Surgery News

Jul– Aug 2012

From the Deputy Director– General (Systems Purchasing and Performance) desk - Ken Whelan

My first few weeks as Deputy Director-General System Purchasing and Performance have kept me very busy. I have had the pleasure of meeting many of the Local Health District Chief Executives and their Executive Teams already and look forward to working with the Local Health Districts on all aspects of performance.

The Ministry's new System Relationships & Frameworks Branch will work closely with Local Health Districts on all aspects of their performance including surgery. Shaun Drummond and Luke Worth have recently been recruited as Directors for System Relationships & Frameworks. Mark Britt has also agreed to act as the third Director for the next 6 months. You can expect to see the Directors and their teams out in the Local Health Districts assisting with all aspects of performance. Judy Willis and Donna Scard will also still continue to provide practical assistance and advice to hospital staff about surgery issues.

In my short time here I have been really interested in how NSW has turned their surgery performance around over the last 7 years and recognise the significant work of the Surgical Services Taskforce and the Clinical Redesign Program. NSW is in a good position compared to many other jurisdictions, however there needs to be constant vigilance by local hospital managers to ensure that surgery performance stays "on track". The performance results for July are encouraging but there needs to be some improvement at some of the LHDs if the end of year National Elective Surgery Targets (NEST) is to be achieved.

The NEST is on everyone's agenda and we must continue to strive to ensure all elective surgery patients are treated on time. The 3 System Relationships & Frameworks Branches would like to offer any assistance in review of current processes in hospital surgery management. I am also aware that representatives from many of Welfare/Royal Australasian College of Surgeons stakeholder workshops, held in Sydney on 2 August, on moving towards new national definitions for elective surgery. We are all looking forward to nationally consistent definitions in the near future. Certainly many of the initiatives that NSW has pioneered are under consideration for national adoption.

Regards

In this issue:

July 2012 Surgery Performance

% of patients treated within the clinical priority timeframe year to date July 2012 (Calendar YTD)

LHD	Cat 1	Cat 2	Cat 3
SCHN	99	92	95
St Vincent's Network	96	87	86
Sydney	98	98	98
SWS	90	89	92
SES	92	90	92
IS	95	89	94
WS	95	90	95
NBM	97	81	76
NS	95	92	96
CC	95	86	89
HNE	93	91	93
NNSW	92	87	93
MNC	82	82	86
SNSW	94	94	91
Murrumbidgee	97	93	90
WNSW	97	89	90
FW	97	89	100
NSW	**94**	**90**	**92**

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

Question from the Booking Office - Donna Scard

Question:
Can a patient have their breast prosthesis replaced (e.g. leaking) if they were originally inserted following breast cancer surgery?

Answer:
Yes, a patient can have their breast prosthesis replaced if they were originally inserted following breast cancer surgery.

However, if the prosthesis was originally inserted for cosmetic reasons, the patient can have the prosthesis removed (if clinically appropriate), however the breast prosthesis will not be replaced in the public system.

Question:
A doctor has gone on extended leave and I have been instructed to place the patients in Not Ready for Care (NRFC) category, is this the correct procedure to manage these patients?

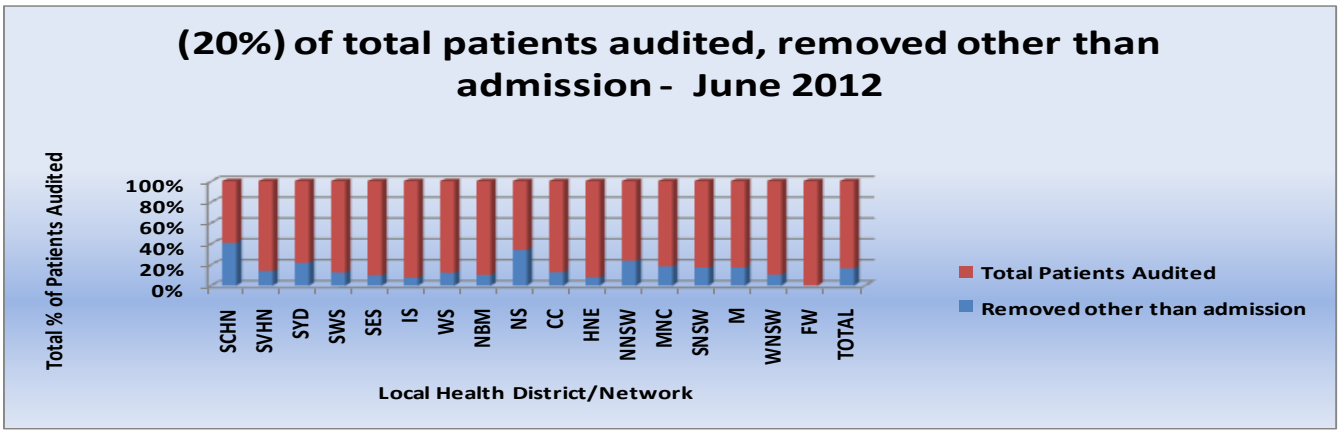
Answer:
No, the patient should remain in their clinical priority category assigned by the treating doctor and a management plan be arranged for the patients to be treated within their clinical timeframe.

Do you have a question?

Please email Donna Scard dscar@doh.health.nsw.gov.au or phone 9391 9324

Not Ready for Care Audit Results - Donna Scard

A recent Audit of the patients in the category, Not Ready of Care who had been on the waiting list greater than 12 months was undertaken by the Local Health Districts. Of the 3,240 patients reviewed, 635 patients were removed from the waiting list. Below is a graph by Local Health Districts.



News from the Local Health Districts - Donna Scard

I would like to extend a warm welcome to Margaret Wallace who has recently taken up the position as Waiting Time Coordinator for Sydney Local Health District. Margaret previously worked for South Eastern Sydney Local Health District and has work on the Surgery Access Line on numerous occasions. Margaret will be attending the Surgery Managers/Waiting Time Coordinators Teleconference held monthly.

High Volume Short Stay Surgical unit—Canterbury Hospital—Jenny Cubitt

$1.6m in Capital Works funding was announced earlier this year for Canterbury Hospital to refurbish its surgical areas to run a High Volume Short Stay Surgery Unit (HVSSS).

The High Volume Short Stay Surgical Model of Care is for planned surgical procedures requiring admission of up to 72 hours. It also includes Day Only surgery and Extended Day Only surgery.

The model improves access to surgical services and service efficiency in terms of operating theatre, bed utilisation and better patient experience.

Canterbury hospital is ideally suited to adopt this model due to the current surgical case mix. Suitable surgery for the model includes patients having Tonsillectomy, Hernia repair, Laparoscopic Cholecystectomy and Diagnostic Gynaecology.

A steering committee was formed to oversee the project and they meet on a regular basis to monitor progress. Staff were educated and presentations done to help them understand the project. Clinical guidelines have been developed for specific surgical procedures relating to HVSSS. These protocols are for patients within the model if complications should occur patients will be assessed and a variance report done. To date 30 clinical guidelines from varying specialties have been developed and approved for use. The guidelines allow for the patient to go home once they meet discharge criteria and means they do not have to wait for a medical review.
Initially the surgeon will determine if patients meet the selection criteria, and that they will have a predictable course of recovery. The surgeon can stamp the patients referral for admission form for HVSSS so as the patients notes are processed, staff are aware and the operating lists can be structured appropriately. The surgical, anaesthetic and nursing teams are aware the session is HVSSS as this is reflected above the operating session on the operating list. It is expected that this theatre is not interrupted by emergency surgery in order to maximise patient throughput.

Currently there are 8 sessions in a 4 week cycle that are schedule as a HVSSS session. In April 2012 the first HVSSS session was done and since then we have had 79 patients operated on.

We are currently developing a web page devoted to HVSSS. We will have our clinical guidelines here and news on the project.

For Further information contact:
jenny.cubitt@sswahs.nsw.gov.au

Jenny Cubitt with Minister Skinner at Canterbury Hospital earlier this year

Emergency Surgery Redesign—Addressing the Challenges at Orange Health service– Teresa Luczak

A review of emergency surgery data at Orange Health Service undertaken in 2011 demonstrated a rapid and sustained growth in the demand for emergency surgical services. The compounding threat this finding had on achieving proposed National Elective Surgery Targets (NEST) required a rethink of our service model. At the instigation and support of the Surgical Services Taskforce and the NSW Ministry of Health, Orange Health Service undertook an Emergency Surgery Redesign Project.

The Project team utilised a number of guiding principles outlined within the Emergency Surgery Guidelines GL2009_009 to design a model of care.
These included:

- Consultant surgeon-led model of emergency surgery care.
- Patients are operated on during daylight hours where clinically appropriate.
- Sufficient daylight operating theatre sessions to meet emergency surgery demand.

Allocation of surgery resources (equipment and staff) to meet the emergency surgery workload.

In 2010 the Orange General Surgery Clinicians in response to the Emergency Surgery Guidelines GL2009_009, implemented a consultant based model of care providing a week about dedicated Clinician roster. This redesign project allowed us to build on the successes attained from this model by incorporating other Craft groups.

The eventual model of care developed required an increase in standard hour's access to an emergency theatre by twelve hours per week, an enhancement of high use instruments and equipment, the expansion of the Early Discharge Surgical Unit (EDSU) to cater for patient flow; and most importantly the recruitment of key personnel.

Our Emergency Surgery Model was commenced on the 2nd of April 2012, at the time of writing we have acquired four months of very positive data despite an ever increasing emergency surgery demand. For example, out of hours (2300-0700) emergency surgery has halved in comparison to the same months in the previous year.

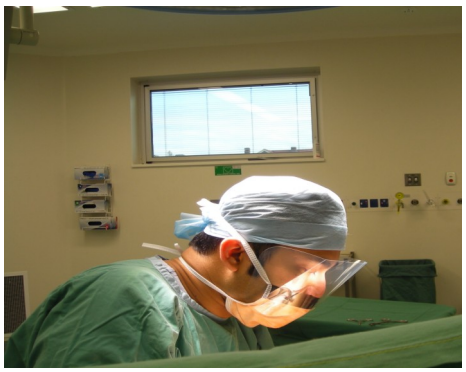


Figure 1: Emergency Surgery in day light hours - note the window!

While there are reasons to be delighted with the progress of this project so far, there are always challenges yet to be met.

For further information you can contact Teresa by email at Teresa.Luczak@gwahs.health.nsw.gov.au

First Case on Time Start Project - Gavin Meredith

It is well recognised that the on-time start rate for the first elective surgical case of the day is one of the important measures of peri-operative efficiency.
This is why the Surgical Services Taskforce is focusing on improving the first case on time start rate.

The goal of 'first case on time theatre starts' is to improve operating theatre efficiency and thus ensure that patients receive timely peri-operative care.

So far, a hospital survey has been conducted and a 'first case on time start' checklist has been developed - http://www.archi.net.au/documents/resources/hsd/surgery/first-case/FCOT-Checklist.pdf

This checklist aims to assist Local Health Districts to achieve the surgical dashboard KPI.

Seven hospitals across metropolitan Sydney were visited by the Ministry of Health Surgical Team and an examination of their 'first case on time theatre starts' was undertaken and reasons for delay documented.
Results were then fed back to management and operating theatre staff.

The next step is to determine the potential financial impact that inefficient 'first case on time theatre starts' have on a hospital budgets by calculating the amount of unused but potentially available operating theatre minutes.

In the calculations the team will be considering factors such as:

- Scheduled 1st case start time Vs actual start time;
- The 'turn around' time between cases;
- The consequences of finishing an operating session prior to the scheduled finish time;
- The impact of overrunning a scheduled operating sessions; and
- The impact of elective surgery cancellations.

For more information please contact Judy Willis juwil@doh.health.nsw.gov.au or Gavin Meredith gavin.meredith@aci.health.nsw.gov.au

Performance Audit: Managing Operating Theatre Efficiency– Judy Willis

The NSW Audit Office will examine how effectively public hospital operating theatres are being managed and how efficiently they are performing.

A number of hospitals will be selected for the review. The audit will interview key LHD and hospital staff at different levels of the organisational hierarchy with responsibility for: managing and/or overseeing operating theatre efficiency, gathering and reporting theatre efficiency related data and budgeting/costing operating theatre activity.

Additionally there will be a state wide survey undertaken to determine operating theatre capacity.

Data Quality Framework - Peter Brandt

The Ministry of Health has embarked on a series of initiatives which will collectively form a Data Quality Framework to be governed by a Data Governance Council with strong Local Health District (LHD) input and representation. The purpose of this Framework is to assist in continuously improving the quality and integrity of data relied on, and reported, by hospitals and LHDs. Improved data quality is an essential component as we move towards an activity based funding model, but also to ensure that hospitals and LHDs are accurately and fairly assessed within the performance framework.

The most recent development is the Data Quality Audit and Assurance Program. This hospital based program has two primary components:

- A verification/validation of selected performance data reported by LHDs under the Performance Framework. This will include a review of compliance with selected policy requirements, predominantly in the areas of hospital admissions, waiting list management and Emergency Department performance indicators.
- Identification and evaluation of the systems and processes occurring at hospital and LHD level, which support data quality.

The Program has been piloted in the second quarter of 2012 at three sites, and will then be launched across a further 70 of the larger hospitals in NSW, over the first three year cycle. All LHDs as well as the SCHN and the SVHN are included in the Program.

The Program is being delivered on behalf of the Ministry by Protiviti Pty Ltd. Protiviti is a specialist internal audit, risk and assurance firm with extensive national and international experience in data quality assessment, within the health context. Protiviti is currently undertaking a similar project for the Victorian health system.

The program will focus on three main areas of hospital operations, Emergency Department, Admitted Patients and Elective Surgery Waiting Times, however, those involved with IT Security and internal audit and assurance activity at hospital and/or LHD level will also be interviewed by Protiviti personnel.

At the completion of the audit process, each hospital, and the LHD it is part of, will be provided a draft audit report and have an opportunity to comment on it prior to its finalisation. The reports will contain the auditors' findings with supporting information and, importantly, a set of specific recommendations for improvement and enhancement of data quality practices where appropriate.

For further information about the program please contact Peter Brandt, Deputy Director, Demand and Performance Evaluation Branch on 9391 9783 or by email at peter.brandt@doh.health.nsw.gov.au