

Clinical Benefit of an Acute Gynaecology Theatre in a Tertiary Australian Hospital

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INTRODUCTION

Incision and drainage of a Bartholin gland abscess is a simple operative procedure requiring less than 10 minutes of surgical time. The aim of this audit is to evaluate the impact of access to an acute gynaecology operating theatre on patient flow and length of stay, by analysing all patients who present with a Bartholin gland abscess requiring incision and drainage. These patients have previously been triaged as a Category 3 for emergency theatre time, therefore often experience many delays due to high acuity cases. This results in increased length of stay and overall increased cost for the health service.

OBJECTIVES

1. Evaluate admission length of stays for a simple gynaecology procedure, an incision and drainage of a Bartholin's abscess.
2. Evaluate impact of wait time for OT on length of stay
3. Evaluate impact of implementation of the Acute Gynaecology Operating Theatre in reducing wait times and overall length of stay
4. Evaluate impact of patient flow through Acute Surgical Ward on time to discharge

METHODS

Design:

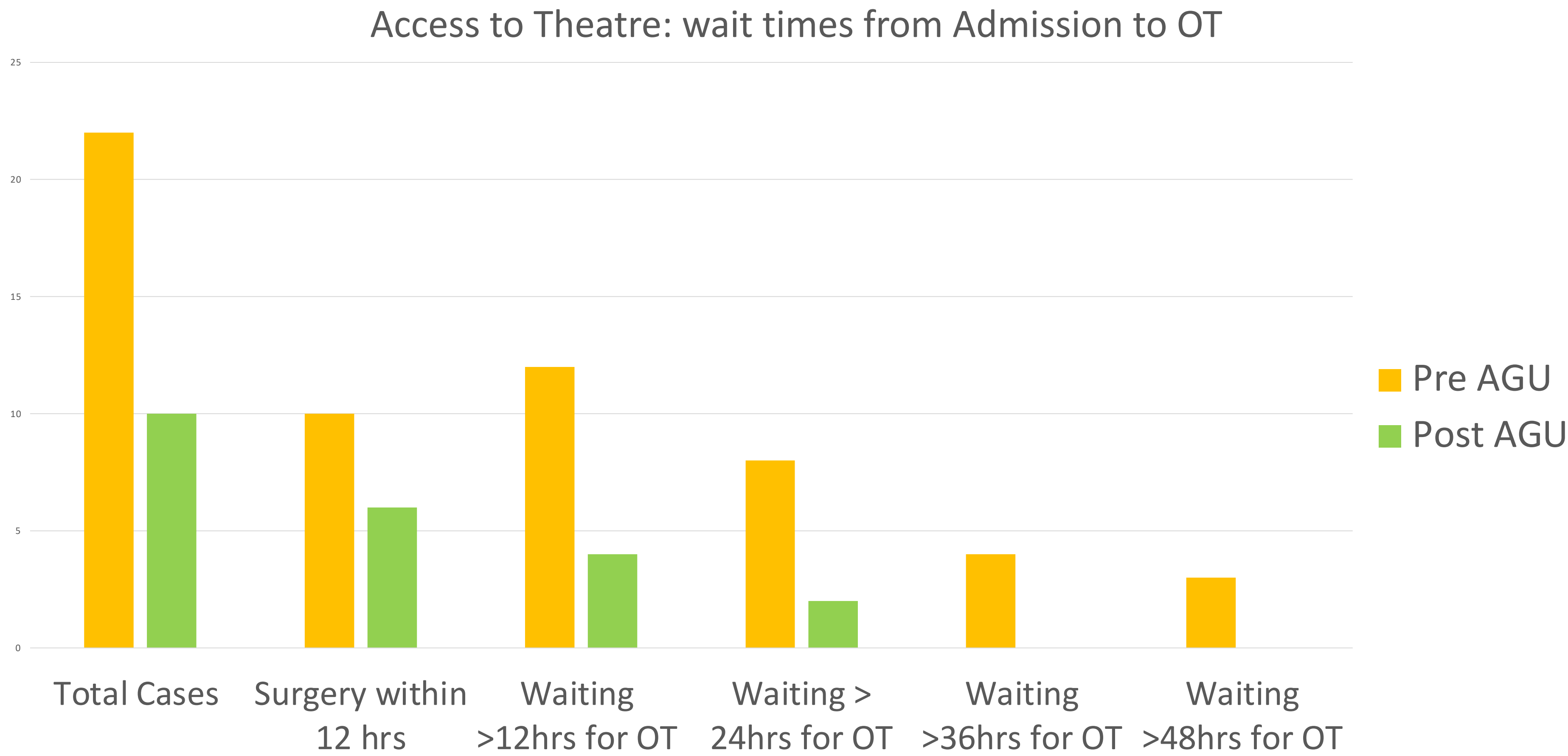
A retrospective clinical audit of all patients presenting with a Bartholin gland abscess between 30th April 2020 and 30th June 2021. This includes six months since commencement of an acute gynaecology operative theatre, in comparison to the previous seven months.

Method:

We identified 55 patients who presented via the emergency department with a Bartholin's abscess. 21 of these were excluded due to presenting on weekend, and 2 were excluded as they were managed via local anaesthetic incision and drainage.

Results:

Prior to commencement of the acute gynaecological theatre list the mean time from presentation to theatre was 20.99hrs, this was reduced by 41% to 12.47hrs with improved access to theatre. Time from theatre to discharge was also reduced by 52%, from 10.1hrs to 4.82hrs. This is due to the utilisation of the acute surgical preoperative unit which is designed to accommodate day case surgical procedures, relieving pressure on inpatient ward beds and focusing on criteria led discharge.



41% reduction in time from triage to OT by improved access to OT

52% reduction in time from OT to discharge

CONCLUSION

Improved access to theatre time has significantly reduced the long wait times for theatre, and subsequent time to discharge. This improves efficiency and patient flow, with a cost benefit to the health service, effectively reducing length of stay. Local development of an acute gynaecology unit is underway to further fast track patients through the emergency department in order to evaluate, manage and facilitate any surgical treatments required. We expect this will further improve patient flow, best utilise theatre time and overall improve patient care and satisfaction. We recommend a future clinical audit once this is established.

CONTACTS

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