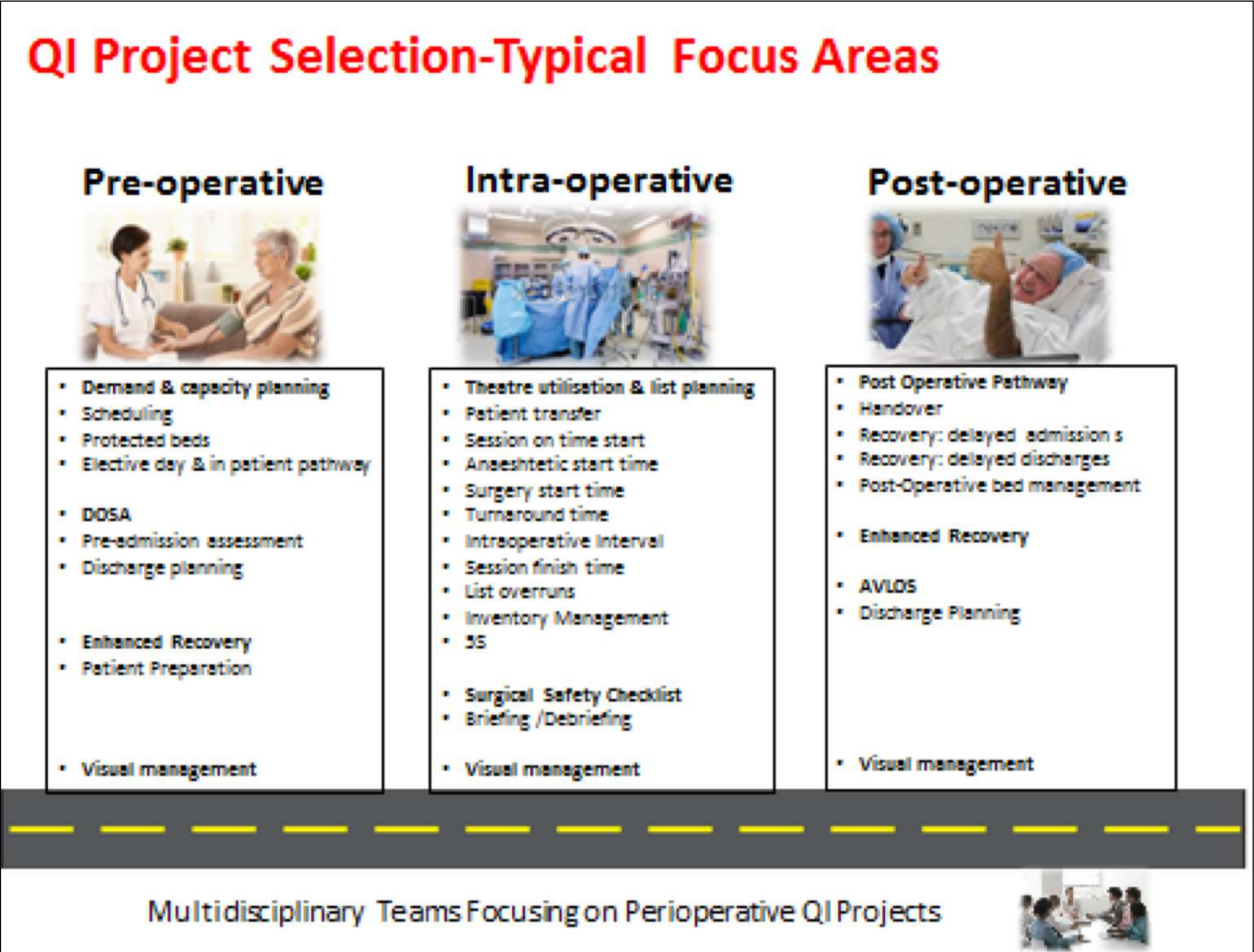
Structured Approach & KPI's



TQIP Approach

QI Training Facilitation & Certification In-Situ + MDT Team Involvement Dedicated Project Lead + Perioperative Governance Standardised KPI's + Snr Management Review MOU

Targeted QI Projects on the Patient Pathway

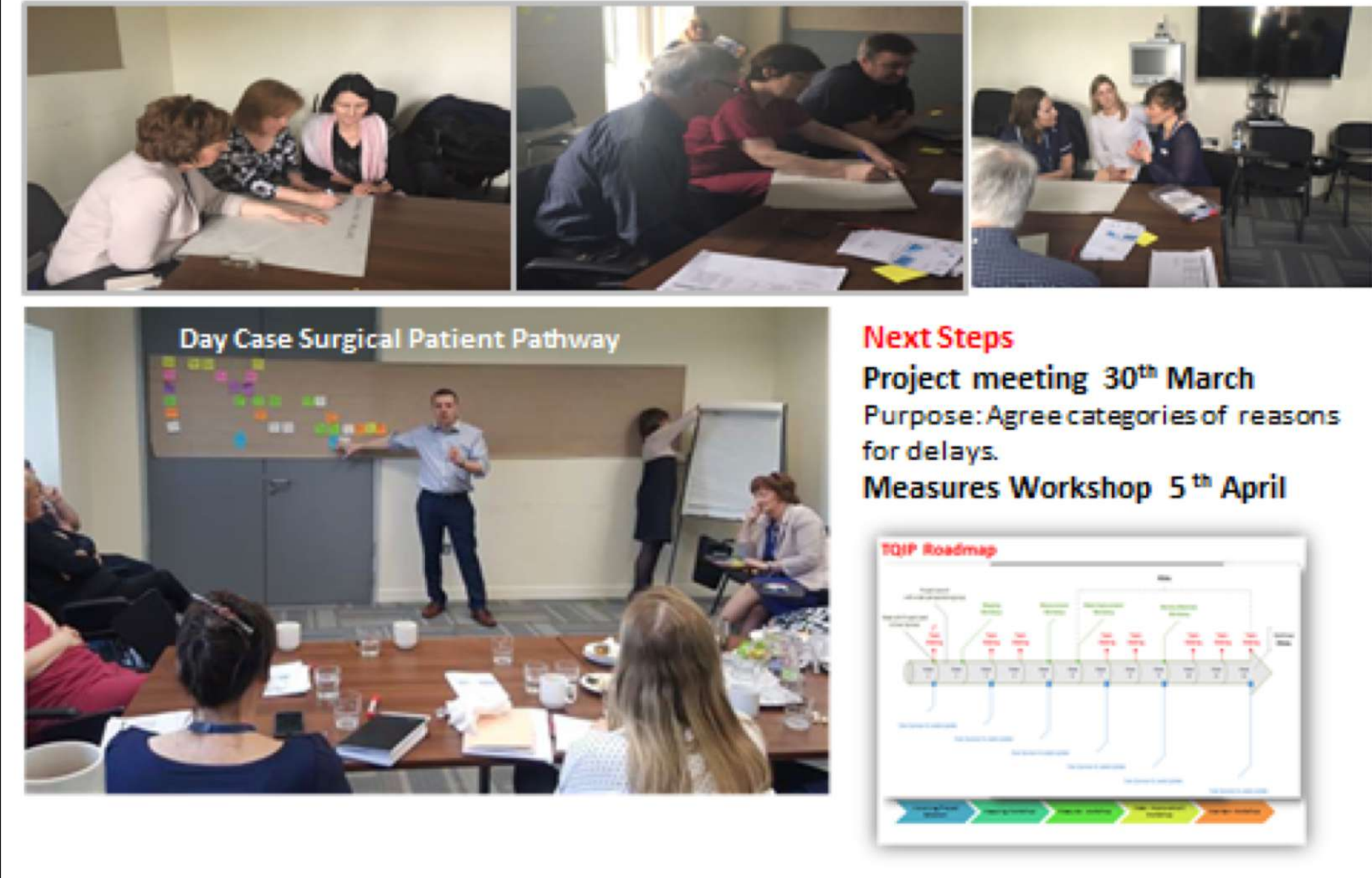


QI Project Selection-Typical Focus Areas

Pre-operative	Intra-operative	Post-operative
<ul style="list-style-type: none">• Demand & capacity planning• Scheduling• Protected beds• Elective day & in patient pathway• DOSA• Pre-admission assessment• Discharge planning• Enhanced Recovery• Patient Preparation• Visual management	<ul style="list-style-type: none">• Theatre utilisation & list planning• Patient transfer• Session on time start• Anaesthetic start time• Surgery start time• Turnaround time• Intraoperative interval• Session finish time• List overruns• Inventory Management• SS• Surgical Safety Checklist• Briefing / Debriefing• Visual management	<ul style="list-style-type: none">• Post Operative Pathway• Handover• Recovery: delayed admission s• Recovery: delayed discharges• Post-Operative bed management• Enhanced Recovery• AVLOS• Discharge Planning• Visual management

Multidisciplinary Teams Focusing on Perioperative QI Projects

Mapping Workshop 22nd March



Day Case Surgical Patient Pathway

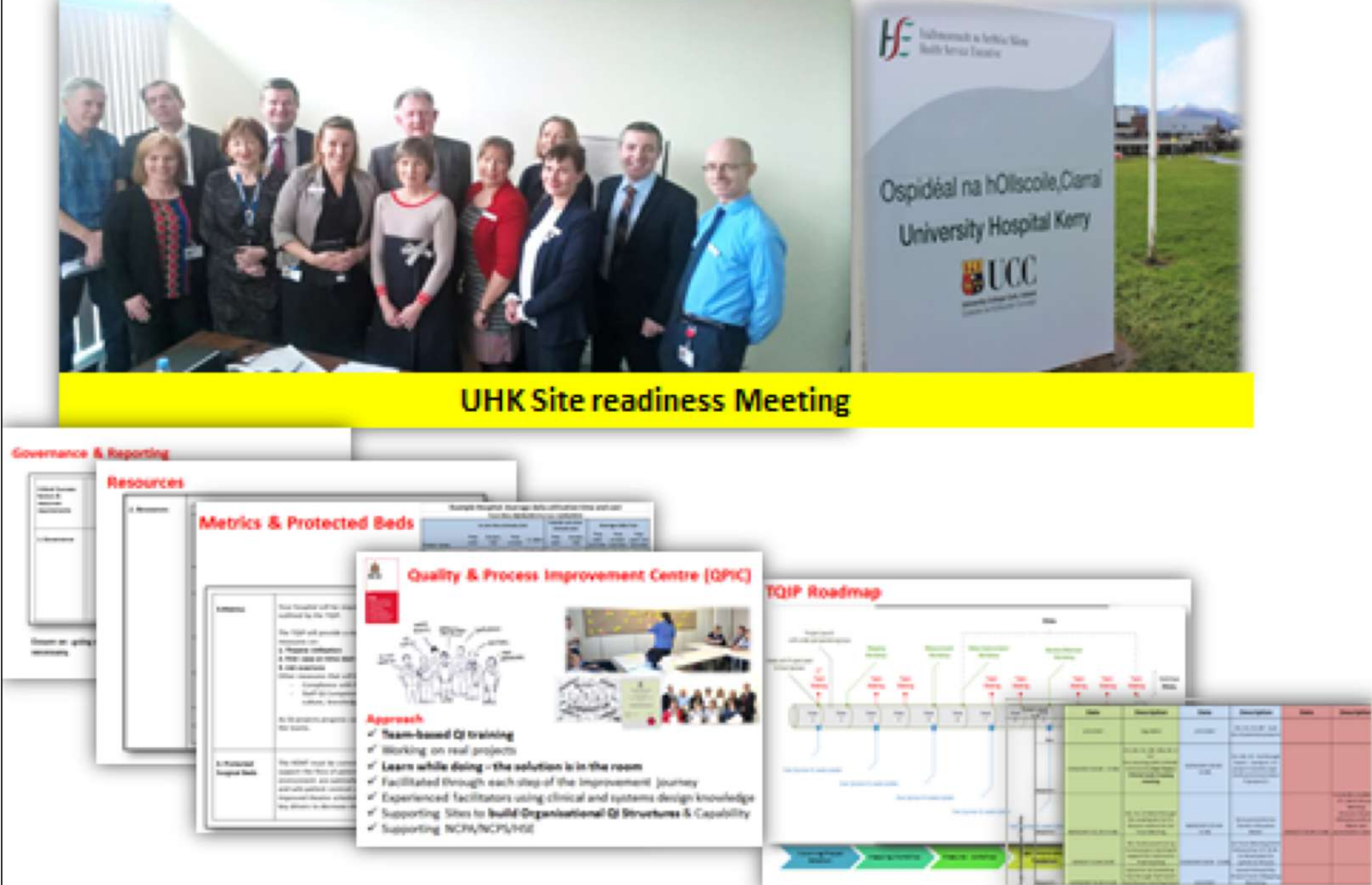
Next Steps

Project meeting 30th March
Purpose: Agree categories of reasons for delays.

Measures Workshop 5th April

TQIP Roadmap

University Hospital Kerry (UHK) Site Readiness Assessment



UHK Site readiness Meeting

Governance & Reporting

Resources

Metrics & Protected Beds

Quality & Process Improvement Centre (QPIC)

TQIP Roadmap

UHK TQIP Wider Hospital Launch 22nd March



Sustainability & Transferability

The TQIP programme aims to support to development of internal QI capability in participating hospital sites. Multidisciplinary teams are trained in QI tools while delivering a number of projects that focus on key organisational performance metrics. The team will work through a number of facilitated projects following a structured QI methodology. The participating hospital also supports the programme by putting a dedicated internal QI lead and facilitator in place. This will support teams on the next QI projects which will support the development of a sustainable patient centred QI and continuous improvement culture. Appropriate perioperative governance to review and select future projects is also established during the programme.

Conclusion & Discussion

Implementation of the programme at scale will improve patient flow and value for money through improved theatre efficiency (e.g. reduction in delays in start times, improved utilisation, reduced over runs and inventory costs), increased capability in the application of quality improvement tools with perioperative teams in the selected sites and increased uptake in other hospitals through demonstrated improvements in waiting lists and performance metrics.

Furthermore a central repository and QI knowledge sharing network for perioperative teams will be developed including HSE Perioperative Teams certified in QI methodologies following an accredited programme.