

# Reducing General Anaesthesia Waiting Area Time In Eye OT by 87%: R.P. Centre QI Initiative



# All India Institute of Medical Sciences, New Delhi

# **BACKGROUND**

Only 1 case is operated in single general anaesthesia (GA) OT at any time, but a <u>large</u> number of children are present in GA waiting area. This leads to unnecessary crowding, chaos, with many patients sitting on floor! Moreover, there is difficulty in coordination, increased risk of infection, and prolonged long fasting period for small babies. It adds to the anxiety of child and attendant.

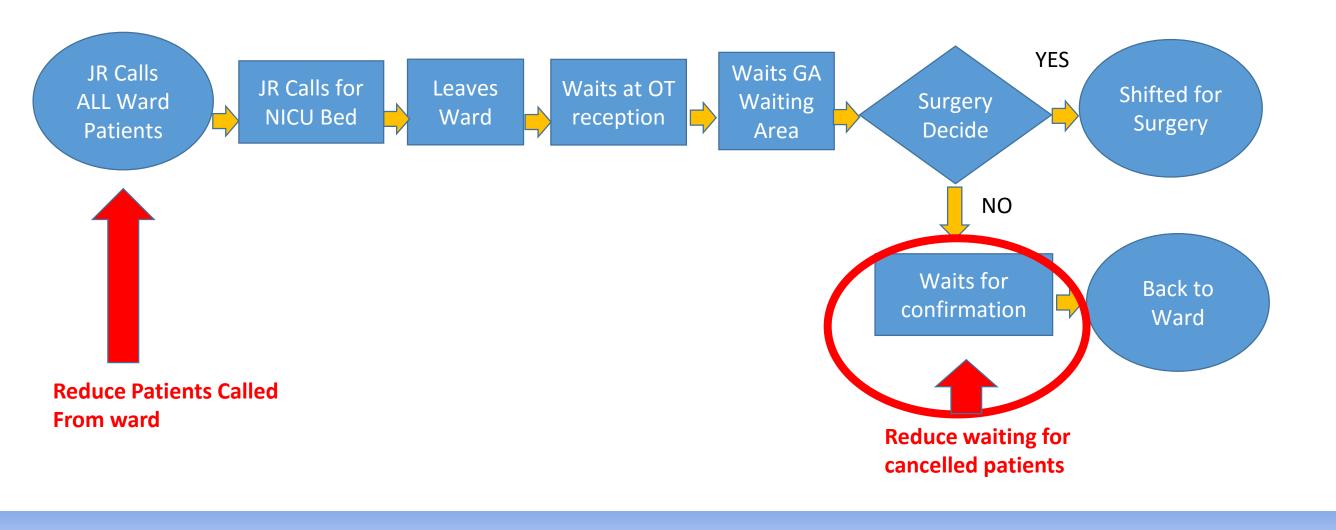
# **MIA**

To reduce average waiting time in GA (general anaesthesia) waiting area for admitted patients by 50% in 4 weeks in a single retina unit eye operation theatre of Dr R.P. Centre, AIIMS.

## DATA COLLECTED

- Time Junior Resident (JR) calls to ward
- Time patient moves out of ward
- Time patient reports to OT reception
- Time patient seated in GA waiting area
- **■** Time patient shifted for surgery
- **■** Time patient shifted out after surgery

# **BASELINE FLOWCHART & QUALITY ISSUES**

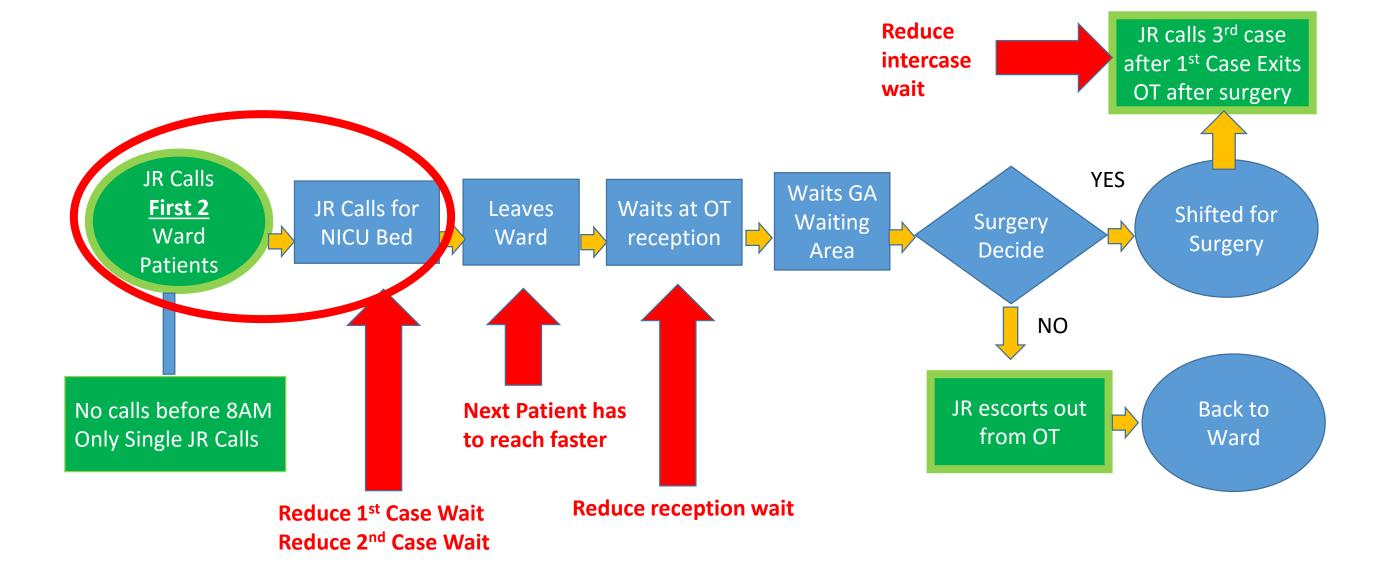


- All 8/8 patients called before 8:30 AM
- Of these 6/8 patients called before 8 AM !! OT team comes at 8:30 AM
- 2 patients cancelled after 5 hours of waiting in OT
- For a 5 min intravitreal injection, an infected case waited 6.30 hrs
- Average Waiting Time: 221 min (~3½ hrs)
- Maximum Waiting Time: 390m (6½ hrs)
- WAITING TIME = Time of entry to OT reception to shifting for surgery

# QUALITY IMPROVEMENT (QI) PHASE I

QI Needed

QI Done

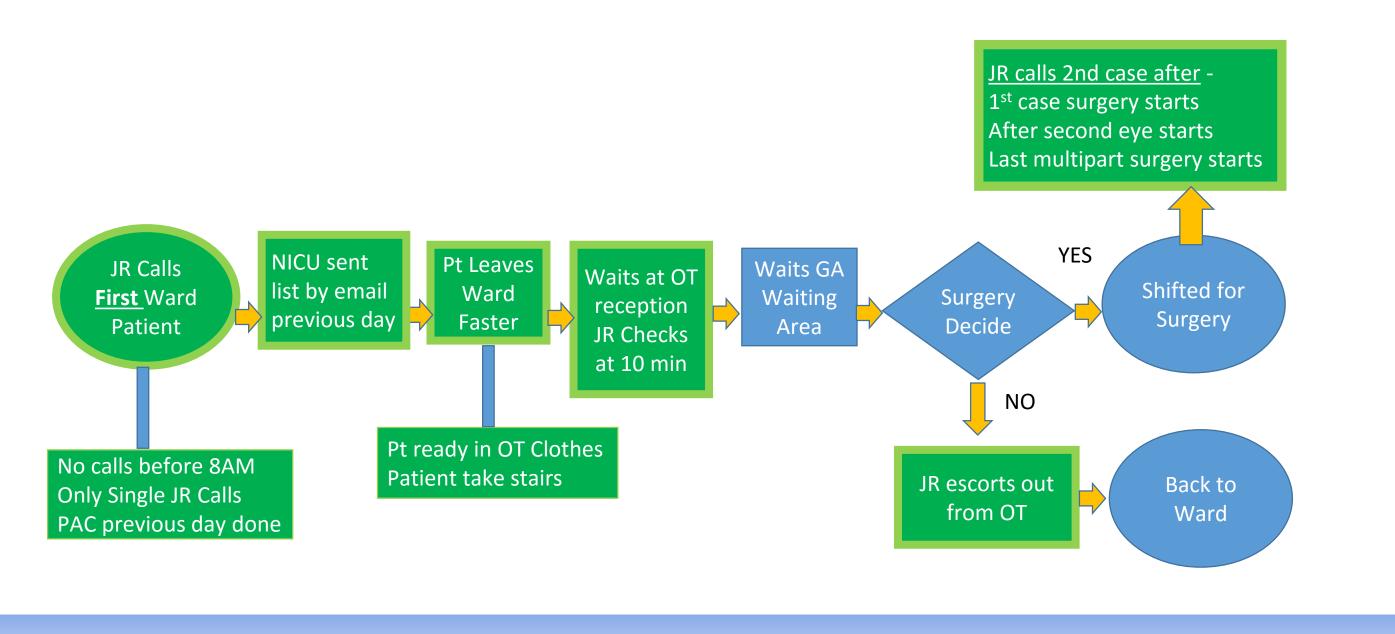


- Only single JR will call ward prevents multiple calls
- Do not call patient from ward before 8AM, as OT does not start till 8:30
- Call ward for 1st & 2nd case at 8AM to shift to OT [In case 1<sup>st</sup> case cancelled, 2<sup>nd</sup> should be ready]
- 3rd case call when 1st case comes out after surgery and so on ...
- JR will physically escort cancelled patient out of OT No cancelled patient needs to wait

# QUALITY IMPROVEMENT (QI) PHASE 2

QI Needed

QI Done

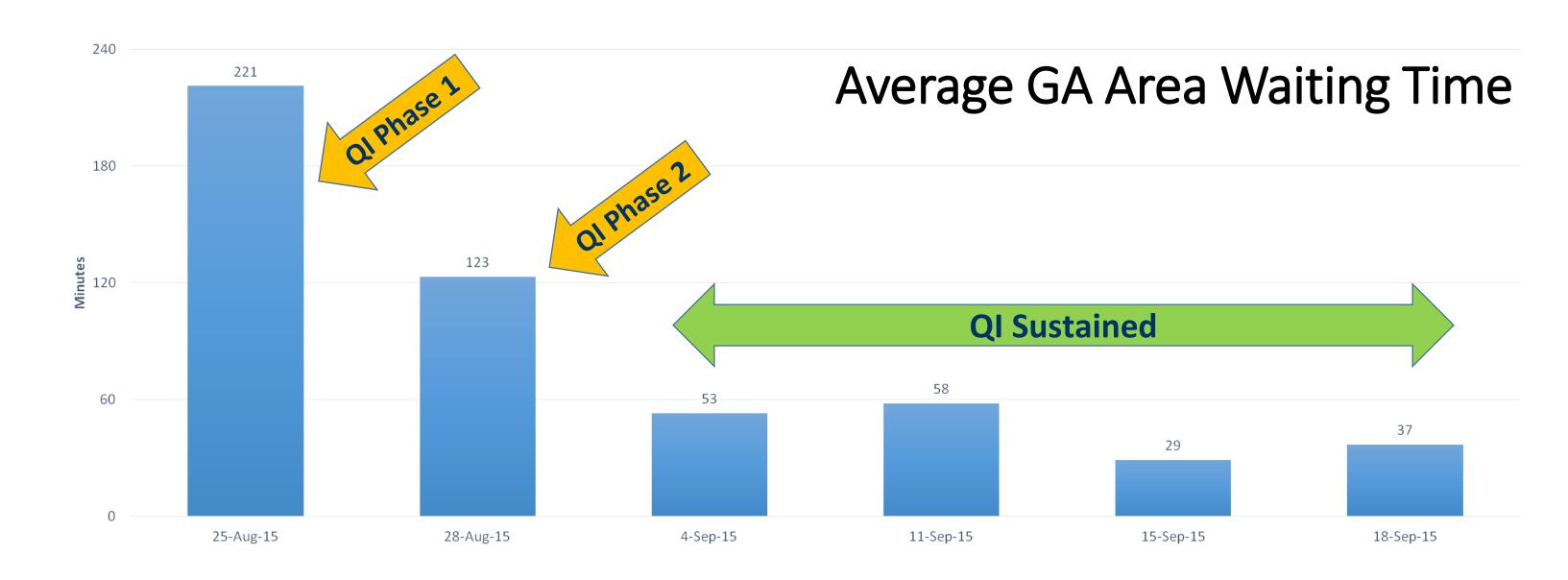


- PAC clearance ensured for all patients previous day
- Cases informed to NICU previous day by email > No morning NICU calls
- Only one patient called by JR at 8AM
- Sister keeps patients ready in OT clothes at 8AM
- Sister advises patients to take stairs, to reach OT faster
- JR checks after 10 min in OT reception, brings patient inside
- JR calls second case when: 1st case surgery starts (opsite cut) / Bilateral surgery when 2nd eye surgery starts / Multipart surgery, last part starts

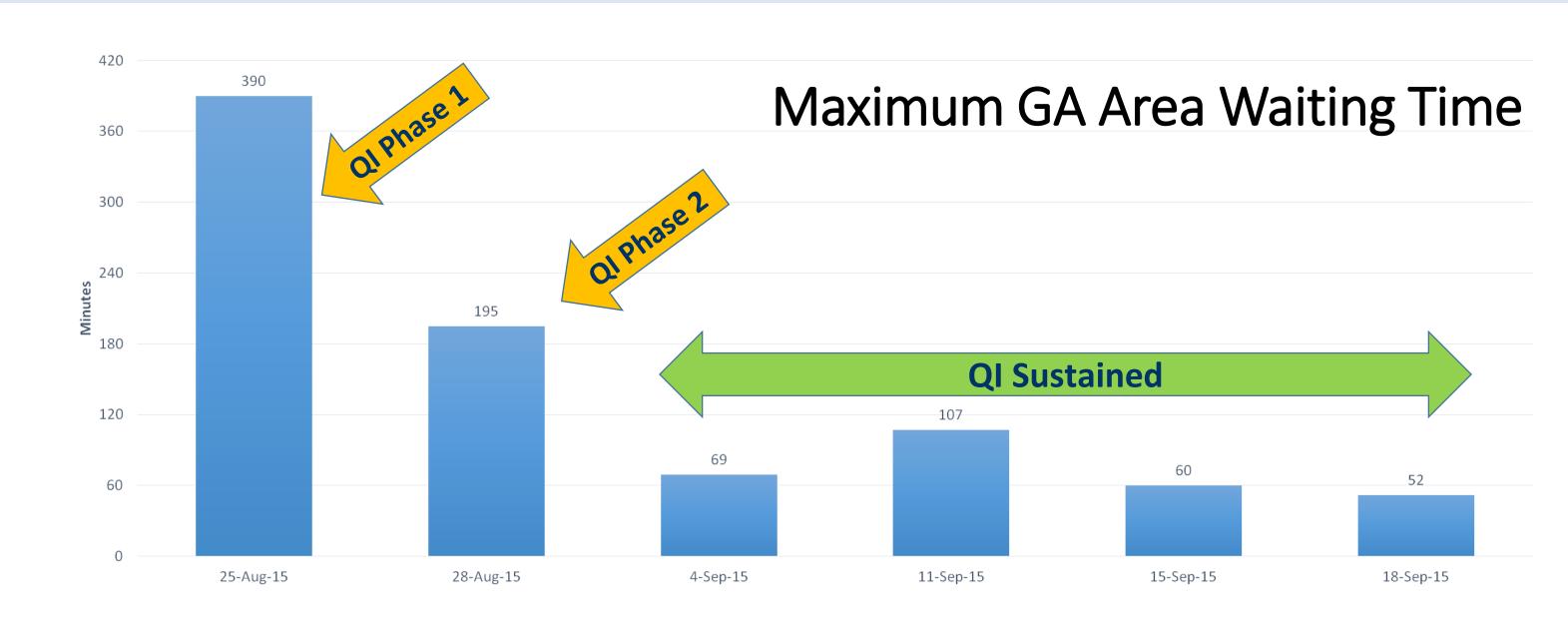
# **RESULTS**

QI Needed

QI Done



Average Waiting Time Reduced by 87% [221min (3½hr) → 29min(< ½hr) max



Maximum Waiting Time Reduced by 87% [390 min (6½ hr) → 52 min (<1 hr)

Conclusions: QI Significantly Reduced GA Waiting Area Times and Single JR Could Sustain QI Changes