

# **IE3100R SYSTEMS DESIGN PROJECT GROUP 17 NUS HOSPITAL OPERATING THEATRE ROOM (OTR) DASHBOARD**

Department of Industrial Systems Engineering and Management

Supervising professors:Course coordinator:Company supervisors:Dr. Yap Chee MengDr. Bok Shung HweeMs. Jasmine Zhang XiaAsst Prof Cardin, Michel AlexandreMr. Daniel Chua Yong (	Ms. Ayliana Dharmawan N	Liang Yiying Wang Yifeng Yang Hongjie
--	----------------------------	---

## **INTRODUCTION**

With the increased demand on clinical service quality and rising operating cost, greater emphasis must be put on the optimization of the operation theatre rooms' performances in order to ensure a successful and highstandard operation. In our project, we helped the hospital to develop an intelligent dashboard tool that will provide comprehensive monitoring for the operations team to track the situation on the ground, and hence to make informed decisions to improve the efficiency of the operation theatre rooms.

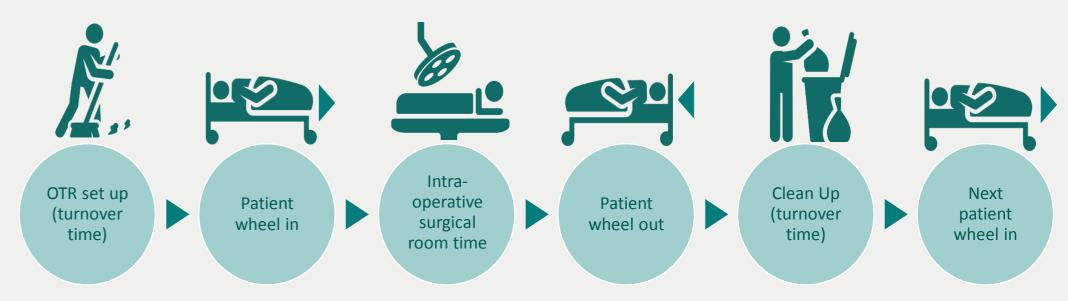
# **OBJECTIVES**





**Empowered Improvement** Management of Operating Theatre Rooms

### **OPERATING THEATRE ROOM WORKFLOW**



#### **1. ROOT CAUSE ANALYSIS APPROACH Method** 1. Root cause analysis People Lack of user-friendly smart Management has other priorities Limited tool 2. Data Analysis Lack of formally trained Lack of proper system user **Visibility on** admin clerk interface Operating Variation in surgeons' 3. KPI concepts Lack of automation **Theatre Room** performance **Performance** Lack of proper KPI OTRs are not used in 4. System Design Erroneous data set accordance to the plan system Lack of straightforward Busy daily job activities on No tracking on several crucial

#### 5. Implementation

**Environment** 

operational level

data

Surgery

**Prediction Bias** 

estimated accurately?

### **2. DATA ANALYSIS**

	OT Reservation			
•	Identified potential problem associated with high absentee rate (31% of patient do not	•		
•	show up on the reserved date). Identified reservations with	٠		

long waiting time (6% of the

patients need to wait more

than 12 weeks).

#### **OT Reporting**

- Identified OTR with unusually low utilisation rate with Pareto Chart (2.5 Sigma below mean utilization rate).
- Identified possible systematic surgery prediction bias (average + 38.5 mins and 83% of data points lie within positive region).

#### **Both Data**

- Identified documented and erroneous data set with its respective causes and resolutions.
- Identified systematic human errors in data collection arising from the misuse of the hospital's recording system.

# **3. KEY PERFORMANCE INDICATORS**

To understand the situation on the ground, we proposed 4 KPIs (Key Performance Indicators). They provide an overview and empower hospital management to monitor and evaluate the performance of the OTRs.

**Utilization Rate** Are the available Operating Theatre Rooms properly utilised?

#### **Start Time** Tardiness Are surgery durations

Do surgeries start on time?

information

**No-Show Rate** 

How many of the scheduled surgeries are fulfilled?

GENERAL SURGER

Snapshot of no show

rate of chosen month

**Elective Waiting** Time How long a patient wait to have an elective surgery?

### **5. IMPLEMENTATION**

#### **Main OTR Dashboard** shows the main information of each KPI HOSPITAL OPERATING THEATRE (OT) DASHBOARD œ MAIN ROOM Utilization Rate (UR) OVERALL OUTLOOK FOR JANUARY TO DECEMBER 2015 trend categorized by time period (daily, JANUARY weekly, monthly) 53.1% 53.1% Snapshot of surgery prediction bias of urgery pre MAY Av start time tardines JANUARY 24.6% 35.4% No show rate chosen month nd Elective may not sum up to tota vs do not have elec<u>tive surgeries</u> 35.28 min 48 min .1% 24 Av waiting time

38.4 days Summary of Utilization Rate categorized Snapshot of tardiness of by time period, room, and surgery type chosen month

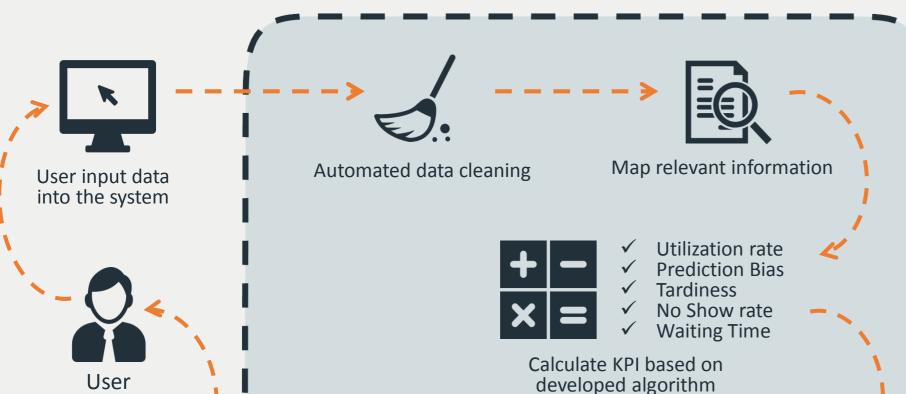
#### **Room Dashboard** shows more detailed information for each OTR



Our dashboard user interface is optimized to meet the need of the management. We adopted various Human Factor Engineering theories maximize the dashboard to usability by presenting the data in a concise, easy-to-read and visually attractive manner. Moreover, we also included several control charts to monitor the variations in OTRs' utilisation rate. Other than the Main and Room dashboard, we also provided a detailed dashboard for each of the Key Performance Indicators.

# **4. SYSTEM DESIGN**

After we understood the root problems, analysed the data, and identified the key KPIs, our next step was to design and build a system that would take in the raw data set, analyse and perform various functions automatically in Excel VBA. We took into account the human errors nested within the data set and eliminated them accordingly to deliver the most accurate representation of the OTR performance.





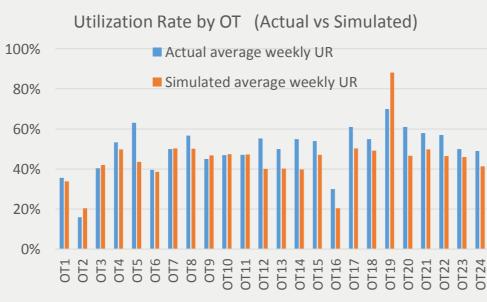
Utilization breakdowns to different disciplines X-MR control chart with k=2 is used to monitor the variation in Utilization Rate for each OTR. Categorized by the type of surgery (elective/emergency)

# **FUTURE DIRECTION**

Simulation Model is used to empower Operating Theatre Rooms' operations in the future. Base model was built based on Year 2015 historical data. 24 Main Operating Theatre Rooms, 7 levels of Surgery Complexity and 13 Clinical Disciplines are simulated in the base model. The simulation was a 7-day terminating simulation as weekly utilization rates are more stable than daily utilization rate. 53 replications were run which are more than the required R for the predetermined precision.

Average surgery durations for different severities and disciplines which are approximated by using regression modelling follow exponential distribution.

#### Model Validation



#### Possible future improvement

Proposal 1: Allocate more elective surgeries to OT16 to fully utilize all resources.

Proposal 2: Schedule Nuerosurgeries to OT1 and OT3 alternatively to make sure there is at least one room up for Emergency Nuerosurgeries during resource hours. This will free up OT2 for other emergency surgeries during 8am to 9pm

Below is the effect on the UR of each proposed solution simulated.

Proposal	Effect on other OTs' UR	Effect on OT16 UR	Effect on OT2 UR
1	Up 1.1%	Up 15%	No observable effect
2	Up 1.4%	No observable effect	Up 8%

