

# Redesign to achieve National Elective Surgery Targets (NEST)

## The NSW Experience

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# Overview

- The NSW Strategy for NEST
- Booking Office & Waiting List Management
- Pre Admission processes
- Operating Theatre Efficiency
- Models of Care
  - High Volume Short Stay
  - Specialist centres
  - Emergency Surgery
- Other initiatives

# National Elective Surgery Targets (NEST) - NSW

Part 1: Stepped improvement in the number of patients treated within the clinically recommended time.

| Time               | Cat 1 %   | Cat 2 %   | Cat 3 %   |
|--------------------|-----------|-----------|-----------|
| Baseline           | 92.3      | 86.6      | 89.4      |
| <b>By Dec 2012</b> | <b>96</b> | <b>90</b> | <b>92</b> |
| By Dec 2013        | 100       | 93        | 95        |
| By Dec 2014        | 100       | 97        | 97        |
| By Dec 2015        | 100       | 100       | 100       |

| YTD       | Cat 1% | Cat 2% | Cat 3% |
|-----------|--------|--------|--------|
| Sept 2012 | 94.6   | 90     | 92.2   |

# NEST Part 2 – Reduction in Long Waits

Part 2: A progressive reduction in the number of patients who are overdue for surgery, particularly patients who have waited the longest beyond the clinically recommended time.

**AV Days waited above the urgency category timeframe on 31/12/12**

| Cat | 31/12/11 | 31/12/12 | 31/12/13 | 31/12/14 | 31/12/15 |
|-----|----------|----------|----------|----------|----------|
| 1   | 0        | 0        |          |          |          |
| 2   | 29       | 29       | 20       | 10       | 0        |
| 3   | 98       | 98       | 65       | 33       | 0        |

Zero Cat 1  
overdues

Av wait over  
benchmark no  
more than 29  
days

# NEST – Things to consider



- The more overdue patients you treat = less percentage treated on time (calculated when patients are admitted)
- A few months of poor performance can mean you never make the Part 1 target all year. Consistent performance is a must...
- Having no overdue patients at the end of the month doesn't mean you will make NEST Part 1
- 1 day overdue is as bad as 10 days or 50 days overdue in Part 1 but to meet Part 2 average no. days over needs to be less than average target days on 31/12 each year

# \$209.2M from the National Elective Surgery Target (NEST) Facilitation & Reward Funding

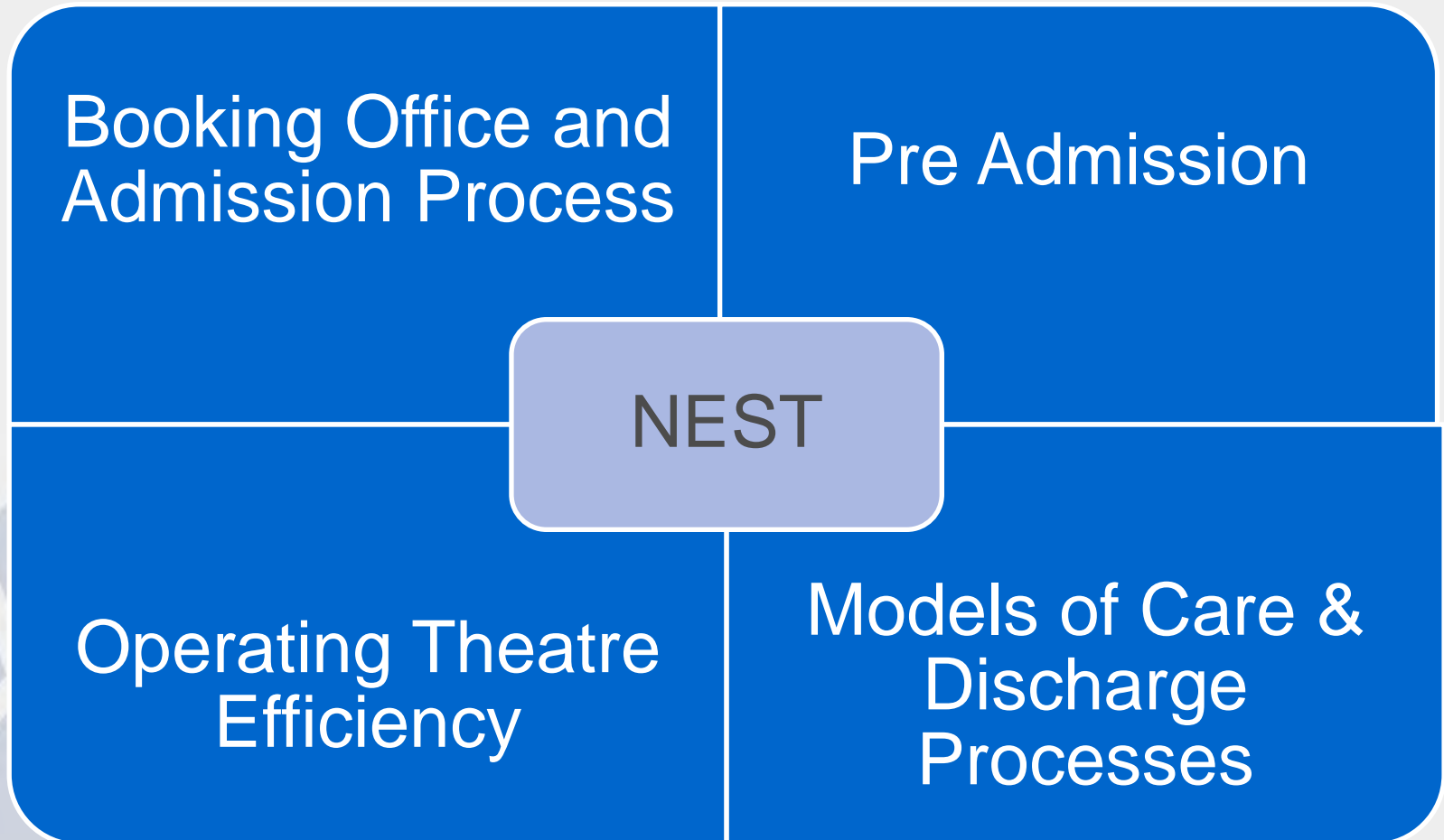
| Year         | Facilitation  | Reward (part 1) | Reward (part 2) |
|--------------|---------------|-----------------|-----------------|
| 2010/11      | \$114.9M      | -               | -               |
| 2011/12      | \$31.1M       | -               | -               |
| 2012/13      | -             | \$7.9M          | \$7.9M          |
| 2013/14      | -             | \$7.9M          | \$7.9M          |
| 2014/15      | -             | \$7.9M          | \$7.9M          |
| 2015/16      | -             | \$7.9M          | \$7.9M          |
| <b>TOTAL</b> | <b>\$146M</b> | <b>\$31.6M</b>  | <b>\$31.6M</b>  |

If you don't meet the target for a period the reward repayment gets added to the next period, although can't roll over the last year

\*National Partnership Agreement (NPA) on Improving Public Hospital Services, pg 17 & 29  
[http://www.coag.gov.au/docs/nap\\_improving\\_public\\_hospital\\_services.pdf](http://www.coag.gov.au/docs/nap_improving_public_hospital_services.pdf)

# NEST Strategies

# NSW Strategy





# Booking Office & Waiting List Management

- Clear policy and business rules
- RFA Management
  - Appropriate CPC
  - Treat in turn
- Escalation Systems
- Staff Training Program
- Documentation & Record keeping
- Communication (internal with other departments)
- Communication (external with VMOs & patients)
- Auditing Systems



# Admission Procedures

- Staggered Admission times
- Day of Surgery Admissions maximised
- Short stay surgery maximised
- Utilise High Volume Short Stay Surgical principles
- Established process for direct surgical admission



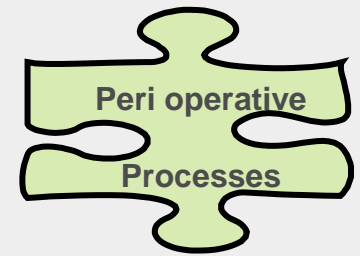
# Pre-Admission Assessment



- All Patients complete a Patient Health questionnaire (PHQ)
- All PHQs are screened and triaged for PAC
- Anaesthetic support for PAC
- Available PAC places to meet demand
- Patient expectations
  - Process knowledge
  - Expected LOS



# Operating Theatre Suite & PARU



- Leadership
- Operating Theatre/Room efficiency & safety
  - **1<sup>st</sup> case on time starts**
  - Turnover time
  - Time Out
  - Equipment/radiology/pathology
- **Cancellations on Day of Surgery** minimised
- Capacity
- Planning – weekly review of advance operating theatre lists
- Utilisation of technology - RFID



# First Case on time Start Projects

# Models of Care

Recommended from *Surgery Futures Project (2010)*

- High Volume Short Stay surgery
- Specialist Centres
- Emergency Surgery



# HVSSS Model

- High Volume Short Stay Surgery (HVSSS) is defined as planned surgery/procedures requiring admission for up to 72 hours. It includes both Day only and Extended Day Only Surgery
- Builds on the established Extended Day Only Model



# Specialty Centres

**Specialist surgery** met through development of formal specialist centres with:

- Clearly delineated referral roles within a geographic region
- Clinical and research leadership provided throughout the catchment
- Operates within a network of services
- Provides access to a high level of expertise
- Concentrating high cost resources such as highly complex interventional radiology and other medical imaging and surgical support services





# Emergency Surgery

Emergency Surgery Guidelines

Surgical Services Taskforce



- **Standard-hours scheduling** where clinically appropriate;
- **Load balancing** of standard-hours operating theatre sessions with emergency surgery demand;
- **Streaming** of elective and emergency surgery in hospitals;
- **Reallocation of surgery resources** appropriate to roles of the designated hospitals;
- **Safe interhospital transfer processes;** and
- **Specific emergency surgery KPIs**

# Embedding the new models



- Funding to establish model with a requirement to provide regular progress reports
- Surgery Redesign Training Program for project leads
- LHD Performance framework



# Surgery Redesign Training Program



## Aims

- To give project leads the **skills & knowledge** to successfully implement the model or initiative
- **Network** with other project leaders who are implementing same or other models (emergency surgery & specialist Centres)
- Cement an **ongoing relationship** between the Ministry and Project leads
- Have a **project plan completed** by the end of the 5 day course.

# Surgery Redesign Training Program



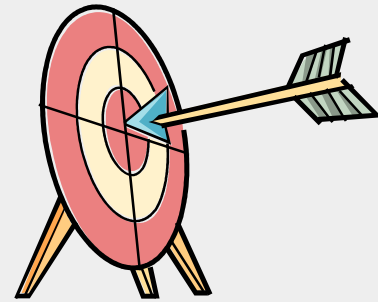
- 31 participants have completed (Nov 11 & May 12)
- Another 20 staff to undertake program in Dec 2012
- Topics: Patient flow, Handover, Business case writing, Understanding data, clinical protocol development
- Project management skills (1 day- Fundamentals of project management)
- Implementation skills (2 day *Accelerated Implementation Methodology* Training) – a methodology which focuses on the human elements of change



# Other initiatives

- NSW Surgical Services Taskforce sponsorship
  - Reward payments for performing hospitals (COAG funds)
- Monthly Surgery Manager Teleconferences
- LHD Self Assessment Checklist
- Site Visits
- Articles in the *Surgery News* (bimonthly newsletter)

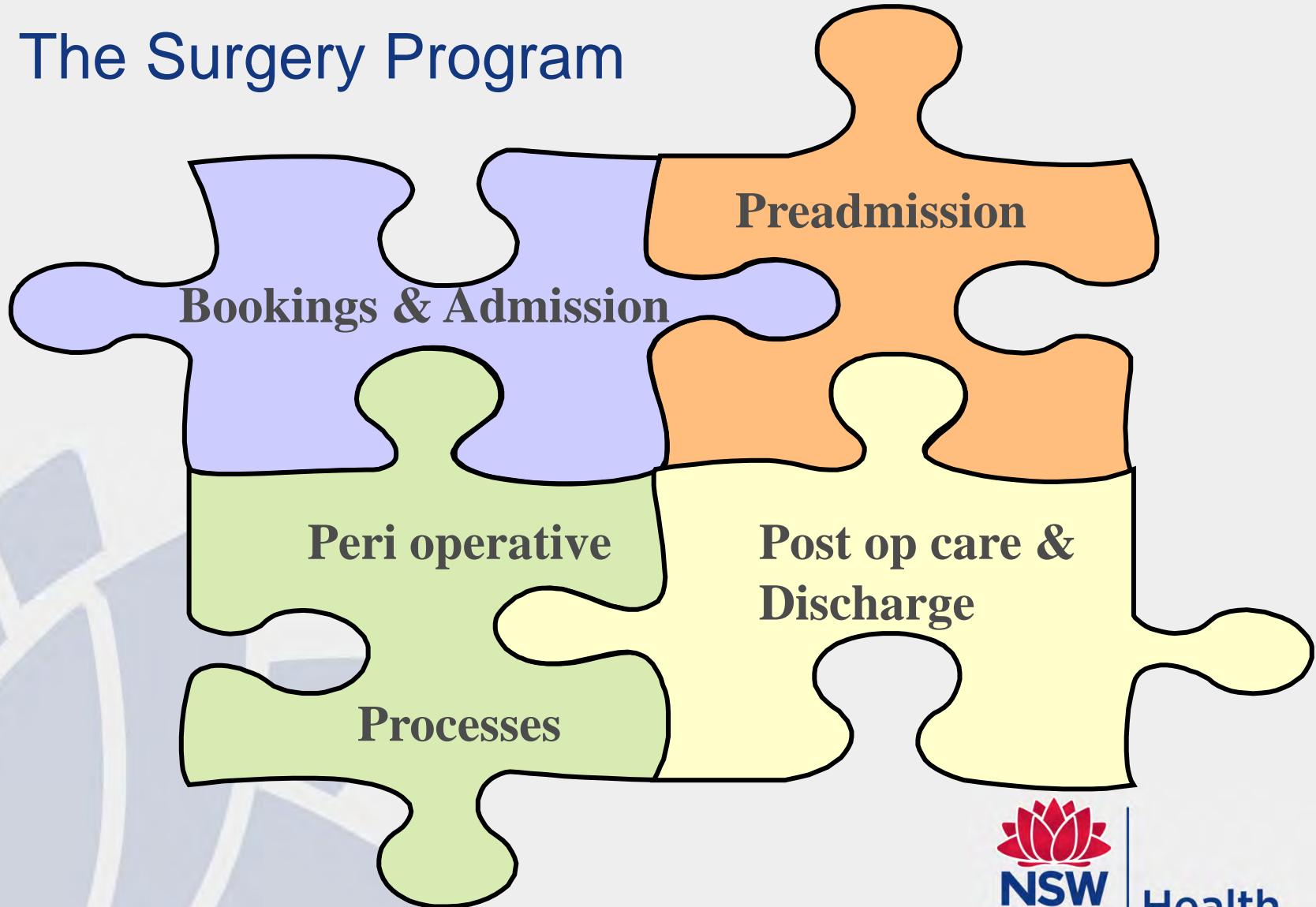




# Goal

- To ensure all Elective Surgery patients are treated within the recommended timeframe
- Improve our processes & practices to:
  - reduce delays & cancellations
  - Improve efficiency
  - Improve patient experience

# The Surgery Program



# Further information

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## **ARCHI**

<http://www.archi.net.au/resources/delivery/surgery/predictable-surgery/7>

## **National Health Reform**

<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/npa-improvingpublichospitals-agreement-toc~schedule-a>

## **Ministry Contacts**

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