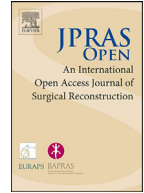




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Original Article

Patient-related reasons for late surgery cancellations in a plastic and reconstructive surgery department

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ABSTRACT

Late cancellations of scheduled operations cause direct and indirect costs for a hospital and economic and emotional stress for the patient. Previously, late cancellation rates for scheduled operations in plastic surgery have been shown to be attributable to patient-related causes in the majority of cases.

In this retrospective study, we sought to examine specifically the patient-related reasons for the late cancellations in a plastic surgery operating theatre at Helsinki University Hospital in Finland from 2013 to 2014. We calculated latency between the date of decision for surgery and the scheduled operation day. In cases where the surgery was rescheduled and performed before 31 December 2015, the rescheduled waiting time latency was calculated. We aimed to improve our knowledge of the causes of late cancellations to further optimise the operating theatre efficiency and propose a strategic algorithm to avoid late cancellations.

During the study period, 327 (5.5%) of all the scheduled operations were recorded as late cancellations. Of these, 45.3% were because of patient-related issues. Acute infection, change in medical condition not noticed before and operation no longer necessary were by far the most common causes of cancellation, comprising 63.5%. Sixty-six per cent of patient-related cancelled operations were performed later, especially when the specific reason was patient's acute illness. Root-cause analysis shows that most of the underlying reasons for the cancellations can be attributed to a failure in communication. The majority of these cancellations were

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considered to be preventable, thus emphasising the importance of communication and skilful multi-professional planning of the operating theatre list.

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Introduction

Cancellations of scheduled operations cause direct and indirect costs for a hospital¹⁻³ and economic and emotional stress for the patient.⁴ They are a good indicator of hospital and operating room efficiency.⁵⁻⁷ The overall cancellation rates for scheduled operations vary considerably, ranging from 5% to 40%.⁸⁻¹¹ The large range may be explained by differences in how the timing of cancellation is defined in different studies, for example whether the preceding weekday or day of surgery is used as the cut-off point.

Reasons for cancellations vary between countries and even hospitals, depending on several factors such as the characteristics of the population served by the hospital^{12,13} or different policies followed by pre-assessment clinics.¹⁴⁻¹⁶ Nevertheless, reasons can be grouped and thus simplified into broader categories such as patient, hospital and staff related.^{1,5} Cancellation on the day of the surgery, or operations cancelled or rescheduled after 12 p.m. on the preceding weekday are recognised as late cancellations. However, a lack of consensus on the use of the term 'late cancellation' may be a reason for the large variation in late cancellation rates, which ranges from 4% to 21%.^{1,5,9,17,18}

The average cancellation rates in plastic surgery are among the cancellation rates of other specialties^{2,17}, ranging from 4% to 14%.^{1,3,17,18} However, it seems that plastic surgery has a higher proportion of cancellations because of patient-related factors compared with other surgical specialties.^{1,2} Only two of the previous studies (both from the USA) focus particularly on plastic surgery cancellations. In the study by Guyuron and Zarandy, the overall cancellation rate was 12%, and all the cases were cancelled because of patient-related issues.¹⁸ In a more recent study focusing on plastic surgery service by Coady-Fariborzian et al., the cancellation rate was 8%, and the majority of reasons for cancellation (65%) were patient related.³

Previous literature shows that patient-related cancellations are regular in plastic surgery operations. Therefore, the aim of this study was to examine specifically the patient-related reasons for the late cancellations in a plastic surgery operating theatre at Helsinki University Hospital in Finland from 2013 to 2014. We sought to improve our knowledge of the causes to further optimise operating theatre efficiency and propose a strategic algorithm on the basis of our results.

Patients and methods

The hospital Institutional Review Board approved this retrospective chart review study and its protocol.

Cancellations of scheduled operations were identified by the electronic OPERA® Operating Room Management System, Töölö Hospital, Helsinki, Finland from 1 January 2013 to 31 December 2014. Patients' age, gender, type of operation (elective or emergency) and month of cancellation were identified for all late cancelled operations.

During the study period, altogether 5927 operations were scheduled in the operating theatre of the Department of Plastic Surgery, Töölö Hospital, Helsinki, Finland. The majority of patients were females, i.e. 3083 (52%), and males comprised 2844 (48%) of the cases. Of all scheduled operations, 1195 (20.2%) were for paediatric patients and 1508 (25.4%) for patients over 65 years of age. Most of the operations, i.e. 4911 (82.9%), were elective.

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