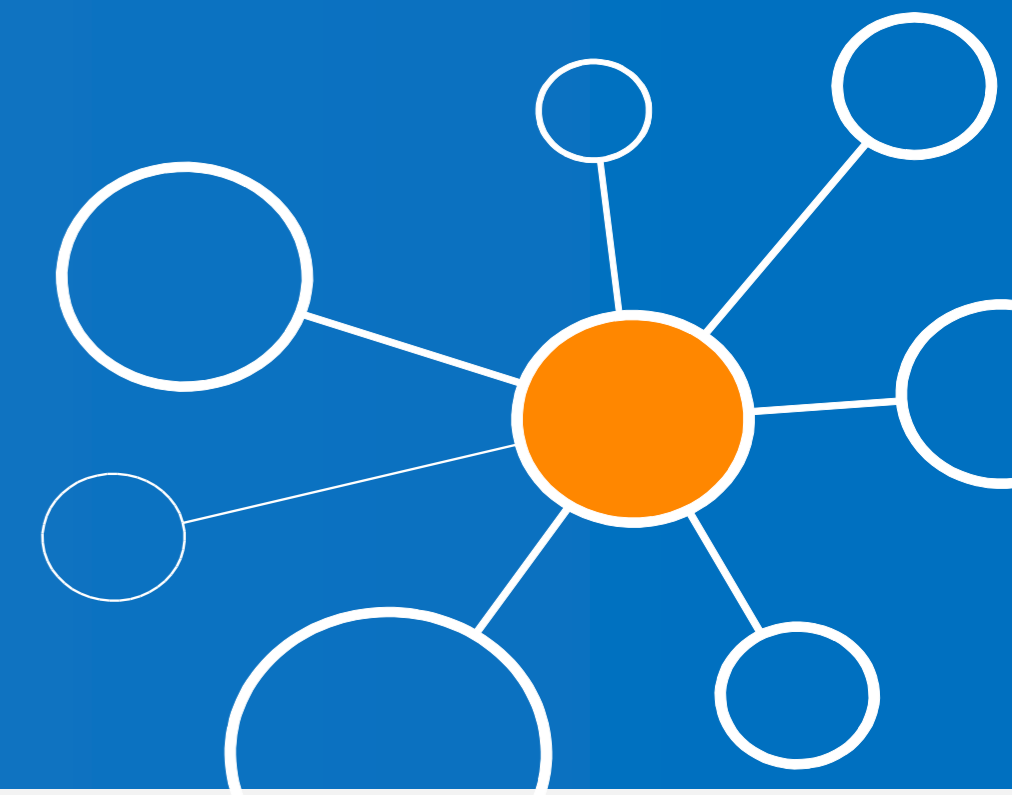


Emergency Theatres Efficiency

Surgical Management of Miscarriage procedures (SMOMs)



1. History

For the past 5 years there has been an expectation that two Surgical Management of Miscarriage procedures (SMOMs) would be carried out and completed before 0930. This was an agreed schedule between all surgical disciplines to ensure a timely start for any further cases. From data supplied by TrakCare it was found that this had not happened on any occasion since this agreement. Data was gathered to May 2018.

2. SMART Aim

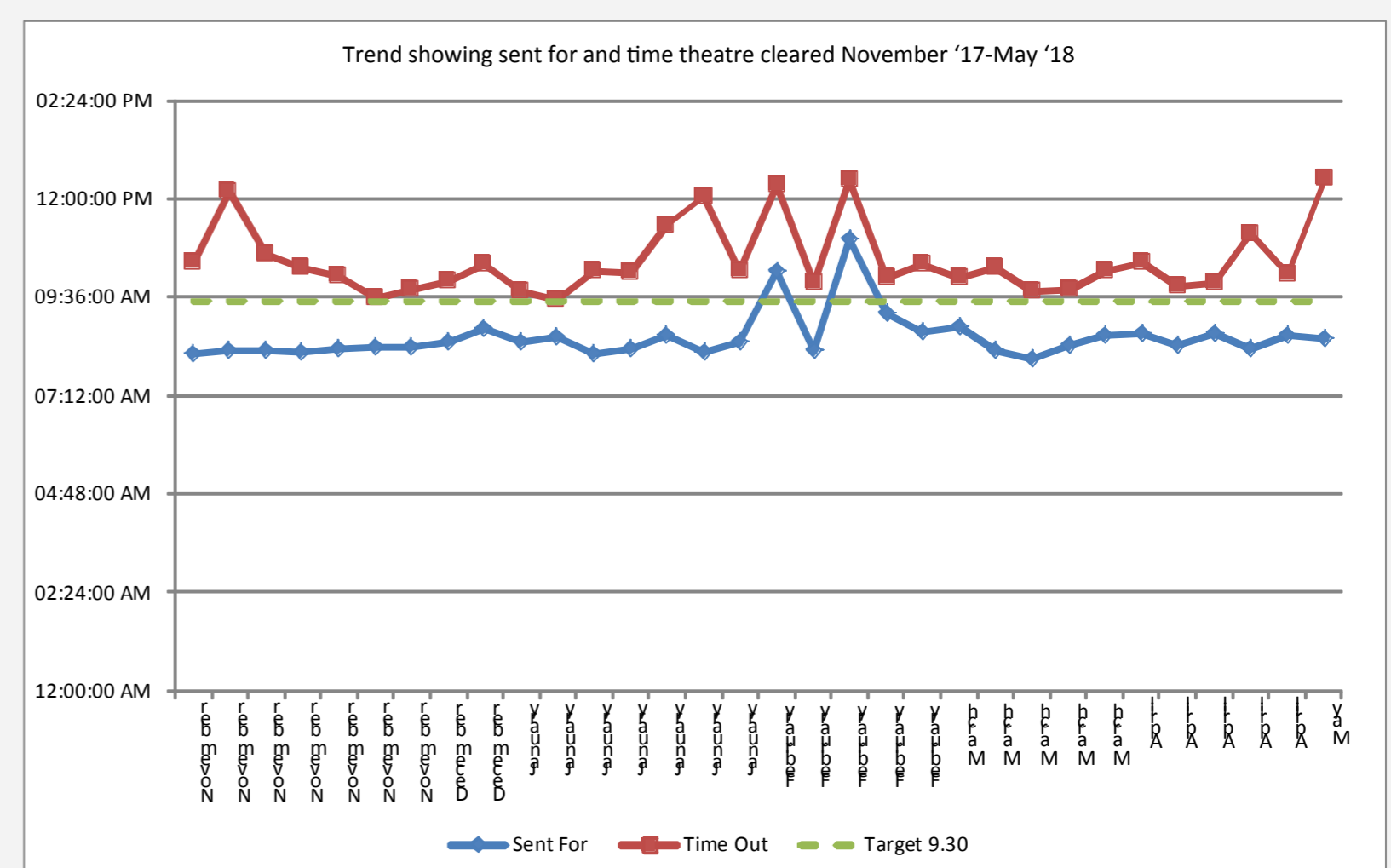
The first SMART Aim was to complete two SMOM procedures before 0930, 80% of the time by the end of November 2018. Even with the PDSAs put in place it was clear that this was not happening so the team revisited the AIM and amended it to one SMOM before 0930.

3. Improvement

The first thing that the team put in place was the time that the theatre's Emergency Coordinator called the ward and sent for the patient ('sent for') time. November to April 17-18 this had generally been in good time (prior to 0815) but still the trend showed that we were not clearing theatre before 0930. The first PDSA took place in May 2018 first of all to ensure that this continued and to monitor other issues that could impact on the time the procedure began and finished.

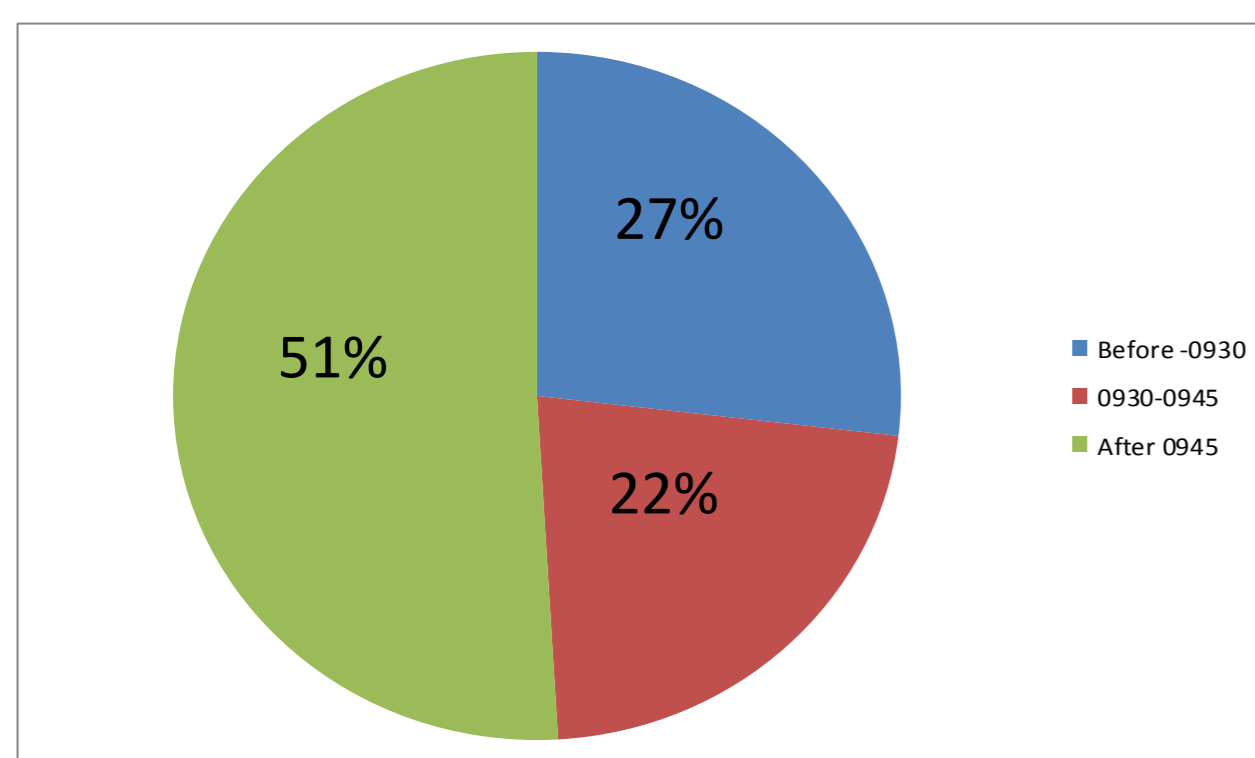
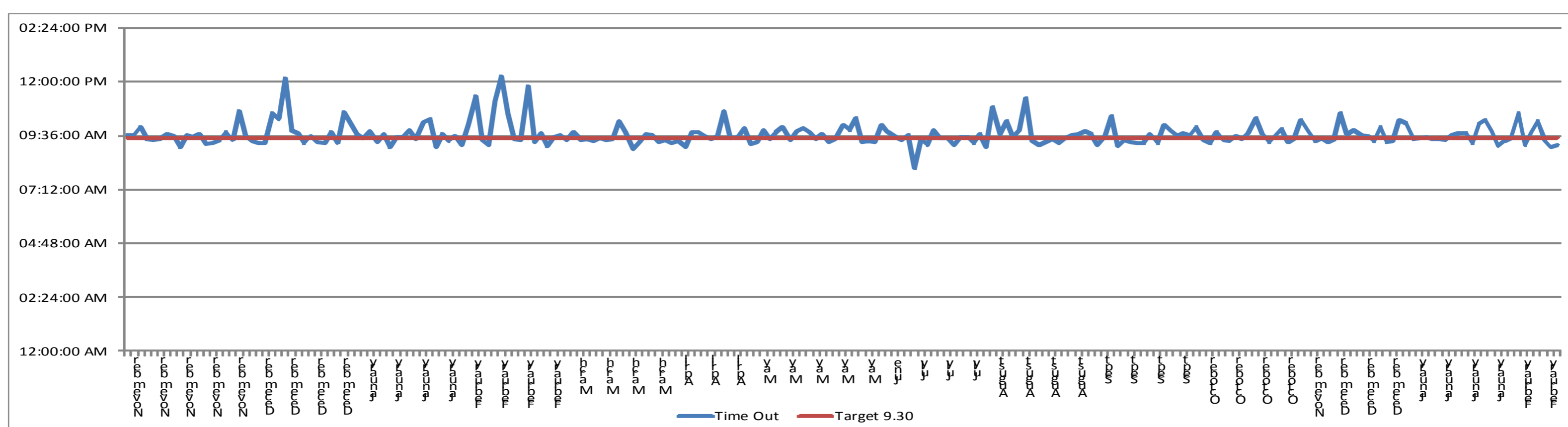
4. Early trends to new trends

In September more effort was made to collect not only Trakcare recorded issues but to look at timings of the WHO pre-theatre checks, equipment issues, other mitigating circumstances beyond the control of the theatre team. One clear issue affecting the start was the handover time for Obstetrics and Gynae teams which takes place at 0830. The WHO meeting generally took place therefore between 0840 and 0845.

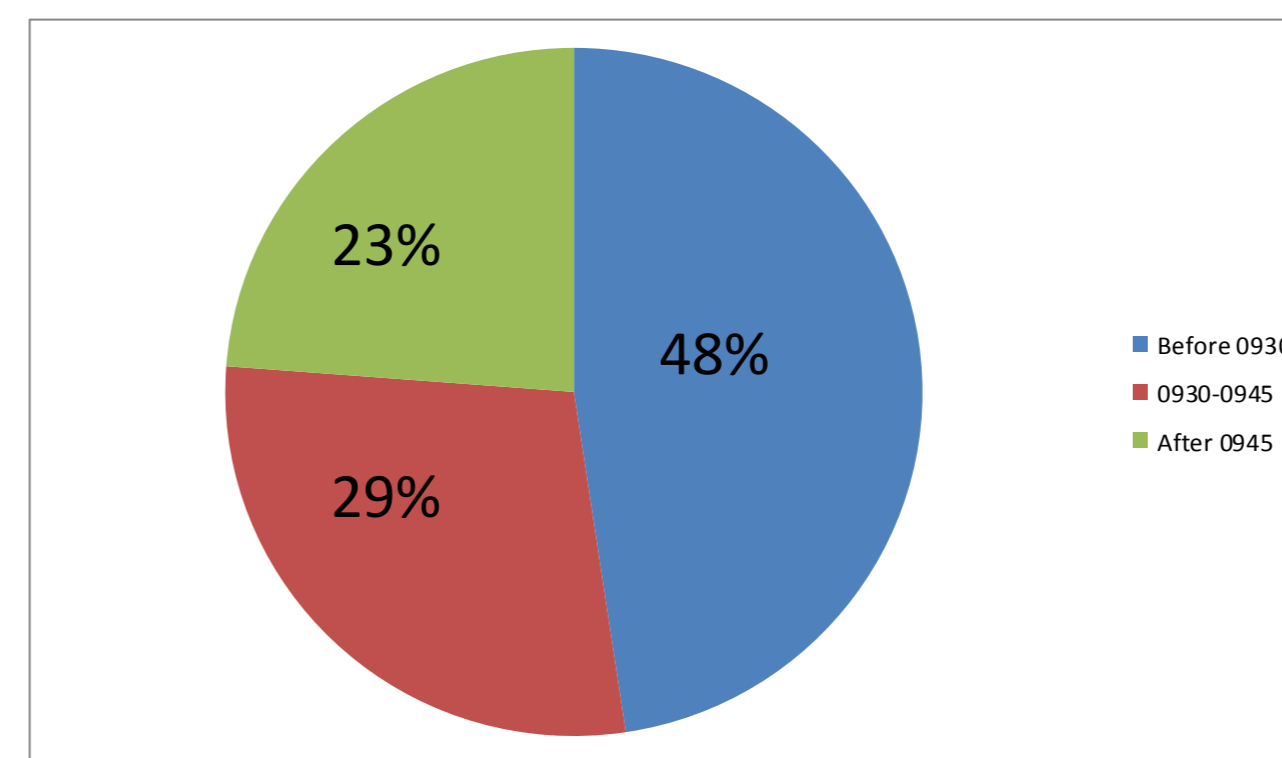


5. Progress

PDSAs were put in place in June 2018 and monitored and changed in October 2018. With the Emergency Theatre teams driving the SMOM process and audit forward the team continued to send for the patients in good time. Reasons for delays to the start or issues that occurred were recorded in a theatre based audit. This was completed for just 50% of the SMOMs taking place but TrakCare data always recorded 100% of the time.



November '17 to May '18 showing percentage figures for time theatre was cleared. One SMOM before 0930 showed on **27%** and only **49%** before 0945



May '18 to February '19 shows percentage figures for time the theatre was cleared. Shows improvement from initial 27% to **48%** before 0930 and **77%** before 0945

Conclusions: Continued efforts by all parties has enabled the teams to work together in improving the SMOM completion rate from 49% before 0945 to 77% before 0945. Recommendations going forward will include the timing of the WHO meeting. This improvement however does not allow for the days where there are two SMOM procedures booked and that going forward it will be requested that only one be booked per day if this is possible. The Theatre team will continue to work closely with the teams from all disciplines to find a workable and acceptable way forward for all parties.

6. The Team

Rachel Walker-Morecroft (ODP), SN Amanda Woodridge and Sister Claire Cam, alongside the Theatre 2 Emergency staff, Obs & Gynae and Anaesthetic staff who have supported the changes and have made efforts to ensure the smooth running of the Emergency Theatre.

7. The Way Forward

The teams will continue to communicate regarding the use of the Emergency list as the best option for the SMOM procedures and in the meantime the continued efforts and understanding of all involved will enhance the patients' experience.