

## From the Acting Senior Manager's (Surgery) desk - Judy Willis



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The last two months have been extremely busy ones for the Ministry's Surgery Team. Prof Donald MacLellan has now taken up his new position as Director, Surgery Anaesthesia and Critical Care at the Agency for Clinical Innovation.

As we reach the half way point towards the end of year NEST targets, I would like to emphasise the importance of ensuring that our systems and processes are geared to on time treatment for all our elective surgery patients.

The first case on time start project is ramping up with the diagnostic phase almost completed.

The Ministry Team has visited seven operating theatre suites in Sydney to observe processes related to first case on time starts. I would like to thank the staff at those sites (Prince of Wales, St George, Westmead, Children's Hospital Westmead, Concord, Royal North Shore and Royal Prince Alfred) for their warm welcome and assistance with the project. More information about this project is available on page 6.

I would like to also offer my congratulations to the 18 participants who successfully completed the Surgery Redesign Training Program in May. The participants were from both rural and metropolitan areas. Many of the projects being undertaken are related to operating theatre efficiency and implementation of models of care.

Many of you may already be aware that the Ministry of Health is funding the implementation of Radio Frequency Identification (RFID) technology for reading orthopaedic prosthetic components into 41 hospitals across the state. The RFID system will mean that the checking of these components can now be done in a matter of seconds as opposed to the time consuming manual check.

On a sad note, I would like to advise that Christine Lassen's secondment to the Ministry has finished. I would personally like to thank Chris for her effort and contribution to the Rural Surgery Futures, Newcastle Futures and the First Case on Time Start projects. Chris has played a pivotal role in the Ministry's Surgery Team over the last 12 months. We wish Chris all the best for the future.

## May 2012 Surgery Performance

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

LHD	Cat 1	Cat 2	Cat 3
SCHN	99.2	91.1	94..6
St Vincent's Network	95.4	85.7	82.7
Sydney	98.1	97.3	97..9
SWS	90.3	88.1	91.5
SES	92.0	89.7	92.8
IS	94.4	88.6	93.5
WS	95.6	90.3	95.1
NBM	96.0	78.3	76.3
NS	94.6	92.4	96.4
CC	95.5	86.5	89.2
HNE	92.9	90.7	92.5
NNSW	90.2	85.9	92.0
MNC	82.0	82.9	85.7
SNSW	92.7	94.1	88.2
Murrumbidgee	95.9	91.6	89.2
WNSW	97.3	87.8	89.5
FW	96.7	89.0	100.0
<b>NSW</b>	<b>93.8</b>	<b>89.7</b>	<b>91.8</b>

## 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 who had previous cosmetic surgery (breast augmentation), have it replaced in the public hospital system?



### Answer:

No. The patient can have the prosthesis removed for clinical reason eg. leaking, however the prosthesis will not be replaced in the public hospital system. The patient will need to be advised of this policy.

The only exception to have the prosthesis removed and replaced is for post cancer patients.

### Question:

Will the Ministry of Health (MoH) be updating the Clinical Priority Category Reference List (Advice for Referring and Treating Doctors Information Bulletin) now that additional Indicator Procedure Codes have been added?

### Answer

Yes. MoH will review the new/additional Indicator Procedure Codes released 30 May 2012 and a new Reference List will be produced and distributed following a review by the speciality groups. MOH will keep you informed when the new Reference List is available.

### **INFORMATION:**

**The Not Ready for Care (NRFC) Audit will be distributed early July 2012, for review by Local Health District/Hospitals.**

***Do you have a question?***

***Please email Donna Scard***

***dscar@doh.health.nsw.gov.au***

***or phone 9391 9324***

## Surgery Redesign Training Program Planned for October

A one week Surgery Redesign Training Program is planned to commence from 15-19 October 2012.

Approximately 18-20 places will be available for the 5 day training program .

Each participant is required to bring a surgical project to work up during the week of the school.

If you are considering attending the school in October 2012 please contact Judy Willis on 9391 9557 or [juwil@doh.health.nsw.gov.au](mailto:juwil@doh.health.nsw.gov.au) for further information.

## Radio Frequency Identification (RFID) Implant Management System - Judy Willis

The **Radio Frequency Identification (RFID) Implant Management System** allows for bulk reading of orthopaedic loan prosthetic equipment in a matter of seconds. This technology will replace the need for hours of manual checking, against inventory lists, by hospital staff.

The RFID Implant Management System will be implemented across 41 hospitals in NSW. The 41 hospitals selected currently conduct high volumes of orthopaedic joint surgery.

This type of surgery often entails the use of **orthopaedic supplier loan kits**. These loan kits can comprise of 100's of separate items that all require checking against an inventory list before and after a patient's surgery. It can take a **staff member anywhere from 1-2 hours** to check all these individual items (prosthesis, plates, screws, nuts).

The **RFID Implant Management System** will now do for you in seconds, what used to take staff hours, allowing staff to spend more time in direct patient care. This system verifies the sterile implants of a loan kit in seconds, it allows you to immediately reconcile usage & also allows you to have complete visibility of consumed items to avoid billing errors.

Each individual hospital will determine where to locate the RFID Implant Management System (i.e. Operating theatres or CSSD).

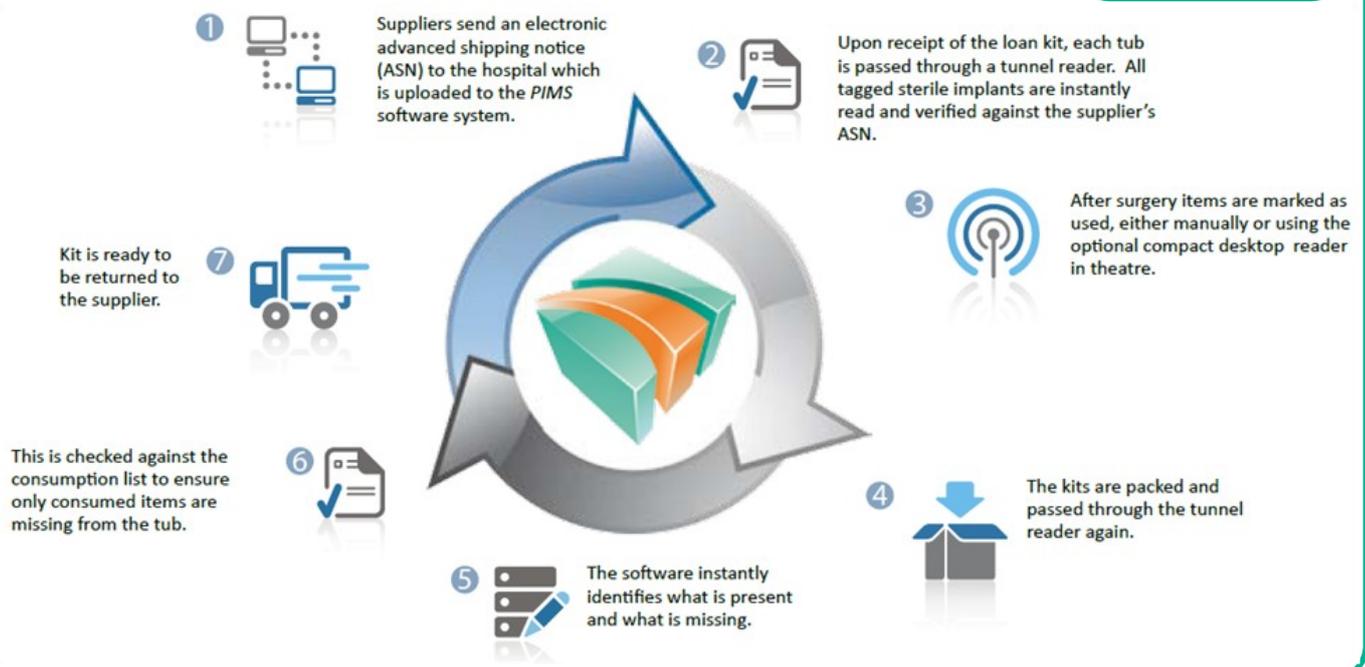
The **RFID Implant Management System package includes** an RFID tunnel reader (as seen in the picture to the right), a 3 year service contract (to July 2015), a lifter (so you don't need to manually lift the tubs onto the tunnel reader), a new computer (to access the specific RFID software).



For further information please contact

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## Sutherland Hospital Orthopaedic Speciality Centre - Fiona Lendon

The aim of The Sutherland Hospital Orthopaedic Specialty Centre is to provide an excellent standard of care to orthopaedic patients under a multidisciplinary framework of services. This is to encapsulate a person's episode of care from diagnosis through to surgery and rehabilitation.

Since March 2006, all elective joint replacement procedures for The St George and Sutherland Hospitals Network are carried out at Sutherland Hospital.

Sutherland Hospital averages more than 400 joint replacements a year. Despite the increasing number of complex orthopaedic procedures, and hospital wide access pressures, the hospital has been able to maintain elective joint replacement numbers and reduce the median waitlist time for these patients.

The improved capacity for elective surgery has also provided scope for The Sutherland Hospital to provide assistance to other hospitals in reducing their waitlist for joint replacement surgery.

The Sutherland Hospital Osteo-Arthritis Chronic Care Program (OACCP) commenced in 2011. This program involves patients who have been directly referred from their General Practitioner or are offered the services of the clinic once they have been entered onto the elective joint replacement surgery waitlist. In addition to assessment by the orthopaedic specialists, patients are given the opportunity to link up with a physiotherapist, occupational therapist and dietician in order to best manage their osteoarthritis.

Some patients find that their condition becomes manageable with conservative treatments and postpone surgery, while others have had their deteriorating condition diagnosed quickly and their surgery undertaken sooner. The clinic also provides follow up with patients at 3 month and 6 months post surgery, and gathers valuable data for the Joint Replacement Outcome Registry.

The orthopaedic (Jara) ward at The Sutherland Hospital takes well deserved pride in their management of orthopaedic patients. Patients waiting for joint replacement surgery are offered a comprehensive education program prior to their surgery. The While You Wait management strategies they can use to minimise their discomfort while they wait for their surgery date.

The introduction of clinical pathways has seen the average length of stay for orthopaedic patients reduced to 3.55 days, this is 0.81 days shorter than the Australian Health Roundtable average of 4.36 days. Of particular distinction is the introduction of the Short Stay Arthroplasty protocol. This protocol incorporates a multimodal analgesia regime, allowing elective joint replacement patients to mobilise on return to the ward from the Recovery Unit. This gives patients a rapid return of range of movement and allows for earlier discharge home (i.e. after 1 or 2 days post surgery). Follow-up is provided by community nurses and the orthopaedic clinic.

Future plans for the Orthopaedic Service at The Sutherland Hospital are the expansion of the OACCP and incorporate results from follow-up data into the ongoing management of orthopaedic patients in order to secure the best possible outcomes for our patients.



## First Case on Time Start Project - Christine Lassen



### Survey & Site Checklist

The '*first case on time theatre starts*' survey and site checklists assisted in identifying issues with patients arriving at the operating theatre (OT) on time, each morning.

Issues were highlighted in two main areas: when the Request for Admission (RFA) is received in the admissions office and when the patient arrives in the operating theatre suite.

These issues included:

- incomplete or inaccurate booking forms submitted to the hospital
- patient RFAs not triaged for pre-admission clinic
- sites not having staggered patient admission times
- both anaesthetists and surgeons rostered to commence work at the same time
- Day Only Ward not being in close proximity to OTs
- personnel not checking ORs prior to first case on time start
- lift availability to transfer patient to OT from wards

### Site Visits

Over the last few weeks the Surgery Team have conducted a number of site visits to observe the processes related to '*first case on time theatre starts*.'

'Thank you' to the perioperative staff at Prince of Wales, St George, Westmead, Children's Hospital Westmead, Concord, Royal North Shore and Royal Prince Alfred Hospitals for their time and assistance during the visits. Their knowledge and passion for perioperative nursing has been invaluable and greatly assisted the diagnostic phase of the project.

The information gathered from the site visits will be compiled, analysed and fed back to the sites. This information completes the diagnostic phase and will inform the solution design phase of the project.

### Surgery Redesign Training Program

The Surgery Team has also conducted a one week Surgery Redesign Training Program from 14-18 May with 18 participants from hospitals around NSW and one participant from Royal Darwin Hospital.

The focus of this Training Program has been operating theatre efficiency with the majority of participants identifying *first case on time starts* as their project area.

The Ministry's Surgery Team will be working closely with those sites who are undertaking *first case on time start* projects; Wagga Wagga, Griffith, Dubbo, Bathurst, Orange and Concord.

## First Case on Time Start Project continued - Christine Lassen

### Next Steps

The Team is planning to present the findings from the survey, checklist and visits to the Surgical Services Taskforce Committee .



More information, Survey Results and the Checklists are available on the ARCHI website at: <http://www.archi.net.au/resources/delivery/surgery/first-case>

For more information or if you have a contribution to this project please contact:

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*(L to R) Fiona Wallace Senior Nurse Manager Perioperative Services Concord Hospital, Judy Willis Acting Senior Manager (Surgery), NSW Ministry of Health, and Sally Comerford CNC Operating Theatres Concord Hospital.*

## Stop the Press - Christine Lassen

# Stop the Press!!!

### How much Emergency Surgery do you do at your site?????

If you want to know then start using the **Emergency Surgery Data Tool**

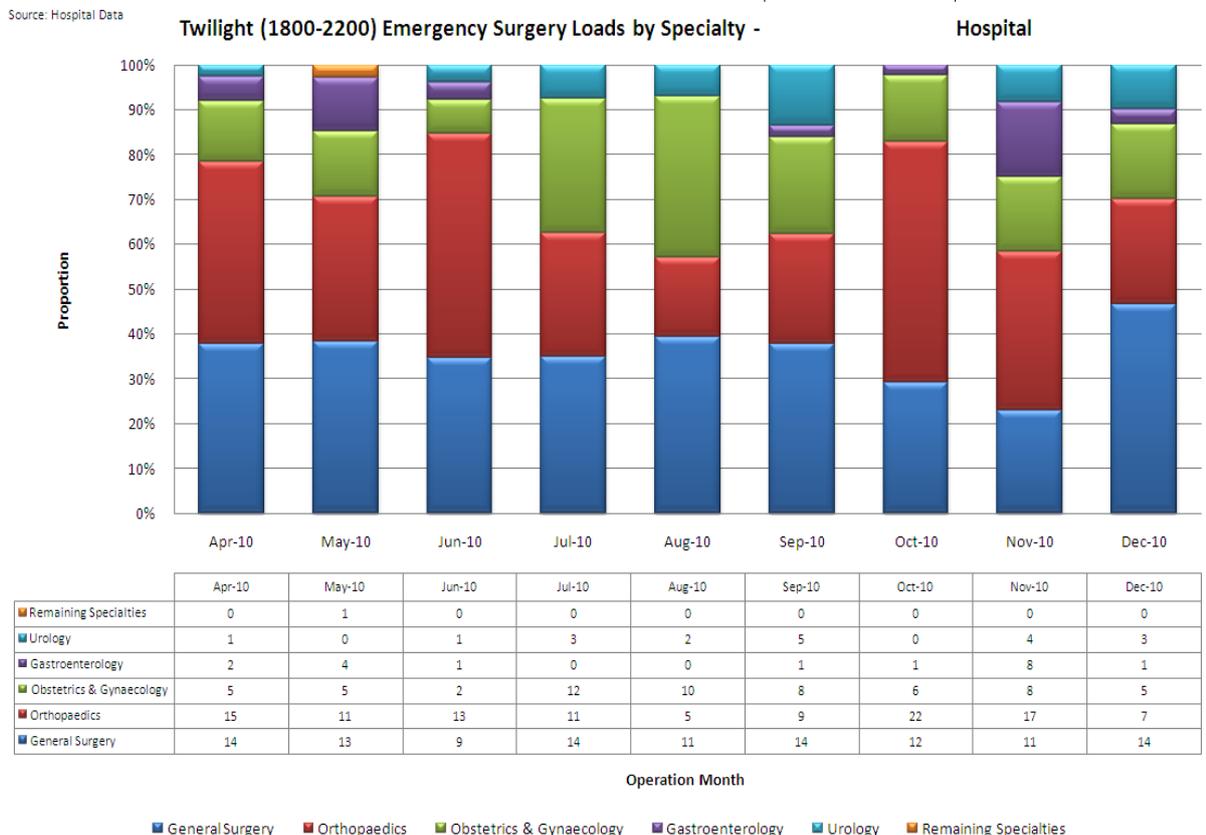
The tool will give you **three years** of valuable information about emergency surgery at your hospital including:

The types of emergency surgery you are doing (e.g. required within 24 hours)

- compared to the elective surgery cases
- by specialty
- by time (e.g. twilight or overnight)
- plus average operating times
- with length of overnight stays for emergency surgery patients
- and much much more!

The tool and will give you a wealth of information, data and graphs that you can use for analysis, research and/or presentations and can be found at: <http://internal.health.nsw.gov.au/data/esdt/index.html>. The site also includes easy instructions for use.

### Example of Data from the Emergency Surgery Tool



If you need help don't forget to contact one of the surgery team.