

From the State Program Director's Desk Professor Donald MacLellan



Streamlining Surgical Services

While health reform in its various guises has been promulgated for quite some time, there is no doubt that 2012 will result in significant reform in surgical service delivery in NSW. The National Elective Surgery Targets (NEST) require that by December 2015, all elective surgery patients will have their surgery within their clinically recommended timeframe. Importantly, the NEST targets are not an end of month measurement. Any patient whose surgery falls outside their clinically recommended timeframe at any time of the month reduces the performance of NSW Health.

The NEST clock has already started ticking and the first level of targets for NSW of 96% (Category 1), 90% (Category 2) and 92% (Category 3) are required to be achieved in calendar year 2012. The reward funding of approximately \$16 million is at risk if these targets are not achieved. The targets increase each year through to 2015 when the 100% target is to be attained for all 3 categories. NEST constitutes a serious challenge for timely surgical service delivery! Is surgery in NSW hospitals configured to meet this challenge?

Advances in surgery particularly over the past 10 years have had a significant impact on the way surgery is delivered. In particular, many surgical procedures now take advantage of the technological advances that support minimal access techniques. However, it is felt by many clinicians and managers that the current configuration and mix of services will not meet the demands of our community in the future. Thus, the Surgery Futures projects¹ were instigated and the reports provide a vision of how surgical services could be streamlined and delivered in the next five to ten years to ensure that future surgical demand is appropriately met.

While surgery waiting list management continues to be a focus at Ministry and LHD levels, attention is also being turned to operating theatre efficiency. In particular, it is well recognised that the first case on time start is a robust measure of operating theatre performance. The SST added this measure to the Surgery Dashboard over 2 years ago. It is a salient concern that few LHDs report a level over 50% for first case on time starts! The time lost to surgery as a result is enormous and reduces the number of surgical cases able to be completed within the session. When first case on time start levels are poor, not infrequently turn-around time between cases is also poor thus increasing the time lost for surgery and a cause of major frustration for operating theatre staff.

The Ministry and the SST will be working with LHDs to improve first case on time starts and turn-around times and thus improve operating theatre efficiency. Undertaking more surgical cases in a session is of paramount importance. The Ministry of Health in conjunction with the Surgical Services Taskforce (SST) and Local Health Districts (LHD) is also working to implement the recommendations in the Surgery Futures reports. These important reforms are absolutely necessary if NSW is to have sustainable surgical services that meet the demands of our growing and ageing population.

Donald G. MacLellan

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January 2012 Surgery Performance

% of patients treated within the clinical priority timeframe year to date January 2012

LHD	Cat 1	Cat 2	Cat 3
SCHN	97.9	87.8	90.8
St Vincent's Network	95.8	90.1	87.8
Sydney	99.1	95.9	98.4
SWS	89.9	87.5	92.6
SES	90.6	92.7	92.0
IS	89.0	88.9	92.4
WS	97.2	91.7	92.2
NBM	96.1	83.5	81.0
NS	95.5	94.1	97.3
CC	98.8	89.4	92.8
HNE	91.2	90.8	91.4
NNSW	86.0	86.0	92.6
MNC	86.5	83.5	84.2
SNSW	94.1	92.0	94.5
Murrumbidgee	85.1	88.7	90.6
WNSW	97.1	89.7	93.0
FW	98.5	90.5	100.0
NSW	93.1	90.3	92.3

National Elective Surgery Targets (NEST)

Proposed Commonwealth Targets NPA	Cat 1 %	Cat 2 %	Cat 3 %
Baseline	92.3	86.6	89.4
By Dec 2012	96	90	92
By Dec 2013	100	93	95
By Dec 2014	100	97	97
By Dec 2015	100	100	100

Surgery Program Self Assessment Checklist - Judy Willis

The NSW Ministry of Health Surgery Team has developed a self assessment checklist for surgical services. The Checklist has been designed to assist Local Health District managers, identify areas for improvement in their Surgery Program.

The Checklist Covers key areas of the Surgery Program components including:

- Booking Office
- Pre Admission Preparation and Assessment
- Admission Procedures
- Operating Theatre Management
- Emergency Surgery Access
- Post operative care and Discharge



The Checklist can be downloaded at:

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

A number of hospitals are currently road testing the checklist.

Judy Willis and Donna Scard will be presenting the Checklist at the NSW OTA Conference in early March 2012.

New Surgery Models and Implications for Capital Planning

The Ministry of Health's Surgery Team is working closely with Health Infrastructure to provide advice to hospitals where new developments are planned. The purpose of these forums is to ensure that new models of care, identified in the Surgery Futures Projects, are considered.

These models include:

- Separation of Elective & Emergency Surgery
- High Volume Short Stay Surgery Units

The team have recently visited Tamworth, Hornsby, Bega and Port Macquarie Hospitals to assist clinicians in planning for surgical services in their new development.

Further Information about these models are available on NSW Ministry Website.

HVSSS

http://www.health.nsw.gov.au/policies/gl/2012/GL2012_001.html

Emergency Surgery

http://www.health.nsw.gov.au/policies/gl/2009/GL2009_009.html



Waiting Time & Elective Surgery Policy - Donna Scard

On 1st February 2012, The Waiting Time and Elective Surgery Policy (2012) PD 2012_011 and The Advice for Referring and Treating Doctors Information Bulletin (2012), IB2012_004 were released.

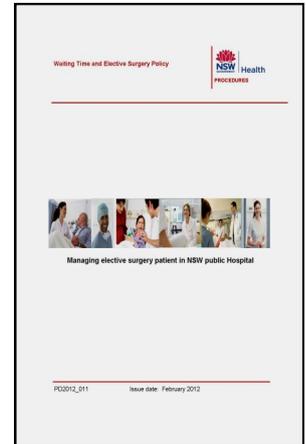
These two documents are available on the NSW Health website. Links:

http://www.health.nsw.gov.au/policies/pd/2012/PD2012_011.html

http://www.health.nsw.gov.au/policies/ib/2012/IB2012_004.html

The minor changes to the policy are in the following areas:

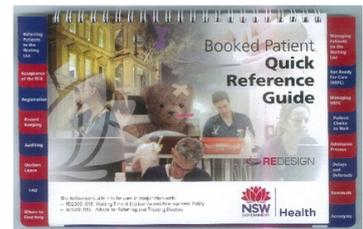
- **Responsibilities** defined for Patients, Surgeons, GP and Hospital Staff (page 2).
- Additional **Cosmetic & Discretionary Procedures** (page 6).
- **Demand Management** (page 7).
- **Patient Choice of Wait Category** has been removed from the policy.
- **Recommendation for Admission Forms** not submitted within 3 months (page 10).
- **Not Ready for Care – Staged & Deferred Patients** (page 18).
- Advice on how to manage **Privately Referred Non Inpatients** (page 12).
- **Not Ready for Care Letter** for deferred patients (page 47).



All staff involved in booking office or waiting list management should download copies of these two documents as a reference.

The **Advice for Referring and Treating Doctors Information Bulletin 2012** (IB2012_004) will be mailed out to doctors in the next few weeks.

The Booked Patient **Quick Reference Guide** will be updated to reflect the changes and distributed in the next couple of months.



Question from the Booking Office - Donna Scard

Question:

Can a patient who is requiring Bilateral Bat Ear Correction with an allocated clinical priority category of within 365 days be placed on the waiting list if they will turn 17 years of age before their procedure is undertaken?

Answer:

Yes. A patient can be added to the waiting list for a Bilateral Bat Ear Correction as long as they are under 17 years of age at the time of listing (listing date).

Do you have a question?

Please email Donna Scard

dscar@doh.health.nsw.gov.au

or phone 9391 9324



First Case on Time Start Project— Gavin Meredith

With the advent of National Elective Surgery Targets (NEST) and National Emergency Access Targets (NEAT), surgery will continue to be under pressure to achieve and maintain the targets set by the Commonwealth.

Surgery has been successful in achieving many of the activity targets set by the State and Commonwealth Governments in the past, however opportunities to enhance surgery are still very necessary.

It is well recognised that the on-time start rate for the first surgical case of the day is an important measure of peri-operative efficiency. As discussed in the editorial, many Local Health districts have found this KPI to be a challenge with significant variation across the state.

A short survey has been developed to assist in identifying the main challenges in improving the first case on time start. This survey is intended to provide information about the work processes that are currently in place related to first case on time start. It is anticipated that this information will enable the MoH to assist those LHDs requiring improvement in achieving ‘% first case on time theatre starts’ target.

The survey is located at:

<http://www.surveymethods.com/EndUser.aspx?F6D2BEA4FEB4A6A7F0>

The Ministry of Health Surgery Team will be undertaking site visits to a number of hospitals to observe the factors that influence first case on time start and turn around time. If your Hospital would like to be involved in the initial phase of the project please contact Gavin Meredith at gmere@doh.health.nsw.gov.au



What is First case on time start?

Number of theatre sessions where the “patient in room (operating theatre / room) time” for the first case is equal to or before the scheduled start time for the session

Source: Surgery Dashboard Indicators 2011-12

Newcastle Futures - Chris Lassen

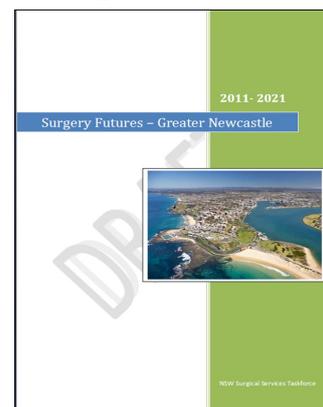
As a follow up to the Surgery Futures and Rural Surgery Futures report the Surgical Services Taskforce and the Ministry of Health has now completed the final draft of the Greater Newcastle Surgery Futures report.

The report has been developed through extensive consultations with clinicians and managers in the Greater Newcastle region and provides a framework for HNELHD management for the development of public sector surgery (both elective and emergency) in Greater Newcastle over the next 5-10 years.

The hospitals visited during this project were JHH, including Royal Newcastle Centre (RNC) and John Hunter Children's Hospital (JHCH), Belmont Hospital and Calvary Mater Newcastle (CMN) over a period of four weeks. Consultations with over 100 clinicians including Heads of Departments of colorectal surgery, ENT, general surgery, anaesthetics, gynaecology, paediatrics, intensive care, neurosurgery, orthopaedics, cardio-thoracic and urology. As well, consultations were held with Service Managers, Operating Theatre Managers, General Managers, Directors of Acute Operations and Clinical Planners.

The report has provided a number of recommendations that will require a partnership between the clinicians, the HNELHD management, the facility general managers, professional associations, the Agency for Clinical Innovation and the NSW Ministry of Health in order to create sustainable surgical services in Greater Newcastle.

The report will be tabled at the Surgical Services Taskforce in February 2012 and will be published on ARCHI as well as the NSW Internet.



NSW Ministry of Health Surgery Team Contacts:

Donald MacLellan dmacl@doh.health.nsw.gov.au

Donna Scard dscar@doh.health.nsw.gov.au

Judy Willis juwil@doh.health.nsw.gov.au

Gavin Meredith gmere@doh.health.nsw.gov.au

Christine Lassen class@doh.health.nsw.gov.au