

## **Northampton Hospital ENT ATOM® Scheduling Implementation – July 2014**

### **Summary:**

This document illustrates how the implementation of the ATOM® scheduling method can deliver:

1. An increase in income of 20%;
2. An annualized financial return of £320,600;
3. A return of over 15:1 on the investment;
4. A reduction in over runs, and a more stable finish time.

### **Overview:**

Alturos began work with Northampton Hospital in January 2014. The top level objectives of this project was to:

1. Implement ATOM® Scheduling in Gynaecology, ENT and OMFS;
2. The aims were to achieve a 10% improvement in operating time and a reduction in over runs

This document focusses on the effectiveness of ATOM® scheduling in ENT.

### **Timeline:**

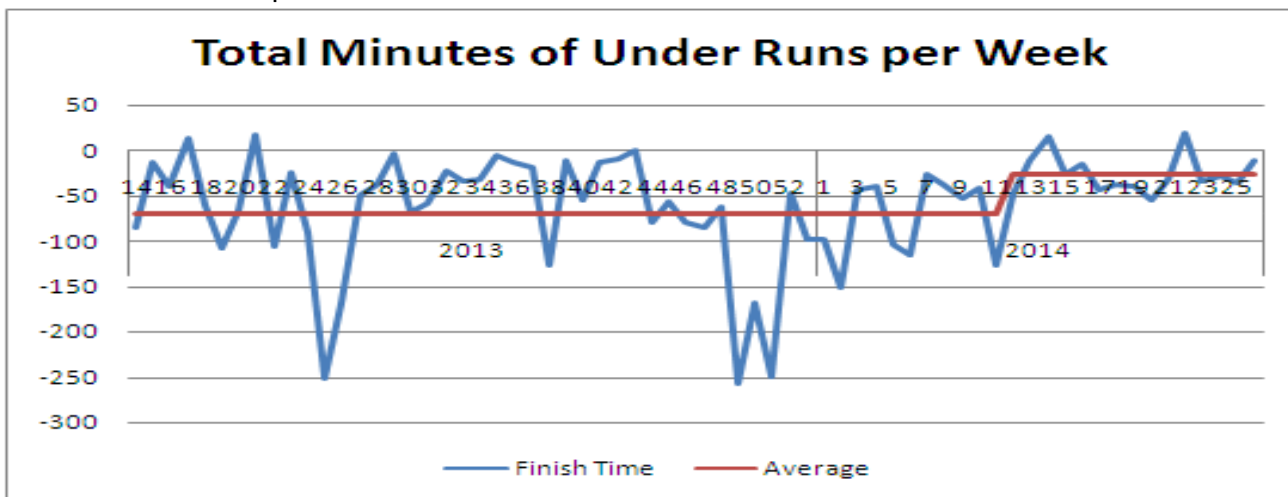
A meeting with the Clinical Director for ENT resulted in an understanding of the method and an agreement to present to the rest of the Consultants. After this awareness raising and discussions with the Surgeons, the first version of a set of scheduling times was circulated to all Surgeons individually for review. Once feedback had been received and an appropriate length of time (3 weeks) allowed for review and update had passed, the updated times were given to the bookers for them to evaluate for a further 2-week period. More updating of the model was completed during this stage.

Eventually, the completion of lists using the times was started. There were 3 meetings with the Consultants during the evaluation stage to show the accuracy and handle concerns and issues. The times were started to be used in week 8, and were used fully in week 12. The whole process took 3 months before results could be seen.

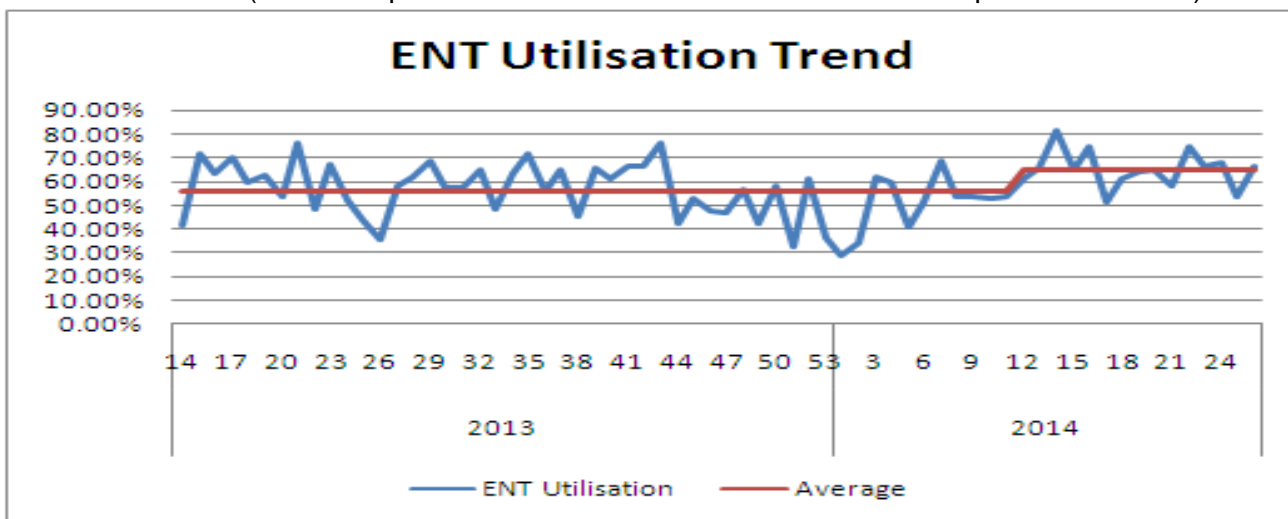
Although this could be regarded as slow, the ATOM® approach is designed to give a positive sustainable result, rather than a fast result. 3 Months could also be considered very fast, when the results are reviewed and in compared with other methods that can be attempted to increase the flow of patients through theatres. It is key that the implementation happens at a speed congruent with the Trust and the Consultants developing viewpoints.

**Results:**

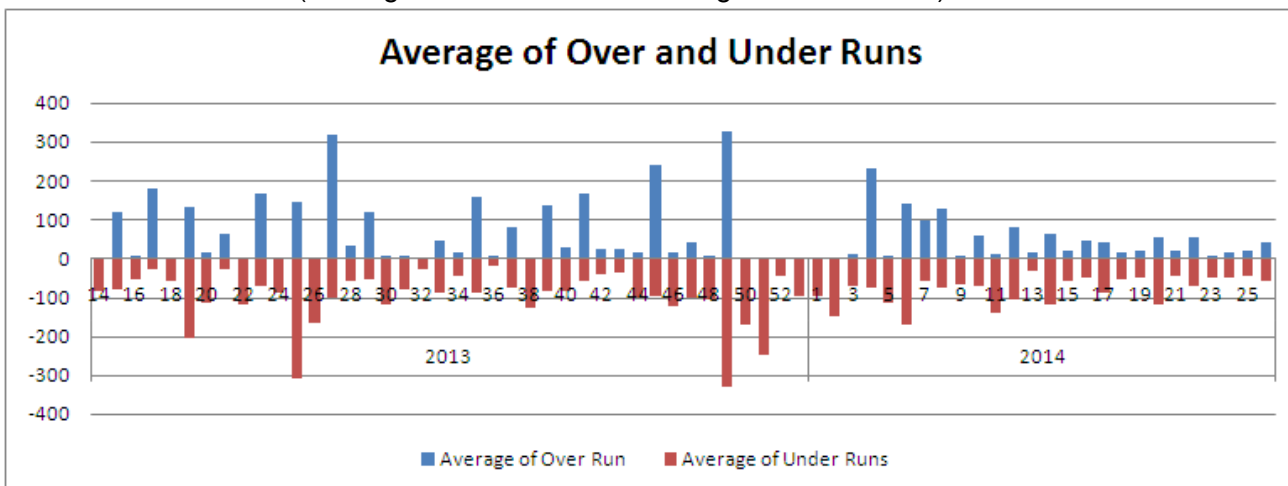
Finish Times versus planned session end



Theatre Utilisation (Individual patients from start of Anaesthetic to End of Op / Session Time)



Over and Under Runs (Average of Lists Over Vs Average of Lists Under)

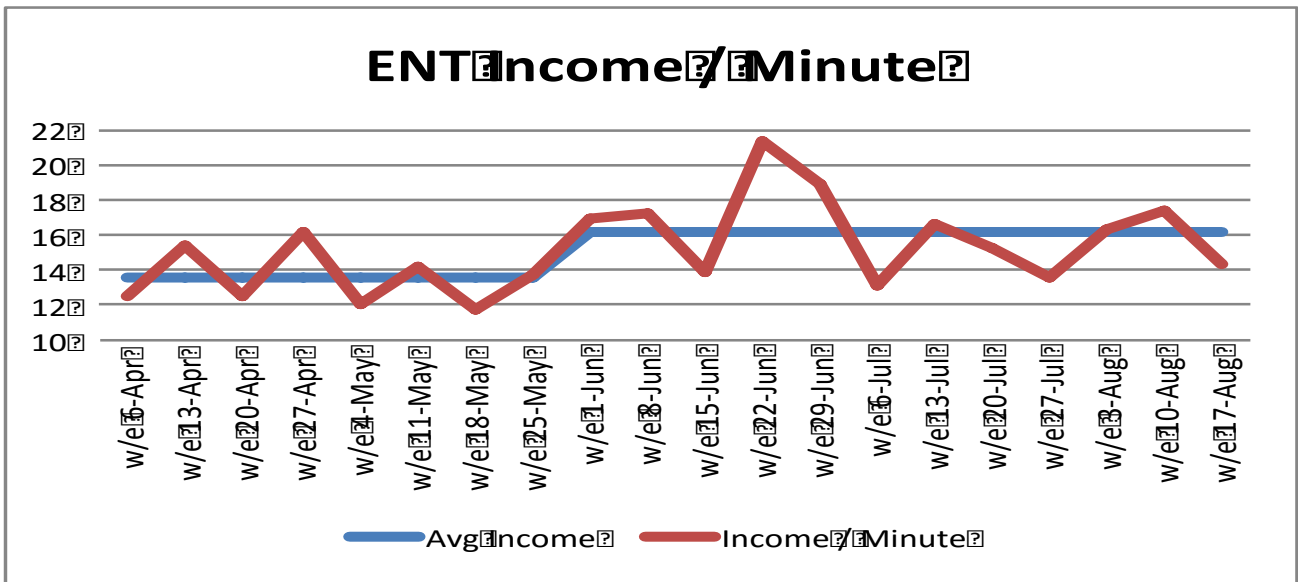


**Income Analysis:**

By looking at the elective income received, and comparing this to the minutes of sessions that went ahead, it is possible to calculate the income per theatre minute (planned).

This is a key final metric, as it shows that the improvements are genuinely due to a change in booking practice.

This chart shows the change in the income position for the period before and after the ATOM® Scheduling Model was put in place.



**Conclusions:**

The Theatre Scheduling element of ATOM® has provided a more stable scheduling method, reducing the variation in list finish times.

The data shows a prolonged period of low levels of both under and over running since implementation. This has translated into more operating, less under running and a total of 60 lists of increased operating per year. This equates to just over 1 per week.

The income difference is shown to be £320,600. As the scheduling model is in place and being used by Trust Staff, this is a sustainable process change, but further monitoring and assessment of income position is underway to understand longer term aspects.