

Operating theatre governance models

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Effective teamwork grows from strong leadership and clear governance that provides oversight, direction and support. Use a multidisciplinary, systematic approach with defined objectives, roles and responsibilities to manage operating theatres.

A strategic committee provides oversight of surgery and operating theatres to the district level. It is also responsible for improving efficiency and maintaining patient safety. An operational committee oversees the day-to-day operations of the theatre suite at the hospital level. This tool outlines the roles, responsibilities and functions of these committees.

Operational theatre committee	Strategic theatre committee
<p>Oversees day-to-day operations of a theatre suite at a hospital level.</p> <p>Responsible for:</p> <ul style="list-style-type: none"> • planning, management and coordination of all operational and daily aspects of the operating theatre (OT) suite, through: <ul style="list-style-type: none"> – review, planning and preparation for theatre lists for the following month – review of schedules, surgeon allocations and rostering for the next six weeks • disseminating all communications • review and monitoring of all operational indicators and measures • implementation and monitoring of improvement initiatives • escalation of issues as required to the strategic theatre committee. <p>Incorporates functions of all units caring for patients from pre-admission through to discharge.</p>	<p>Provides strategic oversight for the management of surgery and theatres at the network or local health district (LHD) level.</p> <p>Responsible for:</p> <ul style="list-style-type: none"> • Improving productivity and efficiency at the facility and LHD level, without compromising the quality of patient care. This is done by monitoring: <ul style="list-style-type: none"> – patient outcomes and adverse events – strategic indicators and measures and addressing any performance issues. • Setting the master theatre template and approving any changes to ensure appropriate alignment of demand and supply. This is done by: <ul style="list-style-type: none"> – monitoring and managing demand for emergency surgery and non-surgical procedures – reviewing specialty level waiting lists and surgeon allocations within the master theatre template to ensure alignment of capacity to service waiting lists. • Planning for crisis response strategies, service closures or periods of reduced activity, e.g. Christmas, public holidays and planned maintenance. • Risk management and incident reporting. • Policy and protocol development and revision.
Operational theatre committee members	Strategic theatre committee members
<p>Chair: Theatre nurse manager</p> <ul style="list-style-type: none"> • Perioperative nurse manager • Theatre nursing unit managers • Head of surgery (or similar) • Head of anaesthesia (or similar) 	<p>Chair: Senior operating theatre representative, ideally the head of surgery or anaesthesia</p> <ul style="list-style-type: none"> • OT nurse manager of primary hospital • Head of surgery or equivalent • Head of anaesthesia or equivalent

<ul style="list-style-type: none"> • Day surgery manager • Pre-procedure manager • Preoperative care manager • Patient flow manager • Representatives from central sterile supply department, radiology and endoscopy • Waitlist manager • Clinical nurse educator – surgery 	<ul style="list-style-type: none"> • Hospital executive representative • Hospital surgical representatives from each facility within the network or district • Central sterile supply department manager • Radiology manager • OT procurement officer (as applicable) • OT data manager • LHD OT business or finance manager • LHD waitlist manager <p>Depending on the size of the hospital, allied health, e.g. radiology, could be included.</p>
<p>Committee meeting topics</p>	<p>Committee meeting topics</p>
<p>Committee will meet monthly at a minimum</p> <p>Hospital-level discussion includes, at a minimum:</p> <ul style="list-style-type: none"> • levels of activity • budget management, including monthly cost centre reports and forecasts • waitlist demands, including national targets • non-waitlist demands on the OT, i.e. emergency surgery, non-surgical procedures • allocation of short-term OT session vacancies • opportunities for staff professional development • replacement and new equipment requirements • operational theatre committee feedback and new agenda items for next meeting • oversight of improvement projects and quality activities. 	<p>Committee will meet every two months</p> <p>Larger hospital and LHD-level discussion includes, but is not limited to:</p> <ul style="list-style-type: none"> • service planning for shut-downs, public holidays and Christmas • theatre scheduling – master theatre template allocations, waitlist demands, theatre capacity and surgeon availability across the LHD • longer term planning and theatre session allocation • risk management and incident reports • development and revision of protocols and policies • reporting on hospital, LHD and NSW key performance indicators • oversight of new procedures, research activities and policy implementation • capital planning, as appropriate • sponsorship of improvement project and quality activities.

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