Evaluation of the Consultant Led Model of Care:

Acute General Surgical Unit @ Wagga Wagga

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Background

Prior to 2011, the processes for managing elective and emergency surgical patients at Wagga Wagga Health Service were predominantly historically based, and had been developed around a registrar-led model of surgical management.

This had resulted in:

- High rates of emergency surgery performed after hours
- Variation in management of patients and processes
- High rates of elective surgical cancellations
- High operational costs within the Operating Theatre
- Long waits for emergency surgical patients within the Emergency Department
Consultation and Problem Solving

- A wide range of both internal and external stakeholders provided input into the problem solving and the development phase of the ASU. Project governance, reporting and monitoring was provided to a Project Steering Committee formed from senior representatives from all impacted areas.

- Process improvement was aligned with both Rural Surgery Futures for NSW 2011-2021, & 2009 Emergency Surgery Guidelines.

- Strategic and operational performance review and analysis of the impacts of emergency surgical patients on Patient Flow.

- Collaborative development and implementation of Surgical Services Business Rules.

- Development of improvements to discharge planning, including patient checklists and venous thromboembolism prophylaxis.
Outcomes and Sustainability

- Long Waits for emergency surgical patients
- Minimal resourcing for emergency patients
- Emergency Surgery performed after hours

WWBH - Six monthly ALOS for Emergency Admissions with Surgical Discharge
Decrease for Jan 12 to Dec 13 period represents 3,900 bed days saved over ALOS average for Dec 07 - Dec 11

Chart clearly shows that had "Business as usual" continued after December 2011 ALOS would have remained high - red bar at right. The green bar represents ALOS under ASU Model - a drop of 1.03 days - providing a savings of nearly 3,900 bed days.

- Decreased LOS
- Improved discharge planning
- Increase in available Bed Days
- Increase in Surgical Capacity
Text:

Key Points

- **Data Availability, Access and Accuracy** is imperative to ensure all service users are aware of surgical demand [elective and emergency], service capacity and performance.

- **Emergency demand is predictable** and should be incorporated into baseline surgical resource allocation.

- Management of **emergency patients within hours** ensures better outcomes for patients and staff, reduction in overtime costs and decreased LOS.

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There is a potential solution to every problem...
Further information?

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