

Proposal to Resume Cataract Surgery in the Bristol Eye Hospital

In response to a request from [Name redacted] (Clinical Director Division of Surgery) and as part of the BEH recovery programme; the full BEH Theatre productivity team* met to plan the resumption of planned surgery in the BEH. The primary output from the meeting is to request support from the division to run a pilot to recommence Cataract surgery in the BEH footprint and existing facilities within the limitations of social distancing.

Resumption of cataract Surgery in BEH

Cataract surgery is now resuming nationally and although usually considered routine the impact on safe independent living are well documented. The Royal College of Ophthalmologists has issued guidance for the restoration of cataract surgery¹

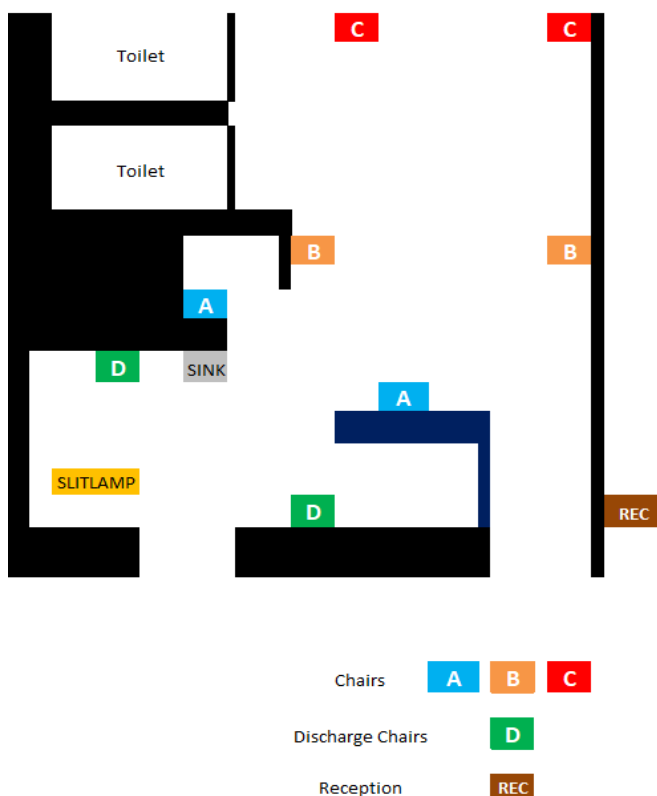
The BEH theatres have minimal dependency on external resources for local anaesthetic cataract surgery. The only current limiting factor is the availability of PPE. Please note that the guidance for PPE during ophthalmic surgery has recently changed and it no longer requires donning full PPE for each case². It is recognised that the theatre staff may be called to cover other theatre suites however this has not yet been necessary. The sterile services facilities are adequately functioning to process the instrumentation required and other consumables are available.

The first Plan Do Study Act (PDSA) proposal will provide cataract surgery for eight priority suitably risk stratified patients (some less common cases are rapidly progressive, bilateral or visually disabling). These patients will be booked onto two theatre lists. All patients will be managed independently within the theatre suite. Staff from the ward will provide pre- and post-operative care in the theatre lounge. This is standard practice and fits within current funded establishment. Theatres 3 and 4 will be used for operating; these are closest to the lounge so offer the shortest pathway.

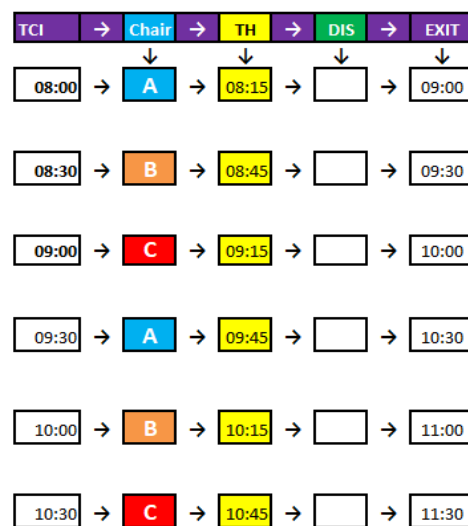
The arrival time and subsequent steps in the patient journey have been calculated and are crucial to manage the safe patient flow. See diagram 1. The first PDSA cycle will test a reduced number of patients per morning operating list. Once the new mode of operation has been proven, the ambition is to manage 6 patients per list.

Diagram 1

Theatre Lounge Level 4 BEH



Proposed Patient Journey Timings



*** 2 x Patients per time slot

Planned patients currently undergoing urgent surgery in the BEH are telephoned by the surgeon to discuss and confirm their surgery; this includes elements of consent to reduce the time required for this during their day of surgery. A documented checklist is completed by the surgeon this form is then completed by a pre-operative assessment (POA) nurse who answers any further questions. The POA nurse manages the Covid-19 PCR swab test request and ensures results are available for surgery to proceed on the day. This process will be applied to the PDSA cycle 1.

The need to test cataract surgery patients for Covid-19 is currently being investigated and so this step in the patient journey may become redundant however it is incorporated as part of the plan to adhere to Trust guidelines

A simple standardised preparation process will be implemented. The patients will not have pre dilation eye drops (however going forward “mydriaser” may be considered as an option). Intracameral Mydrane will be used, which will provide both anaesthesia and dilation.

Some tolerance has been built into the time management elements of the plan to allow for some variation. Part of the PDSA will involve the development of a clear clinical decision tree for managing deviation from plan i.e. where complication and time variation occur which may impact on capacity.

Standard “To Take Away” (TTA) medication will be available to support prompt efficient discharge from the theatre lounge.

Although not within the scope of this PDSA, the 6-week post-operative follow-up for this patient group is currently being routinely managed by optometrists with a non-face to face appointment.

The current theatre timetable does not provide 2 cataract operating lists per day; however this model has the potential to deliver 5040 cataract operations per year (42 week operating 24 cases per day in 2 operating lists x 5 days per week). The other elements under discussion include new working patterns which may facilitate this potential.

The BEH theatre productivity team would like to request support from the Division to commence PDSA cycle 1, target date Friday 3rd July 2020. However it is accepted that the BEH theatre suite is only one part of the Trusts theatre organisation and this request must also be agreed by the Theatre prioritisation group.

*Theatre productivity team meeting participants all in support of the request

Consultant surgeons – [Name redacted - Productivity lead, [Names redacted] - Joint Clinical Directors, [Names redacted] - subspecialty and cataract Surgeons

Nursing Representatives – [Name Redacted] - Ward manager, [Name redacted] - Theatre Manager, [Name redacted] - POA lead

Anaesthetic Consultants – [Name redacted] - BEH Lead Anaesthetist, [Name redacted] - productivity rep.

BEH Management and Administration Team Leads – [Names redacted]

1. <https://www.rcophth.ac.uk/wp-content/uploads/2020/05/Resumption-of-Cataract-Services-During-COVID-1.pdf>
2. <https://www.rcophth.ac.uk/wp-content/uploads/2020/05/UKISCRS-RCOphth-COVID-revised-Cataract-AGP-guidance-minor-update-FINAL-220520.pdf>

Footnote:

The productivity group also considered a range of other opportunities these include:

- Maximising the capacity available within the private sector hospitals
- Working in collaboration with other AQPs
- GLANSO opportunities
- Different working patterns – more 3 session days and weekend operating
- Use of other space within BEH for patient flow, these include the paediatric bay when not in use for paediatric patients on Monday and Friday, and the potential to convert the Vitro retinal examination room on level 3 to a patient management area for theatre

These items will also be addressed as part of the BEH recovery plan