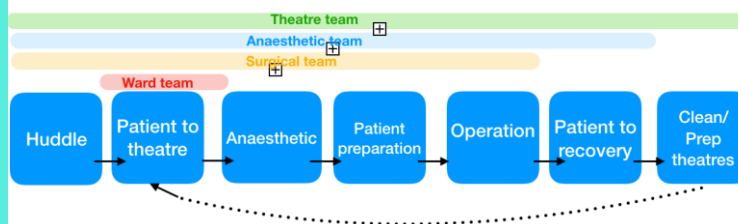


Introduction & Method

The Covid-19 pandemic has changed the environment in which surgical teams can provide care, patients in Gynae Oncology have continued to undergo surgery during the pandemic due to drastic changes in the way services are run. As a result of these changes SGOC assessed the efficiency of theatres with the intention of identifying any potential areas for improvement which may be used post-pandemic as an overall service improvement model. To identify areas for improvement key steps of the theatre process and where there may be potential for error or delay first needed to be addressed^{1,2}.

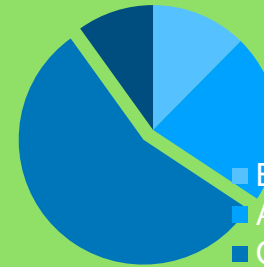
A prospective observational study of Gynae oncology theatre sessions between November 2020 and January 2021, discretely documented the times of each process in theatres and recorded qualitative causes for delay. Observers were members of the Gynae Oncology team, the Theatre manager was aware of the audit being conducted.



Results & Discussion

A total of 21 theatre sessions were audited, with lists varying from 1-3 cases in a day, with varying complexity of surgery. Over half of lists started late, with the latest huddle starting an hour later than planned, and finished late - the latest finish being an 1.5 hours over time. Unsurprisingly the majority of the theatre day ($M=56\%$) was operating time, with 46% of the day needed to carry out patient and theatre preparation for surgery.

Proportion of list time



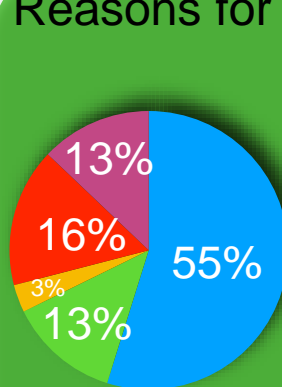
Average theatre day	502 minutes ($SD=85$)
Average operating time per case	146 minutes ($SD=76$)
Lists finish after 5pm	55%
Huddles after 8:30am	62%

Covid-19 and theatre productivity - To what extent has the pandemic impacted on theatre productivity?

C.Williams, K. Crowe, J.Vet, N. Das, and K. Lutchman-Singh
Swansea Gynae Oncology Centre



Reasons for delays



Bringing the patient to theatre made up on average 12% of the theatre day and over half of noted delays, up to 22 minutes, were ward based. Examples of reasons were "Essential paperwork not filled in on ward", "Patient not prepared on ward". The failure for patients to be adequately prepared for theatre highlights a clear issue with communication. During the pandemic staff redeployment resulted in a number of nursing staff being unfamiliar with procedures for theatre days.

The delays in starting huddles, without which the theatre day would not start, contributed an additional 20 minutes to later finishes. Gynae oncology lists were a new undertaking for the main centre in this study (80% of lists), again as a result of the pandemic, delays again could be a result of a lack of communication and newly developing rapport amongst the team as reasons listed noted it was usually members of different teams not being present on time.

Conclusion

The majority of delays in theatre lists appeared to be secondary to the pandemic environment, qualitative information collected in this study pinpointed specific issues in team and patient preparation for theatres. Ward staff and theatre teams are rising to this challenge and adapting during such an adverse time, however we as a specialty team can support staff:

- With clear communication regarding the expectations of a theatre day.
- Regular teaching sessions for staff caring for Gynae Oncology patients would promote greater awareness to pre-operative needs as well as excellent care and recovery post-op. These strategies can be applied across all surgical specialties.

Team work is integral to productive theatres and by acknowledging our own role in providing support to staff who may be less familiar with the needs of Gynae Oncology patients, we may be able to implement measures to improve efficiency post-pandemic.

References

- 1.NHS Improvement. Operating theatres: opportunities to reduce waiting lists. NHS improvement. 2019. <https://improvement.nhs.uk/resources/operating-theatres-opportunities-reduce-waiting-lists/>
- 2.Fletcher D, Edwards D, Tolchard S, *et al*. Improving theatre turnaround time. *BMJ Open Quality* 2017.