Aim: To encourage all able and willing patients to walk to theatre in NHS Tayside.

- To promote a person-centred approach to the theatre journey
- To improve patient experience of getting to theatre
- To improve theatre efficiency

Method:
Planning was done using the Model for Improvement. Following a small PDSA in one theatre area, patient and staff feedback were collected. This was used to create a supporting Standard Operating Procedure, and then retested in a larger theatre area. Ongoing cycles were tested to improve the process and allow for individual staff, patient and specialty differences, before rolling out to all NHS Tayside theatres. A thorough communication plan was created to ensure that patients, ward, theatre and AHP staff were all aware of the changes in practice. Involvement from Public Partnerships was also sought, to ensure that patients were well informed.

Outcome/results:
- Patients involved in decision to walk to theatre and those who can, are now encouraged to walk to theatre.
- SOP created to support decision making around this process.
- Excluded patient groups agreed
- Feedback has confirmed patients like being involved in care planning.
- Most elective patients now walk to theatre.

Conclusion:
This change has been the starting point for further improvement work. The theatre reception area is now a “waiting area” with tables & chairs rather than a holding area for patients and beds. Further development of this to make it a person-centred area with health promotion information is planned. Patients feedback is sought through the new “patient journey” information leaflet which is handed out to all elective surgery patients in Tayside. There are ongoing consultations to try and continue to make this a smoother process for ward and theatre staff.

Lessons learned:
- Thorough communication is essential for an organisation wide change
- PDSA cycles helped us to continue to refine our process

References
Turnbull LA, Wood N and Kester G (1998); Controlled trial of the subjective patient benefits of accompanied walking to the operating theatre, International Journal of Clinical Practice, 52(2):81-83