

Appendix 1: Arrangements for Theatre Lists

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1. How Lists are communicated to Theatres

Theatre lists should be complete in ORMIS to ensure sufficient time is available to prepare for the list to run efficiently. The theatre teams will assume that the correct information is available within ORMIS at:

- **1 week before the next weeks lists**

(Booked non-elective lists as soon as possible)

The lists will therefore be printed off at this time by the relevant theatre/admin team.

In practice it is wise to ensure all information is communicated as early as possible especially specific information which may affect the efficient running of the list or if specific equipment has to be arranged or prepared i.e. latex allergy patient, loan equipment, problems identified at pre-assessment. This information **must** be communicated to the relevant members of the team, with at least one weeks notice. This is usually passed on by the Pre-op assessment practitioner – Pre op assessment will inform via a feedback form any info which should be added to ORMIS, this is sent to the secretary or w/l coordinators as the patient is passed as 'fit' for surgery

2. Changes to Theatre Lists

Any last minute changes to elective lists must be communicated to relevant staff **before 5 pm** on the following extensions:

RHH extensions:

Theatres 1 and 2 ext 13353/13015
Theatres 3 and 4 ext 13352
Theatres 5 and 6 ext 13065/12662
Theatres 7 and 8 ext 12643/12013
Theatres 9 and 10 ext 12537/13356
Theatre 11 ext 11917
All B floor Theatres – ext 13939
TAU (until 10pm) 13688 or 65613

NGH extensions/bleeps:

Orthopaedic arthroplasty bleep 288
Orthopaedics bleep 745
General surgery bleep 452
Plastics/Vascular bleep 160
Bev Stokes DSU – ext 66020/66026
TAU – ext 69436

After 5 p.m. any changes to theatre lists should be communicated via the

- 446 Bleep holder, for all theatre lists at RHH
- 192 Bleep holder for all theatre lists at NGH
- For Bev Stokes, NGH please contact – ext 66020/66026

3. Procedure for notifying all Relevant Staff of Changes prior to the commencement of the list

Any additions or changes to the running order of the list or patients added to the lists should be communicated by the relevant secretary, to:

- At RHH, the relevant theatre team, the TAU team and the admin team for B floor theatres.
- At NGH, the theatre reception staff

The secretary will then make the relevant additions/changes to the list in ORMIS

New lists will then be printed by theatre/admin staff containing the relevant information

The old lists will then be destroyed and new lists circulated throughout theatres

4. Procedure for notifying all relevant staff of changes after commencement of the list

Any additions or changes to the order of the list will be communicated to relevant staff within the actual theatre team and also PACU, reception, the ward and the admin team for B floor theatres.

Staff will clearly document the changes to the list on their paper copy.

If a patient is transferred to another list then these changes should be made in ORMIS by the theatre team.

NB: Any additions or changes to lists should only be made following discussions and agreement with all members of the team, i.e. Surgeon, Anaesthetist and theatre staff.

5. Arrangements for Compiling Theatre Lists

The following factors must be taken into account when compiling a theatre list:

- The agreed start and finish time on schedule for individual lists
- Team brief i.e. 10 minutes before official start time
- Speed at which individual Surgeons and Anaesthetists operate
- Training of junior doctors and lists identified as 'training lists'
- Experience of other members of the team
- Specific problems identified in certain patients e.g.
 - o 2nd sample required
 - o MRSA
 - o Latex allergy
 - o Specific equipment
 - o Plus any clinical information picked up at pre-op.
- Total available funded session time
- Any emergencies added to the list
- HDU/ICU bed booked

Notes:

- Operating time must be maximised and lists to be adequately populated to be viable.
- The length of an operation is the total anaesthetic plus operating time.
- The time taken for a particular Anaesthetist and a particular Surgeon to complete a particular procedure can be obtained from the ORMIS system. (contact Paul Sawford)
- Advice on theatre list compilation may be obtained from the Theatre Manager/relevant Lead practitioner.
- The lists must be signed off as agreed between Clinical Service Managers and speciality Service Managers at 1 week.

6. Scheduling Rules

- Day cases first on list to ensure prompt discharge home and assist delayed bed decisions.
- Where patients are booked into critical care beds the first patient on the list.

- Critical care pathway rules followed for patients booked into critical care beds.
- Ambulance patients not booked first or last on list.
- Patients who need pre-procedure x-ray/insertion of wires not first on list.