



THE WAIT IS OVER : new models of care for Plastic Surgery Outpatients

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Outpatients – Beating the Waiting Game
Cairns
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OUTLINE

- > Review of Plastics OPD
- > Introduction of Specialist GP clinics
- > Introduction of Plastics Nurse-Led clinics
- > Review of Model Of Care for Plastics Nurse-Led clinics
- > Next Steps



Flinders Medical Centre

- > 4,500 monthly attendances across 17 specialties for the S&SSD Division
- > 260 monthly attendances Plastic Surgery review clinics (PTR)



Flinders Medical Centre

PLASTIC SURGERY OPD REDESIGN 2007

- > **Demand for patient skin lesion review exceeded capacity**
 - > - delays in initial consultation
 - > - delays in minor surgical procedures for r/o skin lesions
- > **Skin cancer is a major public health problem**



PLASTIC SURGERY OPD REDESIGN 2007

Overbooked Plastics Treatment Room (PTR) Review clinics

- > - lengthy clinic waiting times
- > - delays in finishing clinic
- > - double-booked 5 min timeslots
- > - average 1 hr wait





INITIAL RESULTS OF PLASTICS OPD REDESIGN

- > **Introduced new clinics for patients requiring longer timeslot**
 - > - monthly Skin Cancer Review Clinic
 - > - informal Nurse-Led Clinics (Wound Management)
- > **Created a weekly consultant clinic for new referrals of patients with skin lesions**



SPECIALIST GP CLINICS

- > Initiated by Head of Unit Sept 2007
- > Introduction of x2 Specialist GPs
- > Decrease waiting times for initial assessment of skin lesions
- > Decrease waiting lists for minor surgery
- > To consider alternative service delivery models in follow-up clinics



URGENT SKIN LESION REVIEW

	Waiting times from referral to consult	Waiting times for excision post consult	Total time from referral to excision
2007 Pre GP Initiative	2-8 weeks	1-4 weeks	3-12 weeks
2009 Post GP Initiative	<7 days	<2 weeks	1-14 days



NON-URGENT SKIN LESION REVIEW

	Waiting times from referral to consult	Waiting times for excision post consult	Total time from referral to excision
2007 Pre GP Initiative	15-18 months	3-4 months (regularly rebooked)	15 months – 2yrs+
2009 Post GP Initiative	< 2 weeks	< 4weeks	< 6 weeks



RESULTS OF GP INITIATIVE

	GP Clinics	REG/RMO
Total number of bookings for L.A. procedures in OPD Sept 2007-December 2008 - 858	378 patients	480 patients



PLASTIC SURGERY NURSE- LED CLINICS

- > Daily **Plastic Surgery Nurse-Led clinics** were introduced to provide care to select groups of patients
- > Reduce demand on Plastic Surgeons to review routine uncomplicated patients– **385 patients** between April 2008-April 2009
- > Nurse-Led clinics available daily 0830-1630 (subject to activity)
- > Appropriate booking timeslots flexible to individual needs of the patient
 - pt education/counselling
 - wound debridement
 - timely removal of sutures





RESULTS OF INITIATIVES

- > 80% increase minor procedures
- > Huge reductions in waiting times for consult/procedure
- > Reduction in PTR clinic waiting times from 1hr to 5 -15 minutes
- > Flexible appts, appropriate timeslots
- > Increased time for holistic patient care



NURSE-LED CLINIC MODEL?

- > A model of care describes the way healthcare services are delivered.
- > Establish pathways to guide safe, efficient and effective healthcare of a discrete group of patients with set agreed boundaries
- > Prevent variations in care
- > Model used as a formal proposal to the Plastic Surgery consultants



BRIEF SUMMARY OF MODEL

- **DoH Workplace Innovation Fund Grant**

- - project time/research
- - laptop/fax/photocopier

- **Work to date**

- - Review of established wound clinics
- - General Operational Protocol
- - Identified care pathways /protocols
- - Development of documentation & communication guidelines
- - Commence staff education program
- - Completed a patient satisfaction survey



GENERAL OPERATIONAL PROTOCOL

- > Established FMC patient
- > EBP - FMC protocols & AWMA Standards of Wound Management
- > Care supervised and/or provided by experienced RNs
- > Informed patient consent
- > Each nurse will be responsible for
 - > - planning appropriate follow-up
 - > - thorough documentation
 - > - interdisciplinary communication
 - > - recognising own scope-of-practice



REFERRALS

- > Plastic Surgery MO– post op ROS/wound review
- > Patients/carers
- > Community nurses
- > All bookings made by clinic nurses to determine length of appt & other clinic commitments

PATHWAY FOR MANAGEMENT OF PATIENTS WITH DELAYED WOUND HEALING

- > Referral from Plastics MO/pt/community carer
- > Wound assessment
- > ID factors affecting healing
- > Patient education
- > Plan regime & appropriate f/up
- > Comprehensive documentation
- > Refer back to MO



PATHWAY FOR POST OPERATIVE MANAGEMENT FOLLOWING E/O SKIN LESION

- > Referral from Plastics MO
- > Wound assessment/ timely ROS
- > Histopathology – FMC protocol
- > Patient education
- > Comprehensive documentation/+/- photo
- > Letter to referrer
- > Refer back to MO





PATIENT SATISFACTION SURVEY

- > 85% seen on time or <30 mins
- > 97% treated with dignity & respect, care excellent or very good
- > 91% ample appt time to discuss health issues, preventative measures & were involved in decision making
- > 97% wound education
- > 36% required medical input



PATIENT COMMENTS

- > “very professional & made me feel very relaxed 10/10”
- > “no waiting – seen to promptly in a nice friendly department”
- > “quick treatment, minimal waiting times, doctor at hand if needed, good appointment times”
- > “an excellent move”
- > “had excellent care by everyone involved – thankyou”



PLASTIC SURGEON REVIEW

> **Collaborative review**

> **Initial concerns**

- histopathology
- GP not reviewing own surgery

> **Supportive of Nurse-Led Clinics**

> **Consultants/Registrars booking directly to NL Clinic**



NEXT STEPS

- > **Continuous Practice Improvement**
 - seroma drainage competency package
 - consider NP role in Plastic Surgery Dept
- > **Use Plastic Surgery alternative models of care as a benchmark for other surgical specialties**
 - > - Vascular
 - > - Neurosurgery



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