

Surgery News

Nov - Dec 2012

From the Deputy Director– General’s (Systems Purchasing and Performance) desk.

Ken Whelan



As we draw to the end of 2012 and many of you are planning a well earned break from a busy year, I would like to express my thanks to all staff for their commitment to ensuring that all our patients are being treated within their recommended timeframe.

I am pleased to say that NSW is currently within reach of the 2012 NEST Part 1 & 2 targets. November has been a very busy time, planning for the annual reduced activity time and gearing up services to minimise the impact of the break on our patients.

Over the festive break, we will need to be vigilant in our monitoring of patients nearing their clinically recommended timeframe and having mechanisms in place so that all our Category 1 and Category 2 patients are treated on time. This will also place us in a good position for the beginning of the 2013 NEST reporting period.

Of note is the proposed Ministry NEST workshop, which will be held on Monday 4 February 2013. A number of LHDs will be sharing some of their strategies in achieving NEST performance.

Judy Willis and Donna Scard will commence a program of planned visits in early 2013, visiting every LHD over the next 12-18 months. In the first three months they will be visiting Hunter New England, Northern NSW & Mid North Coast LHDs. Judy and Donna can assist you in optimising your processes to achieve NEST.

Again, I would like to wish all our staff a safe and happy festive season and I look forward to a prosperous 2013.

Regards

A handwritten signature in black ink, appearing to read 'Ken Whelan', written on a light-colored background.



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October 2012 Surgery Performance

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

LHD	Cat 1	Cat 2	Cat 3
SCHN	99.1	92.6	94.6
St Vincent's Network	96.8	87.7	87.1
Sydney	98.9	98.4	98.8
SWS	90.1	88.8	91.4
SES	91.6	89.9	91.8
IS	94.9	88.2	93.1
3WS	96.6	91	94.1
NBM	96.6	82.5	79.1
NS	95	91.2	94.9
CC	96.2	87.1	88.4
HNE	93.5	91.1	92.5
NNSW	93.6	89.4	94.4
MNC	84.1	82.4	87.3
SNSW	95.9	94.9	93.4
Murrumbidgee	96.7	93.8	91.2
WNSW	97	90.8	90.4
FW	98.3	91.1	100
NSW	94.5	90.6	92.2

National Elective Surgery Targets (NEST) Part 1

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

NEST Workshop—Monday 4 February 2013

The NSW Ministry of Health will be hosting a one day NEST workshop on Monday 4 February 2013. The workshop will run from 10am-3pm and will be held in the Level 4 Conference Rooms at the Ministry (73 Miller Street, North Sydney). The workshop is aimed at LHD Surgery Coordinators and will be of interest to those involved in Booking Office, Pre Admission, Operating Theatres & models of care.

The venue can accommodate approximately 60 people and the agenda will consist of presentations from the Ministry and from Local Health Districts.

For further information please contact Judy Willis juwil@doh.health.nsw.gov.au or telephone 9391 9557.

NEST Information now available on ARCHI

Information (including downloadable fact sheet and A3 Posters) about NEST has now been posted on ARCHI. The ARCH link is: <http://www.archi.net.au/resources/delivery/surgery/predictable-surgery/10>

The screenshot shows a web browser window displaying the ARCHI website. The page title is "ARCHI - National Elective Surgery Targets - Windows Internet Explorer". The address bar shows the URL: <http://www.archi.net.au/resources/delivery/surgery/predictable-surgery/10>. The website header includes the ARCHI logo (Australian Resource Centre for Healthcare Innovations) and a search bar. Navigation tabs are visible: HOME, ABOUT, RESOURCES, EVENTS, OUR SERVICES, CONTACT US. The main content area is titled "National Elective Surgery Targets" and includes a section "What is NEST?" with the following text:

The National Elective Surgery Targets (NEST) are a component of the National Performance Agreement and aim to ensure that elective surgical patients are treated within their recommended clinical priority time frame.

Achieving the NEST targets is the responsibility of all staff involved in the surgical patient journey. This includes from the time the patient submits their recommendation for admission form until the time they leave hospital and return home.

The objective of the National Elective Surgery Target is to progressively increase the number of elective surgeries performed so that 100% of patients receive their elective surgery within the clinically recommended time by 2016. Two complementary strategies are required in order to reach the NEST:

Part 1: A stepped improvement in the number of patients treated within the clinically recommended time; and

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.

Below this text are two buttons: "Treat in turn" and "All patients screened for". To the right is a "Page Index" sidebar with a list of links: Predictable Surgery Program Home Page, Predictable Surgery, Booked (Elective) Surgery, Pre Procedure Preparation, Extended Day Only, High Volume Short Stay, Self-Assessment Checklist, Emergency Surgery, Patient Safety, National Elective Surgery Targets, Contacts, Feedback Form, Newsletters. At the bottom of the sidebar is a graphic with the text: "Right Patient, Right Operation, Right Staff, Right Place".

In Profile—Agency for Clinical Innovation

Donald MacLellan

Director - Surgery, Anaesthesia and Critical Care (SACC)

As Director of SACC, I have the privilege of working with a dynamic group of Clinical Networks and Institutes. SACC contains the Anaesthetics and Peri-operative Network, Burn Injury Service, Gynaecological Oncology Network, Statewide Ophthalmology Service, Neurosurgery Network, Urology Network, the Surgical Services Taskforce, the Critical Care Taskforce, the Emergency Care Institute and the Institute of Trauma and Injury Management. In December, the Intensive Care and Coordination Monitoring Unit will be welcomed into SACC.

These Networks, Taskforces and Institutes have an impressive list of excellent achievements over the years and exciting initiatives for the future. It is my aim to ensure that they continue to enable their clinicians to improve patient outcomes through the design and implementation of innovative Models of Care. The expanded role and size of ACI provides SACC with considerable opportunities for collaboration with other Networks.

I look forward with to the challenges of this new portfolio and to working with clinicians, consumers and key partners including the Ministry, CEC and HETI to enhance patient care.



Jill Morrow

Program Manager - Surgery, Anaesthesia and Critical Care (SACC)

Jill has worked in both the Private and Public Health sectors in NSW, Victoria and New Zealand. Jill has a clinical nursing background across Critical Care Areas, Recovery and Anaesthesia.

Jill has worked in a variety of senior clinical and hospital administration/management positions and she has been with the ACI, previously GMCT, since 2007.

Jill has recently completed the Masters in Public Administration at Sydney University. Her role includes working with the Portfolio Network Managers to achieve completion of major projects and to work with the Director – Surgery, Anaesthesia and Critical Care to achieve the goals of SACC as they relate to the ACI operational plans.



Ellen Rawstron

Anaesthesia Peri-Operative Care Network Manager

Ellen Rawstron has been with NSW Health since 2007. She began working for the NSW Institute of Medical Education and Training (now HETI) supporting the statewide networked physician training programs.

In June 2010, Ellen moved to the ACI to take up the role of Manager of the Gastroenterology Network which was focused on improving services for patients with a range of gastrointestinal disorders.

Ellen now works as the Manager of the Anaesthesia Peri-Operative Care Network and key projects for the Network include safe procedural sedation, rural/regional anaesthetic services and anaesthetic assistants.

Due to the role anaesthesia and perioperative care services have in supporting other services across the hospital system, Ellen works closely with a range of other Networks/Taskforces both within the SACC portfolio and more broadly across ACI.



Gavin Meredith

Surgical Services and Critical Care Taskforces Manager.

Gavin Meredith has worked clinically as a Registered Nurse in General Surgery, Gastroenterology and Oncology Surgery.

His management experience is as a Nurse Unit Manager of General Surgery and Orthopaedic wards and Nurse Manger of Admissions and Waiting List at the Prince of Wales Hospital.

Gavin worked in the Ministry of Health as a project officer for surgery since 2008, working on the Emergency Surgery, Surgery Futures and Rural Surgery Futures projects.

Gavin is now working for the Agency for Clinical Innovation as the Surgical Services and Critical Care Taskforces Manager and will maintain close professional ties with Ministry of Health Surgery Team.



Question from the Booking Office - Donna Scard

Question:

How long can a patient defer their admission if they are unable to accept a date for their treatment e.g. Holidays?



Answer:

The patient's current clinical priority category will determine the maximum days (cumulative) a patient can defer treatment:

- Cat 1 (admission within 30 days) = 15 days**
- Cat 2 (admission within 90 days) = 45 days**
- Cat 3 (admission within 365 days) = 180 days**

The hospital/patient should check with the treating doctor to check if it is clinically appropriate for the surgery to be deferred, especially for Category 1 (admission within 30 days) patients.

Question:

When a doctor/surgeon is on leave (e.g. sick or holidays) should their patients be changed to the Not Ready for Care Category?

Answer:

No. The patients should remain in the current or original clinical priority category that was assigned by the treating doctor. Patients should not be disadvantaged because the doctor is on leave. If the leave is for an extended period of time, then a management plan should be organised to accommodate and treat the patients within their clinical priority timeframes.

Do you have a question?

Please email Donna Scard

dscar@doh.health.nsw.gov.au

or phone 9391 9324

Surgery Access Line—Christmas Arrangements

The Surgery Access Line will be closed from 21 December 2012 until Friday 11 January 2013.

During this period patients will be directed to contact their local hospitals for information and advice.

Normal services will resume on Monday 14 January 2013.

A big **THANK YOU** to all hospital staff assisting the Surgery Access Line .

Merry Christmas and Happy New Year
Regards Donna



News from the Surgery Anaesthesia & Critical Care ACI—Gavin Meredith

Surgery Redesign School

The Agency for Clinical Innovation have recently hosted the 3rd Surgery Redesign School.

The past schools have been aimed at project leaders responsible for implementation of surgical models of care or improving operating theatre efficiency.

Previous projects have been:

- HVSSS – Auburn & Canterbury Hospitals
- Emergency Surgery Redesign – POW, Maitland, Orange, Gosford/Wyong, Tweed Heads, Wagga Wagga and Sydney Children's Hospitals
- Specialty Centres - Westmead Eyes, Sutherland Joints



Participants at the school held 3rd-7th December 2012 were from the following hospitals:

- St George/Sutherland
- Bega District
- Gosford
- Hornsby
- RNS
- Westmead
- Wagga Wagga
- Nepean
- Murwillumbah
- St Vincent's
- Wollongong

The School focused on providing skills in project management and change management in addition to 2 days of Accelerated Implementation Methodology (AIM) training.

We will be formally linking in the Clinical Redesign leads from the LHDs with the surgery school, to assist with ongoing support for the participants.

Surgical Services Taskforce:

The Surgical Services Taskforce has completed its transition to the ACI and the final Meeting for 2012 was held on 6 December at the new ACI offices in Chatswood.

In 2013 the SST will continue to focus on Theatre Efficiency and First Case on Time Start as well as the Ortho Geriatric Clinical Pathway.

For further information please contact Gavin Meredith on 9464 4464 or email gavin.meredith@aci.health.nsw.gov.au