

# webPAS Theatre User Guide NZ Software Release V10

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# 1 Introduction

The Theatre module provides the functionality to:

- Record theatre bookings
- Manage theatre sessions
- Capture theatre session information for the patient as well as utilisation details for staff and equipment.

The Theatre module can be divided into two parts:

- Bookings
- Utilisation

Bookings can be made and altered for patients without requiring any admission details. Utilisation information such as start times, anaesthetic administration and actual theatre information cannot be recorded until the patient is admitted. The Theatre module displays error messages if you attempt to access options other than booking functions without admitting the patient.

The category codes are set up in the IT Management module. For more information about setting up and configuring the Theatre module, see the *Theatre Configuration Guide NZ*.

In a typical scenario, a patient is registered on the PMI/NHI and booked into a theatre via four possibilities:

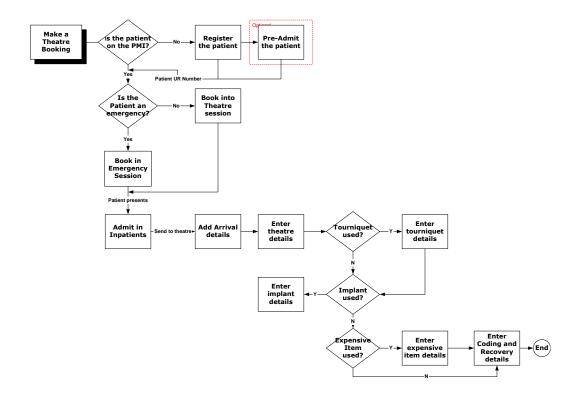
- From the Waiting List
- As a routine theatre booking
- · Via an ad-hoc theatre session for emergency surgery, or
- As an inpatient already in the hospital

If booked via the Waiting List, a letter can be sent notifying the patient of the details. On the day of the procedure, if not already admitted, the patient is admitted from a list such as the Expected Admissions.

Once the details are recorded and the patient is sent to the 'Holding Bay', the time of arrival is noted and the collection of theatre information is started. Information about the administration of the anaesthetic, any implants or special equipment used, as well as the actual surgery start and finish times is recorded.

The following diagram illustrates a summary of events in the Theatre module.







## 1.1 How This Guide is Organised

The functionality of the Theatre module is divided into the following main areas:

## 1.1.1 Theatre Enquiries

Options are provided to deal with enquiries about a patient's progress through Theatre, including viewing:

- Theatre staff details for a patient
- Booking details for a patient
- Demographic details of a patient
- The theatre history and current location of a patient

## 1.1.2 Bookings

This chapter describes how to:

- Make bookings from the waiting list
- Make urgent or out of hours bookings
- View a list of patients due for theatre on a given day

## 1.1.3 Recording Theatre Sessions

The actual theatre sessions are divided into sections:

Pre-operative procedures such as:

- Record a patient's anaesthetic details
- Record details of theatre team members

Recording theatre details as required, including:

- Diathermy details
- Drain tube details
- Catheter details
- Maintain tourniquet details
- Recording procedure items
- Recording expensive items
- Recording implant details



- Performing a final count
- Recovery room progress

## 1.1.4 Theatre Reporting

Theatre Reports provide details of Operating Surgeon Utilisation, Session Usage, Theatre Utilisation and provides a Theatre Register (Operation Records Report).

Management & Statistical Reporting is a powerful management tool, providing an extensive range of data that may be displayed for any defined period of time.

## 1.1.5 Supervisor Options

This chapter describes the options available to supervisors to:

- Correct errors in theatre data
- Reinstate a booking

### 1.2 Related Documentation

This user guide should be read in conjunction with the webPAS Standard Conventions User Guide NZ, the webPAS ACC User Guide NZ, the webPAS PMI and NHI User Guide NZ, the webPAS Inpatient User Guide NZ and the webPAS Waiting List User Guide NZ.

Many of the options available in the Theatre module are common functionality with the PMI and are described in detail in the webPAS PMI and NHI User Guide NZ. Waiting List patients can be booked into Theatre Sessions and then Pre-admitted and Admitted.

The webPAS Theatre Configuration Guide NZ details the set-up required for system parameters and Categories and Codes.

The webPAS Theatre Management NZ Standard Process should also be read with is User Guide.



# 2 Theatre Views

# 2.1 Theatre Status by Date/Unit

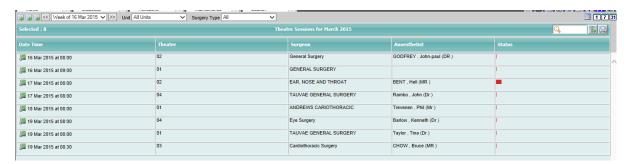
The Theatre Status by Date/Unit **default** view displays Theatre Sessions for the current date for all units and theatre locations. Date options exist to show 1 day a week or month at a time.



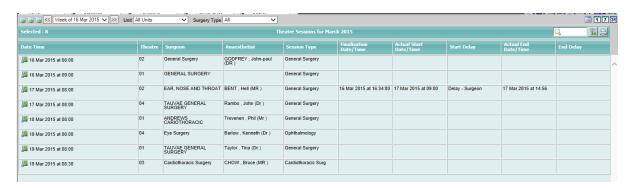
Available and booked minutes are displayed along with the total number of patients that have been booked to the theatre session.

The Surgeon and Anaesthetist assigned to the session will be displayed as well as the type of theatre session and the unit.

The alternate **Show Times** view displays the theatre session date and time along with the surgeon, anaesthetist and a status bar indicating the level of bookings to the session.



The **Finalisation** view displays information relating to the finalisation of a theatre session including Finalisation Date/Time, Actual Start Date/Time, Start Delay (if applicable), Actual End Date/Time and End Delay (if applicable).





In all views, the Date, Unit and Surgery Type filters are available to narrow search criteria.



## 2.2 Day Session by Date/Unit

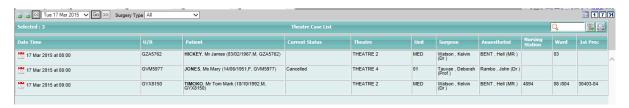
The Day Session by Date/Unit produces the same output as the Theatre Session by Date/Unit list. The difference being that when the user drills down into the Day Session list by selecting a Theatre Session and then by selecting a patient on the list, the system will direct the user directly to the Day Procedure input screen for that patient. The Theatre Session by Date/Unit navigates to the Theatre Enquiry screen.

## 2.3 Patient List by Date

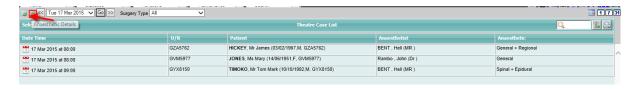
The Patient List by Date, defaults to the current date and displays all patients booked to theatre for that date.

Patient details are displayed including NHI number and patient name.

Theatre Status, Theatre Location, Unit, Surgeon, Anaesthetist, Theatre Duration, Ward and the first procedure code recorded against the patient will also display.



The **Anaesthetic Details** view displays anaesthetic related details for booked patients including session date and time, NHI number, patient name, anaesthetist and type of anaesthetic to be used in theatre.





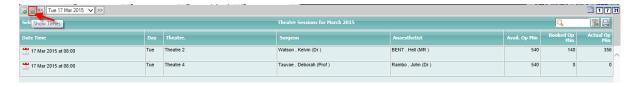
### 2.4 Theatre Status

The Theatre Status view defaults to display theatre sessions scheduled for the current date. Specific information includes the session date/time, day of the week, theatre location, surgeon and anaesthetist as well as the status bar which indicates the level of bookings for the theatre session.



Note: Ad Hoc sessions are highlighted in green.

The alternate **Show Times** view displays the same information as the default view with the exception of the status bar. In place of the status bar, statistics on the number of available of minutes, booked operating minutes and actual operating minutes are displayed.



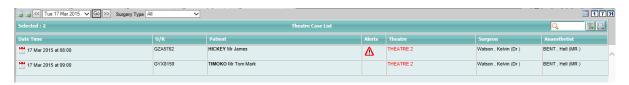


## 2.5 Patient List

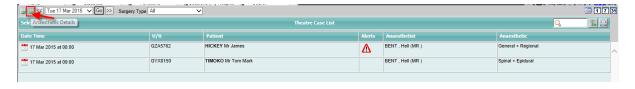
The Patient List (Theatre Case List) displays patients booked to theatre for the current date. The calendar function can be used to select a different date or period of time.

The Theatre Location filter can be used to narrow the search criteria.

The Patient List displays the theatre session date/time, NHI number, patient name, patient alerts, Theatre location, Surgeon and Anaesthetist details.



The **Anaesthetic** view displays similar information to the default view as well as the Anaesthetist that has been assigned to the theatre case and anaesthetic that will be used during the theatre case.





## 2.6 Surgeon List

The Surgeon List (Surgeon Theatre Summary) defaults to summary view of theatre sessions for the current date. The calendar function can be used to select a different date or period of time.

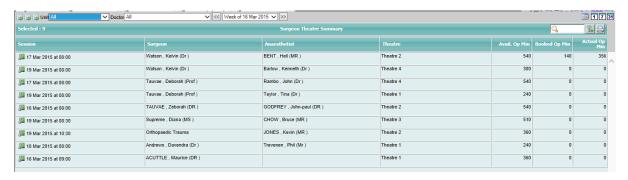
In all views the Surgeon List can be filtered by Unit and by Doctor.

The default view displays the theatre session date and time, surgeon, anaesthetist and theatre location details. The Status column provides a visual indication of the level of theatre bookings.

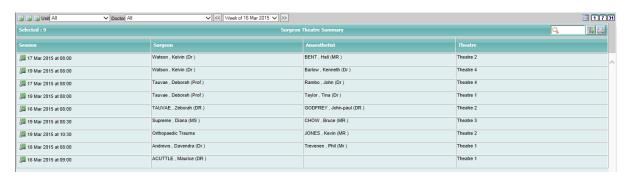


When clicked, the theatre session all icon re-directs to the Theatre Session Case List.

The **Show Times** view displays the theatre session date and time, surgeon, anaesthetist and theatre location details are displayed along with the available minutes, booked minutes and actual operating minutes.



The **Show Anaesthetist** view displays the theatre session date and time, surgeon, anaesthetist assigned to the theatre session and the theatre location.



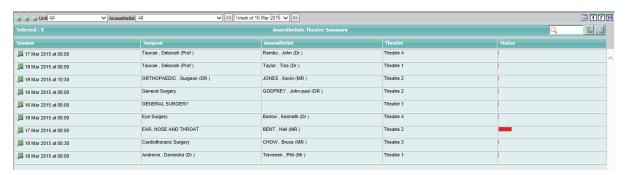


## 2.7 Anaesthetist List

The Anaesthetist List (Anaesthetist Theatre Summary) defaults to summary view of theatre sessions for the current date. The calendar function can be used to select a different date or period of time.

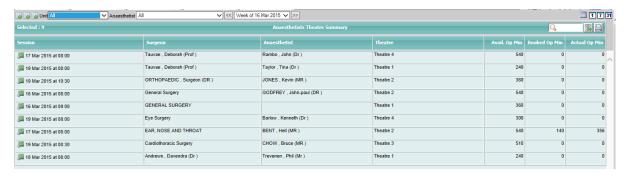
In all views the Surgeon List can be filtered by Unit and by Anaesthetist.

The default view displays the theatre session date and time, surgeon, anaesthetist and theatre location details. The Status column provides a visual indication of the level of theatre bookings.

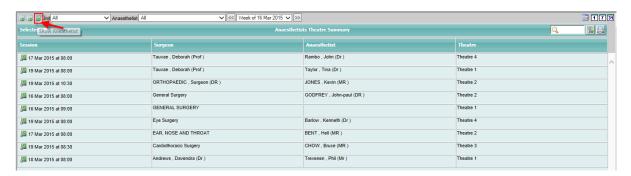


When clicked, the theatre session licon re-directs to the Theatre Session Case List.

The **Show Times** view displays the theatre session date and time, surgeon, anaesthetist and theatre location details are displayed along with the available minutes, booked minutes and actual operating minutes.



The **Show Anaesthetist** view displays the theatre session date and time, surgeon, anaesthetist assigned to the theatre session and the theatre location.





# 2.8 Anaesthetist List (Doctor Type)

The Anaesthetist List (Doctor Type) defaults to summary view of theatre sessions for the current date. The calendar function can be used to select a different date or period of time.

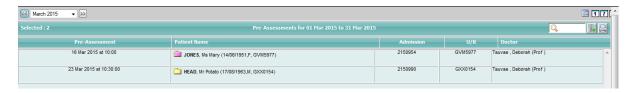


The Anaesthetist List (Doctor Type) provides the same views as the Anaesthetist List (default view, show times view and show anaesthetist view).

All views of the Anaesthetist List (Doctor Type) can be filtered by Unit, Doctor Type and Anaesthetist.

## 2.9 Pre-assessment List

The Pre-assessment List displays the pre-assessment date and time (if entered in the theatre booking), the patient name, admission number, NHI number and Admitting Doctor. The calendar function can be used to select a different date or period of time.



The patient folder will re-direct the user to the Patient Demographic screen.



# 2.10 Booking List

The Booking List displays patient bookings for the current date. The calendar function should be used to select a different date or period of time. It displays patient name, NHI number and booking date/time, sex, age, consultant, reason for admission and the status (booked, pre-admitted, admitted etc).

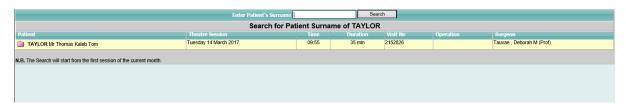


The patient folder will re-direct the user to the Update Booking Form screen to allow the user to update the details of a theatre booking for a patient.



# 2.11 Patient Booking Search

The Patient Booking Search template uses the 'Doctor Code' recorded against a Security User ID and then searches for patients with the Surname entered who have a theatre booking for the Doctor

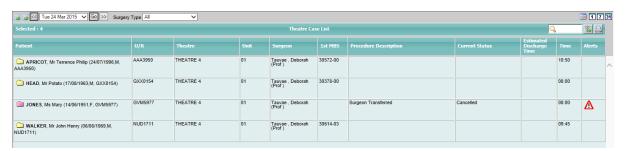


The patient folder will re-direct the user to the Patient Pre-Admission Details (from Booking Details) screen to allow the user to Pre-Admit/Admit from a Booking or Admit from a Booked Pre-Admission.

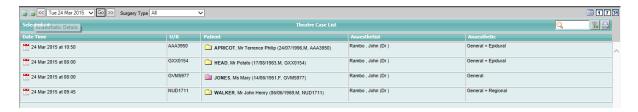


# 2.12 Theatre Status Enquiry

The Theatre Status Enquiry (Theatre Case List) displays patients scheduled for theatre for the current date. The calendar function can be used to select a different date or period of time. It displays patient name and NHI number details, theatre location, unit, surgeon, the first Proc code recorded against the patient booking, current status, estimated case start time, time and alerts icon.



The **Anaesthetic Details** view displays patients scheduled for theatre with anaesthetic related details including the anaesthetist scheduled for the theatre case and the type of anaesthetic used in theatre.

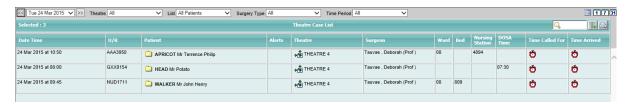




## 2.13 Patient Theatre List

The Patient Theatre List (Theatre Case List) defaults to displaying booked and admitted theatre patients for the current date.

The calendar function can be used to select a different date or period of time.



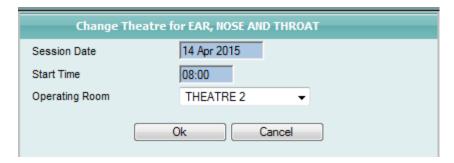
The Patient Theatre List displays the theatre case start date/time, NHI number, patient name, alerts icon, theatre location, surgeon, ward, bed, nursing station phone no., DOSA time, time called for and time arrived in theatre complex.

The Time Called For and the Time Arrived fields can be populated by clicking the stopwatch icon to default the current time.

The Theatre, List and Theatre Location filters can be used to narrow the search criteria.

The Theatre column displays the Change Theatre 🏝 icon.

1. Click the Change Theatre icon to display the following screen.



- Select a value from the Operating Room drop down list.
- Click Ok.

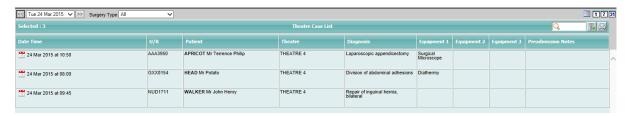


## 2.14 Patient Theatre List (Day Case)

The Patient Theatre List (Day Case) produces the same output as the Patient Theatre List (Theatre Case List). The only difference is where the system navigates to when a patient folder is clicked. When a patient folder on the Patient Theatre List (Day Case) is clicked, the system will navigate to the **Day Procedures** input screen. When a patient folder is clicked on the Patient Theatre List (Theatre Case List), the system will navigate to the Patient Demographic screen.

# 2.15 Patient Diag/Eqpt List

The Patient Diag/Eqpt List defaults to displaying booked theatre patients for the current date. The calendar function can be used to select a different date or period of time.

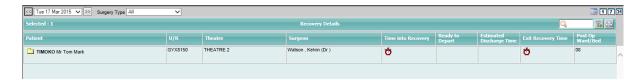


The Patient Diag/Eqpt List displays the Theatre Date/Time, NHI Number, patient name, Theatre, Diagnosis and any equipment recorded against the patient for use during theatre. Preadmission Notes will also display.

The Date/Time icon navigates to the Theatre Case Summary screen for the case booking.

# 2.16 Patient Recovery List

The Patient Recovery List defaults to displaying patients who are in recovery for the current date. The calendar function can be used to select a different date or period of time.



# 2.17 Recovery List (Surgery End)

The Recovery List produces the same output as the Patient Recovery List, with the only difference being that it will only display patients who have had the Surgery End Time completed on their Theatre record.

#### 2.18 Reallocated Sessions List

The Reallocated Sessions List displays theatre sessions that have been reallocated from the original schedule. The list displays the Original Date/Time, New Date/Time, Original Surgeon/New Surgeon, Overlap Start, Overlap End, Overlap Duration.



## 2.19 Theatre Diary Views

The Theatre Diary screen provides a visual summary of the case load for each operating theatre for a particular time frame:

**Single Day:** Theatre Case Summary for a single day, selected from the Calendar Lookup.

Seven Days: Theatre Case Summary for an entire week.

Mid Week: Theatre Case Summary for Monday to Friday.

Selecting a particular theatre will provide the user with further details. Two versions of the diary are provided: one is an enquiry screen only, where more detailed information regarding the theatre session can be viewed. The other allows changes to be made to the selected theatre session.

1. Select the **Theatre Diary (Enquiry)** menu option and navigate to a theatre session.

The theatre session screen is an enquiry view only.

2. Select **Theatre Diary View** from the menu and the system will navigate to the Theatre Session Case List where theatre cases can be updated.

### 2.19.1 Single Day and Seven Day Views

Users can alternate between the Single Day 1, Five Day 5 and Seven Day Views via the corresponding icons.

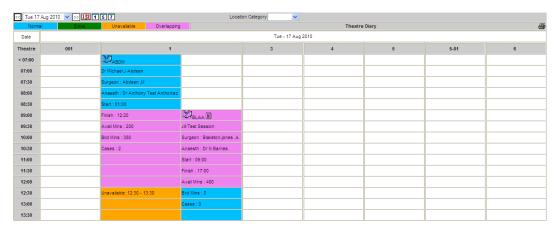
Columns are shaded in half-hour blocks according to the activity levels in the theatre.

The example below shows that Theatre 1 is booked from 07:00am until 12:30 and is over-booked by 180 minutes.

There is a second theatre session scheduled for Theatre 1 from 09:00am until 12:30pm which is highlighted in purple to indicate that it is overlapping for a period of 180 minutes (three hours) with Dr Michael J Aberdeen's theatre session.

The purple banding highlights the immediate need to change the theatre.

The orange banding indicates the time period during which the theatre is unavailable.





A maximum of seven theatres can be displayed at once. You can scroll backwards and forwards to view more theatres if required.

To view the Theatre Diary:

1. Select **Theatre Diary View** from the appropriate hospital level menu.

The Theatre Diary will display.



- Click the Theatre Session icon to select a session. The Theatre Session Case List will display.
- To return to the Theatre Diary click the list icon.

Use the Scroll bar at the bottom of the screen to view other theatre information .

### 2.19.2 Theatre Diary Mid Week View

The Theatre Diary Mid Week view is an alternate view to the single and seven day week views.

1. Select **Theatre Diary View** from the appropriate drop down menu.

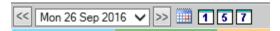
The Theatre Diary displays:



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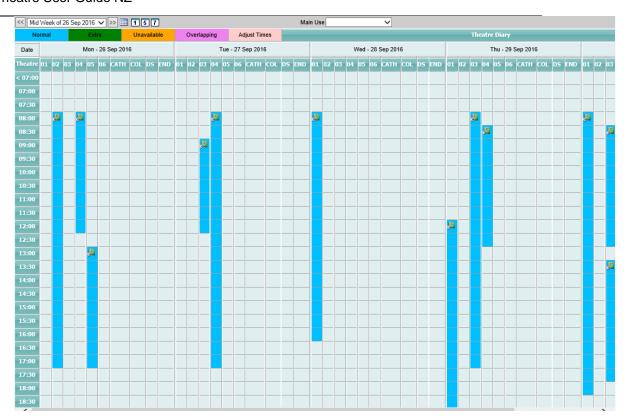
The Calendar functionality in Theatre Diary screen has an additional Mid Week icon.



2. Click the Mid Week icon to change the Theatre Diary to the five day Mid Week view.



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The Calendar drop down list can also be used to select a future 'Mid Week' date.

Note: The Mid Week begins on the Monday and ends on the Friday.



# 3 Bookings

This chapter describes how to:

- Make theatre bookings from the waiting list
- Make emergency or out of hours bookings
- Make a theatre booking for an existing inpatient

# 3.1 Booking a Patient from the Waiting List

This option is generally used by public hospitals for public patients as private patients would usually be booked according to patient and surgeon availability and not via a waiting list.

To book a patient from the waiting list:

- 1. Navigate to the Waiting List module.
- 2. Select Waiting List Search from the Search menu.

The Waiting List Patient Search screen displays:



This screen is similar to the Patient Search screen, however searches are limited to patients on the waiting list.

- 3. Specify a **Surname** and **Given Name**.
- 4. Click Search.

Search results will display.

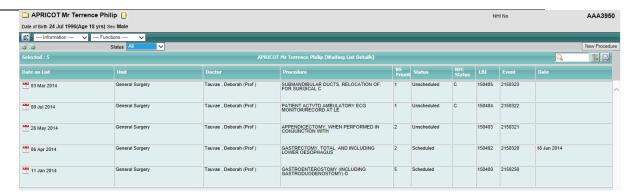


5. Click the patient's folder icon.

The Waiting List Details screen is displayed, listing waiting list entries for the patient.



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6. Click on the appointment icon relevant to the booking.

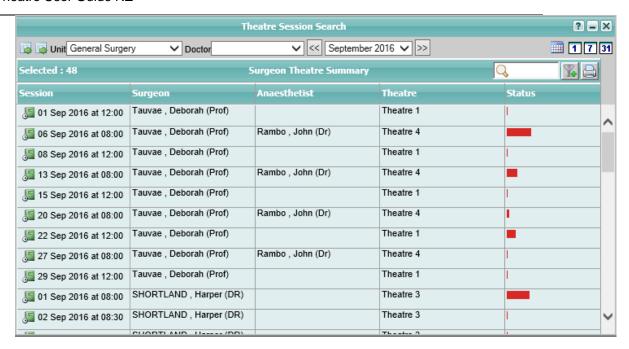
The Waiting List Details screen is displayed, showing details about the selected entry.



Notice the Consultant and Unit fields.

7. Click **Booking**. The Surgeon Theatre Summary screen displays:

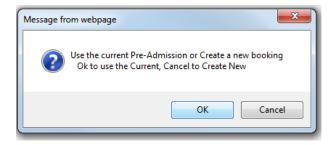




This screen lists theatre sessions based on the consultant and unit already selected for the patient.

8. Click the Session Ji icon of the theatre session you want to book the patient into.

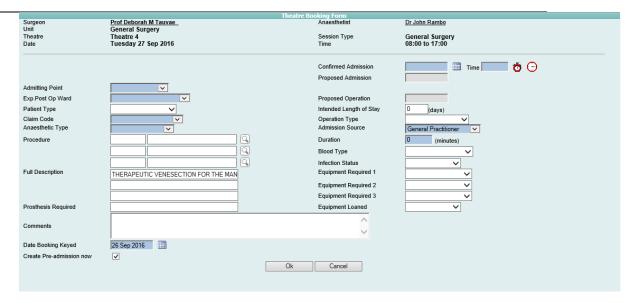
If the patient has a current pre-admission or admission, a message such as the following is displayed and you can choose which details to use.



The Theatre Booking Form will display.



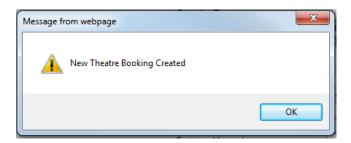
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- 9. Complete mandatory (blue) fields, including:
  - Admitting Point
  - Claim Code
  - Anaesthetic Type
  - Confirmed Admission (date) and Time
  - Admission Source
  - Duration

#### 10. Click Ok.

A message confirms that the new theatre booking is created.

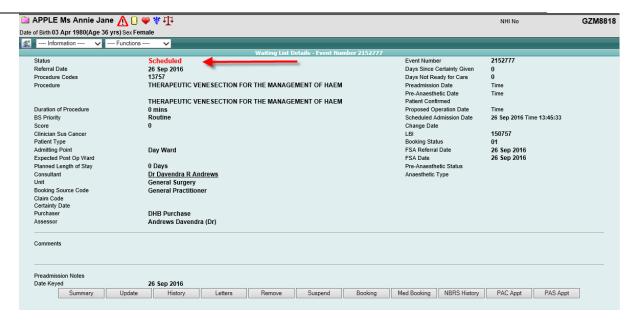


## 11. Click **OK**.

The Waiting List Details screen will display, showing the **Status** as **Scheduled**.



#### webPAS Theatre User Guide NZ





## 3.2 Booking a Patient for an Emergency Theatre Session

When booking a patient for an emergency or out-of-hours procedure in theatre, the session can be created on an ad-hoc basis if it is outside the normal theatre session hours.

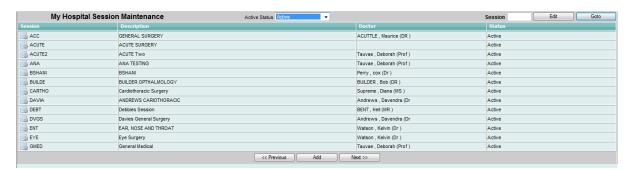
The following table lists the tasks required to set up an ad hoc or emergency session and book the patient into the theatre.

Task	Description
1	Set up the ad-hoc theatre session in the IT Management module.
2	Book the patient into the Theatre session.

## 3.2.1 Task 1 – Set Up the Theatre Session (IT Management Module)

1. Select **Session** from appropriate module and drop down list.

The Session Maintenance listing screen displays:



2. Browse the list and select the theatre session by clicking the maintenance icon beside the relevant code.

The Operating Room – Session Maintenance screen will display.

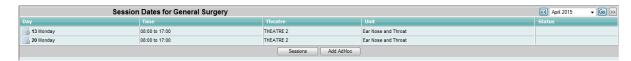


3. Click **Theatre Schedule** to display a listing of the theatre sessions for the surgeon.



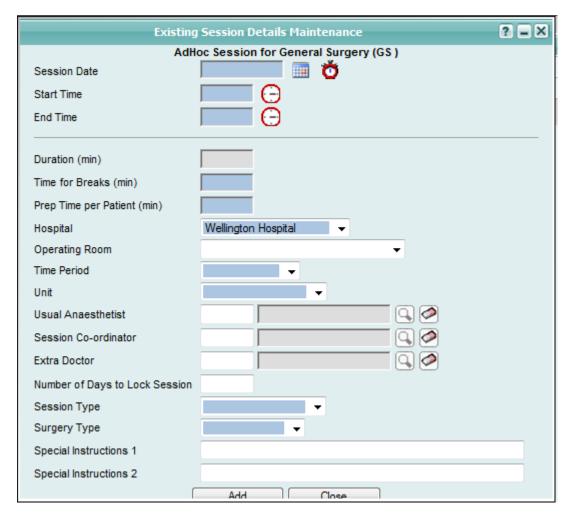


4. Click **Session Mtce**. The Session Dates for [Doctor] screen will display.



5. Click **Add AdHoc** to create the one-off emergency theatre session.

The Existing Session Details Maintenance screen will display.



6. Enter the details as required and click **Add**.

The session details are saved and the Session Dates for [Doctor] screen will display.



#### 3.2.2 Task 2 – Book the Patient into Theatre

**Note:** The patient can be booked for theatre however, the patient must be admitted before theatre details such as procedure start times and anaesthetics can be completed.

To book a patient into an Ad Hoc or emergency session:

1. Select **Theatre Status by Date** from the appropriate hospital level menu.

The Theatre Session for [Month Year] screen displays, defaulting to sessions for today's date.



Note: Ad Hoc sessions are highlighted in green.

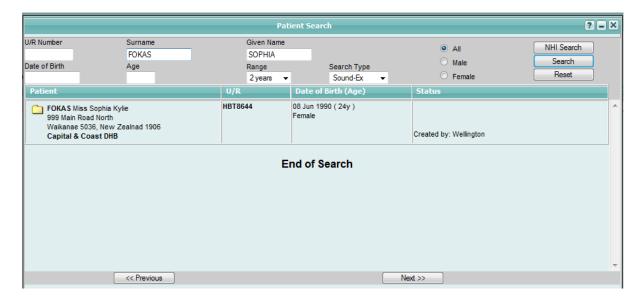
- 2. Select the required date from the calendar drop down, or go to step 3.
- Click the Session icon for the Ad Hoc session.

The Theatre Session Case List screen will display.



4. Click New to add a patient.

The Patient Search screen will display.



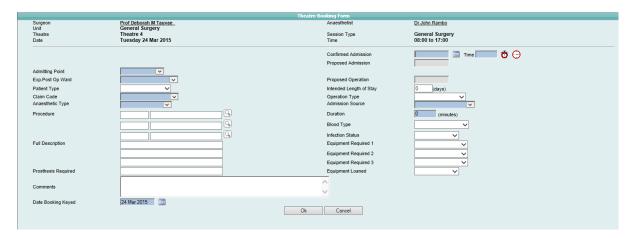


5. Enter the search criteria and click Search.

**Note:** If the patient's record does not appear in the list (a limited number of patient records can be displayed at a time), click **Next** to display the next listing of patient records.

6. Click the patient folder beside the name of the relevant patient.

The Theatre Booking Form will display.

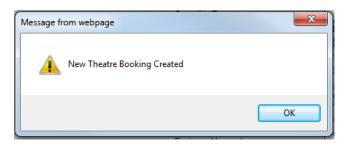


7. When the patient is an Inpatient, you are prompted to use the patient's current admission details.

**Note:** Clicking **OK** pre-fills some fields, where details have already been recorded during admission.

- 8. Record the **Anaesthetic Type**, **Duration** (estimated surgery time), and **Date Booking Keyed**.
- 9. Click **OK** to save these details.

A message confirms that a theatre booking has been created.

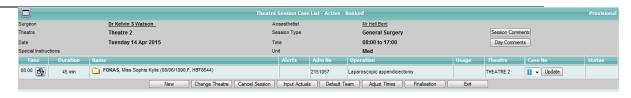


10. Click **OK**.

The Theatre Session Case List will re-display with the patient in the list.



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## 3.3 Theatre Session Case List Features

The Theatre Session Case List has many features to assist in theatre case management.



The Surgeon and Anaesthetist names in the Theatre Session Case List header is a link to the Doctor Information screen for that doctor.

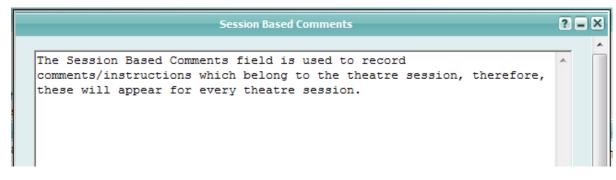


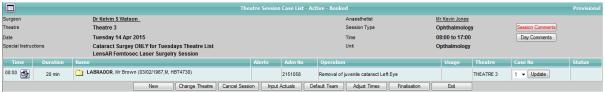
The Theatre Session Case header also displays the following information:

- Theatre Location
- Theatre Session Date
- Theatre Session Time (start and finish)
- Special instructions
- Theatre Session Type
- Unit



Session Based Comments can also be entered via the Session Comments button.





The Theatre Sessions icon in the top left corner of the Theatre Session Case List is a link back to the Theatre Sessions list.



The icon in the Time column on the Theatre Session Case List allows the Expected Start Time of the case to be updated.





# 3.4 Booking an Existing Inpatient into Theatre

During an inpatient's admission, a clinical decision may be made to perform a theatre procedure that as not been booked prior to the patient's admission.

To make a theatre booking for an existing patient:

1. In the Theatre module, select **Theatre Status by Date** from the Views menu. The Theatre Sessions for *[Month Year]* screen displays, defaulting to sessions for today's date.



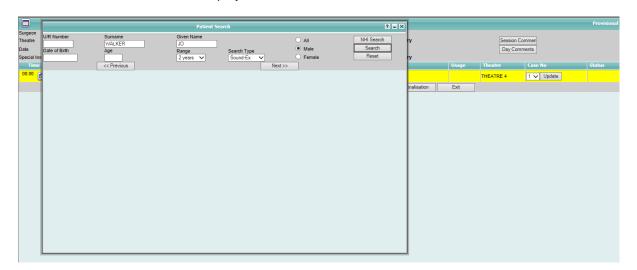
Note: Extra or Ad Hoc sessions are highlighted in green.

- 2. Select the required date from the list or go to step 3.
- 3. Click the Session Jacon for the session. The Theatre Session Case List screen will display.



4. Click **New** to add a patient.

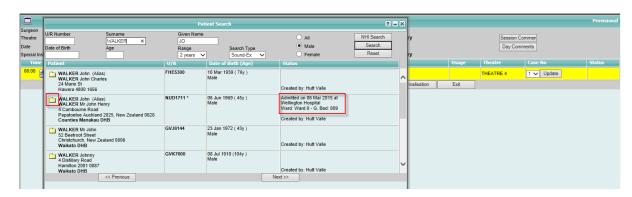
The Patient Search screen will display.



5. Enter the search criteria.



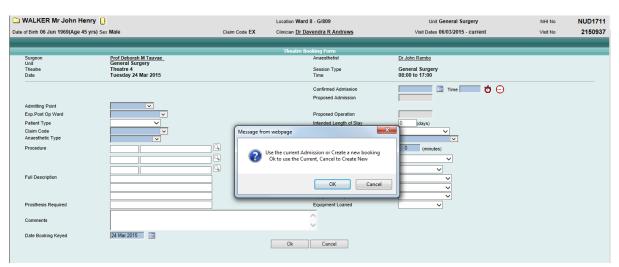
Click Search.



**Note:** If the patient's record does not appear in the list (a limited number of patient records can be displayed at a time), click **Next** to display the next listing of patient records.

7. Click the patient folder beside the name of the relevant patient.

The **Theatre Booking Form** will display.



When the patient is a current Inpatient, you are prompted to use the patient's current admission details. Clicking **OK** pre-fills some fields, where details have already been recorded during admission.

Where the patient has multiple visits or pre-admissions the Theatre module displays a list so that you can choose which visit to link the admission to and pre-fills the fields with the selected visit. The following screen is an example of the Admission Link screen.



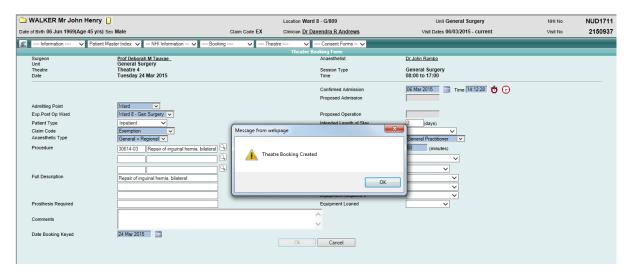
8. Click the appointment icon.



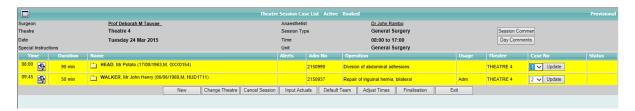
The theatre form is pre-filled with the information associated with the selection.

- 9. Complete the details as required.
- 10. Click Ok.

The following message will display.



The Theatre Session Case List - Active - Booked (or Extra Session for ad-hoc session) list will display with the new booking.



**Note:** The patient booking will be shaded yellow to indicate that the booking was made on the same date as the theatre session itself.



# 4 Recording Theatre Session Data

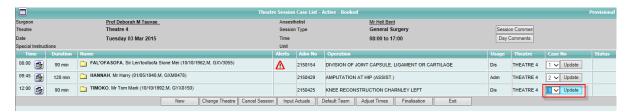
# 4.1 Adjust Case Order

The order of cases on a theatre session list can be altered on the Theatre Session Case List screen.

1. Navigate to the Theatre Session Case List screen.



Click the Case No. Drop down for the case you wish to move and choose a new case no.



3. Click Update.



4. The cases are all automatically updated with the new Case 1 at the top and the other cases moved down. The planned start times are also automatically adjusted.

# 4.2 Adjust Case Start Times

The start time for cases can be adjusted for an individual case or for all cases after a specified case.

1. Navigate to the Theatre Session Case List screen.





2. Click the Adjust Time icon by the start time for the case to be adjusted.



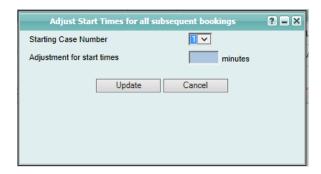
3. Enter the new Expected start time for the case selected and click Update.



The new start time is shown on the Theatre Session Case List.

Note that subsequent case start times are not changed when this function is used for an individual case.

5. To adjust the start time for a case and ALL subsequent cases, click the Adjust Times button on the Theatre Session Case List.



6. Choose the Starting Case Number to adjust and enter the number of minutes to adjust the start times by. For example if start times for case 2 onwards are to be 30 mins later than currently booked, enter 30 and click Update. Or a user may enter -30 to move start times 30 minutes earlier.





7. The new start times are shown on the Theatre Session Case List.



# 4.3 Change Theatre for a Session

Occasionally a theatre session is moved from the physical theatre it is scheduled in to another. This change can be recorded against the theatre session record for the specific date.

1. Navigate to the Theatre Session Case List screen.



2. Click the Change theatre button

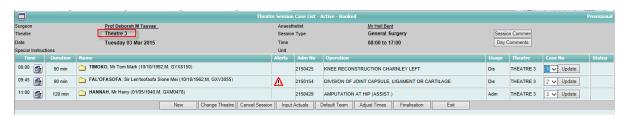


- 3. Choose a new Operating Room from the drop down list and Click Update.
- 4. If the chosen Operating Room is already in use at the same time, a warning will display as shown below.





5. Otherwise the Operating Room is changed and the user is returned to the Theatre Session Case List with the new Theatre displayed.



# 4.4 Session Booking Finalisation

Once the theatre session has been finalised (bookings and case order confirmed), session finalisation details can be entered.

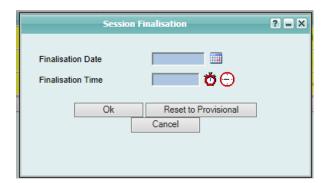
1. Navigate to the Theatre Session Case List.



Note that the session is currently showing as "Provisional" in top right hand corner of the screen.

2. Click Finalisation.

The Session Finalisation screen will display.



3. Enter the Finalisation Date.



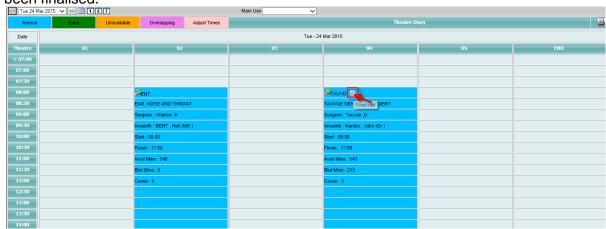
4. Enter the Finalisation Time.

Note: The Finalisation Date and Finalisation Time fields are both mandatory.

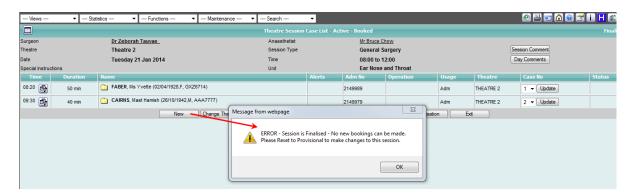
The session now appears as Finalised and the Finalisation button is now Red.



A tick displays on the Theatre Diary View to also indicates that the Session has been finalised.



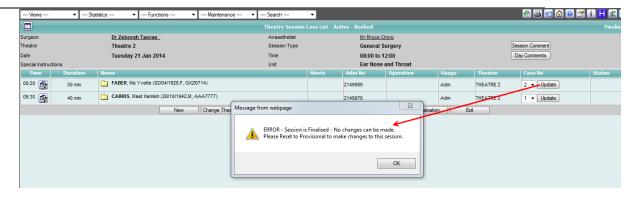
When a Session is flagged as 'Finalised' no New Patients can be added to the session. If a user attempts to add a patient to the list by clicking the 'New' button, an error displays advising that the Session is Finalised and no new Bookings can be made unless the Session is set back to 'Provisional'.



In addition, when a Session is flagged as 'Finalised' the order of the patients in the session cannot be updated. Changing the patient order and pressing the 'Update' button now displays an error advising that the Session is Finalised and no changes can be made unless the Session is set back to 'Provisional'.



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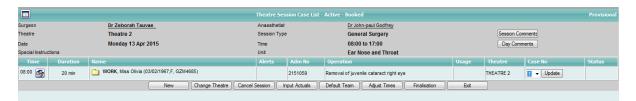


### 4.5 Theatre Team Defaults

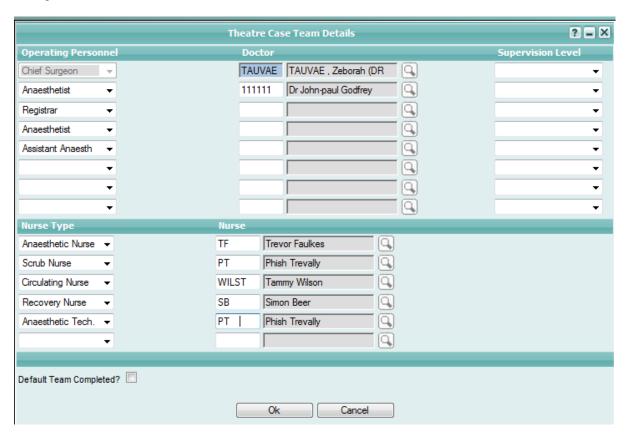
Default theatre teams can be added to a Theatre Session Case List. Refer to the *Theatre Configuration Guide* for details on setting indicators for Operating Personnel and Nurse Type defaults.

Note - The Theatre Team details must be marked as completed before the Team/Surgical Details can be entered for each case in the session.

- 8. Navigate to the Theatre Session Case List screen.
- 9. Click the Default Team button.



10. Using the set up from categories OP and ON, Operating Personnel and Nurse Type fields will auto-populate a theatre team outline so that names can be recorded against the roles.



- 11. Click the Default Team Completed tickbox.
- 12. Click OK.
- 13. The Default Team button will now appear Red on the Theatre Session Case List.



### 4.6 Theatre Session Actual Times

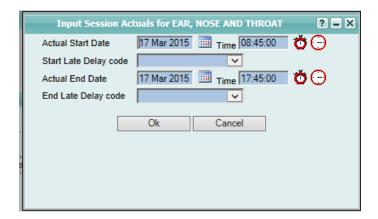
The actual theatre session running times can be recorded against the session. Once details for each of the cases have been entered, the actual start time and end time of the session are defaulted into this screen from the first case arrival time to the last case exit theatre complex time.

1. Navigate to the Theatre Session Case List screen.

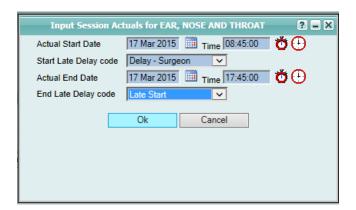


Click on Input Actuals button

The Input Actuals screen will appear with the actual session start time defaulted into this screen from the first case arrival time and end time of the session defaulted to the last case exit theatre complex time. These times can be overtyped if necessary.

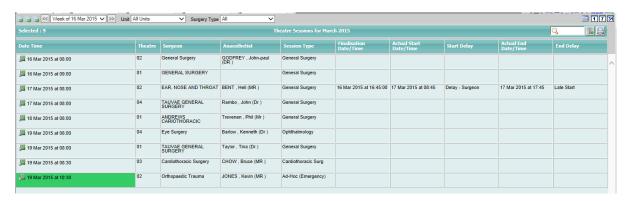


- 3. If the Actual Start time is later than the planned session start time then the Start Late Delay Code field is mandatory and a code must be chosen from the dropdown for this delay.
- 4. If the Actual End time is later than the planned session end time then the End late Delay Code field is mandatory and a code must be chosen from the dropdown for this delay.





- 5. Click OK.
- 6. The user is returned to the Session Case List.
- 7. Details entered can be seen on the Finalisation View of the Theatre Status by Date/Unit.





# 5 Recording Theatre Case Data

# 5.1 Patient Arrival into Holding Bay

Prior to be taken into theatre, patients arriving at the operating suite are usually kept in an area known as the Holding Bay.

This section describes how to:

- View the Patient Theatre List (a list of patients due for theatre on a given day) so that you can:
  - Record the time at which the patient was called for theatre
  - Record the time at which the patient arrived at theatre
- Record the completion of the pre-operative checklist
- Record details of any prosthetics accompanying the patient to theatre (to ensure they are returned after surgery).

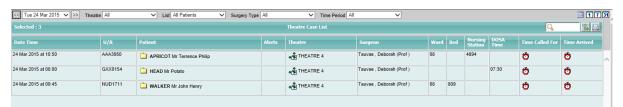
# 5.2 Viewing the Patient Theatre List

Patients booked for Theatre on a particular day can be viewed on the **Patient Theatre List**.

To list patients booked for theatre:

1. Select Patient Theatre List from the appropriate hospital level menu.

The Theatre Case List screen will display.



This screen lists all patients booked on that day for the entire Theatre Suite, including Day Of Surgery Admission (DOSA) patients. Patients remain on this list until an **Anaesthetic Prep Commenced** time is recorded in the **Theatre Case Anaesthetic Details** Screen.

**Note:** DOSA patients are indicated by an entry in the **DOSA Time** column; in addition, the **Ward**, **Bed** or **Nursing Station** columns are blank.

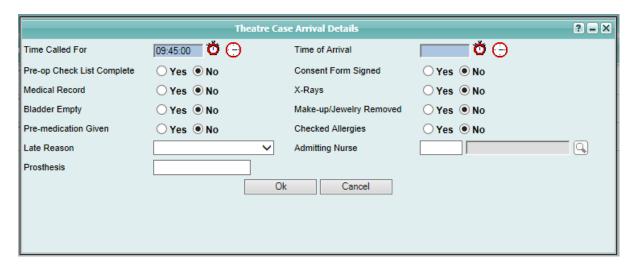
2. Set filters for Theatre and/or List.

If you want to focus on a particular theatre, select it from the **Theatre** drop-down list. Similarly if you want to focus on a predefined group of patients (e.g. those who have not yet arrived), select this group from the **List** drop-down list. The list of booked patients is updated to correspond with your filter settings.



- When the patient is called for, click the Date/Time Stamp icon under the heading Time Called For.
- When the patient arrives at the Holding Bay, click the Date/Time Stamp icon in the Time Arrived column.

The Theatre Case Arrival Details screen will display.

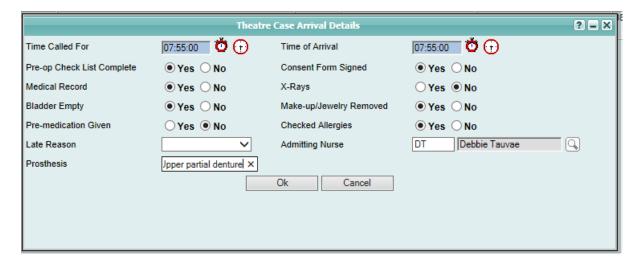


Specify the arrival time by clicking the Date/Time Stamp icon or the Time lookup icon.

**Note:** If the time difference between **Time Called For** and **Time Arrived** is greater than a pre-determined period of time (e.g. 15 minutes, or as set up for your site in theatre parameters) the **Late Reason** field becomes blue, indicating that it is now a mandatory field.

6. Record details of any prosthesis brought to the theatre by the patient (e.g. dentures, spectacles. The Prosthesis field has a maximum of 40 characters).

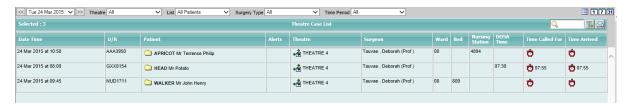
Details recorded in the **Prosthesis** field will display on the **Theatre Case Recovery Details** screen. This acts as a reminder that the prosthesis needs to be returned to the patient when leaving theatre.





Click **OK** once the Theatre Case Arrival Details screen has been completed.

The Theatre Case List will display with the Time Called For and Time Arrived columns populated.



# 5.3 Recording Anaesthetic Details

The Anaesthetic Staff have two screens to complete:

The Theatre Case Anaesthetic Details screen

This screen is for recording anaesthetic type, time of administration and ASA scores.

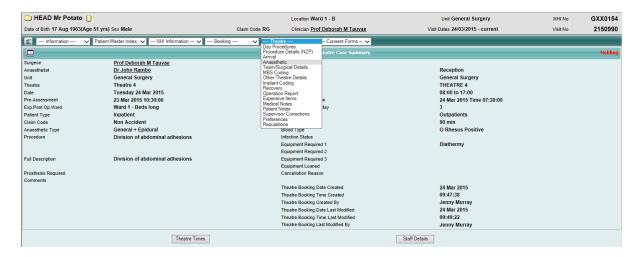
The Team/Surgical Details screen

This screen used to add Anaesthetic personnel.

You can find a patient who is currently in the Operating Suite in one of two ways:

- Perform a patient search, or
- Select the patient from the Theatre Session Case List.

The Theatre Case Summary screen will display.



This screen always reflects the patient's current location during their time in the Operating Suite – shown in red in top right corner of the Case Summary screen.

Having displayed the summary details of a patient, you can update anaesthetic details.

Select Anaesthetic from the appropriate patient level drop down menu.



#### 5.3.1 Updating Anaesthetic Details

Having displayed the **Theatre Case Summary** screen, to update the patient's anaesthetic details:

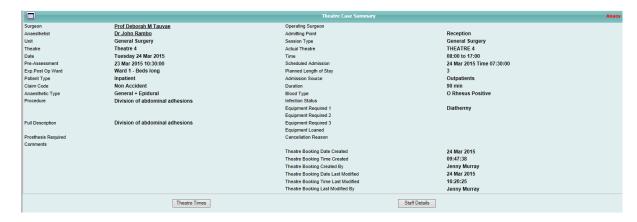
1. Select Anaesthetic from the Theatre menu.

The Theatre Case Anaesthetic Details screen will display.



- Populate the Anaesthetic Prep Commenced field with the time the patient was taken into the Anaesthetic Room.
- 3. Populate the **Anaesthetic Commenced** field with the time the anaesthetic was administered to the patient.
- Select the type of anaesthetic from the Anaesthetic Type drop down field. This field will default the value that was specified in the Booking List.
- 5. The **Preadmission and Operation Notes** field displays notes written by the Anaesthetist (using the Waiting List Entry screen) when reviewing the patient in the Preadmission Clinic.
- 6. Click OK.

The **Theatre Case Summary** screen will display.



**Note:** The **Theatre Case Summary** screen has updated the patient location from **Holding** to **Anaes** in the top right corner, indicating that the patient is in the Anaesthetic Room.





# 5.4 Updating Theatre Details

This section describes how to:

- Update theatre details
- Record other theatre details, such as:
  - Diathermy details
  - Drain tube details
  - Catheter details
- Maintain tourniquet details
- Recording procedure items
- Recording expensive items
- Recording implant details
- Performing a final count

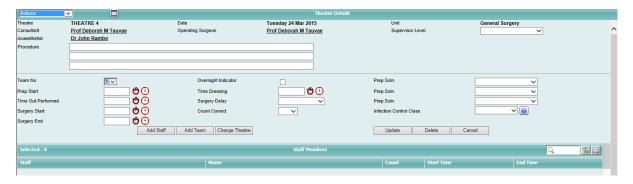
After finding a patient and displaying details in the Theatre Case Summary, to update their theatre details:

1. Select **Team/Surgical Details** from the appropriate patient level menu.

Note – if the Default team for the session or a team for the case have not been completed, the following warning will appear and the team must be entered before the surgical details can be entered.



The Team/Surgical Details screen will appear as shown below:





2. Complete the Prep.Soln. and Infection Control Class fields.

These fields have drop-down lists of options to choose from.

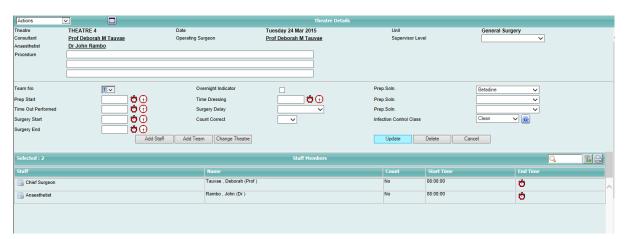
Complete the Procedure fields.

These three fields are not 'text-wrap' fields. If the description of the operative procedure is longer than the first field, text will not automatically flow to the second field.

- 4. Click Tab to move to the next field, or use the mouse to click the field to continue typing.
- 5. Click **Update** to save details.

When you click **Update**, the **Operating Surgeon** will default to the nominated **Consultant**. Also, any staff you have just added are listed at the bottom of the screen.

**Note:** If the bottom section of the screen has disappeared, pressing F5 will refresh the screen and bring that section of the screen back in view.



There is a maintenance icon associated with each staff member listed.

6. Click this icon to maintain details of the staff member, such as updating which staff member performed the final count.



# 5.4.1 Recording the Start of Surgery

To record the start of surgery:

1. In the Theatre Details screen, complete the Surgery Start field.



- 2. Record the current time with the current date/time stamp **o**, or use the Time Lookup icon to select a specific time in the past.
- 3. Click Update.

The surgery start time is saved.

Note: The Prep Start Time must be prior to the Surgery Start Time.

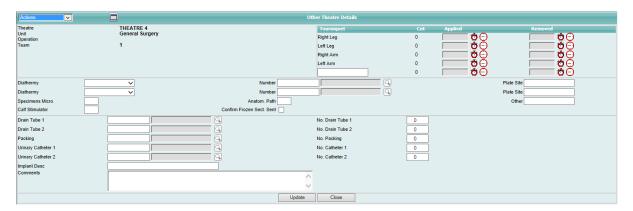


## 5.4.2 Recording Other Theatre Details

To record ancillary theatre details:

1. Select Other Theatre Details from the appropriate patient level menu.

The Other Theatre Details screen will display.



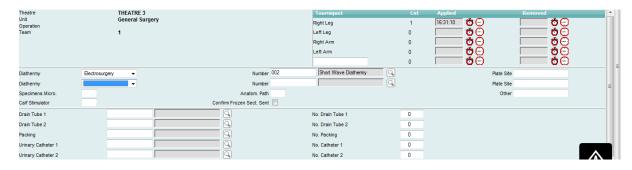
2. Select the appropriate Diathermy type from the **Diathermy** drop-down list.

The Diathermy number can be specified by typing it in the **Number** field or, click the Search button to select a diathermy number from a list.

Typing 1 in the Keyword Search field displays all 10 diathermy numbers.



3. Click on the relevant number to select it, and re-display the Other Theatre Details screen.

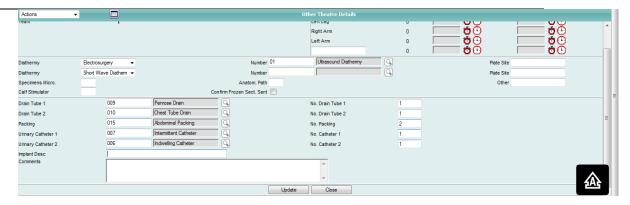


Note: A second diathermy can be entered.

4. Record specimens, with the appropriate numbers for each.



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5. Complete the Drain Tube, Packing and Urinary Catheter fields.

These fields are completed by typing the relevant code or by using the Search Gacility.

- 6. Click Update.
- 7. Record tourniquet details (if required).
- 8. Click the Date/Time Stamp or Time lookup icons to record the appropriate time.
- 9. Finger, toe, and other tourniquets can be recorded in the blank field at the bottom of the Tourniquet details section.

If an error is made in entering the time and the Removed time has not been entered, you can change it by clicking the Time lookup icon.

**Note:** A counter is displayed in front of the **Applied** field, incrementing by **1** each time a tourniquet is applied.

When the **Removed** time is recorded, the associated fields are cleared so that additional times can be entered for any subsequent tourniquets on that limb. To view these times again, select **Tourniquet** from the **Actions** menu (on the left side of the screen). This displays the Tourniquet Details screen, described under Maintaining Tourniquet Details below.

10. Click **Update** to save your changes.



# 5.4.3 Maintaining Tourniquet Details

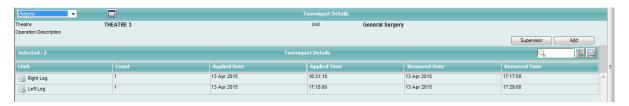
Tourniquet details are typically recorded in the Other Theatre Details screen (as described under Recording Other Theatre Details. However, if you want to view a history of tourniquet times, update tourniquet details or delete them altogether, you can do so in the Tourniquet Details screen.

To maintain tourniquet details:

Select Tourniquet from the Actions menu.



The Tourniquet Details screen will display.



Each tourniquet application is listed, along with details of the **Limb**, the **Count** (e.g. **1** is the first application, **2** is the second), as well as the date and time of application and removal.

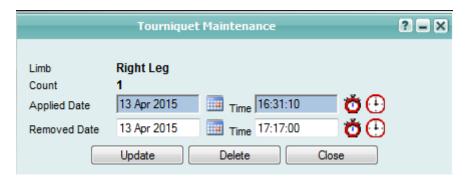


# 5.4.3.1 Updating Tourniquet Details

To update the details of a tourniquet application

1. Click the maintenance icon of the required tourniquet record.

The Tourniquet Maintenance screen displays:



- 2. Change details as required.
- 3. Change the **Applied Date** and **Time** or the **Removed Date** and **Time** as necessary, using the Calendar Lookup icon , the Date/Time Stamp icon or the Time Lookup icon.

Note: You can delete the record by clicking Delete.

4. Click **Update** when you are finished making changes.

The Tourniquet Details screen is redisplayed, showing your changes.



# 5.4.4 Recording Expensive Items

Expensive items are entered via the Actions or Theatre Drop-down menus.



1. Click Add. The Input Expensive Items screen displays:

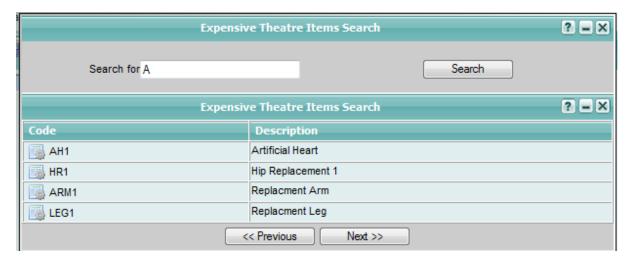


2. Record the code of the expensive item.

You can do this in one of two ways, depending on whether you:

- Know the item code
  - Type the code in the blue field, then press Tab.
- Don't know the item code
  - Search for the code by clicking the Expensive Item search icon.

The Expensive Theatre Items Search dialog is displayed.



- Type a description into the Search for field and click Search.
- This displays all entries containing the words typed.



 Click the Maintenance icon beside the description to record the code in the Input Expensive Items dialog.

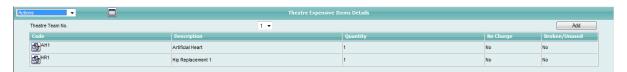
**Note:** Expensive Items are **NOT** attached to a specific Unit. When the **Search for** field is used and the **Search** button is clicked, the program's search parameters will only search on the **first word** in the Description.

- 4. Specify the quantity.
- Select either No Charge or Broken/Unused if the item is not to be charged for or was broken or unused at the time of the procedure.



- 6. Repeat the process to add additional codes.
- 7. Click **Ok** when all codes have been recorded.

The Theatre Expensive Items Details screen is re-displayed.



**Note:** If at any time the entered items have to be updated or deleted, clicking the icon beside the code will display the **Theatre Expensive Items Maintenance** dialog.



8. When all Expensive Items are dealt with, return to the main screens via the **Actions** or **Theatre** Drop-down menus.



### 5.4.5 Adding Prosthetic Items

Prosthetic items such as screws or staples used in knee reconstructions are entered using the Input Theatre Items Details screen.

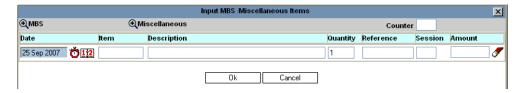
To add Prosthetic items:

1. Select **Prosthesis Items** from the appropriate drop down menu.

The Theatre Items Details screen will display.



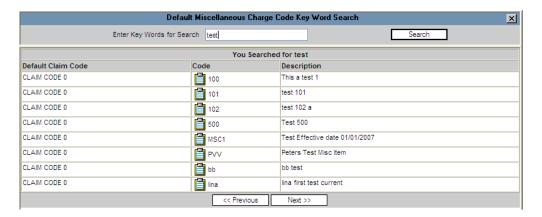
2. Click the Add button.



The Miscellaneous Charge Code Key Word Search screen will display.



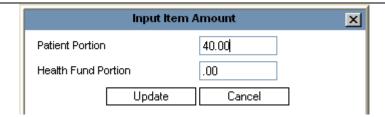
4. Enter part or whole key-words and click Search. The results will display.



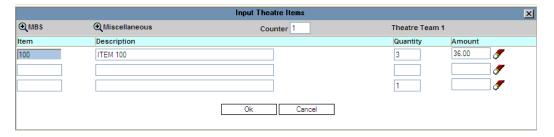
5. Click on the maintenance icon to select the item.

The Input Item Amount screen may display depending on your set-up:





6. Enter different amounts and click **Update** or click **Cancel** to accept the values shown. The Input MBS /Miscellaneous Items screen re-displays listing the item:



- 7. Enter the quantity and reference if required.
- 8. Press Tab and continue until all the items are entered.
- 9. Click Ok.



# 5.5 Implants

Implants are entered in the Patient Implant Details screen.

### 5.5.1 Adding Implants

To record implant details:

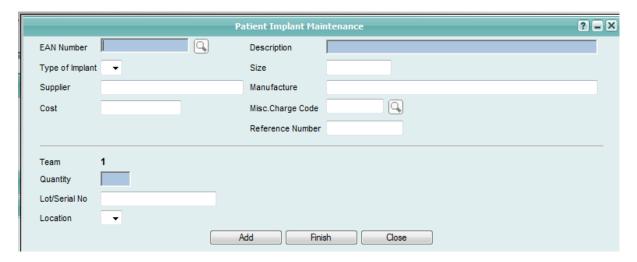
 Select Implant from either the Actions drop down menu or the appropriate patient level menu.

The Theatre Proc Items Details screen will display.



#### 2. Click Add.

The Patient Implant Maintenance screen will display.



3. Record implant details, including mandatory items such as **EAN Number**, **Description** and **Quantity**.

**Note:** If you specify an existing EAN, fields will default to the details already saved for that EAN. If this is a new EAN, record as much detail as possible.

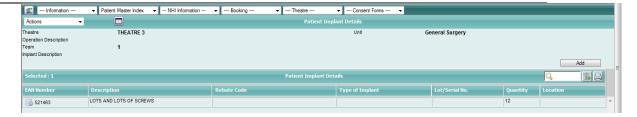
4. Click Add.

The Patient Implant Details screen is displayed, showing summary details of the implant.

- 5. Repeat the process to add additional implants.
- 6. Click Finish.



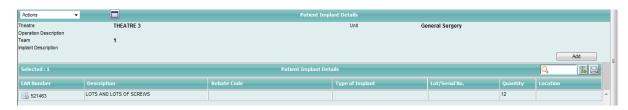
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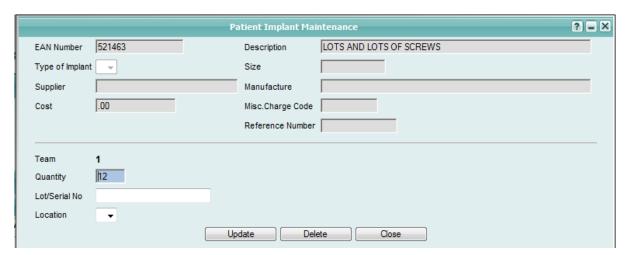
# 5.5.2 Updating Implant Details

To update the details of an implant recorded against a patient:

1. Navigate to the Implant screen either via the Actions drop down menu or the appropriate patient level drop down menu.



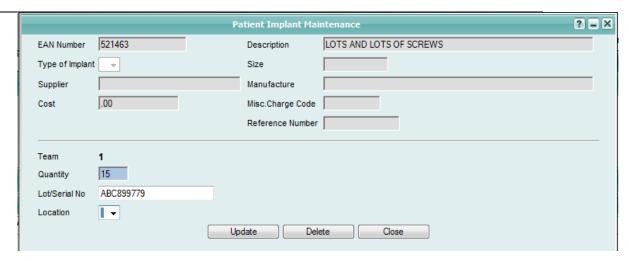
2. Click the maintenance icon beside the required implant record.



Items that can be altered include the Quantity, Order Number, Lot/Serial No, Cost Per Items and Location.

3. Update items as required.



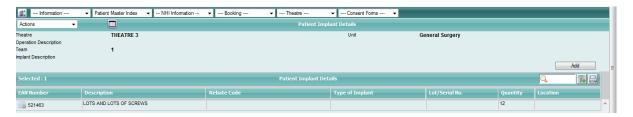


4. Click Update.

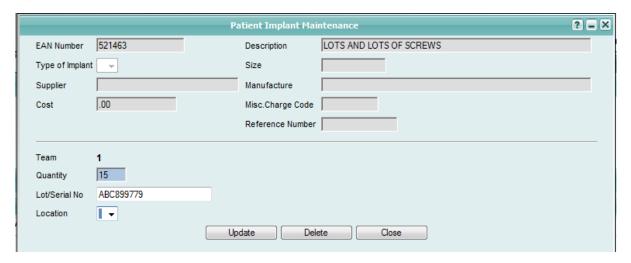
## 5.5.3 Deleting Implant Details

To delete an implant record:

1. Navigate to the Implant screen either via the Actions drop down menu or the appropriate patient level drop down menu.

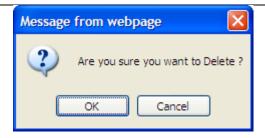


2. Click the maintenance icon beside the required implant record.



- 3. Click Delete.
- 4. The following warning message will display





5. Click OK to delete the record, or Cancel to exit without removing the implant record.



### 5.6 Final Count

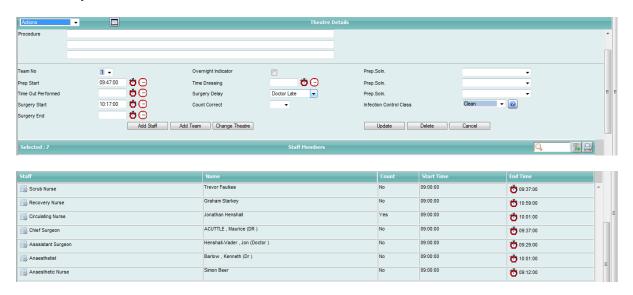
The Instrument and Circulating nurses usually perform the final count. This is recorded in the **Staff Maintenance** section of the **Theatre Details** screen.

To perform a final count:

 Click the maintenance icon beside each name in turn to display the Staff Members Maintenance screen.



- When the Staff Type is set to Nurse, the Final Instrument Count check box will display on the Staff Member Maintenance screen.
- 3. Click Update.



The Count column now displays a YES beside the nursing staff member who performed the final instrument count.

**Note:** The Final Instrument Count check box should only be used by the nursing staff member who performed the count, not by all nursing staff to indicate that the count was correct.

4. Complete the Count Correct field.

This field has three options: blank, **Yes** or **No**. If no count is performed, the field is left blank.

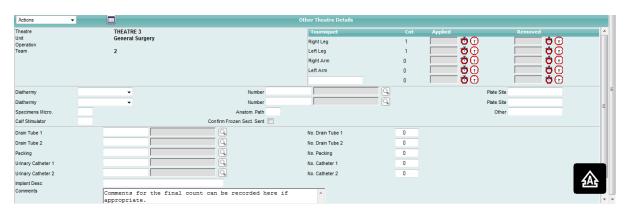


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#### 5. Record comments.

If the count is incorrect, the reason is recorded in the **Comments** field on the **Other Theatre Details** screen.



**Note:** If a Staff member, for example, goes for lunch and is relieved by a replacement staff member, the current time can be easily entered as the **End Time** by clicking the **Date/Time Stamp** icon in the **End Time** column. This is faster than accessing the **Staff Members Maintenance** screen.

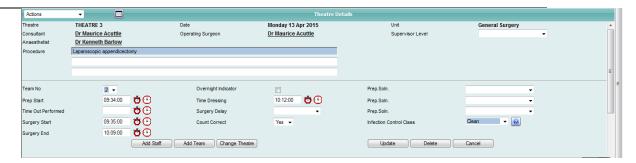


6. Record surgery and dressing finishing times.

At the completion of the procedure, the surgery and dressing end times need to be completed.



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**Note:** Once the **Dressing Time** has been entered, the patient is automatically listed on the **Recovery Details** screen (accessed from the **Views** drop-down menu on the **Hospital** menu bar).

Alterations can still be made to all screens. It is only when the patient has a time recorded in any of the **Time in Recovery Room**, **Time Patient Went to ICU** or **Time Patient Died** fields that access to previous screens is denied.

7. Record Staff Member finishing times.

The Theatre module does not automatically update Staff Members' **End Time** when a procedure finishes. This must be entered manually for each member present at the conclusion of the procedure.

The **Date/Time Stamp** to can be clicked for all Staff Members. If a time other than the current time needs to be entered, click the maintenance icon for that staff member to record it manually.

**Note:** Theatre module enables the recording of details for two separate operative teams; for example, an Orthopaedic team and a Neurosurgical team, each with its own team members and times.

To use this facility, click **Add Team** on the **Theatre Details** screen.

A new **Theatre Details** screen is displayed, and the **Team No**. field is be updated.

This screen is completed as described previously. All screens used by the first team are also available for the second team. Take care to associate expensive items and implants to the correct team.

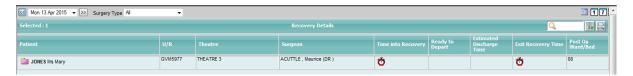


### 5.7 Monitoring Patients in Recovery

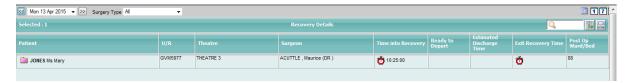
The Recovery Room has its own Patient Recovery List which displays:

- Patients who have had their **Dressing Time** entered
- Recovery Room or Day Procedures patients who have not had an Exit Theatre Complex Time recorded.

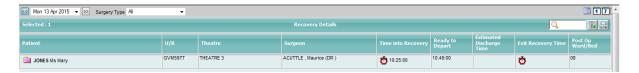
This screen indicates that the patient has been transferred from the operating table to their bed/trolley and will presently appear in the Recovery Room. No time appears against the **Time into Recovery** date/time stamp.



The Recovery Details List below shows that the patient has arrived in the Recovery Room. The **Time into Recovery** date/time stamp is set to 10:25:00 hours.



The Recovery Details List below shows that the patient is waiting for ward staff to arrive and transfer the patient back to the ward. The **Ready to Depart** field is set to 10:49:00 hours.



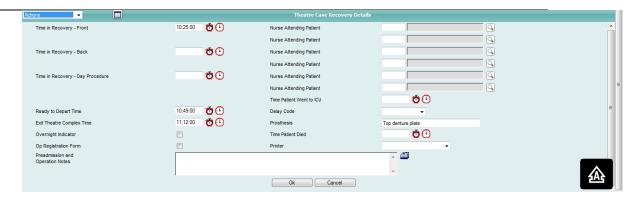
In this case, an **Exit Theatre Complex Time** has been entered (in the Theatre Case Recovery Details screen, described below) and the system has removed the patient record from the list.



 Click the Time into Recovery date/time stamp displays the Theatre Case Recovery Details screen.



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There is provision for two nurses to be recorded as the care providers for the patient at each stage of recovery. Front of Recovery, Back of Recovery and in the Day Procedure's Recovery Room.

- 2. The staff details should be entered either by entering the staff code, or by clicking the search icon to look for the required staff member.
- 3. Theatre Recovery times are entered with the current date/time stamp , the Time Lookup icon or by specifying the time directly in the space provided.

Note: Recovery times must be after the Surgery End time.

- 4. The **Time Patient Died** and **Time Patient Went to ICU** fields are entered either by the Recovery Room staff or Theatre staff.
- 5. The **Prosthesis** field will display the text that was entered by the admitting nurse when the patient was checked into the Theatre Suite.
- 6. Free text **Preadmission and Operation Notes** should be entered by the Anaesthetist at Preadmission time or during the procedure.
- 7. Once the **Exit Theatre Complex Time** has been entered, the **Recovery Details** screen is redisplayed, and the system removes the patient's record from the list.
- 8. Click **Ok** once the screen has been completed.

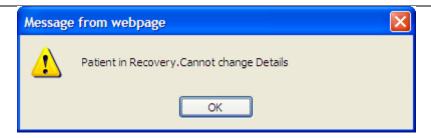
The Theatre Case Summary screen will display.

**Note:** To return to a patient's recovery details, click the patient's **Time into Recovery** date/time stamp redisplays the Theatre Case Recovery Details screen.

Ensure that all details are correct before entering the Exit Theatre Complex Time, Time Patient Went to ICU or Time Patient Died fields, as after this, changes to Theatre details are not permitted (except through the Supervisor facility).

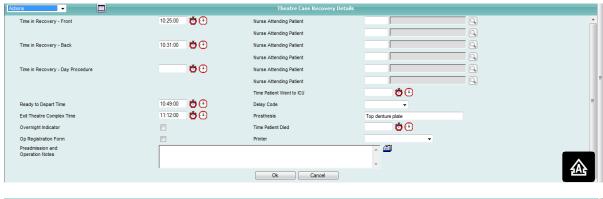
If an attempt is made to access a theatre details screen once any of the Exit Theatre Complex Time, Time Patient Went to ICU or Time Patient Died fields have been completed, the following error message will display.

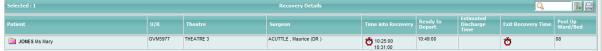




#### 5.7.1 Recovery Front and Recovery Back Times

If both the Time in Recovery - Front and Time in Recovery - Back fields are completed on the Theatre Case Recovery Details screen, both recovery times will display in the Time into Recovery column on the Recovery Details list.







## 6 Day Procedures

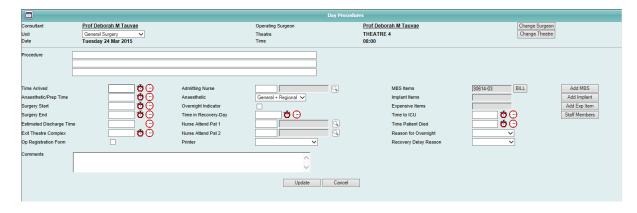
The Day Procedures screen has been designed to record details for those patients being treated in a Day Procedures theatre setting rather than general theatre. The Day Procedure screen collects all theatre case times and details on once screen such as the following functionality:

- Update the Operating Surgeon
- Update the Operating Theatre
- Capture a range of Day Procedure times
- Access to the Add Implant, Add Expensive Items and Staff Members functionality.

To access the Day Procedures screen:

- 1. Navigate to the required patient.
- 2. Select the appropriate Day Procedure booking.
- 3. Select the Day Procedures item from the appropriate patient level menu.

The Day Procedures screen will display.





### 6.1 Day Procedure Times

The following times can be recorded via the stopwatch or the clock icon.

- Time Arrived
- Anaesthetic/Prep Time
- Surgery Start
- Surgery End
- Estimated Discharge Time (only the clock icon is available as the time must be in the future)
- Exit Theatre Complex
- Time in Recovery Stage 1
- Time to ICU/CCU
- Time Patient Died



### 6.2 Other Day Procedure Items

#### **Op Registration Form**

To print the Operation Registration Form:

- 1. Tick the Op Registration check box.
- 2. The Printer field will become mandatory.
- 3. Select the required printer.



#### **Admitting Nurse**

To record the Admitting Nurse:

- 1. Enter the Nurse code and press Tab, or
- 2. Click the look up icon and search for the Nurse code.



#### **Anaesthetic**

To record Anaesthetic details:

1. Select a value from the Anaesthestic drop down list (Category OA).

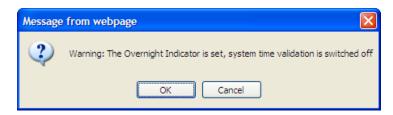


#### **Overnight Indicator**

To record that the patient will be staying overnight:

1. Tick the Overnight Indicator check box.

The following warning message will display, alerting users that the system time validation has been switched off. This will allow Surgery End times to be entered prior to Surgery Start times (i.e. Day Procedure times will not be validated)



#### **Reason for Overnight**

To record that the patient is staying overnight (rather than just the day):

1. Select a value from the Reason for Overnight drop down list (Category ou).



#### **Recovery Delay Reason**

Complete the Recovery Delay Reason field (Category Ou) if there is a delay in the patient exiting from recovery.



### 6.3 Updating the Operating Surgeon

The Operating Surgeon can be changed via the Day Procedures screen.

1. Click the Change Surgeon button.

The Change Operating Surgeon screen will display with the current Operating Surgeon in the Operating Surgeon field.



- Click the look up icon to search for an alternate operating surgeon.
- 3. Select a surgeon from the list.



The Operating Surgeon field will populate with the newly selected surgeon.



4. Click Ok to save the changes to the Operating Surgeon.

The Day Procedures screen will display with the updated Operating surgeon displayed.



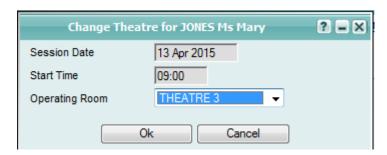


### 6.4 Updating the Operating Theatre

The Operating Room can be changed via the Day Procedures screen.

1. Click the Change Theatre button on the Day Procedures screen

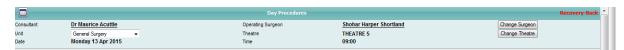
The Change Theatre for <Patient> will display.



The Session Date and Start Time are read-only fields and cannot be altered.

- 2. Select an alternate Operating Room from the drop down list.
- 3. Click Ok to save the changes to the Operating Room.

The Day Procedures screen will display the updated Theatre.



4. Alternately, click Cancel to exit from the screen without saving the changes.



### 6.5 Adding Implants

The Add Implant functionality can be accessed via the Day Procedures screen.

- 1. Navigate back to the Day Procedures screen.
- 2. Click the Add Implant button.

The Patient Implant Maintenance screen will display.



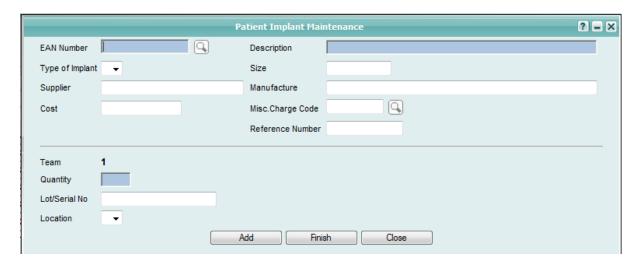


### 6.6 Add Expensive Items

The Add Expensive Items functionality can be accessed via the Day Procedures screen.

- 1. Navigate to the Day Procedures screen.
- 2. Click the Add Exp Items button.

The Input Expensive Items screen will display.





### 6.7 Staff Members

Staff Member functionality can be accessed via the Day Procedure screen.

- 1. Navigate to the Day Procedures screen.
- 2. Click the Staff Members button.

The Day Procedures – Staff Maintenance screen will display.





## 7 Theatre Equipment Tracking

The Theatre module provides full instrument tracking to identify all instruments used on a patient during a procedure.

Instruments can be requisitioned singly for an operation or grouped with other instruments on a tray.

When booking a patient into theatre the system checks for tray and item preferences and lists the trays or items on the Preferences screen available from the Patient menu. Note that unless a tray preference is set up for both the Doctor and the Operation you need to select the appropriate trays and items on the Preferences screen before creating the requisition. Also, all trays and items are not displayed on the Requisition screen until you click Update on the Preferences screen.

For more information about setting up Preferences for trays, items and equipment and how the Theatre module checks these preferences, refer to the *Theatre Configuration Guide*.

Trays, items and equipment should be requisitioned prior to a theatre session commencing. Generally, the Peri-operative Nurse will create a Requisition for a theatre session. This usually occurs a day or so prior to the session. The Requisition form lists all required items and quantities. The Requisition has two parts, the order list of required items which goes to the Store for filling, and the 'contents' of each Tray so the trays can be packaged on receipt of the items.

### 7.1 Requisitioning Trays, Items and Equipment

Requisitioning trays, items and equipment may involve one or two steps depending on:

- How your system is set up
- If the operation requires additional items
- The surgeons' preferences

If preferences have been set up for the doctor and operation then the items are displayed on the Preferences screen and you can add additional items before updating and opening the Requisition screen.

If there are specialty preferences only, go to the Preferences screen and select the appropriate items before opening the Requisitions screen.

Where there are no preferences you need to add all the required trays, items and equipment manually to the Requisition screen.

To requisition trays, items or equipment for a patient:

- 1. Check for Preferences.
- 2. Select **Preferences** from the appropriate menu.



The Preferences screen will display.



3. Have any of the Preference check boxes been checked?

Yes, go to step 4.

No, select the required Preferences and go to step 5.

- 4. Click Update.
- 5. Select **Requisitions** from the appropriate menu.

The Requisitions screen will display.





#### 7.1.1 Adding Requisitions

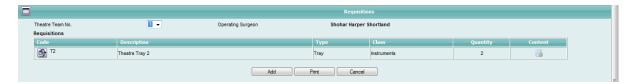
- 1. Click Add All Dr Pref. to add all preferences to the requisition.
- 2. Click **Add** on the appropriate line item to add a specific preference.
- 3. Click Add at the bottom of the screen to add additional trays, items or equipment.

The Add Theatre Requisitions Details screen displays:



- 4. Select a Type (Tray, Item or Equipment).
- 5. If known, enter the Tray/Item/Equipment Code.
- 6. Alternatively, click the search icon to search for the item.
- 7. Select a Class from the list.
- 8. Enter the number required in the Quantity field.
- 9. Click Add.

The Requisitions screen is displayed listing the tray requested.



The buttons at the bottom of the Requisitions screen perform the following functions:

- 1. Click Add, to add more items.
- 2. Click **Print**, to print the requisitions.





3. Click Cancel, to return to the Theatre Summary screen.

#### 7.1.2 Viewing the Contents of a Tray

To view the contents of a tray:

1. Click the **Contents** icon for the appropriate line item.



2. Click Close to exit from the Tray Content screen.

The system will return to the Requisitions screen.



## 8 Theatre Reports

The Theatre module has an extensive range of utilization and statistical reports to assist in Theatre Management. These reports have some common definitions that are explained below.

Where reports have the word '*Procedure*', they refer to the number of MBS procedure codes recorded. '*Cases*' is the number of cases in theatre, and will report each time a patient has been to theatre, even if it is the same patient multiple times. Most reports that list the number of procedures also report the number of cases.

All reports that report by MBS procedure code use the primary MBS procedure only. All other MBS procedure codes are ignored for reporting purposes. The *primary procedure* is the MBS Item number that generates the most revenue. When there are multiple teams, the procedure that generated the most revenue across all teams will be the primary procedure.

Where reporting by MBS procedure requires all MBS procedures to be included, the report indicates whether the MBS procedure was the 1st, 2nd, 3rd, etc. procedure. The sorting based on revenue generated by each procedure.

The theatre reports are divided into two categories; Standard and Statistical.

#### 8.1 Standard Reports Menu

- The Periodic Statistical Update option reads the Session file to locate the relevant sessions and session usage details.
- The Operation Detail file provides pre-operative and post-operative time details, Theatre duration and cancellation details, if applicable.
- The Operating Team file provides surgeon and anaesthetist details while the Operation Usage file provides operation duration details.
- The bolded report names indicate which reports require you to run the Periodic Statistics update before running the report to ensure that the data is updated for the period that is reported.

The following table is a list of the reports available from the Standard menu and a description of the reports.



Report Name	Description
Anaesthetic Usage Report	This report can be run for a single period or a range of periods and lists the anaesthetic details for the report period.
	The information provided on the report is determined by the following system parameter on the Hospital Screen 1 Maintenance screen:
	Post an Anaesthetic for Multiple teams in IBAOPR58
	where:
	<ul> <li>N – determines that one anaesthetic is counted even when a case has had multiple operating teams.</li> </ul>
	Y- determines that an anaesthetic is counted for each Operating Team. Therefore the number of cases will not necessarily equal the number of anaesthetics.
Ward Report	This report can be run for a single period or a range of periods and lists the following Ward Statistics for the report period:
	• Ward
	Number of cases in each ward for the period     Tatal Number of cases for each period
	<ul> <li>Total Number of cases for each period</li> <li>Total Number of cases for all Wards</li> </ul>
	Where:
	Total = Number of cases performed on patients from each ward.
MBS Exception Report	This report lists cases that have usage details, but no MBS procedure codes and lists the following details:  • Date
	• Time
	Admission Number
	NHI Number
	Patients name
	Surgeon code and description
	Theatre code and description
Cancelled Sessions Report	This report can be run for a range of dates and a single or range of operation types, listing the cancelled sessions.
Exception Report	This report lists data exceptions or omissions for specified date ranges. The following options are available:
	1 = All Bookings without Usage Details
	2 = All Bookings with Usage Details, but no Operation codes
	3 = All Bookings without Statistical Fields
	4 = All Sessions without Session Usage Details
	The report allows you to monitor data entry and enables the correction of exceptions.



Report Name	Description
Booking Register	This report lists patients for a specific Scheduled Admission Date and a range of Operation Types (Category OY).
	For sites running Multi Hospital, the report can be run by Hospital ID.
	Booked, Pre-admitted or Admitted patients are included. The report ignores patients with a Cancelled or Discharged Booking Status.
	The report prints in Scheduled Admission Date, Scheduled Admission Time, Operation Type and Booking Number Order and includes the following details:
	Booking Number
	Patient Name - Surname, Title, Given Name
	Patient Home Phone - Patient Private Phone     Number
	Age - Patient Age
	Sch'd Adm Date - Expected due date
	Sch'd Adm Time - Expected assessment time
	Booking Status
	Session Date
	Operation Type
	Attending Doctor - Surname, Title, Given Name
	Previous Inpatient - Previous Inpatient (Y/N/U)
	NHI Number
	Ward/Bed - Expected Ward/Expected Bed
	Comments - Operation Comments
	Diagnosis - Booking code & description
	Bed - Preferred Accommodation (Category BP)
	The information provided on the report is determined by the following system parameter on the Hospital Screen 1 Maintenance screen:
	Change Due Date when a pre-admission Number is used
	1 –determines that the report uses the Expected Due Date field from the Booking. If the parameter equals 1, any alterations to Pre-admission Due Date or Time displays in the Booking file.
	If the parameter does not equal 1, the two files are independent, so an alteration to pre-admission dates will not reflect in the booking records and consequently may not be included on the report.
Daily Theatre List	This option prints the Daily Theatre List and Medical Admissions with the same Expected Admission Date as the Theatre Session Date. The design of this report facilitates the bed allocation process.



Report Name	Description
Daily Theatre List – Medical Admissions	This option produces a list of all medical bookings with an expected admission date in the specified date range.
	an expected admission date in the specified date
	Report Layout for IBAOPR60 A choice of 1,2 or 3 is available for the report layouts.



Report Name	Description
Session Master List	This report lists all theatre sessions within the specified date range. The report can be sorted by
	Theatre
	<ul> <li>All Theatres or Single Theatre</li> </ul>
	Surgeon
	<ul> <li>All Surgeons or Single Surgeon (ability to specify surgeon)</li> </ul>
	Session Masters by Surgeon
	<ul> <li>All Surgeons or Single Surgeon (ability to specify surgeon).</li> </ul>
	Multi Hospital sites can also run the report by Hospital.
	The report details the following information:
	Session Date
	Session Start Time
	Session End Time
	Session Duration
	Status
	Session Type
	Surgeon (will list multiple surgeons)
	Comments
Suspended Session List	This report lists all suspended session within a specified date range.
Clinic Type Summary List	This report lists the number of cases and the time taken in minutes for each session and day for the date range specified. The report can be run for all surgeons or restricted to a surgeon type.



Report Name	Description
Clinic Activity for a Surgeon	This report can be run for a single period or a range of periods and for a single surgeon or a range of surgeons. The report provides the usage statistics for each Surgeon in the report period. The following report layouts are available:
	Report Layout 1 lists:
	Surgeon Code & Description
	<ul> <li>For Booked Sessions; Number of sessions</li> </ul>
	& Extra Sessions; Total time used in sessions
	Number of sessions with usage data entered  Trial leading for a self-acceptance of the second s
	Total duration for used sessions     Hillipation paragraphs.
	<ul><li>Utilisation percentage</li><li>Number of cases in the sessions</li></ul>
	<ul> <li>Number of operations performed in the sessions</li> </ul>
	Number of Private patients
	Time used by private patients
	Private patient utilisation percentage
	<ul> <li>Number of patients whose operating surgeon was not the session doctor.</li> </ul>
	Time used by number above mentioned patients
	Utilisation percentage of patients whose Surgeon was not the session doctor.
	A summary page of the sessions for the clinic/surgeon including:
	<b>Cancelled Sessions</b> ; For each operation type, Number of Booked and Extra sessions cancelled plus the total sessions cancelled.
	<b>Delayed Sessions</b> ; For each operation type, Number of Booked and Extra sessions delayed plus the total sessions delayed.
	<b>Overtime</b> ; For each operation type, Number of Booked and Extra sessions overtime plus the total sessions overtime.
	Report Layout 2 lists:
	Surgeon Code & Description
	<ul> <li>For Booked Sessions; Number of sessions</li> </ul>
	Total time used in sessions
	<ul> <li>&amp; Extra Sessions Number of sessions with usage data entered</li> </ul>
	Total duration for used sessions
	Utilisation percentage
	Number of cases in the sessions
	Number of operations performed in the sessions     *Operation type and description (Cat OX)
	<ul> <li>*Operation type and description (Cat OY)</li> <li>*Number of operations for that operation type</li> </ul>
	*Total time used for that operation type
	*These fields may be repeated with a new line for each
	operation type, for that doctor.  A summary page of the sessions for the clinic/surgeon including:
	Cancelled; For each operation type, Number of Booked



Report Name	Description
	<b>Delayed</b> ; For each operation type, Number of Booked and Extra sessions delayed print and then the total sessions delayed.
	<b>Overtime</b> ; For each operation type, Number of Booked and Extra sessions overtime print and then the total sessions overtime.
	Report Layout 3 lists:
	Surgeon Code & Description
	For Booked Sessions; Number of sessions
	& Extra Sessions; Total time used in sessions
	Number of sessions with usage data entered
	Total duration for used sessions
	Utilisation percentage
	Number of cases in the sessions
	Number of operations performed in the sessions
	Number of Private patients
	Time used by private patients
	Private patient utilisation percentage
	<ul> <li>Number of patients whose operating surgeon was not the session doctor.</li> </ul>
	Time used by number above mentioned patients
	Utilisation percentage of patients whose Surgeon was not the session doctor.
	Report Layout 4 lists:
	Surgeon Code & Description
	For Booked Sessions; Number of sessions
	& Extra Sessions; Total time used in sessions
	Number of sessions with usage data entered
	Total duration for used sessions
	Utilisation percentage
	Number of cases in the sessions
	Number of operations performed in the sessions
	Number of sessions cancelled
	Number of sessions delayed
	Number of sessions that went overtime.
	The information provided on the report is determined by the following system parameter on the Report Layout screen:
	Report Layout for IBAOPR62  A choice of 1, 2, 3, 4 or 5 is available for the report layouts.
Operating Theatre Usage by Specialty	This report breaks down the theatre usage by surgeon specialty. The numbers of cases are grouped together by the time taken, that is, short – 0 to 30 mins, medium – 31 – 90 and long 91+ mins.



Report Name	Description
Operating Surgeon Activity Report	This report can be run for a single period or a range of periods and a specific or a range of doctor types. Report Contents:  Report Layout 1 lists:  Doctor type description (Category DT)  Surgeon name  Operation Code  Operation Code description  Number of times surgeon performed the operation  Total of duration for the operation code  Average time for the operation code  Shortest duration recorded for the operation  Longest duration recorded for the operation  Standard Average for the operation.  Report Layout 2 lists:  Doctor type description (Category DT)  Operating surgeon name  Total number of patients surgeon operated on  Total of duration of operations performed  Number of private patients surgeon operated on  Total of duration of operations performed on private patient  Number of patients operated on by Trainees  Total of duration performed on private patients  Number of operations performed by Trainees  Total number of operations performed by Trainees  Total time of operations performed  Total number of operations performed by Trainees  Total time of operations by surgeon  Total number of operations by surgeon  Total number of operations by Trainees  Total time of operations by Trainees  Total time of operations by trainees  * Operation type description  * Number of operations of that type  * Total time for the operation type  * These fields may be repeated with a new line for each doctor type.  Report Layout 4 lists:  Doctor type description (Category DT)  Total number of operations by surgeon  Total time of operations performed  * Operation type description (Category DT)  Total number of operations by surgeon  Total time of operations performed  * Operation type description (Category DT)  Total number of operations performed  * Operation type description (Category DT)  Total time of operations performed  * Operation type description (Category DT)  Total number of operations of that type  * Total time of operations of that type  * Total time of operations of that type  * Total time of operations of th



Report Name	Description
Operating Surgeon Activity Report (cont'd)	The information provided on the report is determined by the following system parameter on the Report Layout screen:
	Report Layout for IBAOPR63
	A choice of 1, 2, 3 or 4 is available for the report layouts.
Operating Surgeon Usage Report	This report can be run for a single period or a range of periods lists the number of procedures, cases and operation duration for each surgeon and totals for each Doctor Type. The report lists Surgeons alphabetically under their Primary Doctor Type. The following details are included:
	Operating surgeon
	Operation type
	Number of operations
	Total time mins.
	The report can be reconciled with other reports such as the Personnel Log Report to balance the following items for a doctor given the same report period:
	Procedures
	Cases
	Operation Duration.
Operating Type Listing	This report lists operations based on Operation Type for a given date range and is sorted in Session date sequence. The following details are included:
	Surgeon
	Session Date
	Session Time
	Patients Name
	Operation Description
	NHI number
	Case Number
	Visit Number
	Team Number
	Description for First Surgeon
	Description for First Assistant
	Description for First Anaesthetist.  The information provided on the report is determined.
	The information provided on the report is determined by the following system parameter on the Report Layout screen:
	Report Layout for IBAOPR58
	Enter 1 for the available report layout.

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Report Name	Description
Operating Type Summary	This report can be run for a range of dates and a single or range of operation types and lists a breakdown of each Operation Type including the case number and theatre duration for each time period.
	The time periods are defined in System Parameters - Summary breakdowns Screen.



Report Name	Description
Operating Records Report	This report provides a Theatre Register for the hospital. Enter all usage details and print the report for the day. The following details are included on the report:  Report Layout 1 lists:  Master details  Patients Name  NHI Number  Admission Number  Admission Date  Ward/Bed  Age  Sex  Operation details  Case Number  Operation type  Anaesthetic  Operation descriptions (1-3)  Pre-op and Post-op times  Known infection  Comments  Team details  Team Number  Start & End times  Count Correct  Personnel (Doctors & Nurses)  Operation provided on the report is determined by the following system parameters.  On the Report Layout screen:  Report Layout for IBAOPR64  A choice of 1 or 2 is available for the report layouts.  On the IBA User Defined Parameters screen:  Using Number of Operations  Enter Y to display the number of operations instead of the Operation Codes.
Operating Room by Date	This report is used as a daily theatre list including all Theatre Sessions on the specified date in Session Start time sequence.
Operating Room by Theatre	This report is used as a daily theatre list including all Sessions scheduled for the specified Theatre/s.
Operating Room by Operating Surgeon	This report is used as a daily theatre list including all cases for the specified doctor as the surgeon in the Operating Team details.

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Report Name	Description
Operating Room by Surgeon	This report is used as a daily theatre list including all sessions and cases where the specified doctor is the Session Surgeon.
Operating Room by Theatre	This report is used as a daily theatre list including all sessions in Theatre order.



Report Name	Description
Personnel Log – Doctors	These reports list the case records in the report period for the specified Doctor or Nurse present in the case
Personnel Log - Nurses	Operating Team or the session team.
	The reports are sequenced in date order and include the following details:
	Layout 1
	Session Date
	Operation Description (maximum of 3 lines truncated to 30 characters)
	Operation Duration
	Operation Type description (Cat OY)
	Theatre Code
	Patient NHI number
	Patient Name
	Patient Sex
	Patient Age
	The Surgeon (or Clinic) code
	Role of Doctor /Nurse in Team (Cat OP Description)
	Visit number
	Case Number, Team Number.
	For each operation type the total number of cases, procedures and operation duration time is listed.
	Layout 2
	Session Date
	<ul> <li>Operation Description (maximum of 3 lines truncated to 30 characters)</li> </ul>
	Operation Duration
	Operation Type description (Cat OY)
	Theatre Code
	Patient NHI number
	Patient Name
	Patient Sex
	Patient Age The Company (an Olivia) and a
	The Surgeon (or Clinic) code     Operation Start time
	Operation Start time     Pole of Poster (Nurse in Team (Cet OR)
	Role of Doctor /Nurse in Team (Cat OP Description)
	Anaesthetic Start time
	Visit number
	Case Number, Team Number
	Operation End time.
	For each operation type the total number of cases, procedures and operation duration time is listed.



Report Name	Description	
	These reports can be reconciled with other reports such as the Operating Surgeon Usage Report to balance the following items for a doctor given the same report period:	
	Procedures	
	<ul><li>Cases</li><li>Operation Duration.</li></ul>	
	The information provided on the report is determined by the following system parameter on the Report Layout Screen:	
	Report Layout for IBAOPR53	
	A choice of 1 or 2 is available for the different report layouts.	
Generate ICD Operation Average-Surgeon	This reports lists operation averages for surgeons based on previous Usage Operation Durations.	
	The application of Operation Averages incorporates the use of Provisional Item Numbers. If a Provisional Item Number for a case is entered the Bookings screen, the appropriate operation average will automatically default. When a Hospital average and a Surgeon average exist for the same Item number, the Surgeon average will default if it corresponds to the Session Surgeon.	
Generate ICD Operation Average-Hospital	This report lists hospital operation averages.	
Generate MBS Operation Average-Surgeon	This reports lists operation averages for surgeons based on previous Usage Operation Durations. Instead of using Provisional Item Number the report is based on MBS item numbers.	
Generate Hospital MBS Average	This report lists hospital operation averages utilising MBS item numbers.	
ICD Operation Average by Operation	This report lists the Operation Averages for each Item (ICD10 code) by Operation sequence.	
Operation Average by Doctor	This report lists the Operation Averages for each Item (ICD10 code) by Doctor sequence.	
Operation MBS Average by Operation	This report lists the Operation Averages for each MBS Item number by Operation sequence.	
Operation MBS Average by Doctor	This report lists the Operation Averages for each MBS Item number by Doctor sequence.	
Primary Procedure Report	This report lists the number of operations per operation code for the period specified.	
Equipment Usage Report	This report lists all equipment used in the theatre for a given Expiry Date Range.	



## 8.2 Statistical Reports Menu

The Statistical menu reports include:

Report Name	Description
Session Statistics Report	
Theatre Statistics Report	
Periodic Statistic Update	
Daily Theatre Statistics (IBAOPR79)	This report lists the totals for each of the following:
	Number of Cases (preadmissions, bookings and cancellations are excluded from this total).
	- Number of Procedures
	- Anaesthetic Minutes
	- Operation Minutes
	- Recovery Minutes
	- Number of Sessions
	- Sessions in Minutes
	The report is run for a specific date range and can be run by Hospital ID (applies to sites running Multi Hospital).
	There is also an optional variable to select the Surgery Type (Day Surgery, General Operating Theatre).



## 9 Supervisors Options

The Supervisor facility enables those with appropriate access rights to make corrections to a patient's theatre data, and to reverse processes such as cancelled bookings.

This chapter describes how to:

- Access the Supervisor facility
- Correct errors in theatre data
- Reinstate a booking

### 9.1 Accessing the Supervisor Facility

The Supervisor facility enables those with appropriate access rights to make corrections to patient theatre data, including:

- Arrival details
- Anaesthetic details
- Surgery details
- Other theatre details
- Tourniquet details
- Recovery details

It also enables you to:

- Record a change of theatre
- Reinstate a booking

To access the Supervisor facility

- 1. Select the relevant patient.
- 2. Select **Supervisor Corrections** from the **Theatre** menu.

The Supervisor Corrections screen will display.





### 9.2 Correcting Arrival Details

The Supervisor facility enables you to correct arrival details, such as time of arrival, the pre-operative check-list, the presence of a prosthesis and so on.

To correct errors in arrival details:

- 1. Display the Supervisor Corrections screen.
- 2. Click Arrival.

The Theatre Case Arrival Details screen will display.



3. Make corrections to the information as necessary.

When correcting times, use the Time Stamp of icon to specify the current date/time, or the Time Lookup to nominate a particular date or time in the past.

4. Click Ok.

The new details are saved, and the Supervisor Corrections screen is redisplayed.



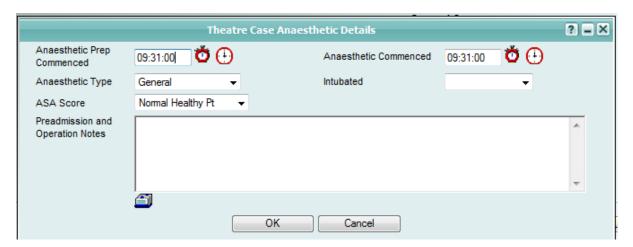
### 9.3 Correcting Anaesthetic Details

The Supervisor facility enables you to correct anaesthetic details, such as commencement times, anaesthetic type, ASA score and so on.

To correct errors in anaesthetic details:

- 1. Display the Supervisor Corrections screen.
- 2. Click Anaesthetic.

The Theatre Case Anaesthetic Details screen will display.



3. Make corrections to the information as necessary.

When correcting times, use the Time Stamp (icon to specify the current date/time, or the Time Lookup (icon) to nominate a particular date or time in the past.

4. Update the anaesthetist's comments as necessary.

The **Preadmission and Operation Notes** field is a free form text field and enables you to type notes directly into it. Alternatively, you can insert standard comments in this field via the icon.

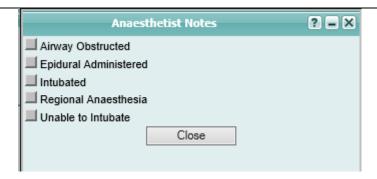
Click the icon.

This dialog provides access to the following:

- Information about complications
- Epidural notes
- General notes
- Intubation notes
- 6. Click the discon beside the type of notes you want to insert.

A selection list of predefined notes will display.





This is an example of a selection of general notes.

7. Click the note selection button beside each predefined note you want to use.

Each time you click a selection button, the associated note is inserted in the **Preadmission and Operation Notes** field in the Theatre Case Anaesthetic Details screen.

- 8. Click **Close** to close the notes dialogs and redisplay the Theatre Case Anaesthetic Details screen; alternatively, click **Back** to redisplay the Anaesthetist Comments dialog so that you can insert more notes of a different category.
- 9. Click Ok.

The Supervisor Corrections screen is redisplayed.



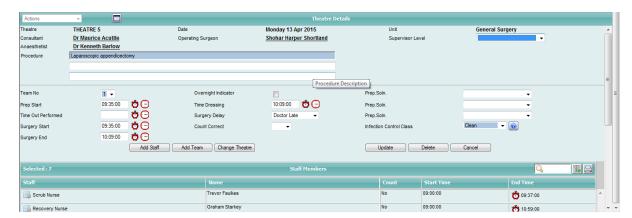
### 9.4 Correcting Surgery Details

The Supervisor facility enables you to correct surgery details, such as surgery start time, infection control class and so on.

To correct errors in surgery details:

- 1. Display the Supervisor Corrections screen.
- 2. Click Surgery.

The Theatre Details screen will display.



3. Make corrections to the information as necessary.

When correcting times, use the Time Stamp of icon to specify the current date/time, or the Time Lookup to nominate a particular date or time in the past.

4. Click Update.

The new details are saved, and the Supervisor Corrections screen will display.



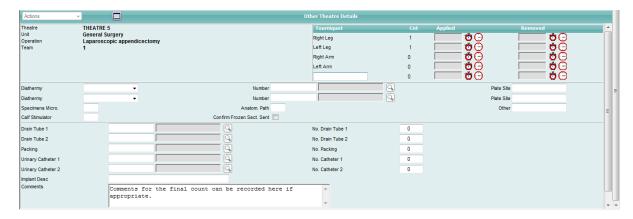
### 9.5 Correcting Other Theatre Details

The Supervisor facility enables you to correct errors in other theatre details, such as diathermy, drain tube and other details.

To correct errors in other theatre details:

- 1. Display the Supervisor Corrections screen.
- 2. Click Other Theatre.

The Other Theatre Details screen will display.



- 3. Make corrections to the information as necessary.
- 4. Click Update.

The new details are saved, and the Supervisor Corrections screen is redisplayed.



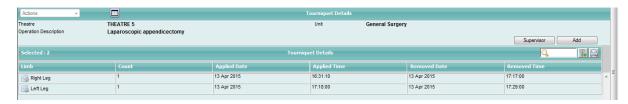
### 9.6 Correcting Tourniquet Details

The Supervisor facility enables you to correct tourniquet details, such as updating the time a tourniquet was applied or removed, adding new tourniquets to the patient's surgical record and so on.

To correct errors in tourniquet details:

- 1. Display the Supervisor Corrections screen.
- 2. Click Tourniquet.

The Tourniquet Details screen will display.



- 3. Make corrections to the information as necessary.
- 4. Click the maintenance icon to make changes to details of a given tourniquet in the list.
- 5. Click **Add** to add new tourniquets to the patient's surgical record.
- 6. Click Supervisor to return to the Supervisor Corrections screen.



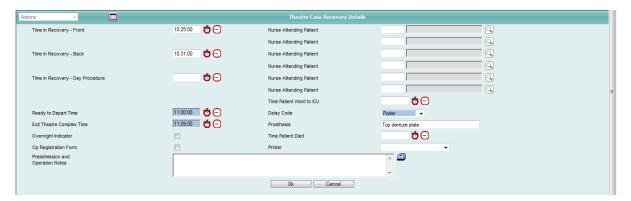
### 9.7 Correcting Recovery Details

The Supervisor facility enables you to correct recovery details, such as time in recovery, attending nurse and so on.

To correct errors in recovery details:

- 1. Display the Supervisor Corrections screen.
- 2. Click Recovery.

The Theatre Case Recovery Details screen will display.



3. Make corrections to the information as necessary.

When correcting times, use the Time Stamp of icon to specify the current date/time, or the Time Lookup to nominate a particular date or time in the past.

4. Click Ok.

The new details are saved, and the Supervisor Corrections screen is redisplayed.



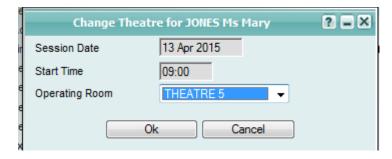
### 9.8 Recording a Change of Theatre

The Supervisor facility enables you to record a change of theatre.

To change theatres:

- 1. Display the Supervisor Corrections screen.
- 2. Click Change Theatre.

The Change Theatre for [Doctor Name] screen will display.



- 3. Make corrections to the **Session Date** and **Start Time** as necessary.
- 4. Select an alternative Operating Room from the drop-down list.
- 5. Click Ok.

The new details are saved, and the Supervisor Corrections screen is redisplayed.



### 9.9 Reinstating a Booking

If a booking has been cancelled but this was done in error, or circumstances have changed so that surgery can go ahead, you can reinstate the booking.

To reinstate a booking:

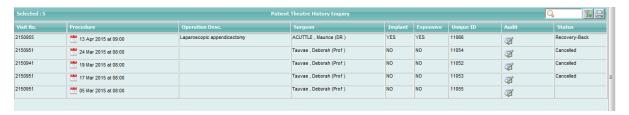
1. Perform a patient search.

The Patient Demographics screen displays:



2. Select **Theatre History** from the appropriate patient level drop down menu.

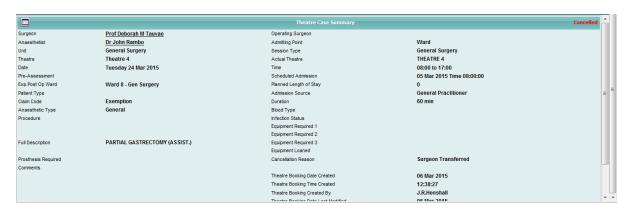
The Patient Theatre History Enquiry screen will display.



This screen shows a history of theatre bookings for the patient.

3. Click the visit icon of the historical booking to be reinstated.

The Theatre Case Summary screen is redisplayed.

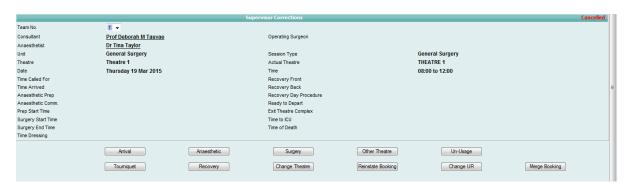


Notice the **Cancelled** status (shown in red) indicated in the upper right corner of the screen.



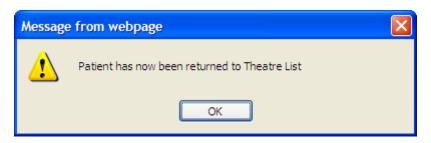
4. Select **Supervisor Corrections** from the appropriate patient level drop down menu.

The Supervisor Corrections screen will display.



#### 5. Click Reinstate Booking.

The booking will be reinstated and the following confirmation message will display.



#### 6. Click OK.

The associated surgeon's Theatre Session Case List will display with the reinstated booking as part of the list.

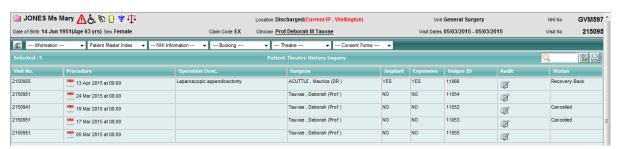




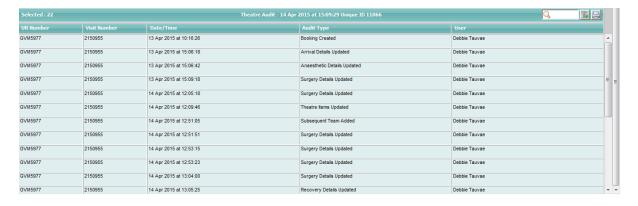
#### 9.10 Theatre History Audit

Various booking functions can be audited to track the user, date and time any changes were made to theatre bookings, including the creation of new theatre booking, updates to an existing theatre booking, cancelled bookings, bookings that have been transferred to another theatre session, if the case number has been updated, adjusted start times, merged bookings, if a theatre booking has had the NHI number changed and cancelled theatre bookings that have been reinstated.

Navigate to the Patient Theatre History Enquiry template for a patient and the following will display



Click on the **Audit** icon for a particular **Unique ID** and the following will display. This view will list all changes to a theatre booking, the date, time and which user made the change.





## 10 Glossary

#### A

#### AdHoc Session

An AdHoc theatre session is an additional session that can be created to accommodate emergency or out-of-hours operations.

### D

#### **Document Types**

Typical document types for a hospital include medical records (inpatients), outpatient records, emergency cards (ER patients), and X-rays.

#### **DOSA**

Day of Surgery Admission (DOSA) is a term used by the Health Department when collecting elective surgery data. The DOSA indicator measures the percentage of planned overnight elective surgery patients admitted on the day of their surgery. The DOSA rate is expressed as:

Number of planned overnight elective surgery admissions, where:

admission date = date the first surgery was performed

### Н

#### HCP

Health Care Provider (HCP) is a doctor, nurse, or other healthcare professional charged with the task of providing healthcare service to the patient.

#### **Holding Bay**

Area or room allocated in the operating suite to which patients are taken immediately prior to surgery.

#### I

#### **ICD 10**

International Coding of Diseases (ICD 10) codes are used to represent detailed diagnosis and procedure information for reporting to health departments. They are then reported to various agencies for use in statistical analysis.

#### M

#### **Medical Record**

The medical record contains all of the diagnosis and procedure information collected for a patient during each of their hospital visits. A medical record is created for all inpatients, some outpatients and some emergency patients.



Т

#### **Theatre Session**

A Theatre session in the webPAS Theatre module refers to the time allocated for a particular type of surgery in a specified theatre.

U

#### **NHI Number**

The unit record number is used to identify a patient. The NHI applies to the patient, not the visit. The NHI will follow the patient through the Patient Administration system permanently.

V

#### **Visit Number**

A visit number is generated each time a patient comes to the hospital to identify the encounter.



# 11 Revision History

Date	Version	Description	Author
1 August 2007	9.09	First release of v9.09. Incorporating the changes made to Version9.08: Updated the Implant Maintenance screen to include Finish button.	Suzanne Shaw
31 December 2007		Added National Joint Registry. Added Clinical Outcomes.	Alison Shaw
31 July 2008	9.11	Added Pre-Operative Information screen accessible via Booking Contacts scheduled screen.  Updated Entering MBS Items.  Added Combined CMBS and Miscellaneous Charges within Theatre.  Added Theatre Team Defaults.	Kara Thompson
6 November 2008	9.11	Updated template	Kara Thompson
6 March 2009	9.12	Added note on reordering of Theatre Cases.  Updated Booking Register report information.  Added Session Master List report information.  Added Statistical Report table	Kara Thompson
4 April 2010	9.12	Updated template	Kara Thompson
7 September 2010	10	Updated to include v9.12 and v10.00 functionality. Added Day Procedure functionality. Added yellow banding indicator details. Additional screens in the Clinical Outcome section. Added Updating Implant Details. Added Deleting Implant Details. Added hospital level Theatre Views	Kara Thompson
12 August 2014	10	Updated template.	Kara Jaffe
10 March 2015	10	Currently being updated for NZ specific functionality – DRAFT	Jenny Murray
25 March 2015	10	Updated for NZ specific functionality	Jenny Murray
14 April 2015	10	Updated from KUT Training session	Debbie Tauvae
26 September 2016	10	Updated screen shots and icons	Juliet Iremonger
17 March 2017	10	Added Patient Booking Search functionality	Debbie Tauvae