

# Evaluation of the Consultant Led Model of Care:

## Acute General Surgical Unit @ Wagga Wagga



### Authors:

KM Atkinson, MJ Payne, VG Atkinson, S Brimson, A Santiago

Prepared by: A Williams, Manager of Innovation and Redesign, MLHD



**Health**  
Murrumbidgee  
Local Health District

# 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

**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



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

Increase in available Bed Days

Increase in Surgical Capacity

# 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**

*There is a potential solution to every problem...*



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# Further information?



*Contact:*

*Rola Taube, DDON,*

*Wagga Wagga Health Service*

[Rola.taube@gsahs.health.nsw.gov.au](mailto:Rola.taube@gsahs.health.nsw.gov.au)