

Abstract

The hospitals where surgical patient care services are available provide operating theatre facilities with trained staff and modern technological facilities, but the outcome of the patient care is questionable. The objective of this study was to find out the level of utilization capacity of the theatres and to propose corrective measures to provide quality patient care. The study was done in Teaching Hospital Kalubowila, Cancer Hospital, Castle Street Hospital, and National Hospital Colombo in Western Province. The methodology in this study consisted, pilot study and hypothesis development, evaluation of the factors affecting theatre utilization capacity, analysis of existing physical resources and testing the hypothesis, the study design was observational and descriptive type with purposive sample of 10% of the theatres in the said Teaching Hospitals. As respondents, medical officers, nursing officers and minor employees attached to the selected theatres were selected. As data collecting tools, self-administered, interviewer-administered questionnaires and check lists were used. The result of this study indicates that the managerial competencies and staff commitment are more important than the physical resources in theatre capacity utilization. The mean time utilization and the mean value of operations done in the theatres were 65.9%, 80.7% respectively. CSHW showed 42.9% of the measures used to evaluate theatre utilization capacity were very good at the level of grading and found 100% urgency of assigning of nursing officers and minor employees to all theatres. In Concluding, this study shows the commitment and managerial factors are more important than the physical factors in optimizing utilization capacity of the operating theatres. The daily attendance of the theatre staff is inadequate and reporting for duty on time is also unsatisfactory. There is a delay in sending recovery patients to the ward and also sending specimens from the theatre to the laboratory. The existing physical resources are sufficient but number of nursing officers and minor employees attached to theatres are not adequate. The time allocated to the relevant theatres is not optimized. It is suggested that more attention has to be paid to commitment and managerial competency factors than physical resources in optimizing operating theatres, developing and implementing a performance appraisal system for the staff, theatre audit system to monitor the theatre activities, establishing finger print machine at the theatres to make sure the correct duty reporting time and holding the pre-anesthetic assessment meeting between relevant ward consultants and theatre staff could lead to optimize utilization capacity of the theatres.