Rysunek1

# C9 Operating theatre performance

## Data sheet for central operating units

***Operating room data, one sheet per OR (operating room) is to be completed.***

***This data collecting sheet is necessary for counting the denominator of the indicator.***

Explanation:

Type of OR means 1) OR for elective surgery only (except for OR-s for one day surgeries), 2) OR only for day surgeries (if they are centrally managed), 3) OR only for emergency surgeries, 4) Mixed OR (both elective and emergency surgeries)

Normal staffed hours of OR: this will define the useful time, the denominator of the indicator, the performance of which should be optimised. Normal opening and closing times, in this case, will give information on the planned staffed time of the OR rather than its actual staffed period per day

**Identification of OR**

**Identifier of central operating unit………………………………………………………………………………..**

**Identifier of OR:………………………………………………………………………………………………...............**

**Type of OR :**

* + - * 1. **elective only,**
        2. **day surgery,**
        3. **emergency only,**
        4. **mixed (elective/ emergency)**

**Normal staffed hours of OR**

* **Weekdays**

**Normal opening time (HH:MM):…………………………………………………………………….**

**Normal closing time (HH:MM):………………………………………………………………………**

**Number of staffed days in the observed period:…………………………………………..**

* **Saturday**

**Normal opening time (HH:MM):…………………………………………………………………….**

**Normal closing time (HH:MM):………………………………………………………………………**

**Number of staffed days in the observed period:…………………………………………..**

* **Sunday and holiday**

**Normal opening time (HH:MM):…………………………………………………………………….**

**Normal closing time (HH:MM):………………………………………………………………………**

**Number of staffed days in the observed period:…………………………………………..**

**Hygiene category of OR**

* + - * 1. **septic**
        2. **aseptic**

**Professional field (e.g. general, orthopaedic, etc.)…………………………………………………………………**

**Induction room**

* + - * 1. **no**
        2. **yes**

**Recovery room**

* + - * 1. **no**
        2. **yes**

**Beginning of observational period (YYYY-MM-DD):……………………………………………………………….**

**End of observational period (YYYY-MM-DD):………………………………………………………………………….**