

Sunday Day Stay Surgery

The Barwon Health Experience

Elaine Hocking

Improving Patient Flows - Elective
Surgery Conference August 2008



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Theatre staff



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Barwon Health

- 1 acute site – 400 beds
- Sub acute inpatient and community rehabilitation – 100 beds
- 4 residential aged care sites – 322 beds
- 16 community based sites

Facilities

- 8 theatres in main theatre complex.
- Separate day stay unit with 2 theatres and endoscopy suite.
- 13000 elective cases per year
- 4850 emergency cases per year

Background

- Problems accommodating day stay patients over the weekend identified.
- On weekdays, trauma lists exist for orthopaedic and plastic surgery.
- No process for trauma patients over the weekend.
- Proposal put forward to open Perioperative (preadmission) Service to admit and discharge these patients without the need for a ward bed.

Initial Trial

- 9 week trial
- Initially to be utilised only if “bed block”
- Perioperative (preadmission) Service utilised due to proximity to theatre suite.
- Weekly feedback received from the nursing staff was taken into account

Criteria

- Those patients who require minor/day stay surgery over the weekend.
- Children aged less than 16 excluded.
- Patients need to be accurately assessed as suitable for day stay surgery.

Criteria

- Patients requiring overnight stay initially excluded.
- Patients required to meet hospital discharge criteria.
- Area not to be used as a minor procedure area.

Utilisation

- 43 patients utilised the service during trial
- Mainly plastics (83%) and orthopaedic trauma (13%)
- Some gynaecology and general surgical patients (4%)

Evaluation Process

- Survey of key stakeholders completed.
- 21 stakeholders responded to a simple questionnaire
- Oral interviews held
- Patients contacted for their feedback

Evaluation

Positive aspects of the trial

- Medical staff able to review patients more easily.
- Reduced downtime as patients were in close proximity and were ready for theatre.
- Nursing coordinators didn't need to find bed at 7:30am.

- Nursing staff enjoyed continuity of care given to patients.
- No PACU closures during trial.
- Patient care improved – not left in EMD waiting room, better informed of reasons for wait etc.
- Eased congestion in EMD.

Evaluation

Negative aspects of the trial

- Scheduling of patients arrival/theatre time not optimal.
- Surgery often delayed due to more urgent cases.
- Patient selection sometimes less than ideal.
- Logistical concerns – food supplies etc.

Patient Satisfaction

- Patients contacted via phone, day after surgery.
- Very convenient – admitted and discharged through same area.
- Often reviewed pre and post op by medical staff.
- No complications identified, reassurance given re pain relief and activity.

Recommendations

- Service should be available each weekend.
- More awareness of the service, across specialties, needed to improve utilisation.
- DSU patients should be treated as first priority.

Outcomes

- Since the trial – average 5 patients per week, both day stay and multi day stay patients admitted.
- Open each Sunday, from 7:30am to 5:30pm.
- Staff undertake other duties if time permits.
- Staff accountable to NUM Perioperative (Preadmission) Service.
- Close liaison with theatre ANUM/Surgeons/Anaesthetists.



Thank You

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