

Wye Valley Hospital ENT ATOM® Scheduling Implementation – July 2016

Summary:

This document illustrates how the implementation of the ATOM® scheduling method has delivered:

1. An annualized financial return of £290,782;
2. A return of over 15:1 on the investment;
3. A reduction in over and under runs, and a more stable finish time.

Overview:

Alturos began work with Wye Valley Hospital in June 2015. The top level objectives of this project were 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 General Surgery and Gynaecology

Timeline:

A meeting with the Clinical Directors for General Surgery and Gynaecology 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.

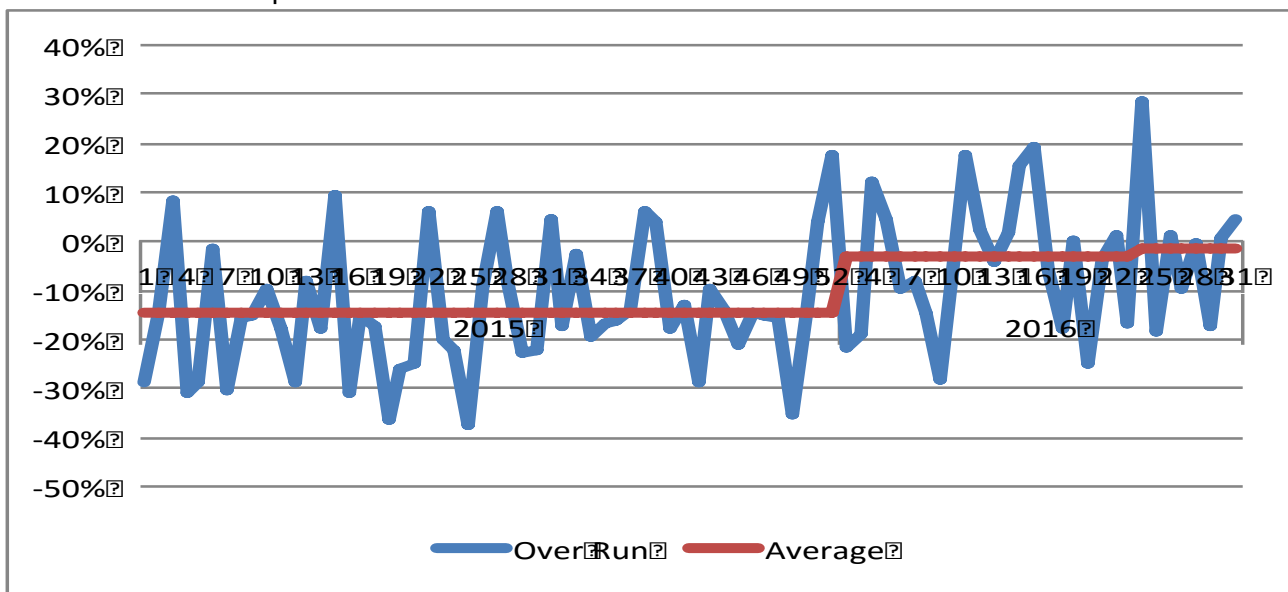
A detailed accuracy review was then conducted, showing predicted finish times based upon the model, as well as actual. This accuracy assessment was shared with the Clinicians in order for confidence in the model to be established.

Eventually, the completion of lists using the times was started. The scheduling meetings that were held weekly were modified to enable the focus to be around the list fill from the ATOM® times. List reviews were being undertaken using this approach from the beginning of November. During this phase, a few issues around session durations in the Theatre Information System were highlighted and resolved.

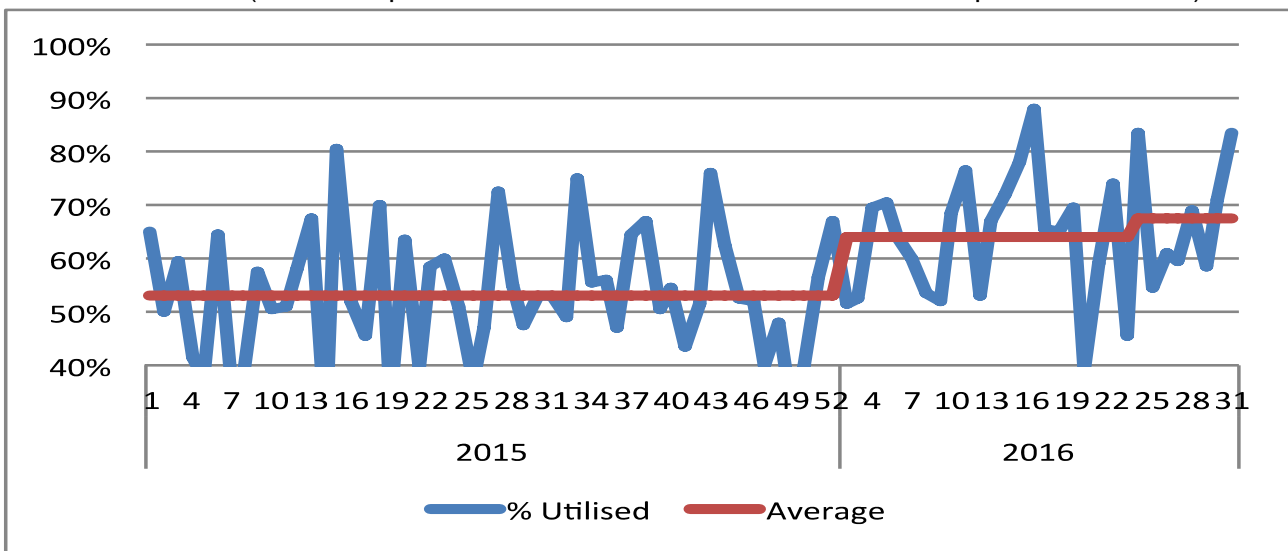
Although this could be regarded as slow for implementing this kind of model, the ATOM® approach is designed to give a positive sustainable result, rather than a fast result. 4 Months could also be considered very fast, when the results are reviewed and compared with other methods that can be attempted 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. The level of engagement and discussion with supporting evidence in this process is often under valued.

Results:
Gynaecology

Finish Times versus planned session end

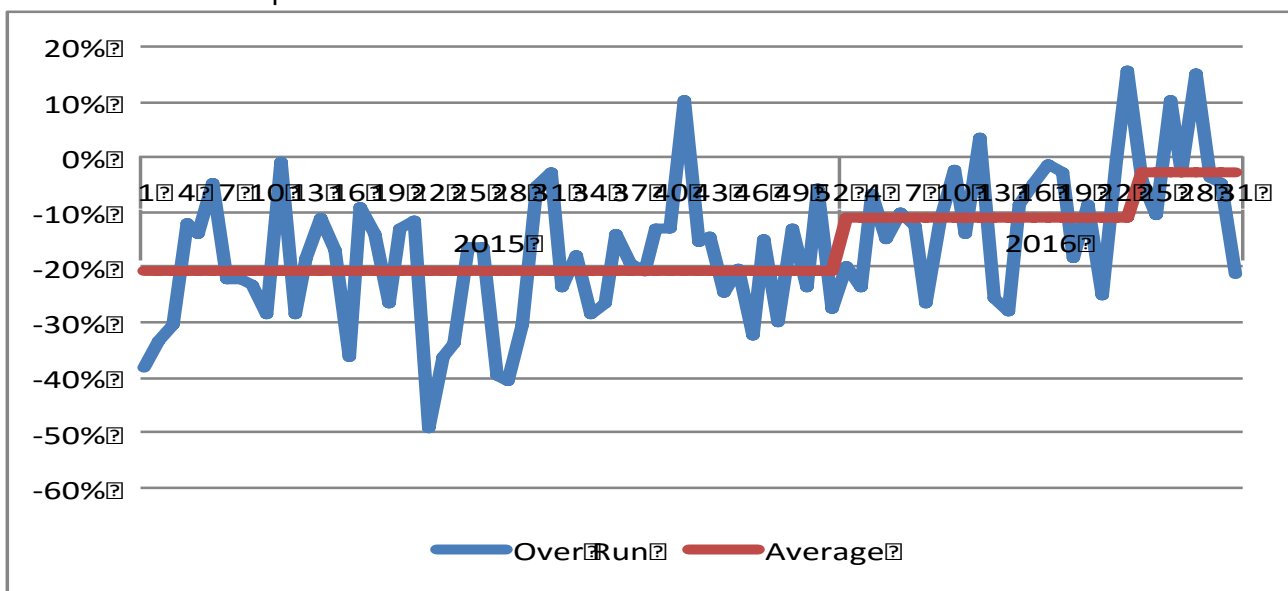


Theatre Utilisation (Individual patients from start of Anaesthetic to End of Op / Session Time)

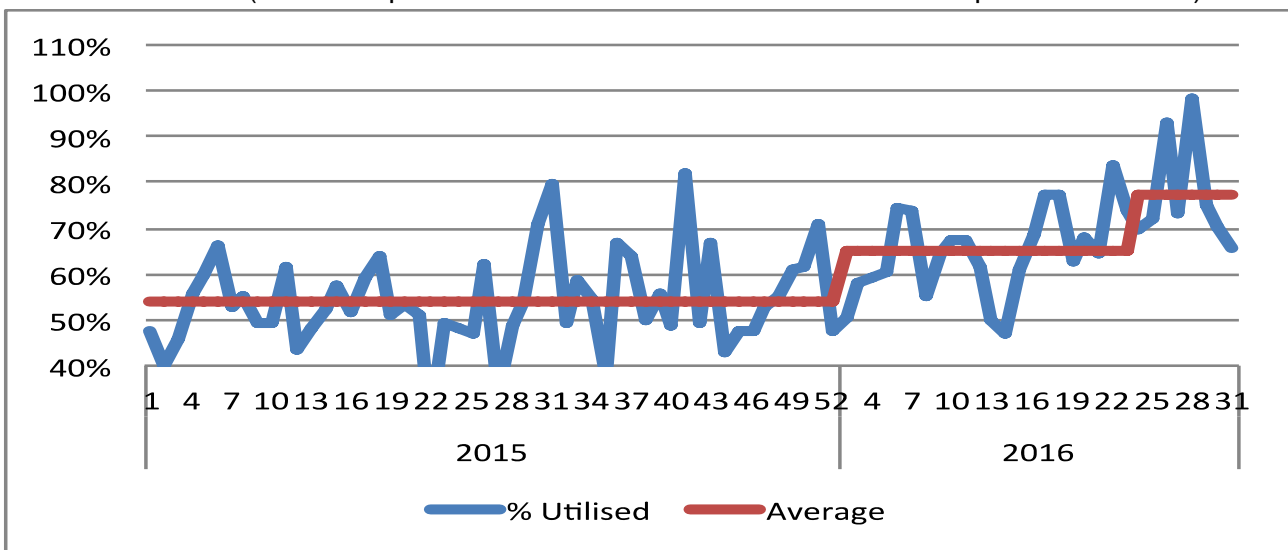


General Surgery

Finish Times versus planned session end



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



Conclusions:

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

The improvement has not only been sustained, but is also continuing to grow as the focus on using times to fill lists grows, and the confidence in not overbooking from this approach.

The data shows a prolonged period of lower levels of both under and over running since implementation. This has translated into more operating, less under running and a total of 110 lists of increased operating per year. This equates to just over 2 per week.