Policy and guidelines for theatre list allocation and use

These guidelines are primarily for surgeons who have access privileges at Southern Cross Healthcare facilities. These guidelines are also for general managers ('**GMs**') and other Southern Cross Healthcare staff who support the work of surgical teams.

This purpose of this information is to explain to surgeons how we manage theatre list allocation, and what we expect around the use of their allocations.

This information is important. Poor use of theatre allocation reduces our collective ability and capacity to provide quality health services to patients.

Contents

How we manage theatre list allocation

The General Manager may authorise regular allocated operating list times to support a surgeon's practice.

These times are dependent on the hospital's capacity, resourcing, and commercial needs, and may be subject to change with reasonable notice. It is the General Manager's responsibility to ensure the hospital resources are being appropriately managed and used to maximum potential capacity or occupancy. A surgeon's retention of regular operating list times is contingent on effective and consistent case load use:

- Medical specialists considering their own potential fatigue and that of other team members providing patient care, when making patient bookings against scheduled list times and with consideration to post procedure care requirements.
- Monitoring and managing the timing and duration of lists, to avoid risk to patients and other team members from the impact of a surgeon or anaesthetist's fatigue.

The granting of access does not confer any guarantee or entitlement to theatre list allocation, procedure session times, or the availability of beds at the facility.

The General Manager will monitor list use. Where lists run over agreed or acceptable operating times, or they are under-used, the General Manager will work with the

practitioner to modify them.

As soon as the theatre team know or anticipate that a list is going to run over the scheduled time, they first discuss with the surgeon/anaesthetist and theatre team. Where indicated, the matter is referred to the Theatre Coordinator or Manager for review and any further advice or action that may be required. Considerations include those listed below.

Common factors affecting theatre list allocation

Access may be governed by factors such as

- availability of clinical and support team members, such as medical representatives
- capacity for post-operative care
- availability of equipment and supplies
- suitability of the patient for care at the specific Southern Cross Hospital's facility Guideline for suitability for providing services to patients
- compliance with health and safety requirements

Regular schedules

Lists are usually allocated on a regular or repeating basis, such as:

- on an assigned day or half-day, or part thereof
- every week, fortnight, or other regular period

Sessions are generally half-day, eg mornings (0800hrs–1200hrs) or afternoons (1300hrs–1700hrs).

Occasionally, early evening sessions are arranged, eg between 1800hrs and 2100hrs (subject to the patient's approval, staff availability, complexity of operation, equipment, and support required). These may run on from an afternoon session, but would not typically run on from an all-day session.

A half-day comprises one session or part thereof

> Eg. mornings or afternoons or evening sessions may be arranged, eg. between 1800hrs and 2100hrs (subject to the patient's approval, staff availability, complexity of operation, equipment, and available support).

A day session comprises two sessions or part thereof:

> Eg. an afternoon session follows on from a morning or an early evening session runs on from an afternoon session.

These regular schedules are set in SCH's patient administration system (WebPas).

Unfilled lists

If an allocated list is not filled, the facility GM may:

- alter the start time

- allocate the un-booked time for other surgeon's cases
- propose a different day and date for cases

How we expect practitioners to use their allocations

We expect surgeons to fully use theatre list allocations, or to arrange with the facility GM to share the list.

Should use fall consistently below what is deemed commercially viable, the facility GM may:

- remove the access to the list
- re-allocate or remove the access to the list
- make alternative arrangements for sharing the list with another surgeon

As a minimum, a surgeon with a regularly-allocated list is expected to use no fewer than 10 sessions in a rolling year, and no fewer than two in any two-month period, whilst meeting performance and behavioural standards.

We expect surgeons to monitor and manage the timing and duration of lists, in order to avoid risk to patients from the impact of their own fatigue.

Additionally, the facility GM and the Chief Operations Officer (COO) of Southern Cross Healthcare may undertake a regular or *ad hoc* list review which may include

- culture of safety considerations
- expected patient outcomes
- session use including start and finish times
- case numbers, mix, complexity, and patient demographics
- practitioner specialty and college guidelines or peer advice
- conformance with sector good-practice conventions
- clinical practice sufficient to maintain competency (including roles elsewhere)
- administrative, management, and commercial matters

Any resulting changes to list allocation can take effect as soon as practicable.

This may result in alterations to allocated lists due to changes in the hospital's ability to support a particular practice; changes in the commercial needs of Southern Cross Healthcare; or because of concerns raised relating to a practitioner's performance, professionalism, outcomes, or other considerations.

Our expectations for day-to-day usage of lists

We expect surgeons to	Notes
Start on time and strive to finish on time	If there is an unexpected delay during the list, we expect surgeons to let us know at the earliest possible time so we can notify anyone affected by the delay.
Know who to contact	Surgeons should know how to contact the facility GM, bookings manager, and

We expect surgeons to	Notes
	theatre manager
Follow booking procedures	This means surgeons: · transmit the list at least seven days in advance · supply patient and procedure details using the standard booking format · allow for procedure and turnaround time · notify us of any special requirements at least seven days ahead so we can: - obtain equipment, supplies or assistance - meet a patient's special needs for managing disability, communication, or a support person - ensure health and safety obligations are met to protect team members · notify us as early as possible of any postponements, cancellations, or other changes to the list
Notify us about invitees, observers, and trainees	This means surgeons notify the theatre manager if they: · have engaged the services of an 'invitee' (such as a surgical assistant or technical representative to arrange Special Circumstances Access (Credentialling and Practice Guide) · wish to invite an observer or trainee, so you can confirm the hospital's and patient's consent

Practitioner absences

Surgeons must provide at least eight weeks (but no less than 4 weeks) notice of a planned absence so we can allocate lists to other practitioners.

Surgeons must immediately notify us of unplanned leave, with an explanation of the circumstances and an indication of the likely duration.

Dealing with unexpected events

Occasionally unexpected events occur in theatre that may require changes to the rest of the operating list. **The paramount consideration here should be patient safety**. While ideally the outcome would be to continue with the booked work to minimise patient disruption, this may not always be possible or wise.

Example of Event	Possible changes
Procedure unexpectedly takes longer than expected	· Notify theatre manager as early as possible. · Verify whether continuing with procedure list is possible in terms of theatre staffing and postoperative care resources.
Multiple minor delays or mistimed procedures	· Notify theatre manager as early as possible. · Verify whether continuing with procedure list is possible in terms of theatre staffing and postoperative care resources.
Significant patient complication occurs	· Practitioner team (surgeon, anaesthetist, or other) may be required to deal with, *or be available for*, an ongoing situation. If so, the rest of the list should be postponed. · Team dynamics should be considered; while the primary practitioner may feel safe to proceed, the entire team needs to feel safe.

Overlapping, Simultaneous and Concurrent Surgery

We support and endorse the RACS Guideline 'Overlapping, simultaneous and concurrent surgery (2017)' on this issue and typically would not support concurrent or simultaneous (overlapping) operating by a practitioner.

- **Overlapping surgery** refers to the situation where two procedures overlap in their start and finish times, but where the 'critical' portions or those activities which require the skill and expertise of the primary surgeon do not overlap.
- **Simultaneous or concurrent surgery** is when the primary surgeon is responsible for the 'critical' portions of two procedures that are happening at the same time.

Simultaneous or concurrent surgery will not be considered at Southern Cross Healthcare.

Overlapping operations at Southern Cross Healthcare facilities may only be considered in the scenario when the key or critical elements of the first operation have been completed, and there is no reasonable expectation that the primary attending surgeon will need to return to that operation.

- Overlapping operations must be approved in advance by the GM.

- The surgeon must fully participate in all mandatory surgical safety checks (pre-list huddle, sign in, time out, instrument count, sign out, post-list brief).
- The surgeon must state and define "key or critical elements" as part of the time out process.
- Any assisting personnel must be appropriately trained, and credentialled with Southern Cross Healthcare.
- Patient informed consent must specify that surgeon is participating in overlapping operation lists, and which aspects of the operation are delegated to other named personnel with defined roles and titles. This must be done on the Southern Cross Healthcare Agreement to Treatment Form before the day of the operation to avoid putting pressure on the patient.
- The overlapping model of surgery is a significant variation to usual practice. As such we may request material over and above our usual standard (for example a review of consent forms or data supporting safe outcomes) to verify quality and safety.
- At six months, the GM will undertake a review with the surgeon and the team to evaluate if the required criteria are being met and the impact on patient outcomes and teamwork and to confirm the necessary supports are in place.
- Evaluation will then occur every 12 months thereafter. Where criteria are not being met or safety issues are identified, approval will be reviewed and may be withdrawn.

Associated documents

- Southern Cross Healthcare Credentialing and Practice Guide – access privileges and rules for health practitioners (2021)
- Guidelines for safely managing surgical plume
- Surgical safety checklists policy
- Prevention of retained surgical items guideline
- Guideline for suitability for providing services to patients
- Royal Australasian College of Surgeons, Research and Evaluation, Incorporating ASERNIP-S *'Concurrent or overlapping surgery – Report'* (2017)

CONTENT CONTROL

Published Date: **13 Apr 2021**
Version: **5**
Site: **Network**

Content Owner: **Julia Abbott**
Authorised By: **Chief of Quality & Risk**

WATCH THIS CONTENT