National Theatre Quality Improvement Programme (TQIP)

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Introduction

In late 2016, a collaborative between the HSE Integrated Care Programme for Patient Flow, National Clinical Programme for Anaesthesia (NCPA), National Clinical Programme in Surgery (NCPS), supported by the HSE Quality Improvement division and the RCSI’s Quality & Process Improvement Centre (QPIC) was established to oversee a sustainable theatre quality improvement programme. The programme includes a QI training programme for perioperative teams in selected sites and on-going support from the QPIC Quality Improvement Advisors and Nurse Leads. QI facilitation is seen as a key enabler based on feedback from previous work on the productive operating theatre programme. Site selection is based on agreed readiness assessment criteria. University Hospital Kerry was selected as the first site to participate in the programme and commenced in March 2017.

Methodology

Facilitated Team Based QI Training

Structured Approach & KPI's

Targeted QI Projects on the Patient Pathway

Timelines

The TQIP programme aims to support development of internal QI capability in participating hospital sites. Multidisciplinary teams are trained in QI tools while delivering a number of projects that focus on key organisational performance metrics. The team will work through a number of facilitated projects following a structured QI methodology. The participating hospital also supports the programme by putting a dedicated internal QI lead and facilitator in place. This will support teams on the next QI projects which will support the development of a sustainable patient centred QI and continuous improvement culture.

Appropriate perioperative governance to review and select future projects is also established during the programme.

Sustainability & Transferability

Implementation of the programme at scale will improve patient flow and value for money through improved theatre efficiency (e.g. reduction in delays in start times, improved utilisation, reduced over runs and inventory costs), increased capability in the application of quality improvement tools with perioperative teams in the selected sites and increased uptake in other hospitals through demonstrated improvements in waiting lists and performance metrics.

Furthermore a central repository and QI knowledge sharing network for perioperative teams will be developed including HSE Perioperative Teams certified in QI methodologies following an accredited programme.

Conclusion & Discussion