

Surgery News

Mar— Apr 2013

From the Deputy Director— General's (Systems Purchasing and Performance) desk.

Ken Whelan

As we approach the winter months, the increased demand for hospital beds will heighten our need to ensure that our systems for surgical service delivery are in place to minimise any disruption to elective surgery activity.

The Patient Flow Portal team have been busily developing a new dimension to the patient flow portal that will provide sites with real time NEST performance in the May release. I understand that many of the LHD Waiting Time Coordinators have had direct input to the development of this tool and I would like to thank them for their input into this important tool.

Recently the AIHW Hospital statistics National emergency access and elective surgery targets 2012 document was released outlining each state's performance for NEAT and NEST. While NSW missed out on achieving all targets for NEST you will see from the report that NSW had the highest targets to achieve and rated second in Australia against these targets. If you would like to read the report it is available

<http://www.aihw.gov.au/publication-detail/?id=60129542734>

While endoscopy procedures don't technically fall under the realm of surgery I would like to remind all staff about the importance of having these patients treated within their clinically recommended timeframe. Many of these patients have been flagged for treatment via the National Bowel screening program and are of risk of cancer. The Commonwealth Government are currently considering whether these patients may also be included for more closer monitoring via targets so it is timely that we all ensure that we have processes in place to enable timely treatment of these patients.

The NSW Audit Office is currently finalising its study on *Managing Operating Theatre Efficiency* and it is expected that the Ministry will receive a draft report in the near future. I would like to thank all the staff who have contributed to that study through interview, survey and site visits.

Finally, I am pleased to see the continued partnership with the ACI and the Ministry to deliver the May 2013 Surgery Redesign Training program and I am looking forward to seeing some improvements from the projects being undertaken by LHD staff.

Regards Ken



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March 2013 Surgery Performance

% of patients treated within the clinical priority timeframe year to date March 2013 (Calendar YTD)

LHD	Cat 1	Cat 2	Cat 3
SCHN	100.0	93.9	95.5
St Vincent's Network	99.0	91.4	86.6
Sydney	100.0	99.9	100.0
SWS	100.0	98.8	94.1
SES	94.4	91.6	89.6
IS	96.5	89.4	95.5
WS	100.0	94.5	95.2
NBM	96.0	89.6	85.2
NS	97.6	92.6	92.7
CC	100.0	100.0	98.6
HNE	98.8	92.8	93.7
NNSW	99.6	93.6	96.5
MNC	99.7	88.8	92.6
SNSW	99.6	95.2	96.8
Murrumbidgee	100.0	95.4	93.4
WNSW	100.0	96.2	94.0
FW	100.0	100.0	100.0
NSW	98.6	94.4	94.3

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

National Elective Surgery Targets—Part 2

Cat	31 Dec 10 (Baseline)	31 Dec 12 (Target)	31 Dec 13 (Target)	31 Dec 14 (Target)	31 Dec 15 (Target)
1	0 days	0 days	0 days	0 days	0 days
2	39 days	29 days	20 days	10 days	0 days
3	130 days	98 days	65 days	33 days	0 days

Definition : By 2015 the average overdue wait time will be 0 days for those patients who have waited beyond the clinically recommended time.

Ministry visit to NSW



David Gray & Lisa Lees discuss operating theatre session plans with Donna Scard at the Lismore Hospital visit in March 2013.

The planned program of LHD visits kicked off in March at Tweed and Lismore hospitals.

The purpose of the visits is to assist Local Health Districts review their surgery program using the Surgery Self assessment Checklist

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

The Surgery Team visit the Booking /Admission Office, Pre Admission Service, Operating Theatres and the Day Only/Extended Day Only unit, talk to key staff members and review current practices and processes for potential improvement that will assist in achieving NEST.

The team will be visiting Illawarra Shoalhaven, Far West & Mid North Coast LHDs in May and June 2013.

Patient Flow Portal—Development of NEST report



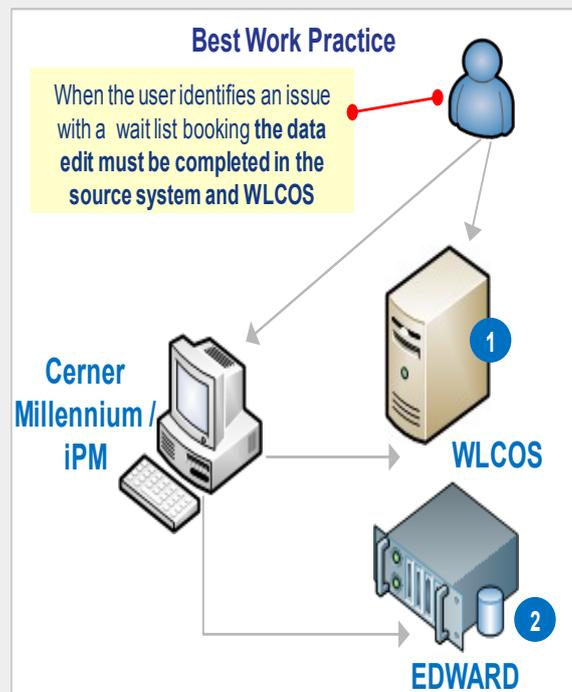
A small working party of LHD Waiting Time Co-ordinators and ministry staff have been providing input to the Patient Flow Portal Team to develop the Waiting List Snapshot report.

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PFP Waiting list Snapshot Report Update

Development of three Wait List Snapshot Reports by Facility, LHD and State has been completed. These reports will be available for download through the Patient Flow Portal once:

- Data from LHD's using iPM is re-extracted and loaded into EDWARD – *approximate timeframe for completion of this task is June 2013 as advised by Health Share NSW.*
- Cerner Wait List History Tool is rolled out to LHD's using Cerner Millennium to allow for data edits to be made in Cerner rather than WLCOS – *date to be advised.*



- 1 WLCOS:**
- *Cannot be used for Wait List Snapshot Report as it only has a calendar month end snapshot*
 - *Will be decommissioned requiring user only to update the source system (Cerner Millennium / iPM)*
- 2** *Updates in WLCOS are not reflected in EDWARD*

Patient Flow Portal—Development of NEST report

The waiting List Snapshot report will be a valuable operational tool for Waiting Time Coordinators which will allow real time monitoring of the NEST targets.



A sample of what the report will look like appears below:

Waiting List Snapshot Report – Snapshot Summary

EDWARD Extract Date 19/04/13

Report Date 19/04/13

Illawarra Shoalhaven LHD

Clinical Priority Category	No. Patients	No Patients > NEST	% Patients Treated on Time This Month	% Patients on Track to Meet NEST Part 1	% Patients Treated on Time (NEST Part 1 TARGET)	No. Patients with TCIPAD date within Clinical Timeframe	% Patients with TCIPAD date within Clinical Timeframe	Avg Days Waited in Excess of Clinical Timeframe (NEST Part 2)	Avg Days Waited in Excess of Clinically Recommended Timeframe (NEST Part 2 - TARGET)
Cat 1 – Within 30 days	162	53	99%	67%	100%	158	98%	266	0
Cat 2 – Within 90 days	485	30	98%	94%	93%	316	65%	200	20
Cat 3 – Within 365 days	3611	44	98%	99%	95%	540	15%	257	65
Cat 4 – NRFC Staged	374								
Cat 4 – NRFC Deferred	136								

No. CAT 1 Patients with <u>no</u> TCIPAD date and RFC days > 7	0
No. CAT 2 Patients with <u>no</u> TCIPAD date and RFC days > 60	15
No. CAT 3 Patients with <u>no</u> TCIPAD date and RFC days > 300	73

Note:1

This Snapshot Report is for operational purposes only and not for performance management.

The EDWARD extract date is used for calculating the due date for the Waiting List booking.

RFC Days used is the number of days the patient was ready for care in the last assigned Clinical Priority Category

All data is sourced from EDWARD. If an issue is identified with a wait list booking please complete following steps:

1. Check your PAS to ensure the information regarding the wait list booking is correct.
2. If the data is incorrect contact Health Share NSW State-wide Service Desk (SWSD) on 1300 285 533.
3. Inform SWSD of the specific data issue and request for the matter to be escalated to the 'HSS EDWARD' Group for further analysis.

If you would like further information about the development of this report please contact Melinda Pascoe mpasc@doh.health.nsw.gov.au

Questions from the Booking Office - Donna Scard

Question:

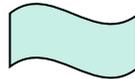
We have received an Recommendation for Admission Form (RFA) for a patient to have bilateral breast reduction surgery. Can the patient be added to the hospital waitlist?



Answer:

Bilateral breast reductions are not routinely performed in public hospitals unless there is a severe disability due to breast size (*p6 Waiting Time and Elective Surgery Policy PD2012_011*).

The approval of the Local Health District/Network Program Director of Surgery in consultation with senior management should be gained **prior** to the patient being added to the hospital waitlist. The referring doctor should document objective medical criteria on the RFA. The patient should be advised of the approval process whilst this is occurring.



Question:

How long (timeframe) can a Not Ready for Care (NRFC) patient stay in the NRFC category?

Answer:

Patients can remain in NRFC (staged/deferred) for the following timeframes:

NRFC – staged (unfit due to co-morbidity ie ongoing cancer treatment or **planned** ie check cystoscopy)

- The staged timeframe should be identified by the treating doctor on the RFA at the time of being placed on the waiting list.
- Once the time frame is completed, the patient returns to the Ready for Care (RFC) category (Cat 1, 2 or 3) as indicated by the treating doctor.
- The timeframe a staged patient (unfit) remains NRFC should be discussed with the treating doctor prior to removing from the waiting list.

NRFC – deferred (not ready for personal reasons i.e. holidays/work/home support)

Cat 1- 15 days (patients deferring in category 30 days should be discussed with the treating doctor)

Cat 2 - 45 days

Cat 3 - 180 days

These timeframes are cumulative for deferring patients only.

Do you have a question?

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

or phone 9391 9324

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

Fractured Neck of Femur - Minimum Standards

The CEC report - 'Fractured Hip Surgery in the Elderly' - identified a number of key care elements that are necessary to improve patient management and reduce 30 day mortality.

The ACI Unwarranted Clinical Variation Taskforce determined the management of patients with fractured hips would be a priority for 2013. The **Fractured Neck of Femur - Minimum Standards** project is being developed by Surgery, Anaesthetic & Critical Care and the Primary Care and Chronic Services portfolios in ACI.

The aim of the project is to improve the outcomes for patients requiring fractured hip surgery and management in NSW. The case for change and minimum standards documents are being developed and will be supported by a comprehensive data analysis.

A hospital matrix will assist in identifying hospitals where opportunities exist to enhance the management of fractured neck of femur patients and in particular where an ortho geriatric service requires to be established or enhanced.

The implementation of **Fractured Neck of Femur - Minimum Standards**, scheduled for a midyear commencement, will be supported by a Formative Evaluation and an Economic Appraisal.

For further information please contact Gavin on gavin.meredith@aci.health.nsw.gov.au or 9464 4644 .



Data Quality Audit and Assurance Program (DQAAP) Elective Surgery Waiting List Findings

Feedback from Protiviti Pty Ltd has identified the following areas for significant improvement:

- Waitlist information system / hard copy medical records agree with the data submitted to the Ministry;
- Training and support mechanisms are in place for data entry clerks responsible for entering, coding and processing waitlist information;
- The management of waitlist referrals is in line with Ministry requirements;
- Waitlist patients are subject to clerical audit;
- The management of clinical priority timeframes and clinical reviews is in line with Ministry Requirements;
- The management of maximum cumulative NRFC days is in line with Ministry requirements;
- Changes to clinical priority category are supported by adequate documentation;

For further information please contact Jo Chicco on email JCHIC@doh.health.nsw.gov.au