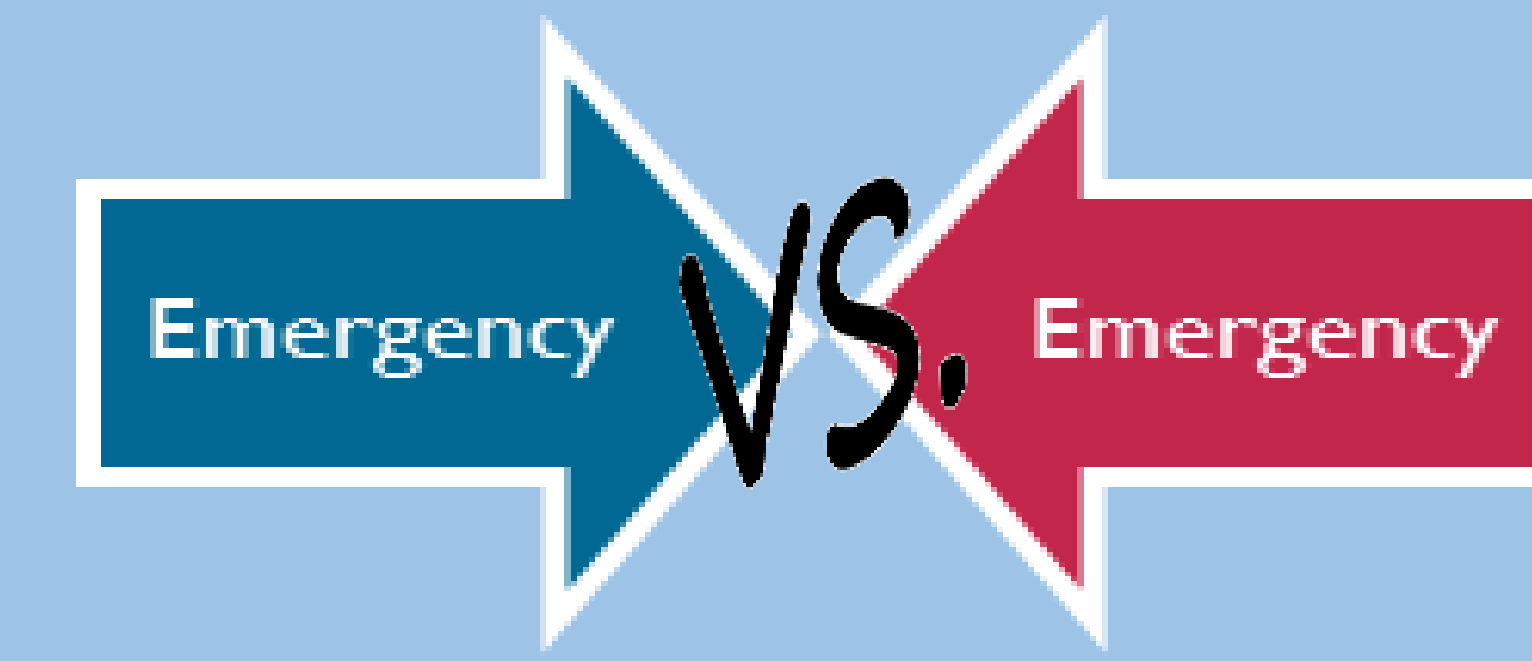


# EvE- Emergency vs Emergency (Surgery)



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## Case for change

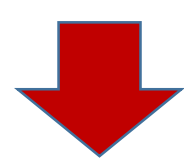
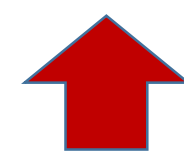
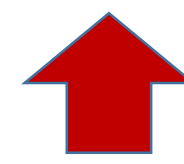
- On average over 12 months:
  - 54% of all surgery is emergency or unplanned
  - The average pre-procedural length of stay is **4.3 days**
- <24hrs & <72hrs account for 48% of all emergency activity of which **Orthopaedics is the highest provider**
- Lack of communication across teams

## Aim

This project seeks to improve access to emergency surgical treatment, efficient utilisation of resources and improvement to the patient experience and health outcomes by June 2020

## Objectives

- Attain key performance indicators for emergency surgery by June 2019
  - <24hrs from 91% to 100%
  - <72hrs from 88% to 100%
- Balance the amount of allocated emergency session minutes with elective sessions to meet demand by June 2020.
- Decrease the average pre-procedural length of stay from 3.5 days to <24hr for Category 5 and from 5.4 days to <72hrs for Category 6 emergency surgery patients by June 2020.



## Preliminary results

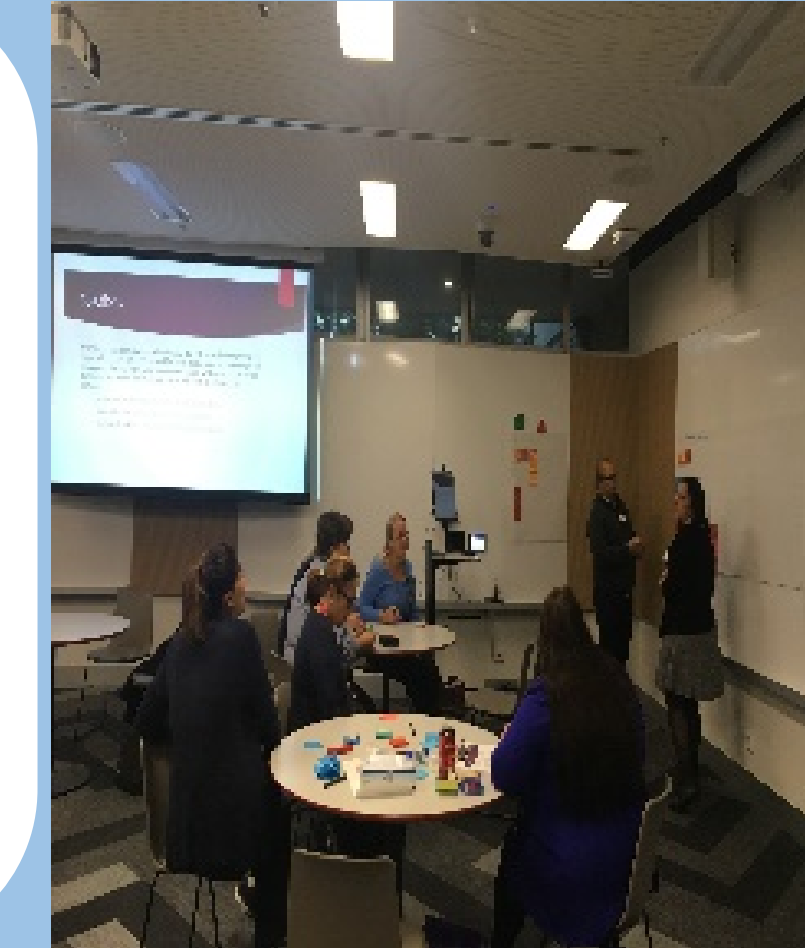
| Objectives  | Base (February '18) | Current (February '19) | Tracking | Target |
|---|---------------------|------------------------|----------|--------|
| A. Category 5 (completed in less than 24hrs)              | 91%                 | 87%                    | ☹️       | 100%   |
| A. Category 6 (completed in less than 72hrs)              | 88%                 | 92%                    | 😊        | 100%   |
| B. % of emergency sessions vs elective sessions allocated | 13%                 | 26%                    | 😊        | ↑      |
| C. Ave. pre-procedural LOS (days) Category 5              | 3.7                 | 3.0                    | ☹️       | <1     |
| C. Ave. pre-procedural LOS (days) Category 6              | 4.2                 | 6.7                    | ☹️       | <3     |

## Issues

Variation in booking of emergency surgery patients

Deficiency in communication pathways for patients and staff

Limited number of emergency sessions



## Solutions

Emergency surgery booking process- Business rules

Emergency surgery coordination meeting

Non critical & semi urgent patient pathways

Maximising efficiency of allocated emergency surgery sessions

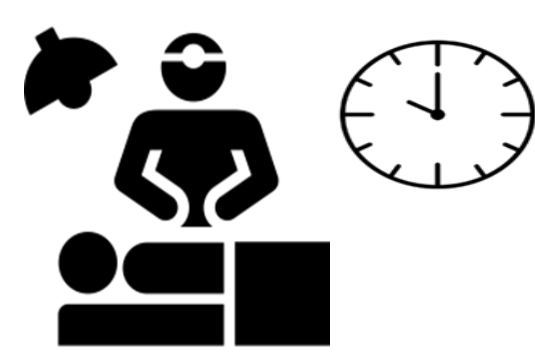
E booking for all emergency surgery patients

A bi-daily multidisciplinary team meeting to coordinate emergency surgery

Written pathways for patients returning to the hospital for non critical & semi urgent surgery

Review of surgery schedule to find time that can be allocated to emergency surgery.

## Proposed new patient journey



- Patients/carers will be better informed about their proposed surgical journey
- Streamlined access to emergency surgery
- Surgical plan developed and communicated to key stakeholders

- Patients are not deferred in lieu of more acute emergencies
- Patients will not be fasted unless necessary for their surgical procedure
- Improved KPIs for Category 5 and 6

- Patients will be well enough to go home in an appropriate timeframe
- Improved patient experience

## Diagnostic Findings

- Lack of communication to patients
  - "I don't mind waiting, I just don't know what's going to happen"
- Patients fasting consecutive days, and consecutive days being deferred
  - "I was fasted at midnight, my surgery got cancelled but I was only told at 10pm, this happened for 4 days"
- Lack of available workforce increases stress on staff
  - "I was told to make it work"



## Sustaining the change

- Patient experience surveys to measure change having a positive impact on patient experience.
- Staff surveys to assess the experience of staff since implementation
- Recruitment of implementation project officer
- Monitoring and data collection of breach and wait times for non critical and semi urgent surgeries.
- Support and manage change by performing regular audits, staff education and training ensuring solutions are being implemented correctly and having project team contact to provide feedback and suggestions.

## Acknowledgements

- Jenelle Matic (Project Sponsor)
- Project Steering committee
- Westmead Perioperative
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- WSLHD Clinical Analytics and Performance Unit
- WSLHD Clinical Redesign Centre
- NSW Agency for Clinical Innovation
- Patients and carers

## Contact

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