

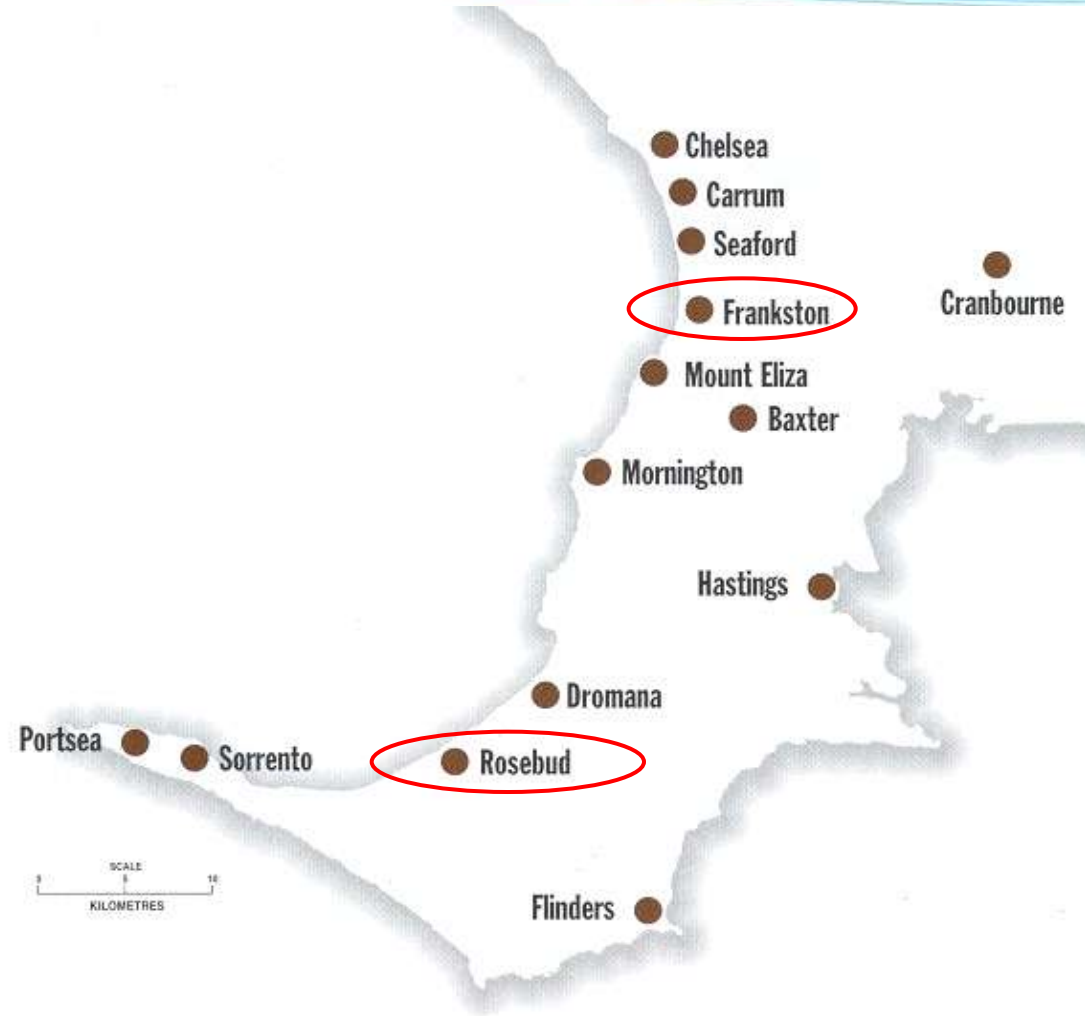


## Peninsula Health Theatre Redevelopment

September 2010



# Balancing Elective & Emergency Surgery – Peninsula Health’s Journey



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*Changing Culture Creating Certainty*

# Balancing Elective & Emergency Surgery – Peninsula Health's Journey

**Emergency**



**Elective**

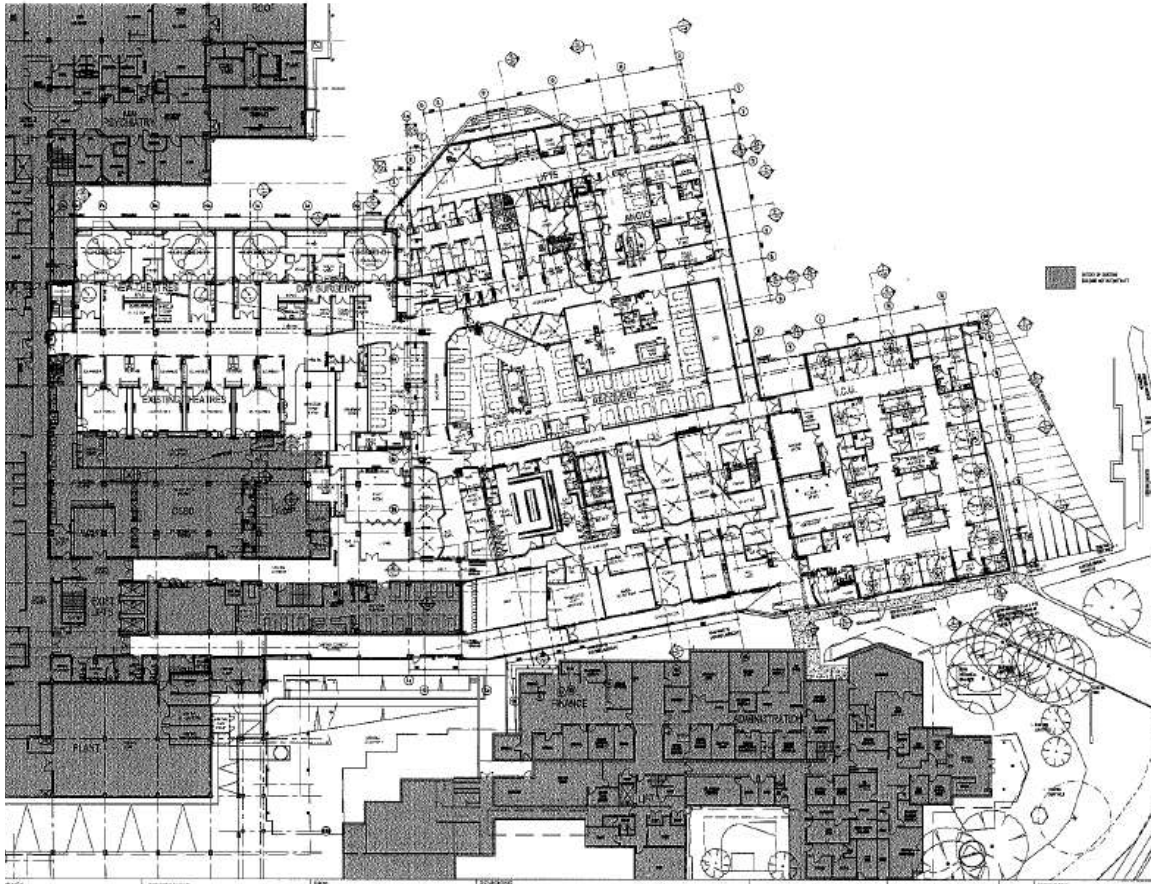


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Late this year Peninsula Health will have the following operational



***Admissions Area  
Recovery/Post Operative  
Care  
4 New Theatres  
4 Refurbished Theatres  
New OR Tea Room  
New Change Rooms  
Angiography Suite  
New Intensive Care  
New Anaesthesia Offices  
Sterilizing Services***

# Capacity after November 10

OR 1 - 2 - 3 - 4

A	B	C	D	D. Surg	Endo	RBUD 1	RBUD 2
---	---	---	---	---------	------	--------	--------

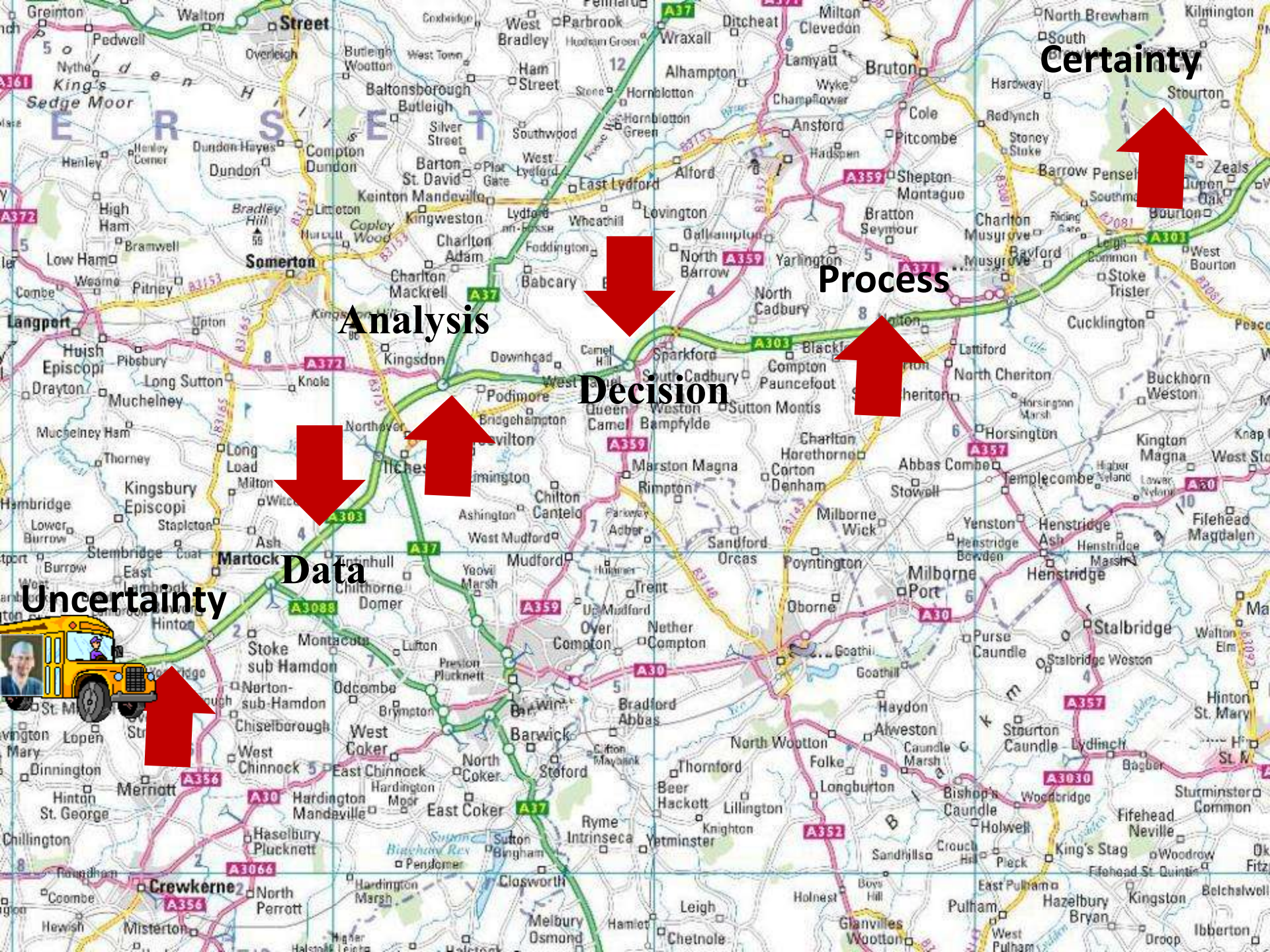
# Capacity after November 10

OR 1 - 2 - 3 - 4

A	B	C	D	D. Surg	Endo	RBUD 1	RBUD 2
---	---	---	---	---------	------	--------	--------

OR 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8

A	B	C	D	E	F	G	Endo	Procedure	RBUD 1	RBUD 2
---	---	---	---	---	---	---	------	-----------	--------	--------



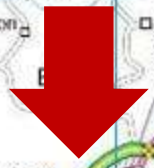
**Certainty**



**Process**



**Decision**



**Analysis**



**Data**



**Uncertainty**



Surgery & Anaesthesia Services

Changing  
Culture

Creating

Certainty



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*Together we can do it*



*Institute for Innovation  
and Improvement*



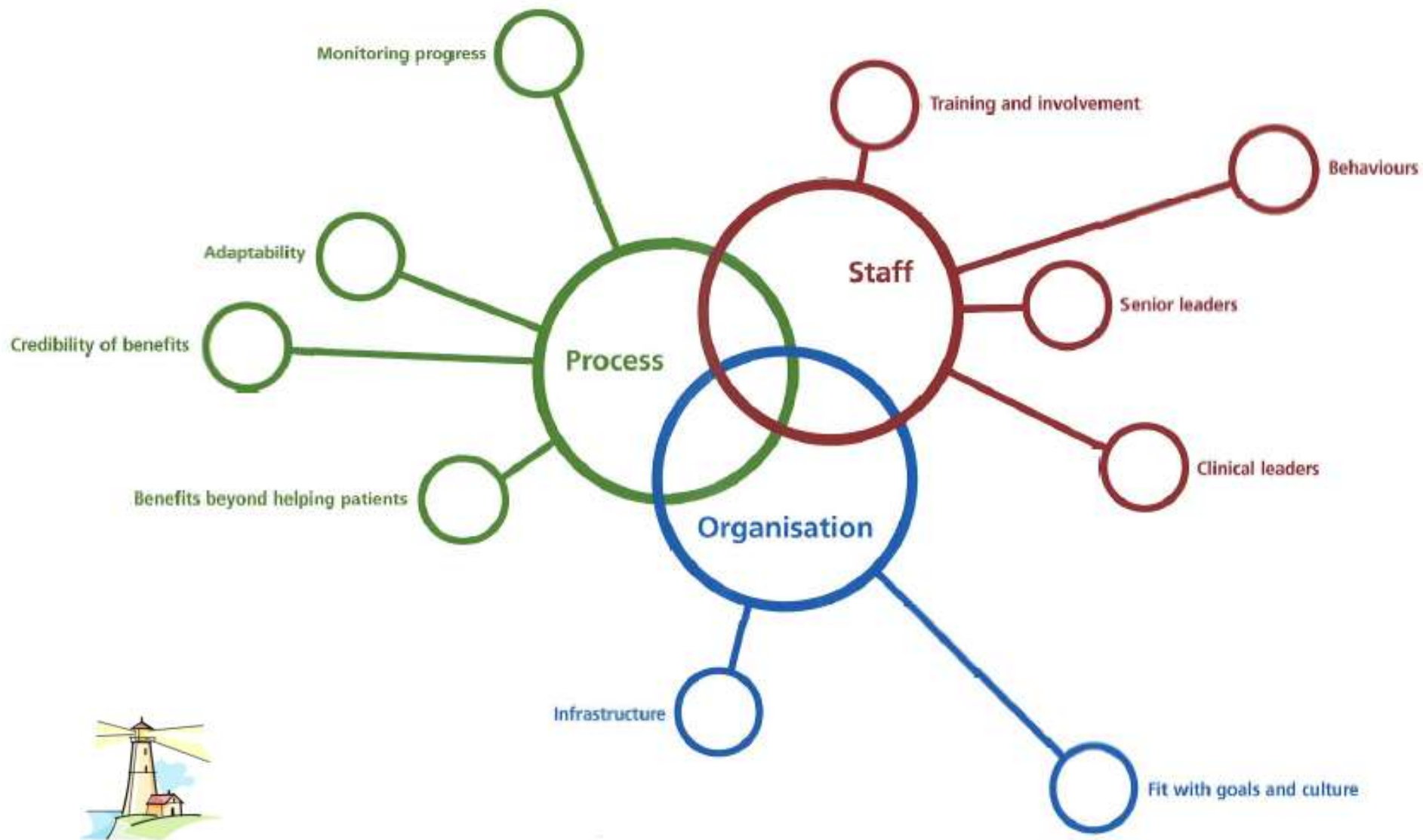
# Sustainability

Model and Guide



Building a  
Healthy Community

*Changing Culture Creating Certainty*



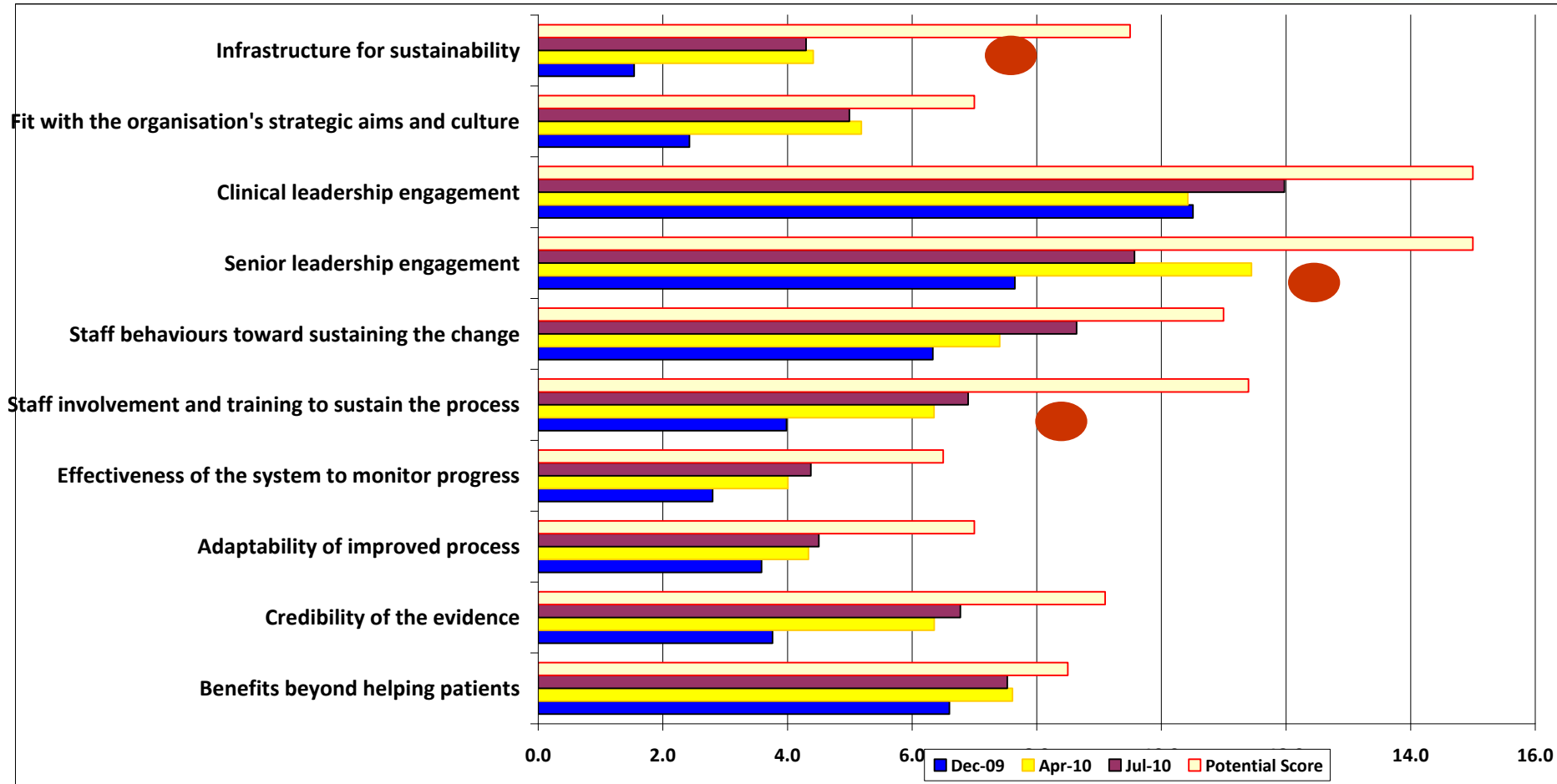
Sustainability



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# Changing Culture Creating Certainty

# Sustainability Report after Workshop July 2010



# *“Inclusivity”*

***“Patients and families will bring ideas to the table that expand the horizons of health care professionals”***

Tom Delbanco, M.D., and Sigall K. Bell, M.D.  
N Engl J Med 2007; 357:1682-1683



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# Emotional Words

Lonely  
Happy  
Worried  
Safe  
Comfortable  
Good  
Sad  
In  
pain  
Supported



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## How did you feel ?

This page is intended to help you think about how you feel at different stages in your journey through the Surgical Pathway.

Put a circle around the words that best describes your feeling at each stage, or write your own words at the bottom.

Arriving/Checking In	Information	Waiting	Going to Theatre	Post Op. Phase	Check Ups (Physio, OT, Nurse, Doctor)	Leaving
Happy	Happy	Happy	Happy	Happy	Happy	Happy
Supported	Supported	Supported	Supported	Supported	Supported	Supported
Safe	Safe	Safe	Safe	Safe	Safe	Safe
Good	Good	Good	Good	Good	Good	Good
Comfortable	Comfortable	Comfortable	Comfortable	Comfortable	Comfortable	Comfortable
In pain	In pain	In pain	In pain	In pain	In pain	In pain
Worried	Worried	Worried	Worried	Worried	Worried	Worried
Lonely	Lonely	Lonely	Lonely	Lonely	Lonely	Lonely
Sad	Sad	Sad	Sad	Sad	Sad	Sad

If you've got time, we'd like to know why you felt like this.

Was it friendly staff, a nice conversation, a long wait or an uncomfortable chair... whatever it is we'd like to know...

## Why ?

---



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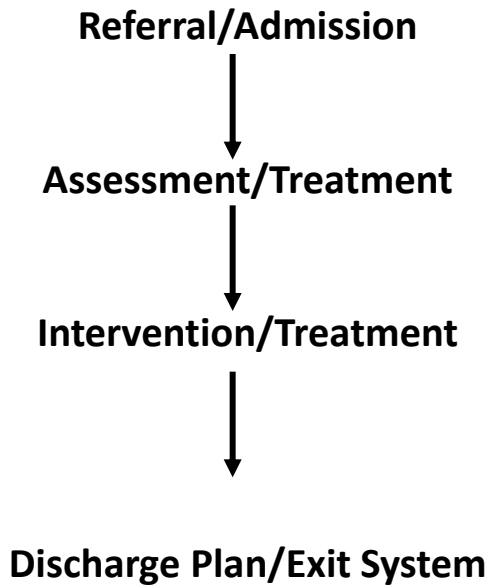
# Elective Patient Survey

## Elective Patient Survey - Peninsula Health June 2010

	Arriving	Checking in	Information	Waiting	Going to Theatre	Post Op. Phase	Check Ups	Leaving
Happy	■	■	■	■	■	■	■	■
Supported	■	■	■	■	■	■	■	■
Safe	■	■	■	■	■	■	■	■
Good	■	■	■	■	■	■	■	■
Comfortable	■	■	■	■	■	■	■	■
In Pain	■	■	■	■	■	■	■	■
Worried	■	■	■	■	■	■	■	■
Lonely	■	■	■	■	■	■	■	■
Sad	■	■	■	■	■	■	■	■

# Elective Surgery Patient – Heat Map

**Safe & Effective  
External Process Journey**



**Changing Culture Creating Certainty**



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## Elective - Patient Comment

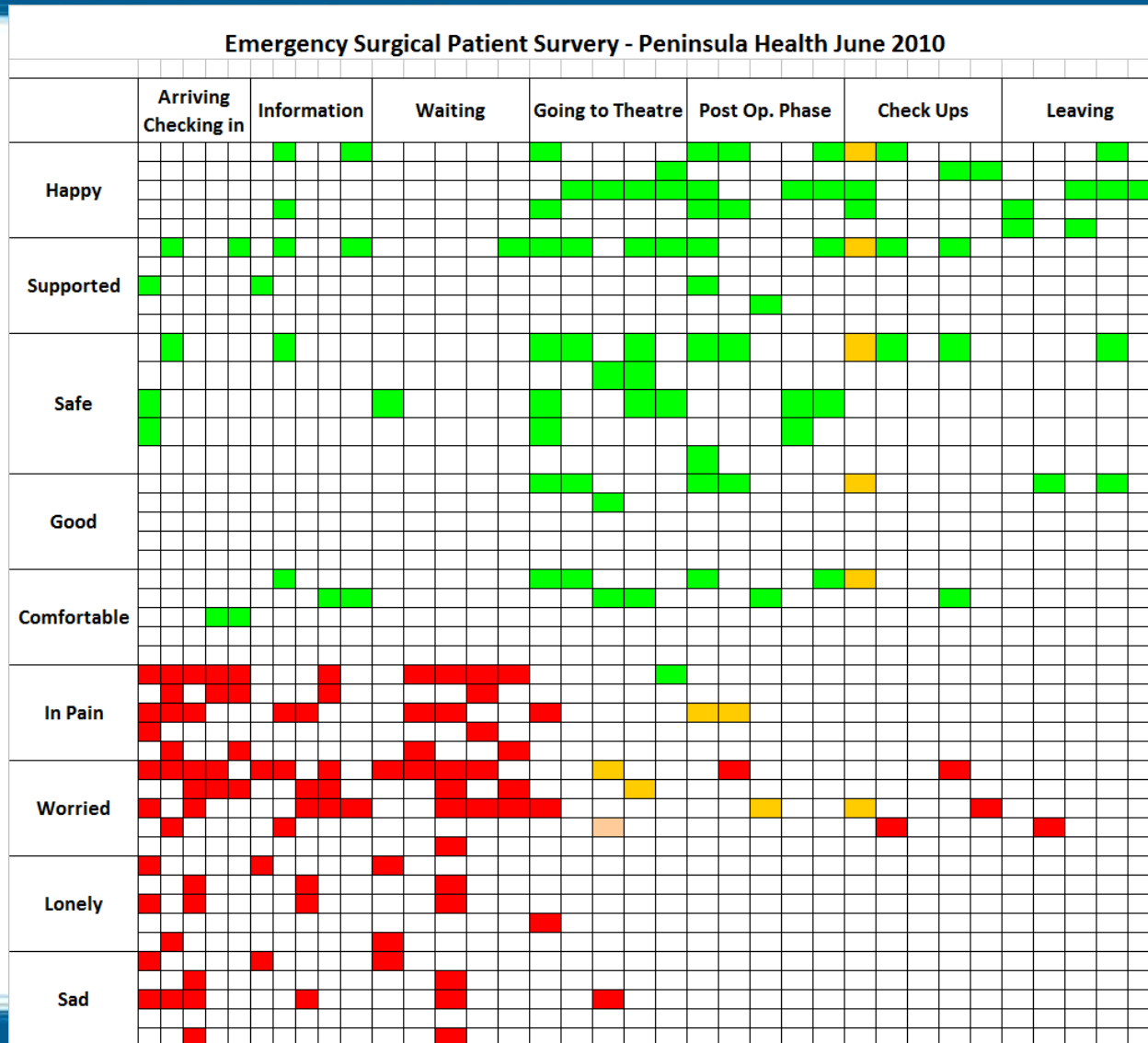
***“I arrived at 06:30 am for my procedure and did not go to theatre until 4 pm. They knew I was last on the list and could not understand why I was not allowed to come in at 10:30 am – (this patient was glad to be able to say this i.e. have the opportunity to say this”***

# Surgery and Anaesthesia Services



"Well, I don't hear any of the other patients complaining about long waits!"

# Emergency Patient Survey



# Emergency Surgery Patient – Heat Map

Safe & Effective

External Process Journey

Emergency Admission



Triage Assessment



Decision to Treat



Intervention/Treatment

Discharge Plan/Exit System

Patient Experience  
Emotional Experience

Worried

Out of comfort zone

Lonely

Looking for answers  
“Uncertainty”

In Pain

Sad

Distressed/Waiting

Supported

Clarity about what/when will happen

Safe

Informed about procedures & risks

Good

Awareness of course of treatment  
“Certainty”

Comfortable

Happy

Understanding aftercare/self-care

Compliance assured

Lifestyle changes

Where to get help



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Knowing  
how we  
are  
doing

# Patient Survey – Emergency Patient

**This lady came in on the 12/7 with Cholecystitis and left on the 21/7. Her emergency surgery was cancelled up to 6 times and she went through the full range of emotions.**

**Some of her issues and not ranked in order:**

- **Casual worker paid by the hour will lose up to 3 weeks income**
- **Told she should be grateful as there was a lady upstairs who was waiting one day longer**
- **Staff were afraid to tell her she had been cancelled**
- **When told she was cancelled she just wanted a hug to release emotions**
- **Angry at being pumped full of drugs for 8 days**
- **When going to surgery forms had not been filled in correctly – scared was going to be cancelled**
- **First happy face she saw was the surgeon in the Op. Th. who said he was going to operate on her**

# Surgery Patient Emotional Survey June 2010



# Our Emergency Cholecystitis Pathway - Peninsula Health



Admission	Assessment	Radiology	Booking	Peri-op & Post Management		Discharge	Measures
How are patients assessed?	Do you have a standard investigation pack for acute gallbladders?	How is the Ultrasound requested?	When is the decision made for surgery?	What written information is provided?	Do you have standardised peri-op drugs?	Do you have standard discharge procedures?	Are the no. of acute cholecystitis patients admitted from ED known?
A1	B1	C1	D1	E1	E7	F1	H1
A1	What are the investigations performed?	How are Ultrasound requests send to Radiology?	D1	When is consent recorded?	Is there a protocol in place if Pat. Surg. cancelled?	F1	Is the time from ED triage to surgery reviewed?
A1	B2	C2	What is your pre-operative length of stay?	E2	E8	F1	H2
Where are patients assessed?	B2	C2	D2	How do you carry out pre-assessment?	If the op. is delayed >24 hrs is the reason recorded?	F1	Is the number of times surgery cancelled recorded?
A2	B2	When is the Ultrasound completed (scan & result are available)	What options are available for surgery?	E3	E9	F1	H3
A2	B2	C3	D3	Do you have briefings and debriefing at the beginning and end of each session?	If the op. is delayed >48 hrs is the reason recorded?	F1	Is the LOS of stay for cholecystitis pathway known and reviewed?
Who initially sees the patient? (surgical team)	B2	C3	D3	E4	E10	When do you discharge acute gallbladder patient?	H4
A3	When is the Ultrasound requested?	Are previous scan results available?	D3	Do you give an analgesic pre-med?	Do you have agreed post-operative guidelines?	F2	What is the average length of stay for:
A3	B3	C4	D3	E5	E11	<b>After Care</b>	- Short Stay Ward
How do you manage acute gallbladders?	B3	What prompts review of results?	Who undertakes the acute procedure?	What guidelines do you have for anaesthesia?	Where do patients go after recovery?	What is your after care?	H5a
A4		C5	D4	E6	E12	G1	- Main Inpatient Ward
A4			How is on call managed?	E6		Do you survey your patients?	H5b
Where are patients admitted?			D5	E6		G2	
A5							
A5							
Admission	Assessment	Radiology	Booking	Peri-op & Post Management		Discharge	Measures



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# Our Emergency Cholecystitis Pathway - Peninsula Health



Admission	Assessment	Radiology	Booking	Peri-op & Post Management		Discharge	Measures
How are patients assessed?	Do you have a standard investigation pack for acute gallbladders?	How is the Ultrasound requested?	When is the decision made for surgery?	What written information is provided?	Do you have standardised peri op drugs?	Do you have standard discharge procedures?	Are the no. of acute cholecystitis patients admitted from ED known?
	Standardised for general abdominal pain	Immediately as required	48 hours Mon-Fri	Consent information leaflet outlining clinical pathway	Individuals choice of peri-op drugs	Written standard discharge procedures	No
	What are the investigations performed?	How are Ultrasound requests sent to Radiology?	48 hours weekend	When is consent recorded?	Is there a protocol in place if Pat. surg. cancelled?	Surgeon review/ removal of drain	Is the time from ED triage to surgery reviewed?
After Consultation	FBC, UFT, URE, Amylase & Lip	Open website	What is your pre-operative length of stay?	Immediately before surgery	No	Reviewed by surgeon before discharge	No
Where are patients assessed?	Day Unit	C2	More than 3 days	How do you carry out pre-assessment?	If the op. is delayed >24 hrs is the reason recorded?	F1	Is the number of times surgery cancelled recorded?
ED	Group & screen for acute surgery	When is the Ultrasound completed (scan & result are available)	What options are available for surgery?	Consultant anaesthetist	No	Patient information leaflet	No
A2	B2	Within 8 hours Mon-Fri	Recharged and added to the waiting list	Do you have briefings and debriefing at the beginning and end of each session?	If the op. is delayed >48 hrs is the reason recorded?	F1	Is the LOS of stay for cholecystitis pathway known and reviewed?
Who initially sees the patient? (Surgical team)	B2	Within 8 hours weekend	Operative listing from admission hour Sat & Sun		No	When do you discharge acute gallbladder patients?	No
Registrar	When is the ultrasound requested?	Are previous scan results available?	D3	Do you give an analgesic pre-med?	Do you have agreed post-operative guidelines?	24-48 hours	What is the average length of stay for?
A3	As initial decision	Onsite prior and available	D3	Analgesia given orally as pre-med	Written guidelines for short acting analgesia	After Care	Short Stay Ward
How do you manage acute gallbladders?	B3	What prompts review of results?	Who undertakes the acute procedure?	What guidelines do you have for anaesthesia?	Where do patients go after recovery?	What is your after care?	No
No		What criteria to be used?	Any surgeon	Individual's preferred management of anaesthesia	Day Unit ward	24 hour contact number provided	Main Inpatient Ward
A4			How is an call managed?	Written guidelines for management of PONV		Do you name your patients?	No
Where are patients admitted?			24 hour on call with Peninsula	Written standardised guidelines for analgesia		Phone review	
Main Day Surgical ward							
Main Inpatient ward							
Admission	Assessment	Radiology	Booking	Peri-op & Post Management		Discharge	Measures



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# Surgery & Anaesthesia Services

## Aspirational Goals

- **Create certainty for the patient**
- **Ensure there will be no patients cancellations on the day of surgery**
- **Ensure patients who require emergency surgery will be categorised, operated upon in a timely manner**
- **Surgery and interventional procedures will occur in a safe and effective manner**

# The Puzzle



# *Together we can do It*



# Data Drives Change

Specialty
Call_Time
Arrival_Time_1
Time_Out
Anaes Date
Anaes Start
Hour Anaesthesia Start
Anaes Time
Surgery Date
Surgery Day
Week
Op. Month
Surgery Start
Hour Surgery Start
Surgery End Date
Surgery Finish
Hour Surgery Finish
Left OR Date
Left OR Time
Left OR Hour
Depart_Time

**Data Elements  
Required to make  
Informed Judgments**

Surgeon_Code
First_Surg
Anaesthetist_Code
Anaesthetist
Wlist_Reporting_Status
ICULOSinMins
DRG
DRG Name
Principal_Diag
Principal Diag Name
Principal_Proc
Principal procedure Name
MBS Code
MBS Description
WIES
Hour_to_Operation
Theatre_Minutes
Contact Hours
Preop_Minutes
Recovery_Minutes
Surgical_Minutes



# Contact Hour - Definition

**Anaesthesia Start Time to  
the time the patient  
leaves the Operating  
Room**



# Surgery and Anaesthesia Services



**Emergency Surgery**



**Elective Surgery**

# Funded Capacity & Utilisation Mon – Fri - July 09 – June 10

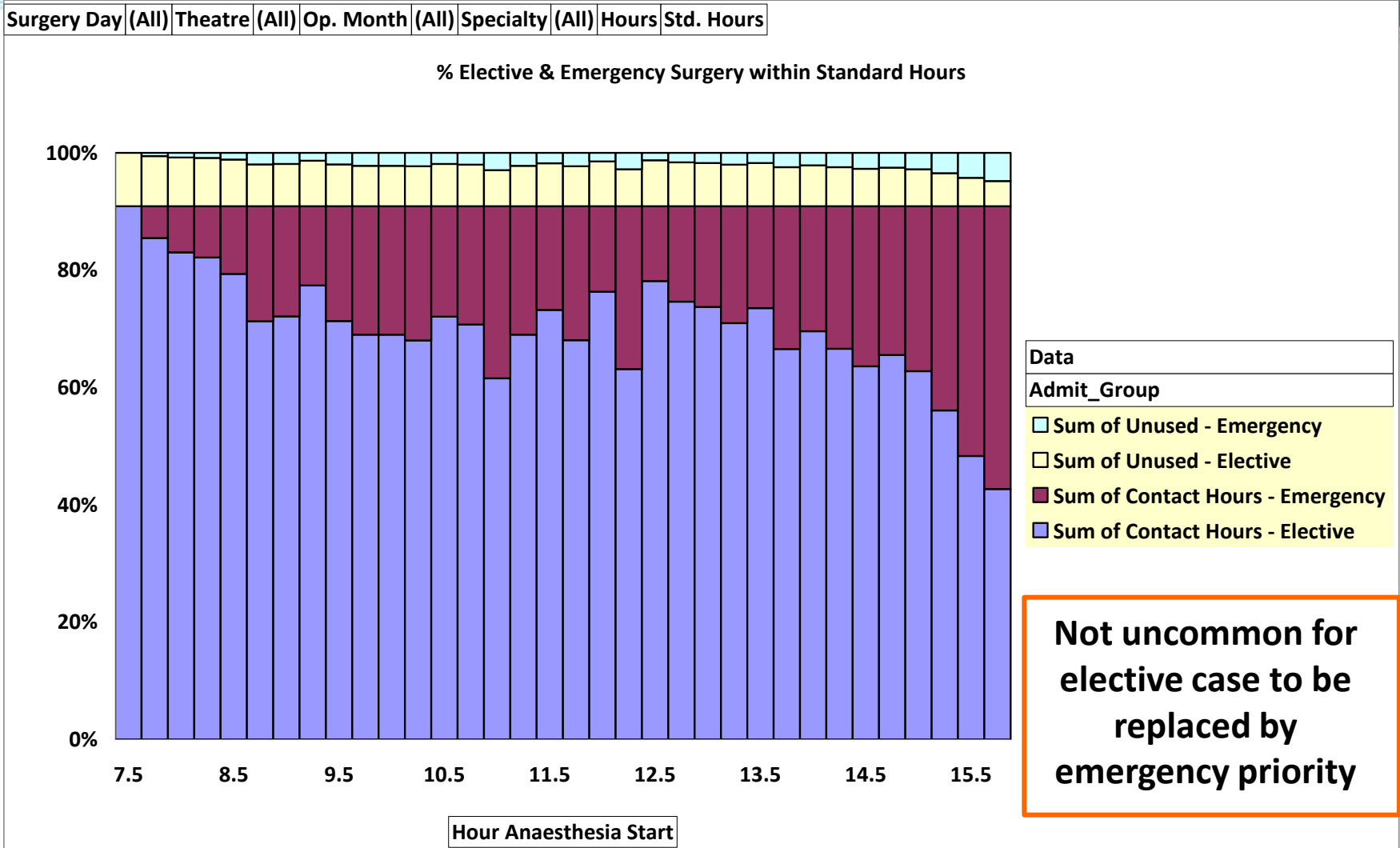
Description	Hours	Funded Capacity	Utilisation	% Utilisation
Standard Hours	08:00 - 16:00	7,648	6,939	91%
Twilight Hours	16:00 - 22:00	1,560	1,371	88%
After Hours	22:00 - 08:00	2,600	684	26%

**Constraint**

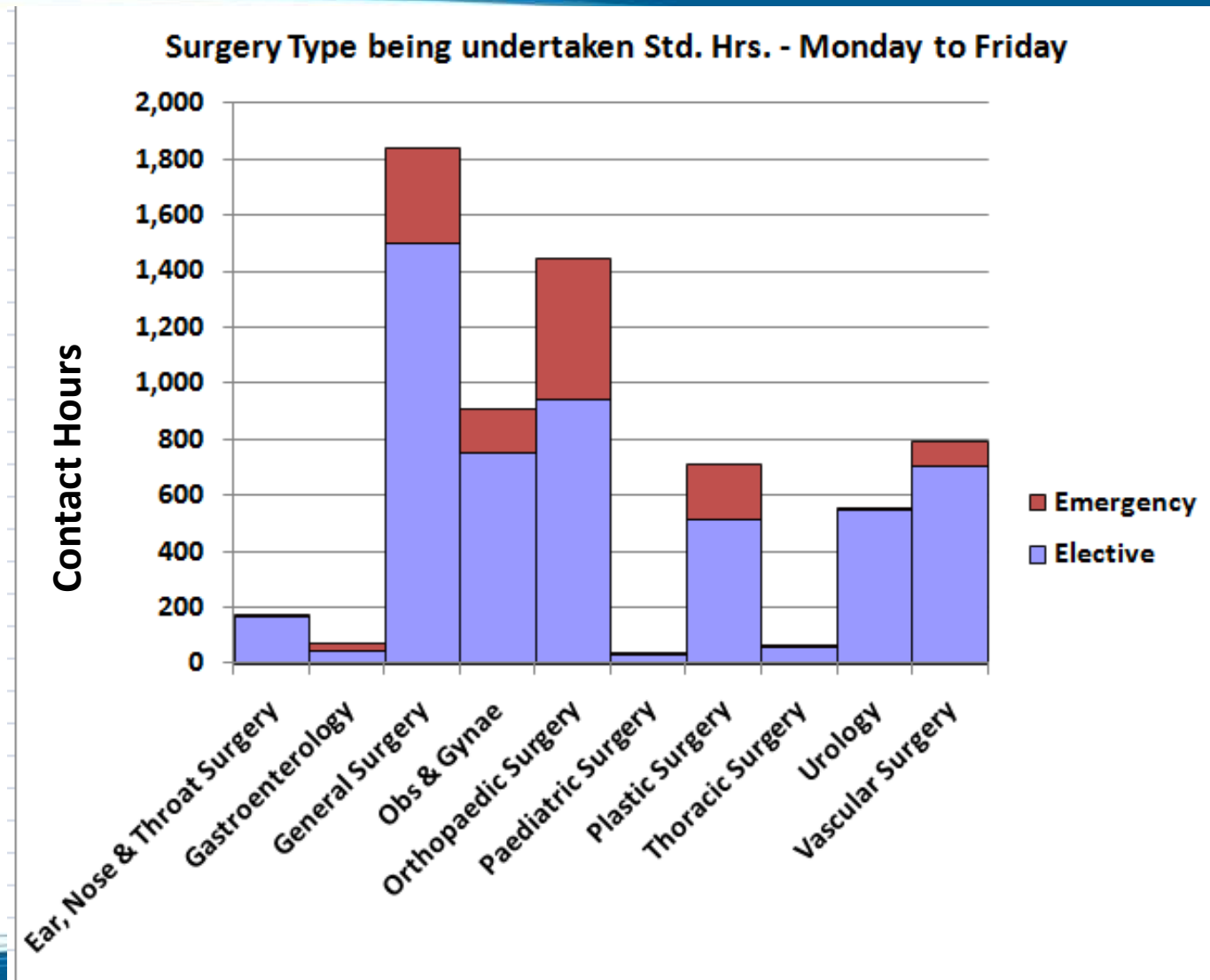
## Surgery Constraints

- **Capacity**
- **Surgeon - availability**
- **Anaesthetist - availability**
- **Funding**
- **Elective Targets**

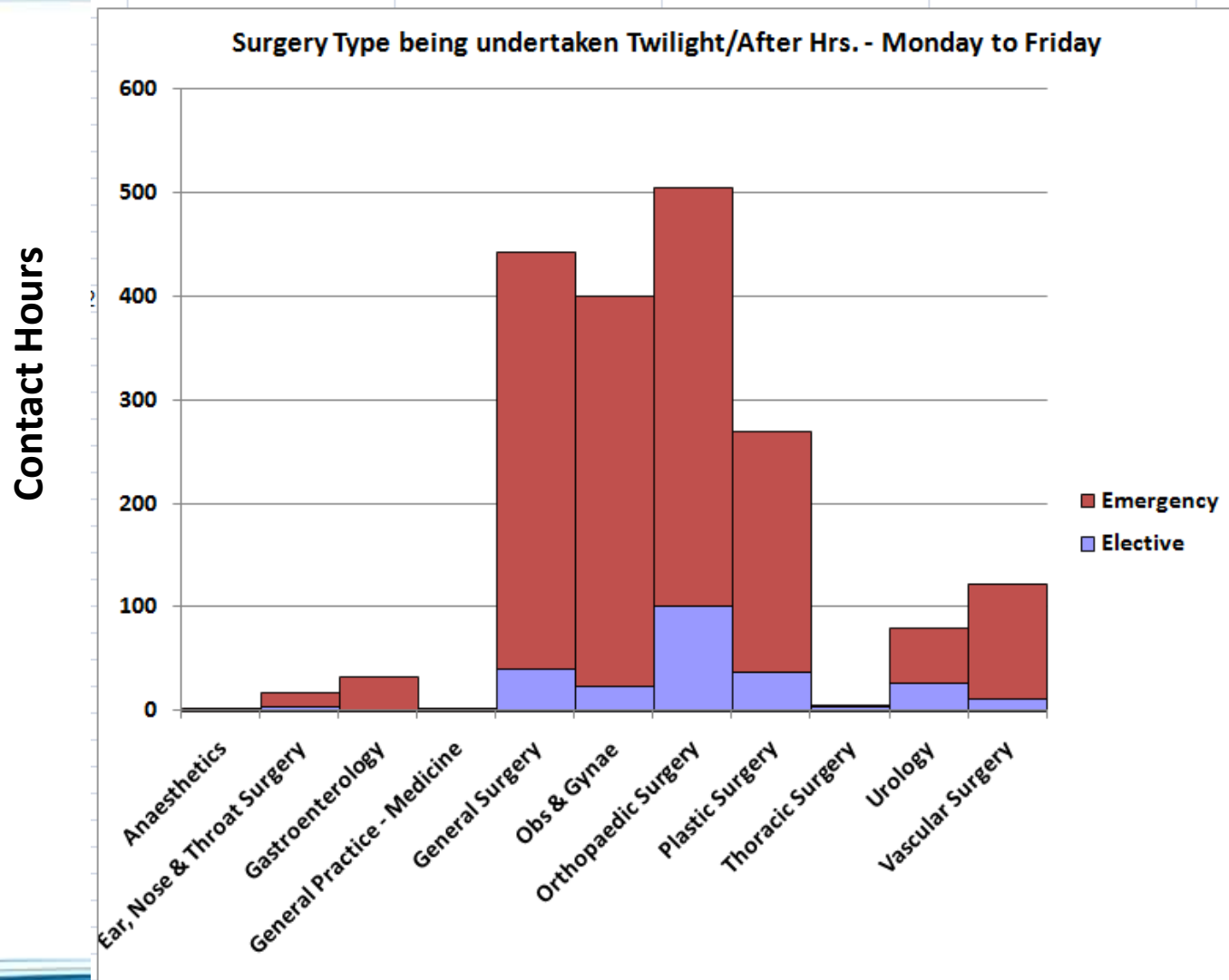
# Elective & Emergency Surgery within Standard Hours



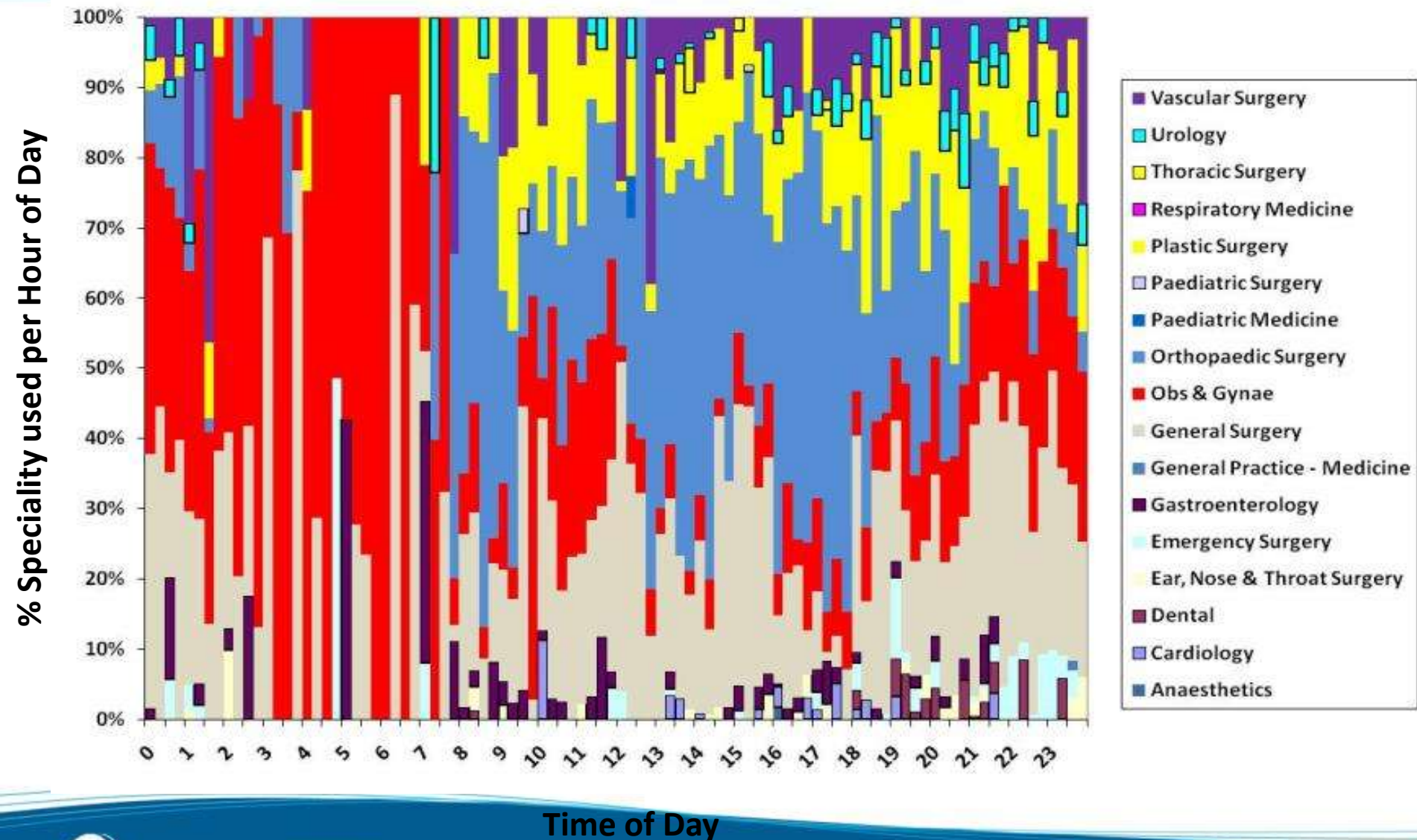
# Elective & Emergency Surgery Main Theatres by Specialty Std. Hrs



# Emergency & Elective Contact Hrs by Specialty Twilight & After Hours



# Emergency Surgery – Peninsula Health – Frankston Theatres



Time of Day

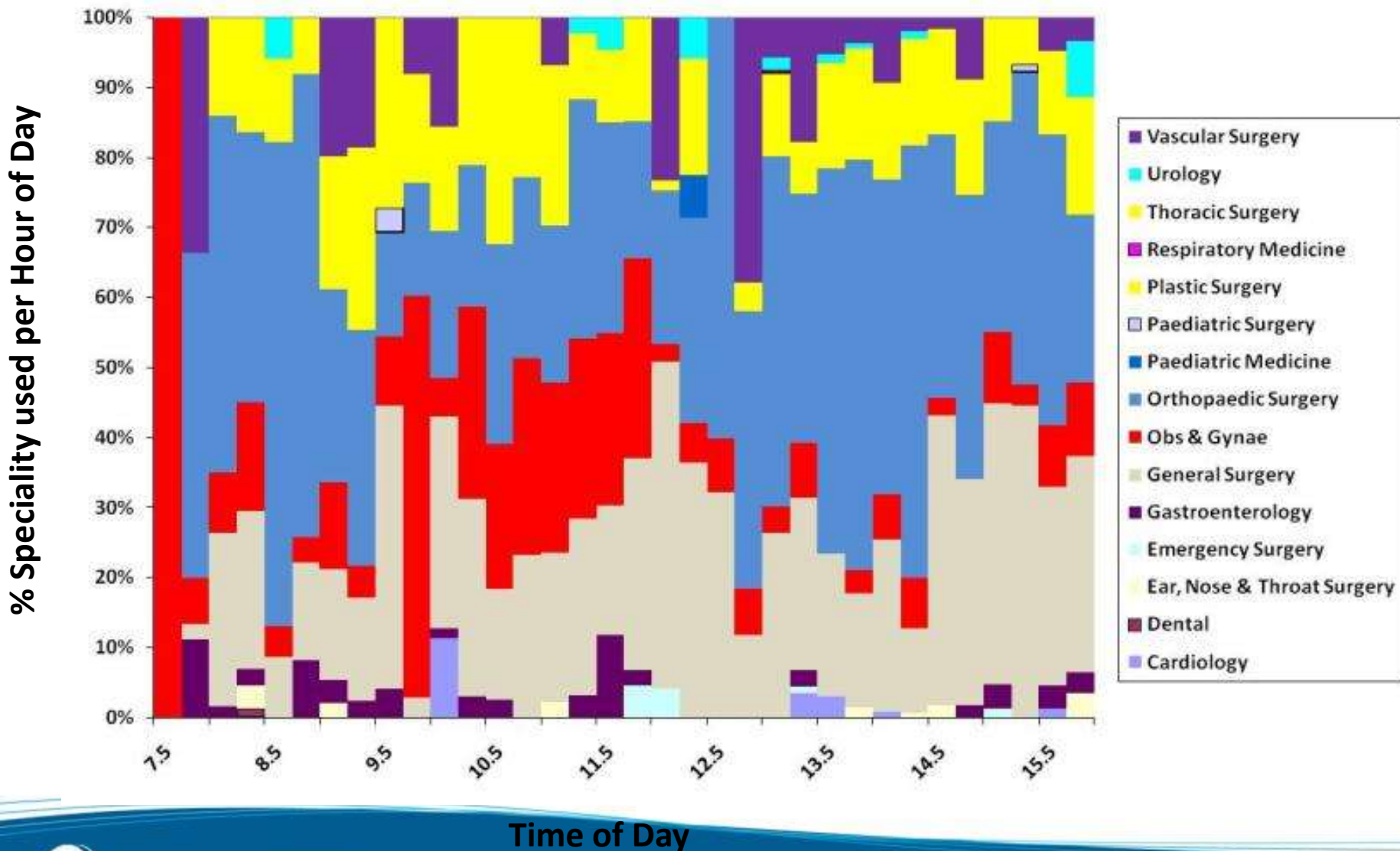
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# % Emergency Surgery by Speciality – Standard Hours



Time of Day

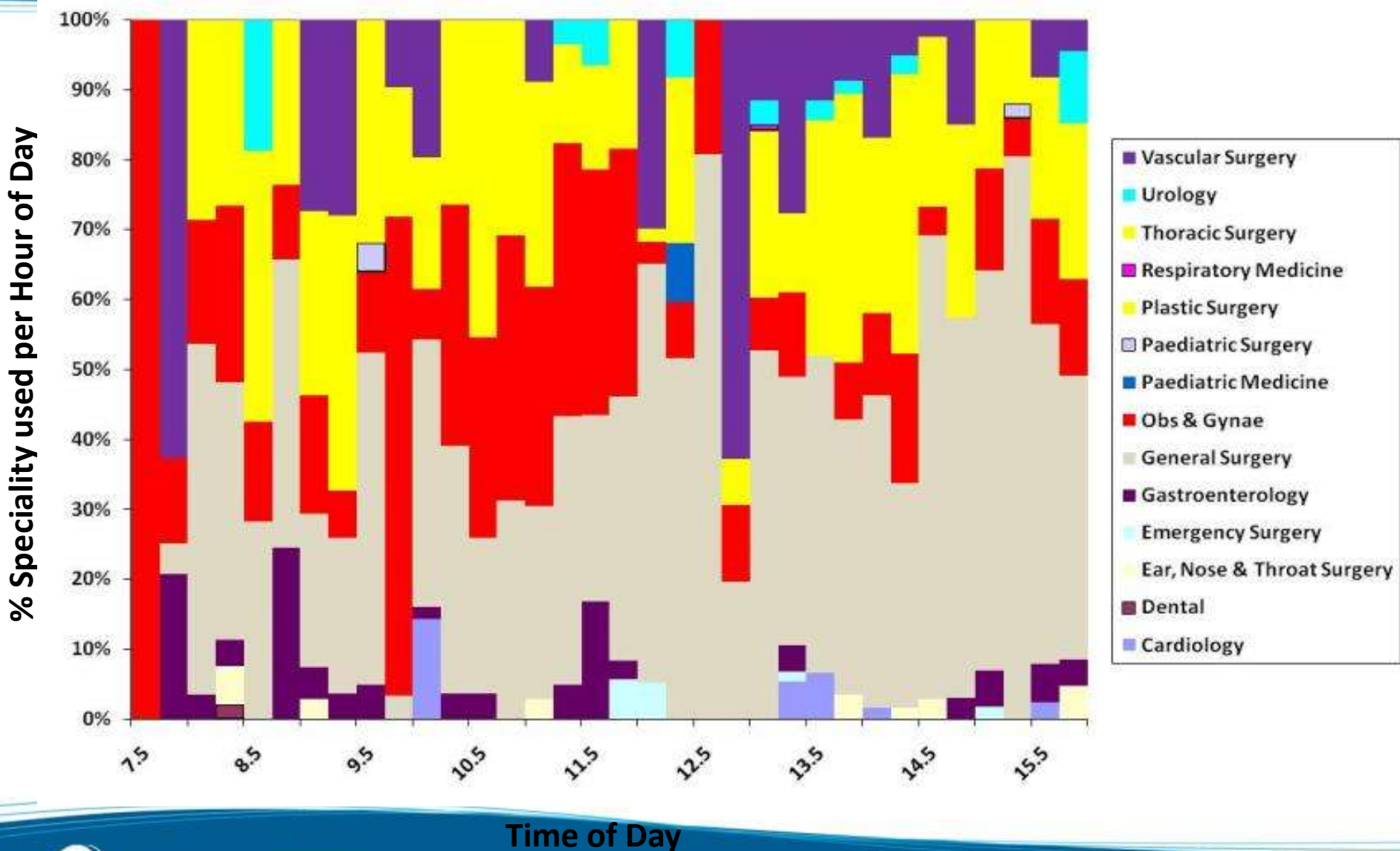
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# % Emergency Surgery by Speciality – Orthopaedic removed to Trauma Theatre



Time of Day

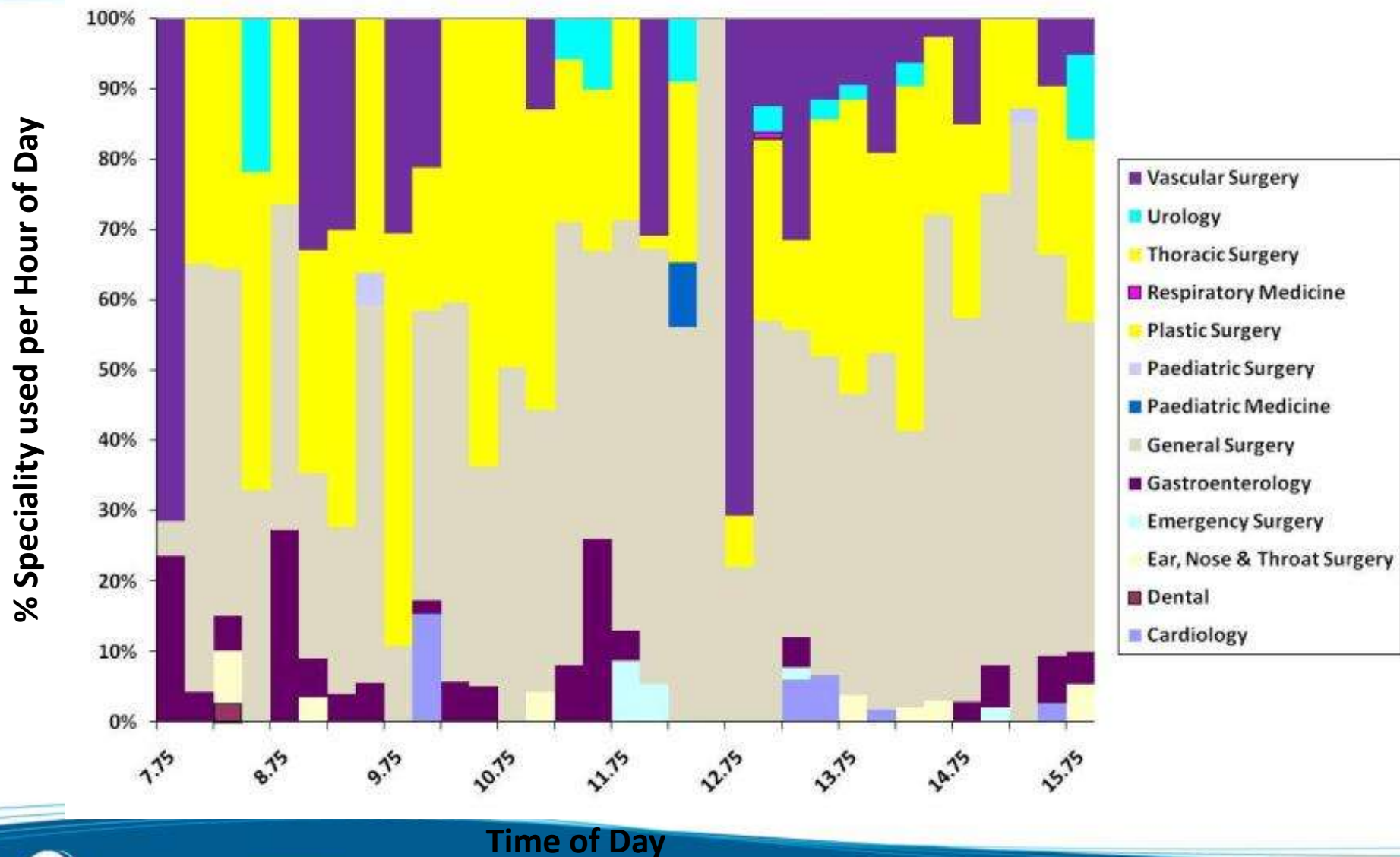
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# % Emergency Surgery by Speciality – Ortho & Obstetrics & Gynaecology removed



Time of Day

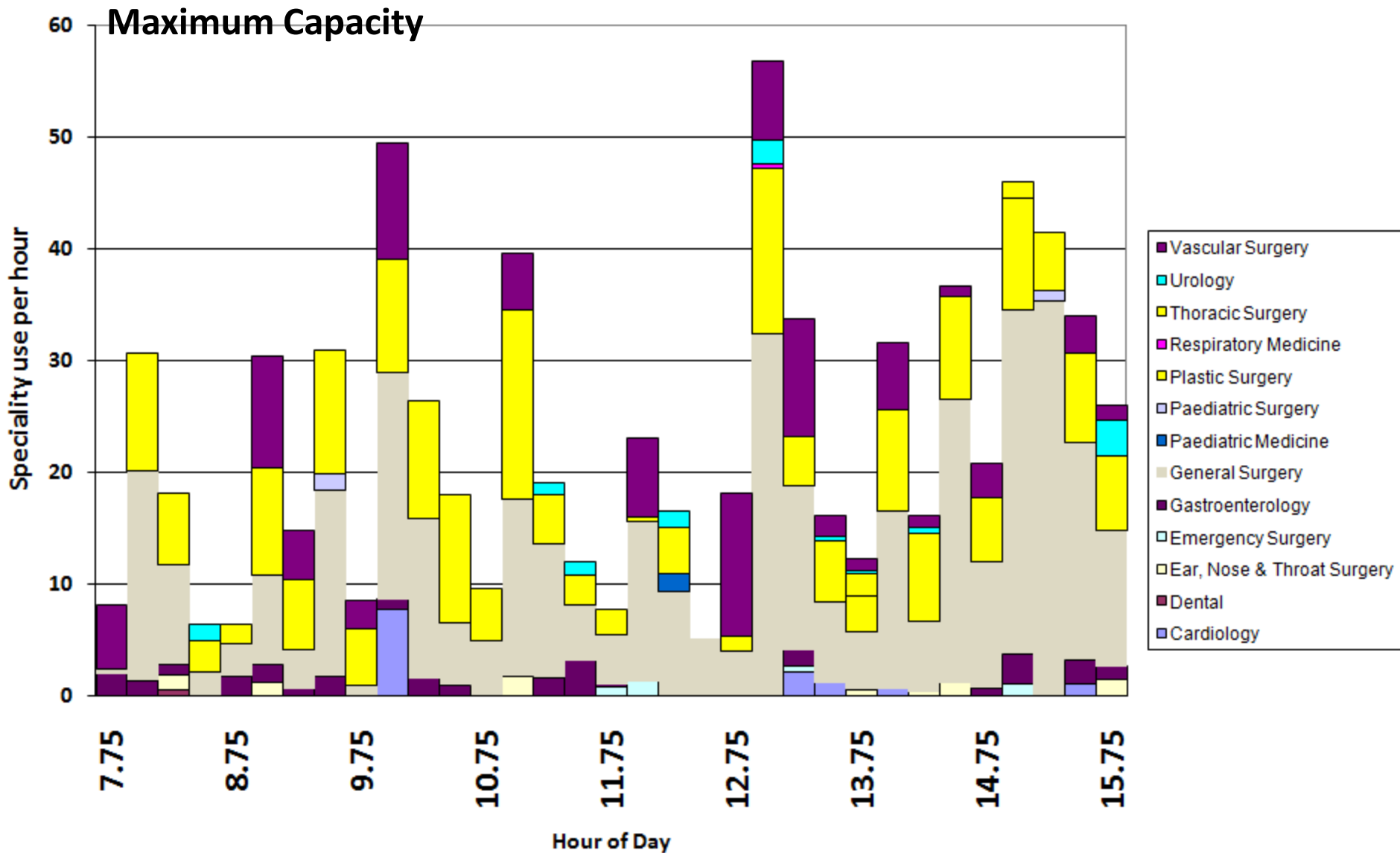
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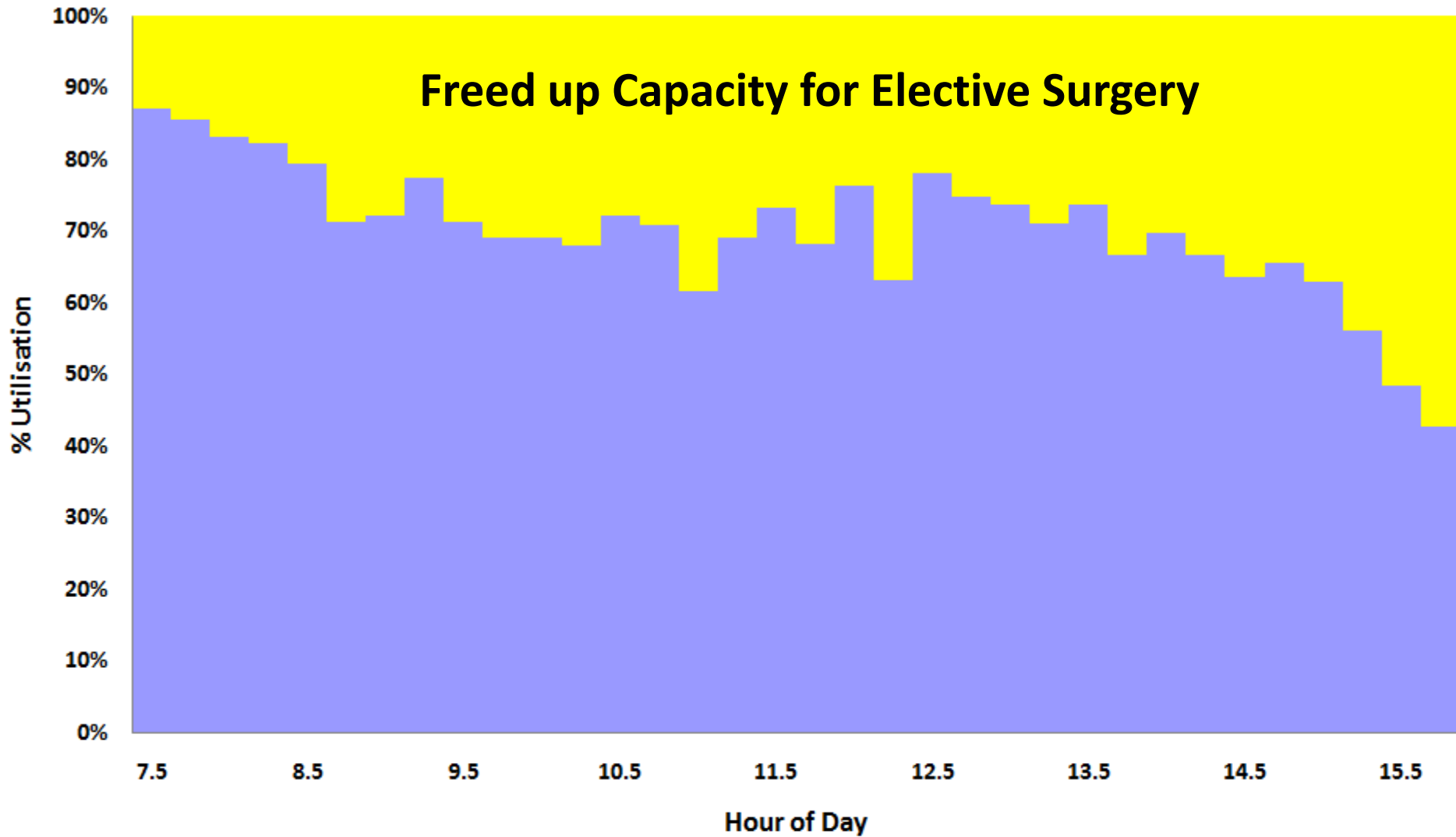
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# % Emergency Surgery by Speciality – Ortho & Obstetrics & Gynaecology removed



## Impact of Model on Elective Surgery Throughout the Day Monday to Friday



# Broad Strategies -

- **Themed Operating Theatres**
- **Dedicated emergency Theatre Mon – Fri (09:00 – 18:00)**
- **Separate Emergency Orthopaedic Surgery from the Emergency Theatre**
- **O&G Theatre catering for elective and emergency surgery**
- **Additional Elective Surgery Time for Orthopaedic & Vascular Surgery**
- **Additional capacity for targeted initiatives in Plastics, Urology & ENT**
- **Increase Rosebud Theatre Utilisation**
- **Introduction of a procedural Room**

# Impact of Model

## The Model

- reduces twilight and after hours surgery by 50%
- decreases tension through increased resource allocation within hours
- creates certainty by focusing on standard operating procedures
- decreases on-the-day cancellations for elective surgery patients
- decreases cancellations of unplanned surgical cases
- creates certainty for emergency surgery
- creates certainty for the elective patient



# Balancing Elective & Emergency Surgery



**VS**



**It is not just about chipping away but rather shaping and transforming the future**