

# EXTENDED RECOVERY STAY

**Operating Services**

**Patient Flow Project**

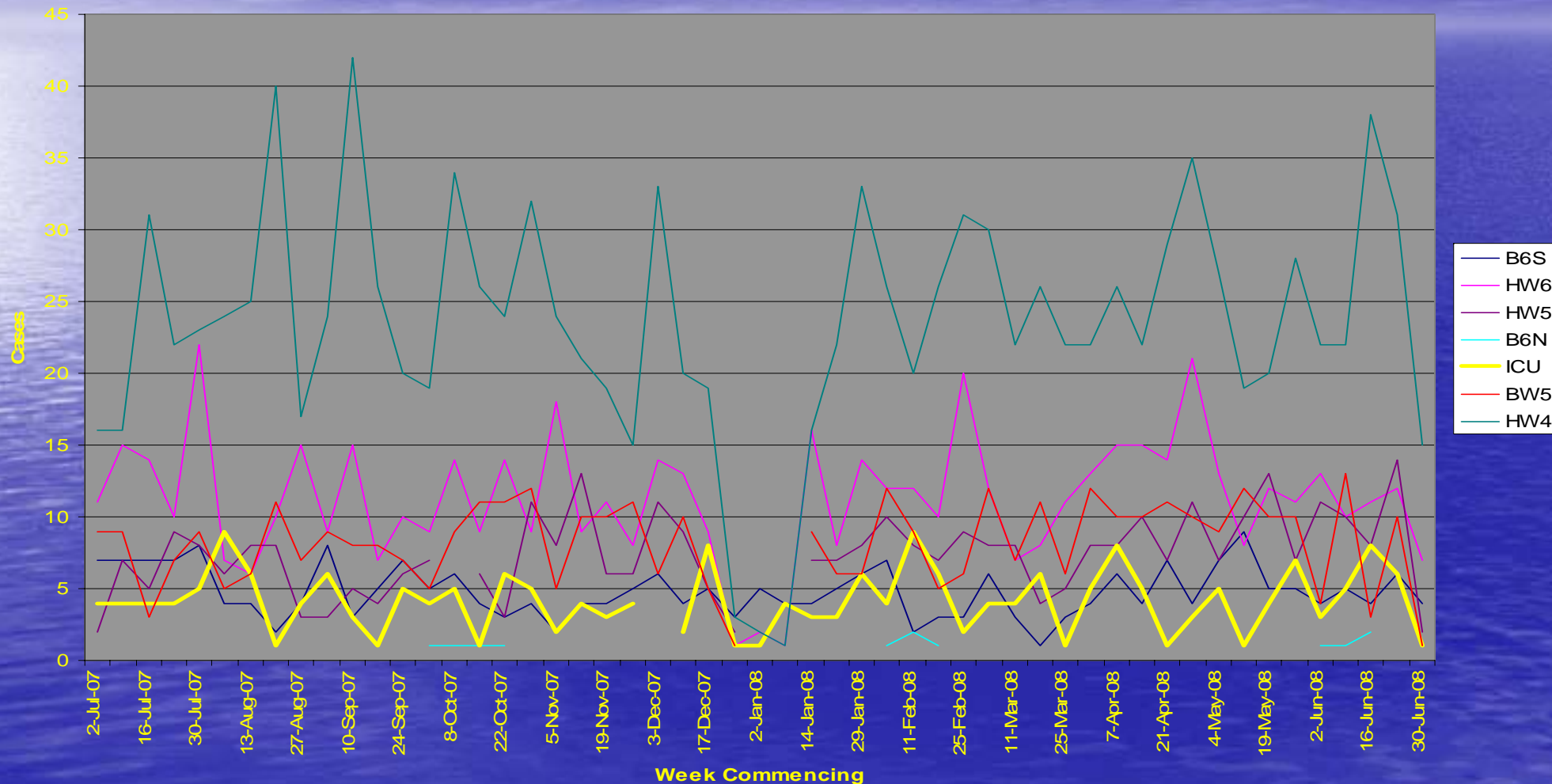
Booking → Theatre → Ward



8<sup>TH</sup> AUGUST 2008

# Effect of Current Elective Surgery Booking Process

Theatres cases per Week by Destination Ward 1/7/2007 - 1/7/2008



# CURRENT STATE

- No policy re: booking theatre lists / sessions
- No formal Process of request for ICU / HDU bed
- Multiple request sources: ED, INPATIENTS, ELECTIVE SURGERY
- No policy re: RE-Assessment of patients in recovery
- Bariatric Patients flagged for HDU ? necessary
- Limited ICU staffing: current need to incorporate mix of HDU/ICU patients

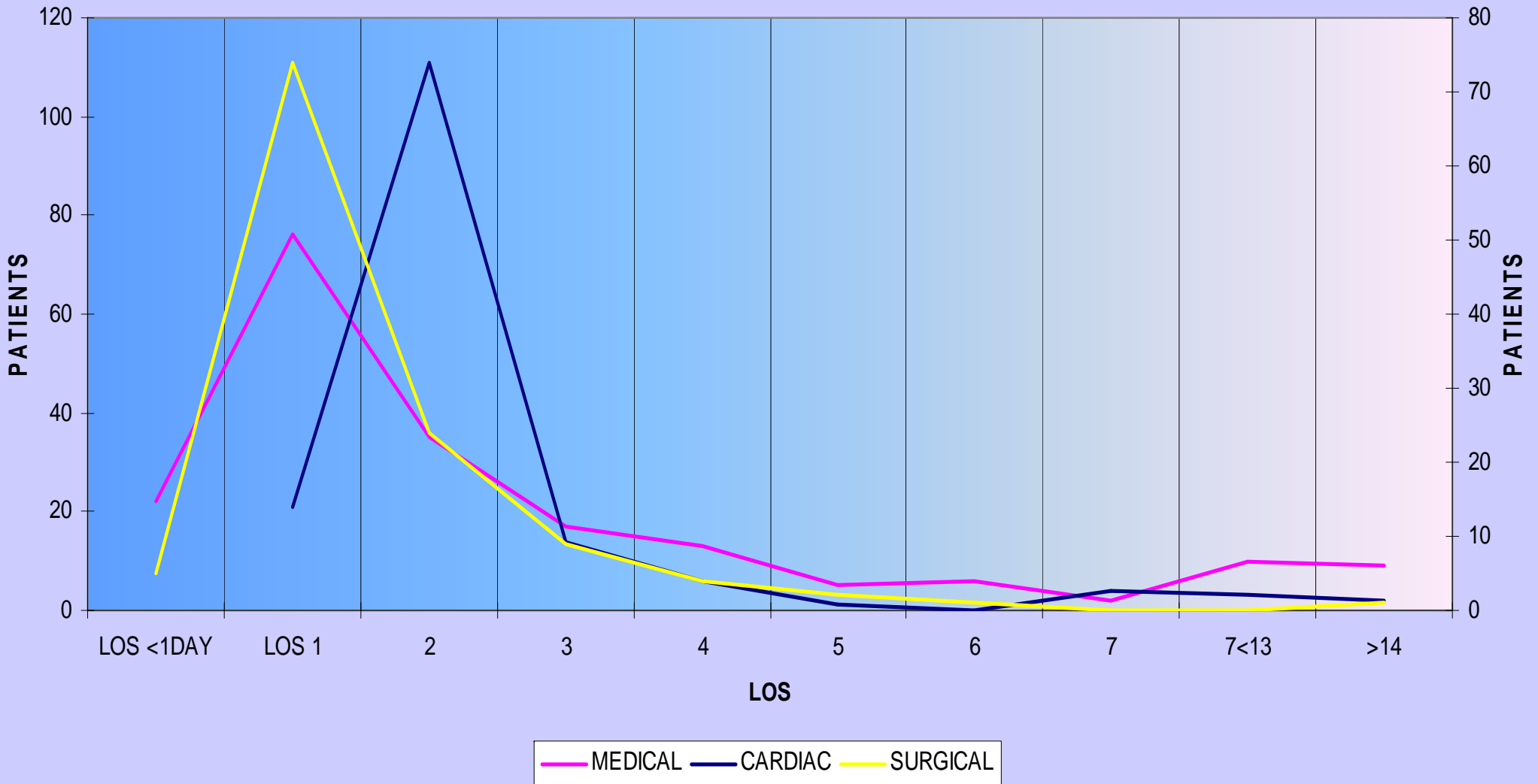
# CREATES:

- Patients can be sent to HDU unnecessarily
- Discharge delay from ICU in AM due to ward bed block
- Delay in starting first AM Theatre case waiting for confirmation of ICU /HDU bed availability
- Frustration for ICU Manager / Bed Manager / Theatre Manager
- HiPS if no HDU bed
- **UNHAPPY PATIENTS**

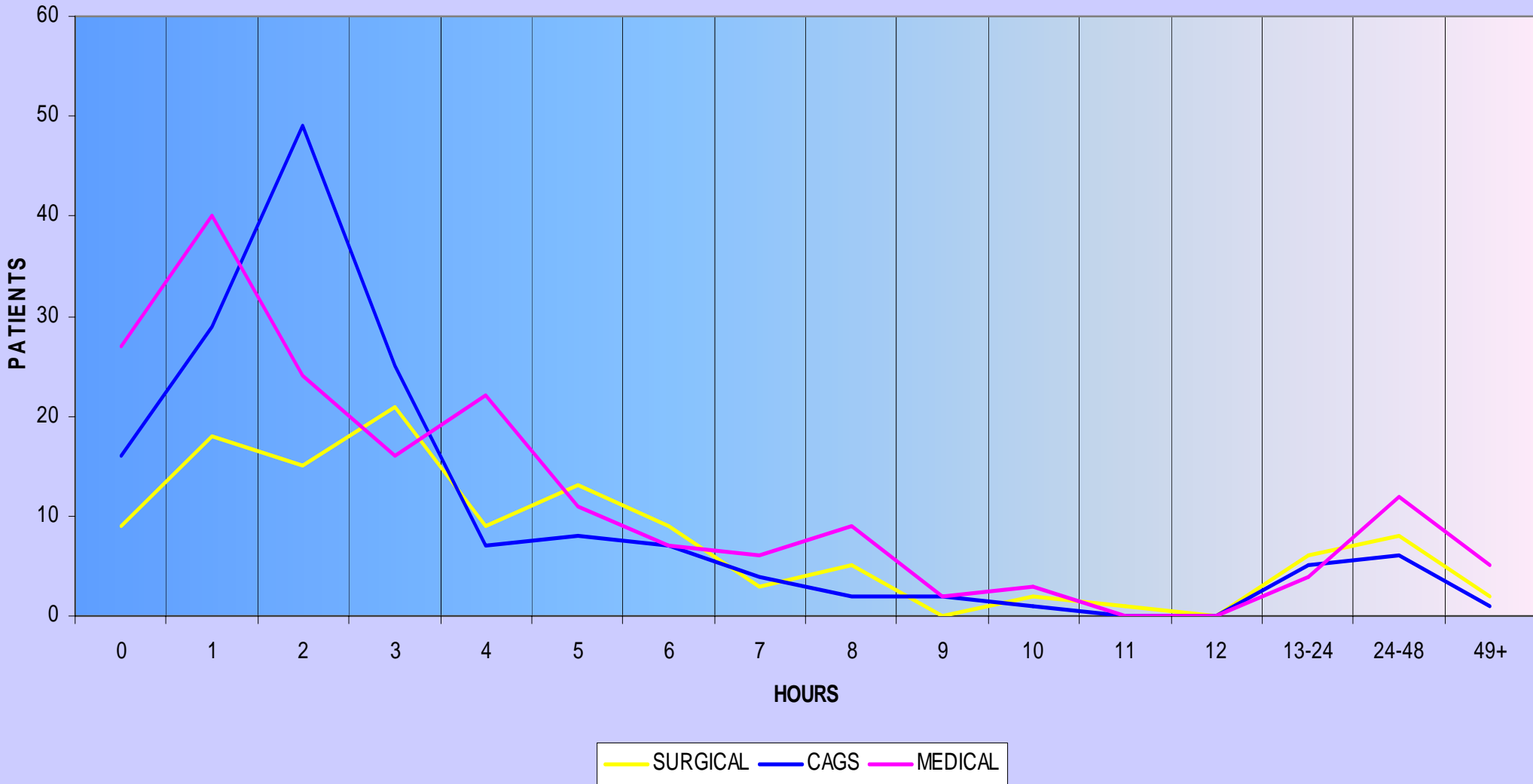
# LOS SUMMARY

## ICU / HDU

30.7.07 - 29.1.08



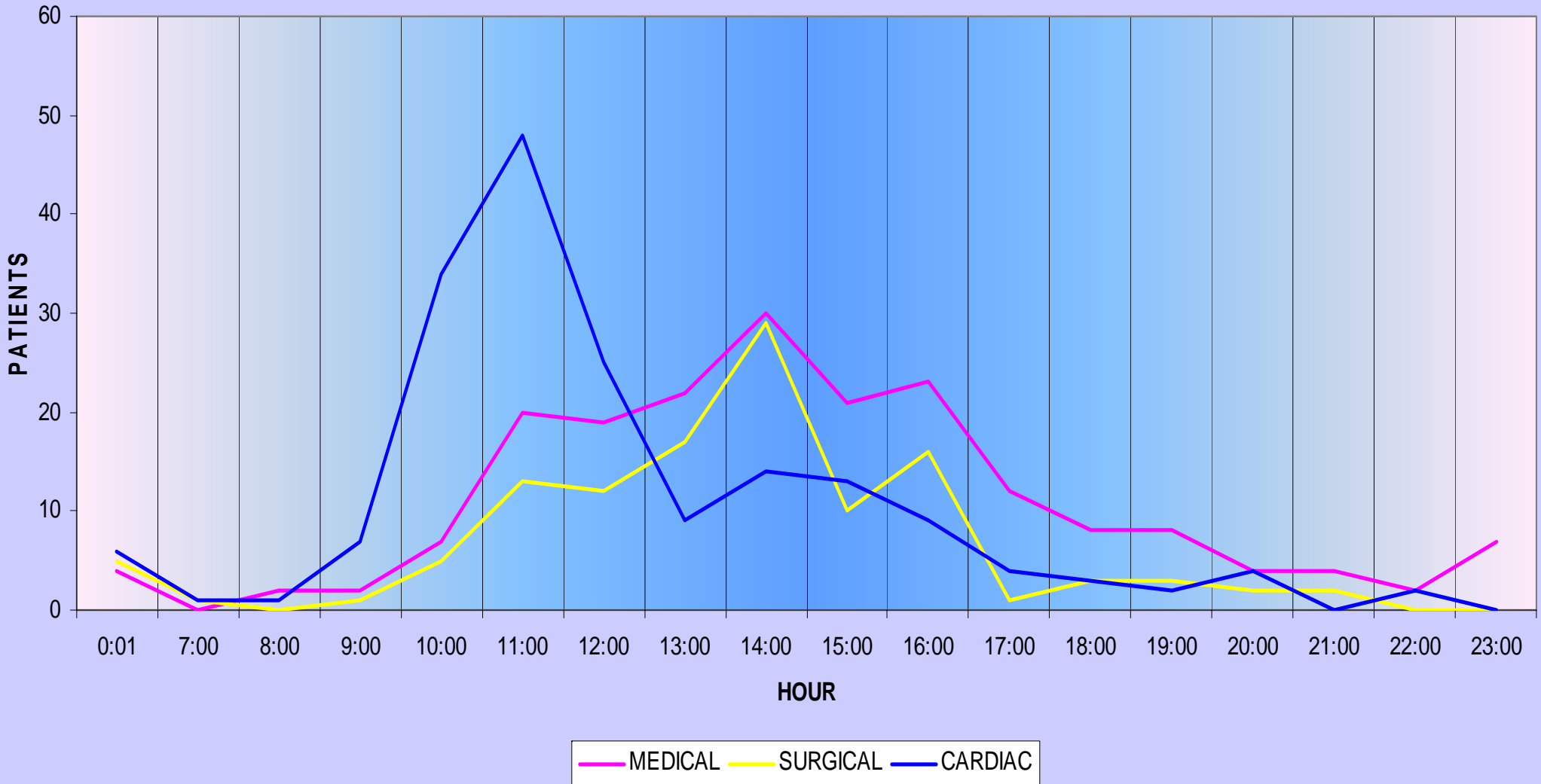
**TIME DELAY SUMMARY**  
**DECISION : DISCHARGE ICU - HDU**  
**30.7.07 ~ 24.1.08**



# DISCHARGE TIMES SUMMARY

## ICU / HDU TO WARD

30.7.07 ~ 24.1.08



# POTENTIAL SOLUTIONS

- Develop Theatre Access Policy
- Develop ICU / HDU Access Policy
- Recovery "HDU"
- IT overview / Co-ordination between specialties for theatre bookings
- Periop Assessment before booking theatre
- Review 8 week theatre template

# PROGRESS TO DATE:

- Access Policy to HDU/ICU for surgical patients
- Extended Recovery Stay implemented
- IT overview of ALL theatre bookings
- Access to Theatre Policy in progress
- Revised Theatre Template October 2008

# Access to HDU / ICU Policy

- Consultation between Anaesthetist & Intensivist
- Appropriate decision re post-op venue
- Equity in access to ICU/HDU
- Even the demand for ICU/HDU resources
- ERS 2hrs: Stable → Ward  
Unstable → Re-consult with Intensivist





## Details Of Elective Theatre Cases By Destination Ward

For cases scheduled to start on 04/08/2008

[Back to summary report](#)

### Theatre cases scheduled to start on 04/08/2008 and destination ward of ERS

UR	Patient	Priority	Time Waiting	Public/Private	Session	Specialty	Surgeon	LOS
099774	Mavis Mallett 30445 CHOLECYSTECTOMY VIA LAPAROSCOPE	2 - Semi Urgent	5	Public	1WK501AM(3)	General Surgery	Surgical Unit 3	2

# PLANNED ERS 1/1/2008 - 1/8/2008

Priority	Scheduled Theatre Start	Specialty	Planned Surgery	Predicted Ward Destination	Actual Ward Destination	ERS LOS (Mins)	Recovery Delays
1 - Urgent	01/08/2008 09:30	General Surgery	30597 SPLEEN - RUPTURED - REMOVAL OF	Heath Wing Level 6	Heath Wing Level 6	150	Ward, No bed available,
1 - Urgent	28/07/2008 08:30	General Surgery	30373 LAPAROTOMY - EXPLORATORY - INCLUDING BIOPSIES	Heath Wing Level 6	Heath Wing Level 6	67	
2 - Semi Urgent	28/07/2008 13:30	Urology	37210 PROSTATECTOMY, RADICAL, INVOLVING TOTAL EXCISION OF THE PROSTATE	Heath Wing Level 6	Heath Wing Level 6	54	
2 - Semi Urgent	20/03/2008 08:30	Cardio -Thoracic	38438 THORACOTOMY - PNEUMONECTOMY/LOBECTOMY/SEGMENTECTOMY	Bellerine Centre 5 - CTU	Bellerine Centre 5 - CTU	115	
2 - Semi Urgent	02/07/2008 11:45	General Surgery	32024 ANTERIOR RESECTION OF SIGMOID COLON	Heath Wing Level 6	Intensive Care Unit	70	
2 - Semi Urgent	13/03/2008 08:30	Vascular	33119 INFRARENAL ABDOMINAL AORTIC ANEURYSM - REPLACEMENT WITH BIFURCATED GRAFT	Heath Wing Level 6	Birdsey Wing 5	135	Pain,
1 - Urgent	06/03/2008 13:30	General Surgery	30373 LAPAROTOMY - EXPLORATORY - INCLUDING BIOPSIES	Heath Wing Level 6	Heath Wing Level 6	101	
2 - Semi Urgent	04/08/2008 08:30	General Surgery	30445 CHOLECYSTECTOMY VIA LAPAROSCOPE	Heath Wing Level 6	Heath Wing Level 6	75	
2 - Semi Urgent	26/02/2008 08:30	General Surgery	30375 LAPAROTOMY & MISCELLANEOUS BOWEL OPERATION	Heath Wing Level 6	Heath Wing Level 6	145	Pain,
2 - Semi Urgent	15/07/2008 09:00	General Surgery	30296 THYROIDECTOMY; TOTAL	Heath Wing Level 6	Heath Wing Level 6	146	
1 - Urgent	15/07/2008 09:45	General Surgery	32003 HEMICOLECTOMY-RIGHT - WITH ANASTOMOSIS	Heath Wing Level 6	Intensive Care Unit	243	Ward, No bed available, CVS Instability, Waiting x-ray review,
URGENT INPT	25/07/2008 09:10	General Surgery	30584 PANCREATICO-DUODENECTOMY (WHIPPLES)	Heath Wing Level 6	Intensive Care Unit	212	Pain,
2 - Semi Urgent	22/07/2008 10:00	General Surgery	30405 HERNIA-INCISIONAL - REPAIR - USING MESH	Heath Wing Level 6	Heath Wing Level 6	183	CVS Instability,
1 - Urgent	17/07/2008 08:30	Urology	36579 URETERECTOMY - COMPLETE OR PARTIAL	Heath Wing Level 6	Heath Wing Level 6	122	
2 - Semi Urgent	23/07/2008 08:30	Cardio -Thoracic	38421 THORACOTOMY-WITH PULMONARY RESECTION	Bellerine Centre 5 - CTU	Bellerine Centre 5 - CTU	169	CVS Instability,
1 - Urgent	07/05/2008 13:30	Orthopaedic	49315 HIP - ARTHROPLASTY - UNIPOLAR OR BIPOLAR	Heath Wing Level 5	Heath Wing Level 5	104	

# RESULTS SO FAR:

- 16 Planned ERS Patients
- 13 to ward
- 3 to HDU/ICU overnight support
- **13 ICU BED DAYS SAVED**

# CONCLUSIONS:

- ERS VALUABLE OPTION
- MANDATORY REVIEW OF PATIENT ~ 2 HRS
- ALLOWS PATIENT TO STABILISE / DECLARE
- PATIENT CARED FOR IN APPROPRIATE SETTING
- DECREASE DEMAND FOR HDU RESOURCES
- ENSURE STAFFING FOR RECOVERY

# LESSONS LEARNT:

- CHANGE TAKES TIME FOR ACCEPTANCE
- CHANGE TAKES TIME TO IMPLEMENT
- PATIENCE
- PERSISTENCE
- JUST. KEEP. GOING....

Future State ?

# UTOPIA

