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WITS Foundation Trust

Operating Services, Critical Care & Anaesthesia

Peri-operative Management System Project - ORMIS

Benefits Plan Summary

<u>Introduction</u>

During 2002/03 Service Development were predicting an increase in surgical activity requiring approximately 6 extra theatres over the next 5 years. The cost was estimated at around £3 million. The decision to invest in an appropriate information system avoided the need to build.

ORMIS is the live clinical management peri-operative system which the Trust procured in 2004 and implemented across all the main theatres, recovery units, Theatre Admission Unit's and pre-operative assessment units in STH plus CCDH and more latterly in Surgical Admission Unit and orthopaedic to support the trauma conferences. It replaced OTIS, a limited retrospective information system that was becoming obsolete.

ORMIS has allowed the Trust to view the peri-operative pathway in great detail observing activity and utilisation of resources at individual consultant and patient level and cost per minute; collecting a full record of events throughout the process.

The implementation period over ran by one year due to complex interfacing with other systems across the Trust in particular the waiting list transactions.

The system is seen as an enabler to provide all stakeholders with robust information relating to their practices and outcomes. The information is used to examine and influence current and future needs, tailor capacity and demand; challenging behaviours and influencing change in ways of working.

Measurable Benefits

From the business case the main measurable benefits and key investment objectives are outlined in the main body of the benefits plan. The main benefits fall into 6 categories:

- 1. Optimising the use of space to increase revenue (or informs where closures can be realised in times of downturn).
- 2. Reducing on day cancellations.
- 3. Specific schemes.
- 4. Redirection of management and admin & clerical staff.
- 5. Reducing paper based systems.
- 6. Avoiding costs.

The overall utilisation of the reserve schedule of lists has risen from an average use of 83% to 90% since the implementation and has remained constant at 90% over the past two years. The in-list utilisation has increased from 83% to 85% and the current highly productive theatre work is ongoing to increase that further. In 2002/03 OTIS reported general theatres carrying out 37,000 operations while 2010/11 ORMIS accurately reports 43,505. Web based systems have been developed to link in and support ORMIS across the pathway thus enabling informed decision making to plan and to maximise the efficiency of the patient flow reducing cancellations, wasted time and the length of stay.

Cancellations on the day of surgery for medical reasons have reduced by 50% from 2002/03 baseline data.

Following the implementation across the sites a redesign of process and roles over the period has led to a reduction in both management and clerical staff across the group. OSCCA now sit in the lower quartile of the Workforce Programme Boards report.

While ORMIS provides a full electronic care plan and record of surgical activity it provides marginal support to the supplies function as a system that gives us pre-operative information to plan the patients needs while reducing the need for time consuming manual paper systems.

Sheffield Teaching Hospitals remain the lead hospital for the future development of the ORMIS system across the UK. All upgrades are based on, tested and signed off at STH.

Financial Implications - (ORMIS Balance Sheet attached)

The capital cost was £1,242 million against a budget of £1,255 million therefore delivered £13,000 under budget.

The revenue costs were planned at £2,288,221 over a 10 year period at 2010/11 and the costs to date are £2,148,433; £139,788 under budget.

The benefits outlined in the business plan were estimated at £28.6 million against the illustrated actual benefits of £47.07 million.

ORMIS assisted with the implementation of a logistics stock system which produced a £1.6 million one off saving against the predicted £120,000.

ORMIS provided information which allowed better space utilisation thus eliminating the need to build which resulted in a cost avoidance of £3.16 million.

Conclusion

The project board members believe that the expectations of ORMIS have been delivered against the business plan and continue to develop to support new initiatives as outlined in the OSCCA Objectives spreadsheet attached.