Every little bit helps

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Background

- Unprecedented financial strain in NHS.
- The operating theatre costs in cardiac surgery constitute the highest expenditure.
Objective

- Quantify wastage of resources and time in cardiac surgery theatre.
- Examine redundancy in surgical tray.
Methods

- Data was collected from 1st Oct – 30th Oct 2015.
- We recorded the instrument usage for elective CABG.
- This was repeated four times for one consultant.
- Three other consultants’ tray were examined.
Our Coronary artery bypass graft tray contains 119 instruments.

Up to 47 instruments were not used (39.4% redundancy).

All four consultants did not use the same twenty five instruments.

<table>
<thead>
<tr>
<th>Consultant</th>
<th>Unused instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant A</td>
<td>47</td>
</tr>
<tr>
<td>Consultant B</td>
<td>42</td>
</tr>
<tr>
<td>Consultant C</td>
<td>39</td>
</tr>
<tr>
<td>Consultant D</td>
<td>33</td>
</tr>
</tbody>
</table>
The weight of the tray with all instruments is 6.4kg.

The weight of unused instruments is 1.2kg.

An experienced scrub nurse takes 3 min to count all the instruments.

Removal of these instruments reduced the count time by one minute.
Implications

- Actual cost reduction per tray per sterilisation cycle is £3.00.

- The minimal potential saving of CABG in 2012, for our unit is £1713.

- In the same year, 16,791 CABG Procedures were performed throughout UK. The potential cost savings amount is £50,373.

- If the same principle were to be applied to all instrument trays in cardiac surgery, we estimate there would be potential saving of £2949 for the unit and £106,098 nationally.
Conclusion

- This study illustrates an opportunity to realise savings in the cardiac surgery.

- “Every little bit does help”! 
Future Work

- Rationalise all trays.
- Rationalise the number/variety of disposables.
- Limit number of prosthesis.
- Adopt “Open only when needed” principle; especially sutures.
Thank you