

## REASON WHY?

There are high levels of standardisation on the elective c-section pathway and a low degree of variation in the techniques used, but inefficiencies and problems at each stage can impact adversely on the experience of the mother-to-be and their partner, the staff caring for them, and the efficiency of the Theatre list.



To reduce the percentage of theatre over runs by 20% by 31<sup>st</sup> July 2023.

## PLAN

There are many elements in the pathway for mothers-to-be as part of their patient journey.

Following initial observations and conversations with the team, initial suggestions to improve this pathway focussed on the reduction in theatre overruns and list changes as this directly impacts both patient satisfaction and the pressure placed on clinical teams.

Patients that are booked for Elective C-Sections are placed on the theatre list and allocated an equal amount of time regardless of additional requirements they may have.

The team were keen to try a new system that enabled patients to be booked into Theatre slots. They felt that this would reduce the number of changes made to the list order and the number of times the theatre list over-ran (including delays for the patient).

## DO

The team were keen to trial a different way of working to improve the process for the expectant mothers.

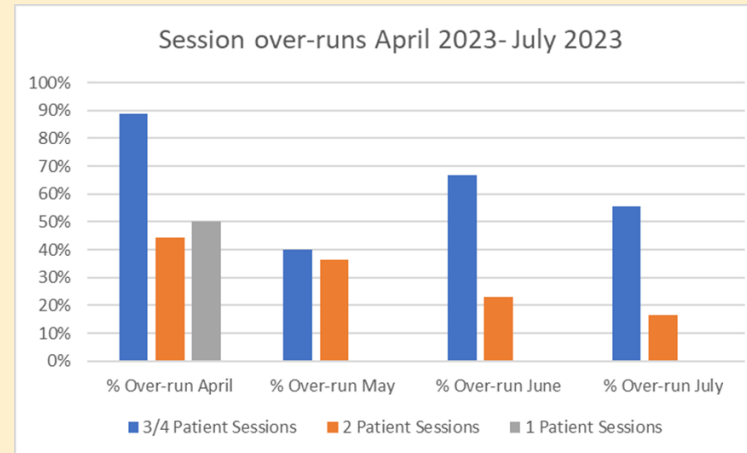
Initial idea generation was carried out with the obstetric, anaesthetic and midwifery teams and it was agreed to trial a scoring system when placing the patients into theatre slots. Patients who were likely to require additional Theatre time, due to increased co-morbidities, were allocated a higher score. This enabled the teams to appropriately fill the theatre slots and allocate the time needed.

The midwife team worked together to generate a scoring guide and used the scoring criteria when allocating patients into the theatre slots.

## STUDY

Initial data shows that the number of list order changes remained fairly consistent. The number of list changes prior to the trial equated to 13.16% of lists whilst during the trial reduced to 12.82%.

The number of theatre sessions that over-ran reduced by an average of 25% between April and July 2023 suggesting that the allocation of patients based upon the scoring system showed significant improvement to the process.



## ACT

Initial findings suggest that the use of the obstetric scoring sheet and allocating patients Theatre time based on their score should be adopted.

Further PDSA cycles should be continued in order to reduce the number of list order changes and improve the process for patients.