

The PREDICTABLE Surgery Program

Oct 2008

P

Planned. Area Health Services must plan booked (elective) surgical activity based on clinical need in advance for each 12-month period.

R

Resourced. Area plans must include a designated budget allocation and ensure staff and resources are in place to deliver a predictable volume of booked (elective) surgery each year.

E

Extended Day Only. Some of the benefits of the EDO model include: improved patient journey with protocol driven care, clear expectations for the patient on their care and discharge, reduction in cancellations due to “no bed”, support of waiting list management and improved patient experience.

D

Driven by Protocol. The majority of surgical patients can be managed according to a care protocol. Protocols are to be used to inform, direct and record the patient’s clinical pathway, admission, discharge and post discharge management.

I

Insulated Beds. Areas are to plan bed management to protect access to elective surgical beds.

C

Cultural Change in the delivery of surgical services. For example, patients should be offered to have their procedure performed by another surgeon if this reduces their waiting time. This may entail the use of pooled waiting lists or changing where the list will be undertaken.

T

Training and Workforce. The Surgical Services Taskforce works with the relevant organisations to address issues relating to training and workforce. Areas should include actions specifically relating to training and workforce in their surgical service plans.

A

Assessment of Surgical Resources. Areas are required to undertake an assessment of their surgical resources and address any deficiencies (for example, workforce and equipment) in their surgical services plans.

B

Best Practice in the delivery of Surgical Services. Surgeons, anaesthetists, nurses and other staff involved in the delivery of surgical services are to ensure best practice in the delivery of surgical services, for example, implementation of “time out “ for patient safety, improved efficiency in operating theatres, improved management of waiting lists and optimal pre procedure preparation.

L

Library of Protocols. A library of protocols has been developed by the Department of Health, and is available on ARCHI .
<http://www.archi.net.au/e-library/clinical/surgery/cpl>

E

Emergency. Hospitals have to plan sessions and dedicate adequate resources for emergency surgery to ensure reasonably predictable working conditions for staff and to minimise cancellations of surgery .

Right Patient
Right Operation
Right Staff
Right Place

The Predictable Surgery Program was developed by the Surgical Services Taskforce in 2005. These principles have been the framework used to drive improvements on surgery in NSW

