## PGWC Standard Operating Procedure

**Category:** Operating theatre activity data  
**SOP no:** A/003

### Recording and reporting of cancellation of elective theatre operations and/or procedures

To be revised in 2010

**Compiled by:** Theatre Efficiencies Task Team (Policies Task Team)

**Approved by:** Interdivisional 20/2/09, DEXCO 25/2/09, EXCO 11/08

**Contact Person:** Dr Anthony Reed, Ms Lesley Shand, Dr Stephan Fourie  
**Date:** February 2009

### Target group:

- Hospital Managers
- Quality assurance directorate
- Theatre managers
- Theatre Nursing Directors
- Theatre management committees
- Surgical and anaesthetic departments

### Policy requirements

Hospitals required to report cancellations are:

- All central hospitals
- All regional hospitals
- District hospitals with elective operating lists:
  - Karl Bremer
  - Victoria
  - GF Jooste
  - Eersteriver

### Policy Purpose

- To monitor theatre cancellations as an indicator for theatre efficiency.
- To identify areas in which improvements can be targeted to decrease unnecessary cancellation.
- To assist in the optimal use of scarce theatre resources.
- To aid in the appropriate booking of elective operating time.

### Definitions

- **Scheduled or elective case cancellation:**
  - Is a surgical operation that was booked on an operating list for a particular day but was not performed on the day the procedure was booked for.
  - Only on elective, weekday lists
  - If an operation is rescheduled for another operating theatre in the same institution and receives the planned operation on the scheduled day then this is not considered a cancellation.

- **Operating list:**
  - Is a list generated by surgical teams, notifying theatre personnel and anaesthetic departments of the surgical teams intended list of procedures/patients.
  - It describes the intended use of allocated, elective operating theatre time.

- **Added cases after operating list distribution**
  - Cases added subsequent to a list being distributed are not part of the elective list. Cases added subsequently will be categorised as emergency cases and if they result in a patient on the original (distributed) list being cancelled the reason should be recorded as "No time: Emergency"
<table>
<thead>
<tr>
<th>Recording process</th>
<th>Theatre cases that are postponed or cancelled should be recorded daily and include the surgical specialty/sub-specialty and the reason for the cancellation / postponement.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Patient sick/unstable</td>
</tr>
<tr>
<td></td>
<td>2. Patient not in hospital: Patient failed to attend</td>
</tr>
<tr>
<td></td>
<td>3. Patient not in hospital: No bed for admission</td>
</tr>
<tr>
<td></td>
<td>4. Operation not needed: Resolved</td>
</tr>
<tr>
<td></td>
<td>5. Operation not needed: Misdiagnosed</td>
</tr>
<tr>
<td></td>
<td>6. Operation not needed: Patient had procedure</td>
</tr>
<tr>
<td></td>
<td>7. Operation not needed: Patient Died</td>
</tr>
<tr>
<td></td>
<td>8. No time: Emergencies</td>
</tr>
<tr>
<td></td>
<td>9. No time: Overbooked list</td>
</tr>
<tr>
<td></td>
<td>10. No time: Unexpected surgical complications</td>
</tr>
<tr>
<td></td>
<td>11. No ICU bed</td>
</tr>
<tr>
<td></td>
<td>12. No consent</td>
</tr>
<tr>
<td></td>
<td>13. Patient not ready: Not starved</td>
</tr>
<tr>
<td></td>
<td>14. Patient not ready: Further investigations needed related to the procedure</td>
</tr>
<tr>
<td></td>
<td>15. Patient not ready: Further investigations related to the anaesthetic</td>
</tr>
<tr>
<td></td>
<td>17. Personnel related: Anaesthetists/Nurse/Surgeon not available</td>
</tr>
<tr>
<td></td>
<td>18. Other: Equipment related</td>
</tr>
<tr>
<td></td>
<td>19. Other: Consumable related</td>
</tr>
<tr>
<td></td>
<td>20. Other: Reason unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporting process</th>
<th>Surgeons and anaesthetists will assist with the determination of the reason for cancellation, using the 20 categories provided and select the best fit.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nurses will be responsible for collecting daily data on hard-copy</td>
</tr>
<tr>
<td></td>
<td>Head nurses of each theatre unit will be responsible for ensuring that data is collected accurately.</td>
</tr>
<tr>
<td></td>
<td>Hospital information management (IM) office will be responsible for entering data onto daily spreadsheet.</td>
</tr>
<tr>
<td></td>
<td>Hospitals can get the standard Excel format cancellation tool from the Information Management Directorate at Provincial Head Office.</td>
</tr>
<tr>
<td></td>
<td>The database contains a monthly summary facility.</td>
</tr>
<tr>
<td></td>
<td>The monthly summary will be in the standard format as provided by the department’s information management directorate.</td>
</tr>
<tr>
<td></td>
<td>The monthly summary must be entered onto the Sinjani information system into the corresponding template.</td>
</tr>
<tr>
<td></td>
<td>Each facility’s monthly data must be used for reporting at regular theatre management meetings, surgical department meetings and anaesthetic department meetings.</td>
</tr>
<tr>
<td></td>
<td>Data will be reported to QA directorate and used for QA quarterly reports to the Divisional EXCO.</td>
</tr>
<tr>
<td></td>
<td>A crude rate will be calculated = number of cancellations/total operations (elective and emergency cases)</td>
</tr>
<tr>
<td></td>
<td>Target cancellation rate is 16% (for 2009/10)</td>
</tr>
</tbody>
</table>
Definitions (Reason for cancellation):

- **Patient too sick/unstable**
  Patient deemed by either surgical or the anaesthetic team to be too ill for the procedure, after the patient has been booked on a published operating list.

  Where the assessment of the need for an ICU bed takes place after the case is booked (e.g. the anaesthetist on a routine pre-op visit detects a risk that requires ICU admission) the case is not cancelled due to a lack of ICU bed but rather as: Patient sick/unstable.

- **Patient not in hospital: Patient failed to attend**
  Patient is not in hospital: Patient failed to attend
  Patient is not does not receive the planned surgical operation on the day planned due to not being in the hospital. This must not be used to count patients who have absconded, as they should be counted as “No consent”.

- **Patient not in hospital: No bed for admission**
  No bed for the patient's admission to the hospital, subsequent to them already having the procedure booked on a distributed operating list.

- **Operation not needed: Resolved**
  Clinical indication no longer present

- **Operation not needed: Misdiagnosed**
  Self-explanatory

- **Operation not needed: Patient had procedure**
  Patient has received procedure at an earlier time or at another location. Does not include operations where arrangements have been made for a patient booked on one list to be done elsewhere on the same day due to additional capacity being identified elsewhere in the same institution. A patient having the procedure done on the planned day, in the same hospital is deemed to have had the procedure as planned.

- **Operation not needed: Patient Died**
  Self-explanatory

- **No time: Emergencies**
  When a patient does not receive the planned procedure due to an urgent/emergency case being added to the operating theatre work after the list has been published and circulated. This includes elective patients added to lists after they are distributed. If these added cases result in a cancellation then the reason should be recorded as “No time; Emergency”.

- **No time: Overbooked list**
  When a patient does not receive the planned procedure due to the planned cases before the signature patient’s procedure, exceeding the amount of time allocated to the surgeon for that session.

- **No time: Unexpected surgical complications**
  When a patient does not receive the planned procedure due to an unplanned extension in the duration of surgery to an earlier patient on the operating list. Where unexpected surgical complications delay an operation on a number of patients to follow, it may then be difficult to determine whether all of them are cancelled due to the unexpected problem, or whether overbooking was a contributory cause. It is recommended that the full theatre team be asked to reach a consensus in such cases.
- **No ICU bed**  
  When a patient does not receive the planned procedure due to a lack of the required ICU bed (when the ICU bed has been booked before the patient is booked on the operating list). Where the assessment of the need for an ICU bed takes place after the case is booked on the operating list (e.g., the anaesthetist on a routine pre-op visit detects a risk that requires ICU admission) the case is not cancelled due to a lack of ICU bed but rather as Patient too sick/unstable. ICU’s cannot be expected to ensure that elective beds with less than 18 hours notice.

- **No consent**  
  Patient unable to receive planned surgery due to lack of legal consent being documented. This will also be used to record patients who have absconded despite having a procedure booked on an elective list.

- **Patient not ready: Not starved**  
  Where the patient does not receive the planned surgery on the planned date due to not being starved. If the order of the list can be changed and the patient receives their surgery then this should not be counted as a cancellation.

- **Patient not ready: Further investigations needed related to the procedure**  
  Where the patient does not receive the planned surgery due to a delay/loss of the investigations required to undertake the procedure safely; and the reasons are predominantly related to the surgical investigations.

- **Patient not ready: Further investigations related to the anaesthetic**  
  Where the patient does not receive the planned surgery due to a delay/loss of the investigations required to undertake the procedure safely; and the reasons are predominantly related to the anaesthetic investigations.

- **Personnel related: Anaesthetists/Nurse/Surgeon ill**  
  Where the patient does not receive the planned surgery due to illness of any member of the operating theatre team limiting the ability of the hospital to provide a planned operation. This is aimed at recording the lack of the hospital’s ability to provide an operating list at short notice (less than 24 hours) due to a lack of staff.

- **Personnel related: Anaesthetists/Nurse/Surgeon not available**  
  Where the patient does not receive the planned surgery due to the absence (not for illness) of any member of the operating theatre team limiting the ability of the hospital to provide a planned operation. This is aimed at recording the lack of the hospital’s ability to provide an operating list at short notice (less than 24 hours) due to a lack of staff. An example would be if the required surgeon is not available for reasons other than ill-health.

- **Other: Equipment related**  
  Where the patient does not receive the planned surgery due to the non-availability or non-functioning of essential equipment such as air-drills/mobile X-ray units etc

- **Other: Consumable related**  
  Where the patient does not receive the planned surgery due to the non-availability or non-functioning of essential consumables such as surgical implants, anaesthetic consumables and drugs.

- **Other: Reason unknown**  
  Where none of the above reasons is applicable.
Definitions (Surgical disciplines):

**Cardiac surgery**
Including paediatric cardiac surgery

**Thoracics**
Including paediatric thoracic surgery

**General**
Excluding paediatric general surgery

**Eyes**
Including paediatric eye surgery

**Neuro**
Including paediatric neurosurgery

**Urology/renal**
Including paediatric urological surgery

**ENT**
Including paediatric ENT surgery

**Plastics**
Including paediatric plastic surgery

**Burns**
Including paediatric burns surgery

**Gynaecology**
Including paediatric gynaecological surgery

**Obstetrics**

**Paediatric general surgery**
All general and vascular surgery on children under 12 years of age

**Orthopaedics**
Including paediatric orthopaedic surgery

**Vascular**
Excluding paediatric vascular surgery- count under Paediatric General Surgery

**Maxilofacial**
Including paediatric maxilofacial surgery