

**MODULES**

# Theatres

**PatientSource explained**

## Who are we?

PatientSource is a cloud based EPR solution, designed by clinicians, for clinicians. Our interoperable system plugs seamlessly in to your existing processes and moves paper medical records in to a digital hub, drastically reducing human error and improving patient care.

## What is the module?

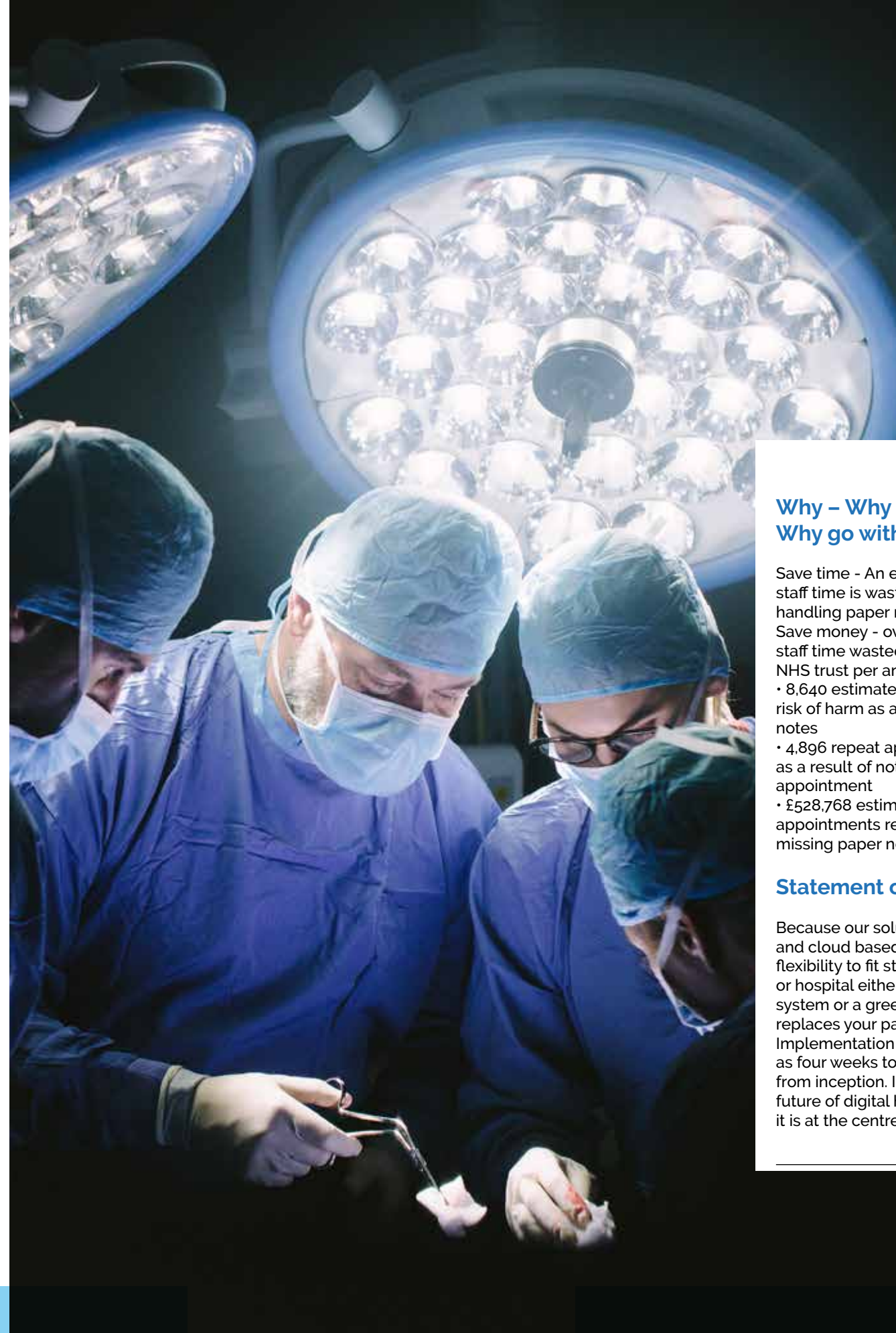
The Theatres module allows surgeons, endoscopists, Cardiologists and Radiologists to manage their case lists, complete mandatory documentation and record stock items used all in one place.

You can replace disparate documentation (theatre list diaries, instrument count whiteboards, WHO checklist forms, operation notes) with a centralised, easy to use module that is accessible across the whole hospital from anywhere.

Instruments, consumables and prostheses used can be scanned by barcode and tracked by batch number, allowing you to accurately bill for equipment used and recall patients should there ever be an issue with a batch.

## Benefits and Key Features

- Schedule theatre slots
- Record procedures intended vs actually performed
- Surgical instrument counts
- Track the use of consumables and prostheses to patients, including batch numbers
- Barcode scanning of equipment
- Customisable electronic form templates
- Configure which electronic forms are mandatory by specialty and also by procedure
- WHO checklist
- Accessible on tablets / smartphones / desktops / laptops



**“You can replace disparate documentation with a centralised, easy to use module that is accessible across the whole hospital from anywhere.”**

## Why – Why should you care? Why go with PS?

Save time - An estimated 15% of clinical staff time is wasted looking for and handling paper notes

Save money - over £4,800,000-worth of staff time wasted at an average-sized NHS trust per annum

- 8,640 estimated cases of patients at risk of harm as a result of missing paper notes

- 4,896 repeat appointments required as a result of notes missing at the appointment

- £528,768 estimated cost of additional appointments required as a result of missing paper notes

## Statement of reassurance

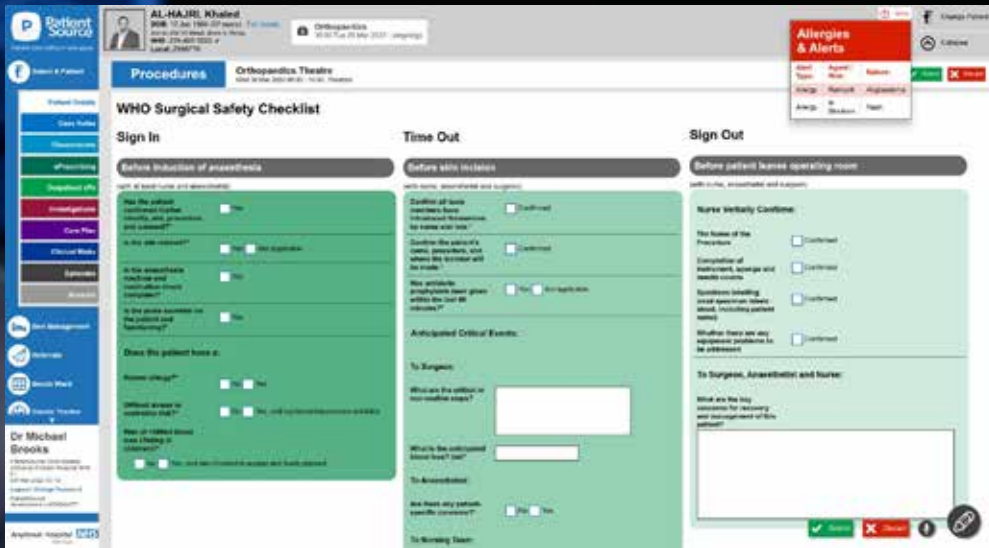
Because our solution is modular and cloud based, we provide the flexibility to fit straight into your clinic or hospital either as a departmental system or a greenfield solution that replaces your paper based processes. Implementation is easy, taking as little as four weeks to be up and running from inception. Interoperability is the future of digital healthcare, which is why it is at the centre of everything we do.

## What are the next steps?

If you would like to see our case notes module working in action, or just want to know more about PatientSource, we would be happy to organise a short demo with one of our product specialists.

**An estimated**  
**15%**  
**of clinical staff time is wasted looking for and handling paper notes**





**WHO Surgical Safety Checklist**

**Sign In** | **Time Out** | **Sign Out**

**Before induction of anaesthesia**

- Has the patient confirmed correct identity, site, procedure, and consent?
- Is the site marked?
- Are the appropriate antibiotic and prophylactic doses confirmed?
- Is the patient awake on the confirmed site?
- Does the patient have a:

  - Power allergy?
  - Unfit donor or recipient?
  - Donor of cadaveric blood (not using in theatre)?
  - Yes, and also checked in patient data bank?

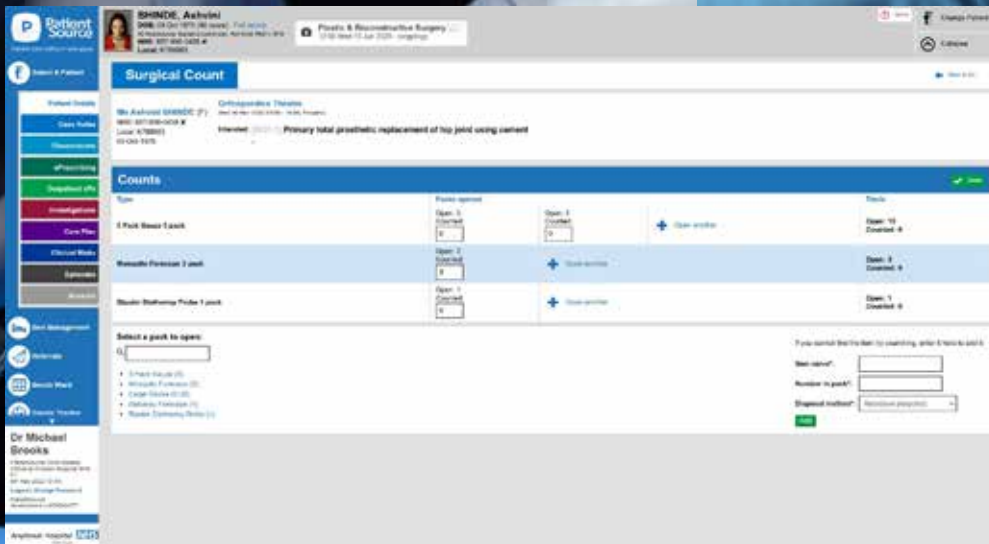
**Before skin incision**

- Confirm all team members have individual responsibilities for cases with risk?
- Confirm the team's name, procedure, and when the incision will be made?
- Has antibiotic prophylaxis been given within the last 60 minutes?
- Anticipated Critical Events:

  - To Surgeon:
  - What are the critical non-routine steps?
  - What is the confirmed donor test?
  - To Anaesthetist:
  - Are there any patient specific concerns?
  - To Nursing Team:

**Before patient leaves operating room**

- Nurse verbally confirms:
- The Name of the Procedure?
- Completion of antibiotic, analgesia and fluids counts?
- Specimens (including any specimens taken) about, including patient name?
- Whether there are any apparent problems to be addressed?
- To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient?



**Surgical Count**

**Counts**

Type	Items opened	Open 1 Counted	Open 2 Counted	Open 3 Counted	Open 4 Counted
1 Pack Bone 1 pack	Open 1 Counted	Open 2 Counted	+ Open 3	Open 4	Open 5
Wound Closure 1 pack	Open 1 Counted	+ Open 2	Open 3	Open 4	Open 5
Wound Closure 1 pack	Open 1 Counted	+ Open 2	Open 3	Open 4	Open 5

Select a pack to open:

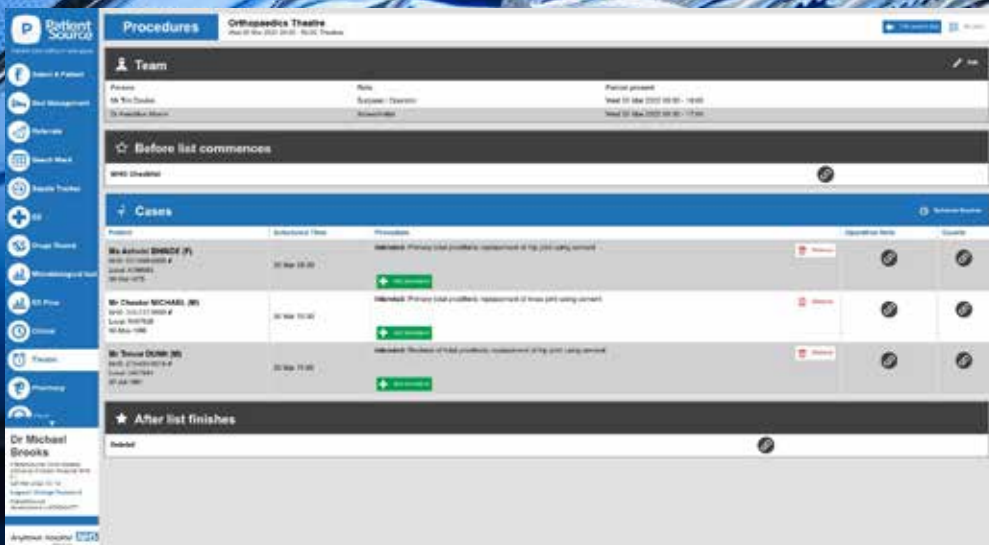
- 1 Pack Bone (1)
- Wound Closure (2)
- Wound Closure (2)
- Wound Closure (2)
- Wound Closure (2)
- Wound Closure (2)

Type serial numbers for counting after 5 mins past 5

See count?

Number in pack?

Expected number?



**Team**

Person	Role	Period present
Dr Michael Brooks	Surgeon / Anaesthetist	Wed 11 Sep 2020 08:00 - 18:00
Dr Michael Brooks	Anaesthetist	Wed 11 Sep 2020 08:00 - 17:00

**Before list commences**

WHO checklist:

**Cases**

Patient	Selected Case	Procedure	Operative time	Counts
Mr Ashraf SHINDI (F)	30 Sep 18:20	Primary total prosthetic replacement of hip joint using cement	15 mins	✓
Mr Charles MICHAEL (M)	30 Sep 18:42	Primary total prosthetic replacement of knee joint using cement	15 mins	✓
Mr David DUNN (M)	30 Sep 17:45	Primary total prosthetic replacement of hip joint using cement	15 mins	✓

**After list finishes**

Debrief: