Operating theatre efficiency at a tertiary eye hospital in South Africa

ABSTRACT

BACKGROUND: South African is a resource limited country that needs efficient operating theatres to operate cost-effectively. There is therefore a need to regularly assess theatre efficiency.

AIM: To describe theatre efficiency in ophthalmology theatres at a tertiary hospital in South Africa.

SETTING: St John Eye Hospital is a tertiary academic hospital located in Diepkloof, a township in Soweto, South Africa. It has 3 operating theatres and does not have a dedicated emergency theatre. Emergency surgical cases are added onto one of these three elective lists, as and when they arise.

METHODS: A cross-sectional study of the three operating theatres registry, of surgeries performed over a 6-month period. Data which were analysed included the starting and finishing times of theatre lists, surgical cases which were cancelled on the day of surgery and operating theatre utilization rates.

RESULTS: A total of 1482 surgeries from 229 theatre lists were included in the study. Sixty-five percent of these theatre lists started late, accounting for 4236 minutes of lost theatre time. Lists finishing after 16:15 (theatre overrun) and before 16:00 (theatre underrun) were in 23% and 30% respectively. The difference between starting and finishing times was not statistically significant between general and local anaesthesia lists'. Theatre utilization rate was 62.39%. The cancellation rate was 16.26%, and the most common reasons for cancellations were being medically unfit and no operating theatre time available.

CONCLUSION: All theatre efficiency parameters at St John Eye hospital were below international benchmarks.