

Conference Grant Report

The following report was submitted by **Leanne Seiffert RN, NUM, Operating Theatre, Lismore Base Hospital**, who received a grant to attend the **5th Annual Operating Theatre Management Conference, 22– 23 August 2013**

I would like to thank you for assisting me in being able to attend the 5th Annual Operating Theatre Management Conference in Sydney, 22nd – 23rd August 2013. The program covered many contemporary topics affecting theatres today:

- The New NSQHS Standards
- Patient ID and Procedure Mapping: A System Approach
- Innovative Surgical Safety Checklist Implementation: Learning from Aviation Safety Procedures and Translating to an Operating Room Context
- National User – applied Labelling of Medicines in the perioperative Setting
- Pressure Injury Prevention in an Operating Theatre Context
- The Socially Networked OR? What's your Electronic Distraction?
- The Productive Operating Theatre
- Improving Operating Theatre Efficiency: Implementing and Refining Target Time Procedures
- Coordination and Management of Surgical Loan Kits
- Managing Theatre Culture from Within: Practice Development Applications
- Taking Control of the National Elective Surgery Targets (NEST): Balancing Theatre Bookings
- Obtaining NEAT and Nest: Achieving Multiple Targets
- Getting the Right Cut

The Management topic I found very informative was “Improving operating theatre efficiency: implementing and refining Target time procedures”, as it highlighted Positive workplace Culture, improvement of team work and the importance of open communication. The importance of effective communication, discouraging blame and promoting staff to bring forward solutions for problems they believed caused delays in theatre. The introduction of a white board with actual updated data on surgical times and delays, with an area for issues to be documented by staff, with the cause of delays, be it staff based, patient based or equipment based and finally a suggested resolution. Each morning the team have a meeting in front of the board with the entire surgical group to discuss the issues and delays as a way of trying to improve the outcomes for that day. This has helped improve theatre efficiency, improve time wasting practices and put an end to the blame game between the multi-disciplines.

Another topic I found extremely interesting that I think many of us have forgotten about over the years because we are so focused on meeting all our targets, was “pressure area prevention in the operating theatre”. We all consider patients pressure areas when positioning the patient for their operation but many times we forget how vulnerable we have made some patients. The patient at greatest risk is the one that has been booked for an emergency procedure but is not a life threatening and we fast them for hours only to have the case bumped to the next day and the patient endures yet another day of fasting, the more this happens the more malnourished this patient becomes which increases their risk of pressure areas.

Many of the other topics discussed, reinforced the fact that we are living in an ever-changing environment of culture and technology but we must not lose focus of the Patient which should remain our centre of care.

I came away understanding that to be efficient as a team you need transparency, openness in communication and a no blame culture, with everyone working toward the same common goal – best patient outcomes.