

# Super-SNAP1: cancellations and delays to surgery

Quick overview

https://www.niaa-hsrc.org.uk/Super-SNAP1#pt

supersnap1@rcoa.ac.uk

## What is Super-SNAP1?

Super-SNAP1 is the first Super-SNAP project and is being run by the HSRC in conjunction with UCL and the University of Nottingham.

This Super-SNAP1 will investigate **cancellations and delays to surgery**. We aim to:

- Understand the current rate of last-minute cancellations for planned surgery and the reasons/risk factors for cancellations
- Establish whether operation/interventional list efficiency and productivity is being affected by factors outside the control of the clinical team (e.g. bed availability, staff shortages)
- Describe the variation in operating list characteristics, efficiency and cancellations over different regions within the UK and between different types of hospitals (e.g. acute vs. cold sites)
- Determine if emergency surgery is being provided within the desired timeframe for patients

# Our top tips for success

 Involve both surgical and anaesthesia colleagues, and where required, theatre coordinators

- Complete data collection prospectively
- Get your colleagues involved and recognise your colleagues' contributions

### When is Super-SNAP?

#### Data collection period:

- Starts: 08:00 on Tuesday 11<sup>th</sup> January
- Ends: 07:59 on Thursday 13th January

#### Data entry:

 Deadline for online submission: 9am on Monday 17<sup>th</sup> January

# Inclusion/ Exclusion Criteria and Definitions

Inclusion criteria (also see definitions below)

All adult and paediatric surgery and interventional procedures either:

- taking place in an operating theatre; and/or
- requiring the support of an anaesthetist (e.g. interventional radiology procedures)

#### **Exclusion Criteria**

- Obstetric procedures or surgery
- Diagnostic or minor interventional procedures not requiring anaesthetic support

#### **Definitions**

- <u>A procedure:</u> any surgical or other intervention that takes place either in an operating theatre or an interventional suite requiring the support of an anaesthetist
- <u>Elective</u>: the patient was invited to attend having been on a planned procedure waiting list. This would include surgical prioritisation categories P2, 3 and 4, and both elective and expedited NCEPOD categories.
- <u>Emergency:</u> the patient was listed for their surgery/intervention with the expectation that it would take place within 72h. This would include patients who were admitted to hospital as an emergency to wait for their procedure, and those allowed to go home and return for their procedure, as long as the expectation was that the treatment would take place within 72h of decision to operate (e.g. minor fractures, ERPCs). This would include surgical prioritisation category P1, and urgent and emergency NCEPOD categories.

### Which data will be collected?

<u>Form 1:</u> Cancelled Elective Patients – one form to be completed for each patient whose operation/procedure is cancelled either on the day or the day before an elective list

<u>Form 2:</u> Elective Operating Theatres & Intervention Rooms – one form to be completed for each elective list

<u>Form 3:</u> Emergency Patients – one form to be completed for each per emergency patient

<u>Form 4:</u> Daily Overview – one form to be completed per hospital each day

#### Form 1: Cancelled Elective Patients

Trust Name:														
Hospital Name:														
Hospital Site:														
Date of planned p	procedu	ire:												
Patient age? (fick	:)													
<18 years	years													
Planned as day-	ase or l	npatient	? (tick/c	ircle)										
<18 years	years			П										
Surgical magnitud	de? (fici	k)												
Minor		Inter	mediate			Major/	comple	900						
Surgical urgency	? (fick/c	ircle)												
P2 (<1 m	P3 (	<3 m	<3 months) P4 (>3 months)							ns)				
Indication for trea	itment (	lick/circ	le)											
Cancer Cardioc Vascular							T	Other						
Reason for cance	llation (	please t	ick all th	at ap	ply)									
Medical: long-ter	m cond	ition or r	nedicati	on rel	ated		Equip	men	it Pro	ble	m			
Medical: acute o (e.g., acute infec		NOT C	OVID 191	relate	d		Patier	nt Di	A.P.					
Medical: acute/re complication	e/recent COVID 19 Infectio			n or			Admi list	nistro	ifive	e.g	. over	rbook	ed	
Lack of haspital b	ed						Un-kn	own						
Lack of critical or	bed				Staffin	ng (s	ee n	ext.	sectio	in)				
List overrun / insut	ficient o	peratin	g theatre	сар	acity									
Other, please spe	ecify:													
If staffing was con	ntributing	g factor,	please i	ndico	te w	nich stat	group	s co	ntrib	uted	i (tick	all th	at app	ly)
Scrub staff					Mid	dle grad	de ana	esthe	etist					
HCAs					Sen	ior surge	eon							
Porters					Mid	dle grad	de surg	eon						
ODP/ODA/anaes	thetic n	urse			Rec	overy st	aff (i.e.	not	al re	900	very b	eds o	pen)	
Senior anaestheti	st				Ward staff (discharge delays from recovery)									
Other, please spe	edify:													

# Form 2: Elective Operating Theatres & Intervention Rooms

Trust Name:													
Hospital Name:													
Hospital Site:													
Date of List:													
Total number of p	atle	nts who	inderwent and	oesthe	tic in	tervention o	n the list to	oday					
		pt	atients		n	umber of p	atlents tre	ble below to indicate cated in each catego vs, inpatient care.					
		PI	P2 Cancer	No can	n-	P3	P4						
Adult day case								]					
Adult inpatient								]					
Paediatric day case	e												
Paediatric inpatient	t												
Did the list start or	n tim	e? (fick)											
Yes			No		Т								
Did the list end or	n tim	e?											
Yes	$\Box$		No	Т	Т								
In the opinion of on this list used a:				team,	was	the full time	allocated	for surgery and anaest	hesia				
Yes			No										
If the list was not	used	as effici	ently as possit	ble, ple	ease	select all re	asons why	this was					
Uncertainty over hospital bed availability					ti a	Delays in patients being able to leave theatres (e.g., recovery full /no ICU bed available/removal of all airway devices mandated in theatre)							
Uncertainty over availability	criti	cal or e	nhanced bed	1	D	Delays in patients arriving in theatres							
Infection Prevention Control issues (e.g., cleaning theatres; mandated delays between patients)						Organisational issue in theatres (e.g., equipment not available)							
COVID-19 relate patient awaiting				-	۸	Administrative issues: over or under booked list							
Non COVID-19 re	lated	d clinical	reasons		S	taffing							
Other, please spe	ecify:												
If you feel staff si others? (circle/fic		iges hav	re affected co	apacit	y too	day, has one	e statt gro	up been affected more	than				
Yes			No	Т	Т	Please turn o	ver for the	final question.					
					_			-					

Scrub staff	Middle grade anaesthetist
HCAs	Senior surgeon
Porters	Middle grade surgeon
ODP/ODA/anaesthetic nurse	Recovery staff (i.e. not all recovery beds open)
Senior anoesthetist	Ward staff (discharge delays from recovery)

### Form 3: Emergency Patients

Trust Name:																				
Hospital Nam	e:																			
Hospital Site:																				
Date of proce	dure	r:																		
Patient age?	(fick)	)																		
<18 years				≥18 yea	rs								2h Not recorded 2h >72 hours  urgery:  neatres to leave theatres d available) theatres (e.g.,  id (lick all that apply)							
Planned as d	ау-с	ase or inp	atlen	t? (tick)																
Day case				Inpatier	nt l									48h <72h Not recorded (Ircle)  48h <72h >72 hours  -0759						
Surgical mag	nitud	e (tick/cli	rcle)																	
Minor Intermedia										Мо	jor, n	najor+/co	omplex							
Intended time	e to s	urgery at	the ti	me of bo	oking	in	hou	rs (1	lick/circle	)										
< 2h		<6h		<12h		<	24h		<48h			<72h	Not record	led						
Time between	n boo	king and	ana	esthesia s	larting	g i	n ho	urs	(fick/circl	e)										
< 2h		<6h		<12h		<	24h		<48h			<72h	>72 hour	'2 hours						
Time that and	esthe	esia starte	d (fic	k/circle)																
0800 - 1159		1200 - 12	759	180	00 – 23	35	9		0000 - 07	759										
	Pk	ease only	com	plete the	fields	ь	elow	ii t	here was	a del	lay to	surgery:	:							
Reason for de	day t	o surgery	(pled	ase fick al	Ithat	a	pply)	)												
Please only complete the fields below if there was a delay to surgery:  Reason for delay to surgery (please tick all that apply)  Uncertainty over hospital bed availability Delays in patients arriving in theatres																				
Uncertainty of bed availabil		218 years   218																		
Infection Pre- cleaning the			ol Issu	ies (e.g.,								thea	tres (e.g.,							
Clinical reaso results	ns e.	g. patient	awo	iting test			Othe	r, p	lease spe	cify:										
If staffing was	cont	tributing fo	actor	, please is	ndica	te	whic	:h s	tatt group	s cor	ntribu	ted (tick	all that appl	y)						
Scrub staff					П	Middle grade anaesthetist							Г							
HCAs					Т	5	Senio	r su	rgeon					Г						
Porters						1	Midd	le g	grade surg	eon										
ODP/ODA/ar	aest	hetic nurs	e			1	Reco	iver	y staff (i.e	. not	all re	covery b	eds open)	Г						
Senior anaest	hetis	t				١	Ward	sto	aff (discha	rge o	delay	s from re	covery)							
Other, please	spec	cify:																		

### Form 4: Daily Overview

Trust Name:												
Hospital name:												
Site name:												
Date of completion (11° o	r 12° Jai	nuary 20	22):									
								am	pm	eve	night	
Normal number of elective an anaesthetist (consider						al suites	involving					
Today: Number of elective anaesthetist	e session	s in the	atre/int	terver	ntional s	uites inv	olving an					
Normal number of emer sultes involving an anaesth												
Today: Number of emerg sultes involving an anaesth		r traumo	sessio	ons in	theatre	/ inter	ventional					
<b>Today:</b> Number of <b>elective theatres</b> doing <b>emergency</b> surgery (i.e., theatres converted from elective work to support emergency surgery)												
<b>Today:</b> Number of empty sessions in theatres or interventional suites involving an anaesthetist												
If there were empty session sessions because of service					npty ses	sions an	d how ma	ny we	re unpl	anned	empty	
Were there empty sessions?	Y/N	Number session		ually	of unp essions							
If fewer sessions occurred	than usu	al, what	t were	the re	asons fo	or this? (	lick all tha	t apply	0			
Lack of ward beds				Staff shortages (please see below)								
Lack of critical care beds				Administrative errors								
Other, please specify:												
If staffing was contributing contributed (tick all that a		r to und	expect	ed e	mpty so	essions,	please in	dicate	which	staff	groups	
Scrub staff				Mid	idle gra	ade anaesthetist						
HCAs				Sen	ior surge	eons						
Porters				Mid	dle gra	de surge	ons					
ODP/ODA/anaesthetic nu	rses			Rec	overy st	aff (i.e. r	not all rec	overy i	oeds o	pen)		
Senior anaesthetists				Wa	rd staff (	discharg	ge delays	from re	cover	v)		
Other, please specify:												
If staffing was contributing apply)	factor t	o unexp	ected	empt	y sessio	ns, plea	se indicat	e reas	ons wh	y (fick	all that	
Covid related absences (s	ickness,	isolation	otc)		Non-C	OVID rel	ated slokr	ess			T	
Staff redeployment to other		Other	please s	pecify:								

#### Where can I find further information?

Please refer to our Local Coordinators Guide and our FAQs page. If your questions are not answered please either:

See our website: <a href="https://www.niaa-hsrc.org.uk/Super-SNAP1#pt">https://www.niaa-hsrc.org.uk/Super-SNAP1#pt</a> or

E-mail us on: <a href="mailto:supersnap1@rcoa.ac.uk">supersnap1@rcoa.ac.uk</a>

#### Thank you for your support with this study.

#### **Super-SNAP1 investigators:**

Professor Ramani Moonesinghe – HSRC Director
Professor Iain Moppett – HSRC Deputy Director
Dr Martha Belete – HSRC Fellow
Ms Sarah Hayden – UCL
Dr Andrew Kane – HSRC Fellow
Dr Justin Kua – HSRC Fellow
Dr Emira Kursumovic – HSRC Fellow
Dr Georgina Singleton – HSRC Fellow
Dr Eleanor Warwick – HSRC Fellow