

The aim and measures

The **NHS Constitution** and **King's College Hospital** mandate that if a procedure (open theatre or endovascular) is cancelled for non-clinical reasons, it must be rescheduled within 28 days.

Aims:

- Evaluate the Vascular Surgery department's compliance with NHS & KCH guidelines for rescheduling cancelled procedures within 28 days.
- Identify avenues for improvement in current outcomes.

Why is this important to patients and staff?

Surgical postponements and cancellations are difficult for everyone involved, most especially the patients and their relatives and/or carers.

Cancellations of elective surgery can have both a financial and psychological impact on patients, including days of work lost and health-related anxiety.

The rescheduling of cancelled operations and procedures also puts further pressure on hospital backlogs and waiting lists.

Ideas and tests of change

The initial recommendations for improvement focused on minimising the occurrence of cancellations to reduce the need for rescheduling procedures.

Initial suggestions:

1. Reserving elective patient beds
2. Utilising SACU beds for overnight stays
3. Establishing a post-discharge ward for patients requiring rehabilitation
4. Collaborating with occupational therapy teams to better predict delays or prolonged hospital stays

These measures were deemed unfeasible due to economic and operational constraints. Our intervention therefore comprised of utilising a departmental clinical governance meeting to act as a platform to highlight the key issues within our department and to raise awareness of NHS and KCH guidelines that we should aim to be complying with.

The tools used

PDSA cycle 1:

<p>Plan: Identified KCH guidelines for cancellations & procedure scheduling and planned potential change to enhance efficiency.</p>	<p>Do: Gathered data for procedure outcomes from March to August 2024 and whether cancellations were rescheduled within 28 days.</p>	<p>Study: Analysed the data including: <ul style="list-style-type: none"> • Number of procedures listed (scheduled, completed, and cancelled) • Reasons for cancellations </p>	<p>Act: Presented findings to stakeholders: <ul style="list-style-type: none"> • Consultants • Cardiovascular Service Manager • Assistant Service Manager • Admissions and Waiting List Manager </p>
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PDSA cycle 2:

<p>Plan: Identified when and how to reassess performance following intervention and planned a review over a new time period to evaluate the impact.</p>	<p>Do: Collected data from 1st October to 31st November using the same metrics as Cycle 1.</p>	<p>Study: Compared and analysed results with previous data to assess performance improvements or ongoing challenges.</p>	<p>Act: Decided on next steps based on findings and presented findings at a clinical governance meeting.</p>
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The results

1st March to 31st August 2024:
Of 402 scheduled procedures, 165 were cancelled.
Rescheduling rates at 28 days:
17.5% for open theatre
12.0% for endovascular procedures

1st October to 30th November 2024:
Of 157 scheduled procedures, 88 were cancelled.
Rescheduling rates at 28 days:
65.2% (15/23) for open theatre
87.7% (57/65) for endovascular procedures

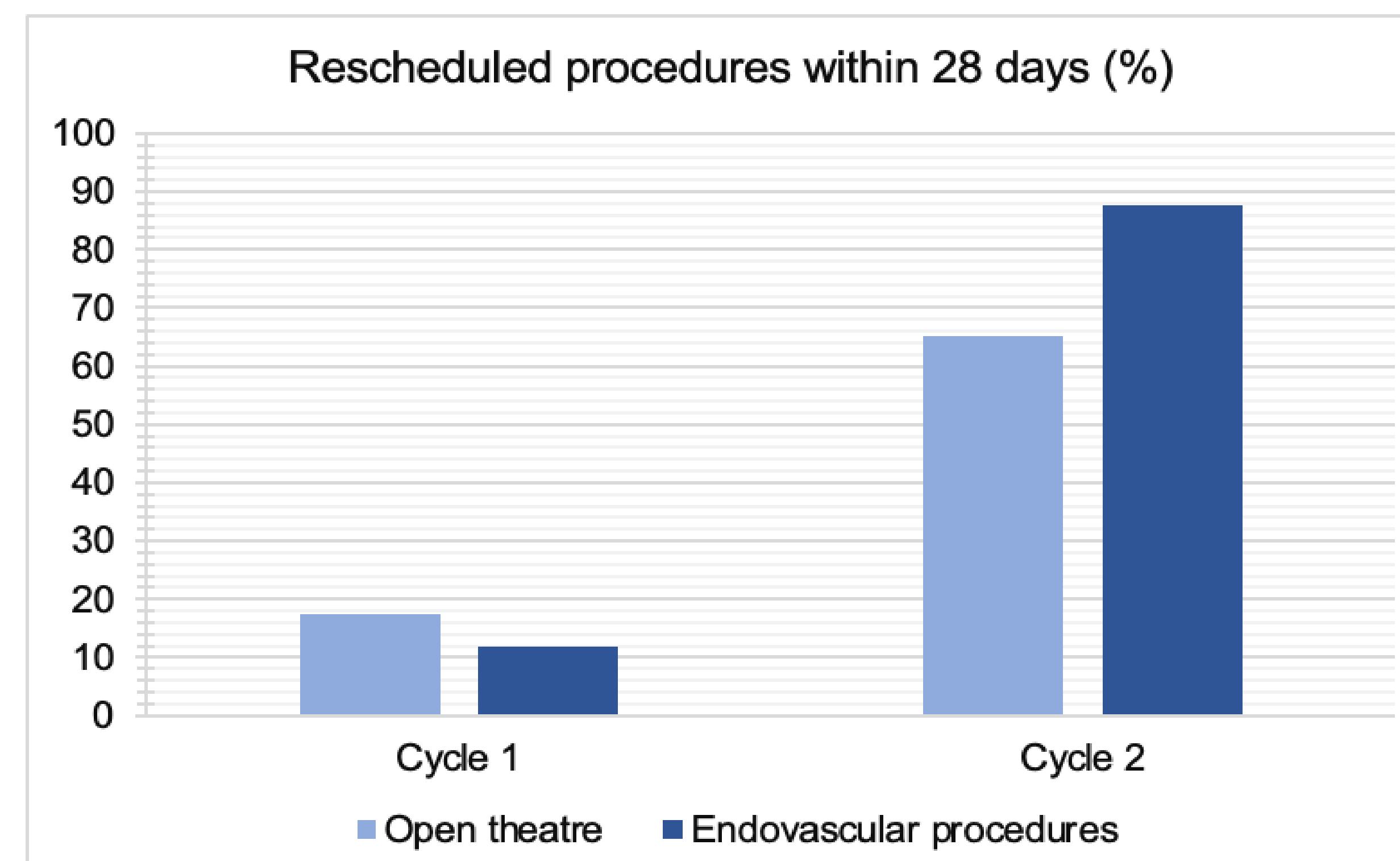


Figure 1. Bar chart showing the percentage of rescheduled procedures within 28 days pre and post intervention.

Challenges, learnings and next steps

Surgical postponement and cancellations are currently a major challenge as highlighted in the nationwide project, PACE (Postpone and Cancellations in Elective care). Our audit indicates that facilitating structured dialogue within a surgical department and increasing awareness of guidelines enhanced compliance with performance targets.

Although rescheduling rates greatly improved, many patients experienced repeated cancellations and were rescheduled within the same month but did not receive definitive treatment.

Whilst the hospital remains in OPEL 4 (Operational Pressures Escalation Levels) it is unlikely that any systemic causes for cancellations will be addressed such as unavailability of beds.

We have submitted our audit to the Royal College of Surgeons of Edinburgh QI & Audit symposium and will be presenting in Edinburgh in March 2025.