

# Walk Right In.....

The story of the Surgical Assessment  
Centre at Fremantle Hospital

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Clinical Nurse Manger - Elective  
Patient Flow



# Fremantle Hospital



Department of  
**Health**

# The Impetus for Change.....



## 3 Main reasons

- Purchase of Kaleeya Hospital
- Elective Surgery Access Policy
- Clinical Services Redesign Project

# Kaleeya Hospital



# Kaleeya Hospital



- Kaleeya bought by WA government in Jan 2004
- Increased surgical bed numbers by 27 Multi day & 6 Same Day
- Increased theatre capacity from 8 - 13 theatres
- Total number of potential operations per week = 245
- Pre admission clinic was servicing ~125 patients per week

# Elective Surgery Access Policy

## July 2006

Made changes to improve the delivery of elective surgical services to ensure that we have:

- The right patient
- To the right clinician
- At the right time
- In the right place
- With the right resource

.....Within a structured policy

# Clinical Services Redesign Program

## *A WA Health Initiative*



- CSRP aims to:

- Understand current patient journey

- Understand the needs of patients, staff and the organisation

- Implement more efficient processes

- CSRP will assist us in:

- Managing future and current demand

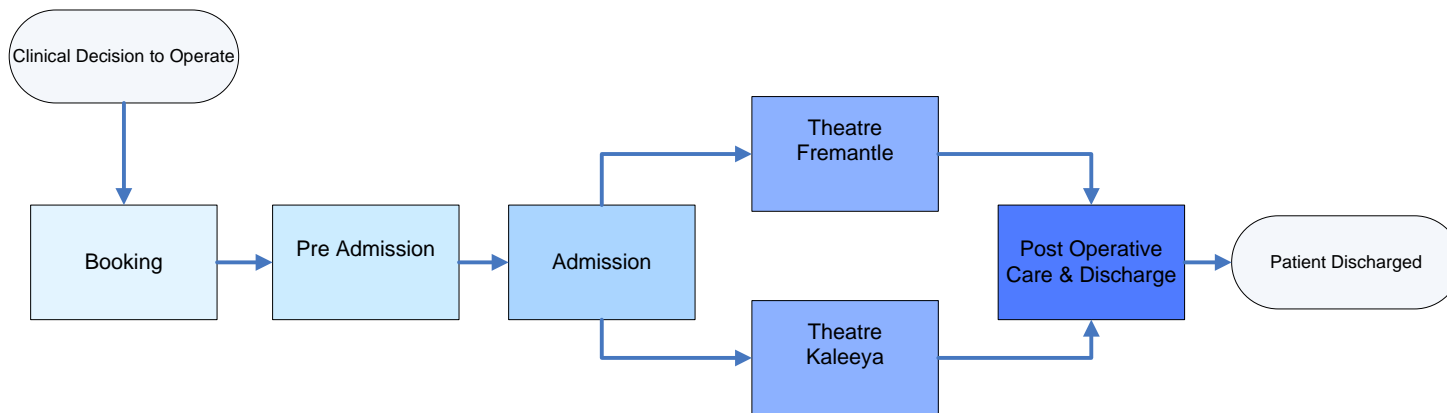
- Free up spare/latent capacity

- Develop process improvement, project and change management skills

# The Patient Journey



Patient Journey is described as an END To END process that reviews the elective patient process from clinical decision to operate to discharge from FH.



Out of scope: emergency theatre, medical specialties, ASI, diagnostics performed in operating theatre

# Goals

- 80% of urgency 1 patients have their surgery within 30 days by 31 September 2008, and 85% by 31<sup>st</sup> December 2008
- 85% of urgency 2 patients have their surgery within 90 days by 31 September 2008, and 95% by 31<sup>st</sup> December 2008
- 100% of urgency 3 patients have their surgery within 365 days by 31 September 2008
- Provide an efficient and effective service to ensure optimum theatre utilisation at both FH & KH sites (aim for 85% utilisation)
- Reduce the number of hospital initiated cancellations from 14% to 8% (2007 DoH data)
- Improve planning processes to streamline discharge

# Previous Position at PAC



Need for surgery Identified @OPD/consent obtained

Waitlisted & theatre date allocated

Patient attended PAC

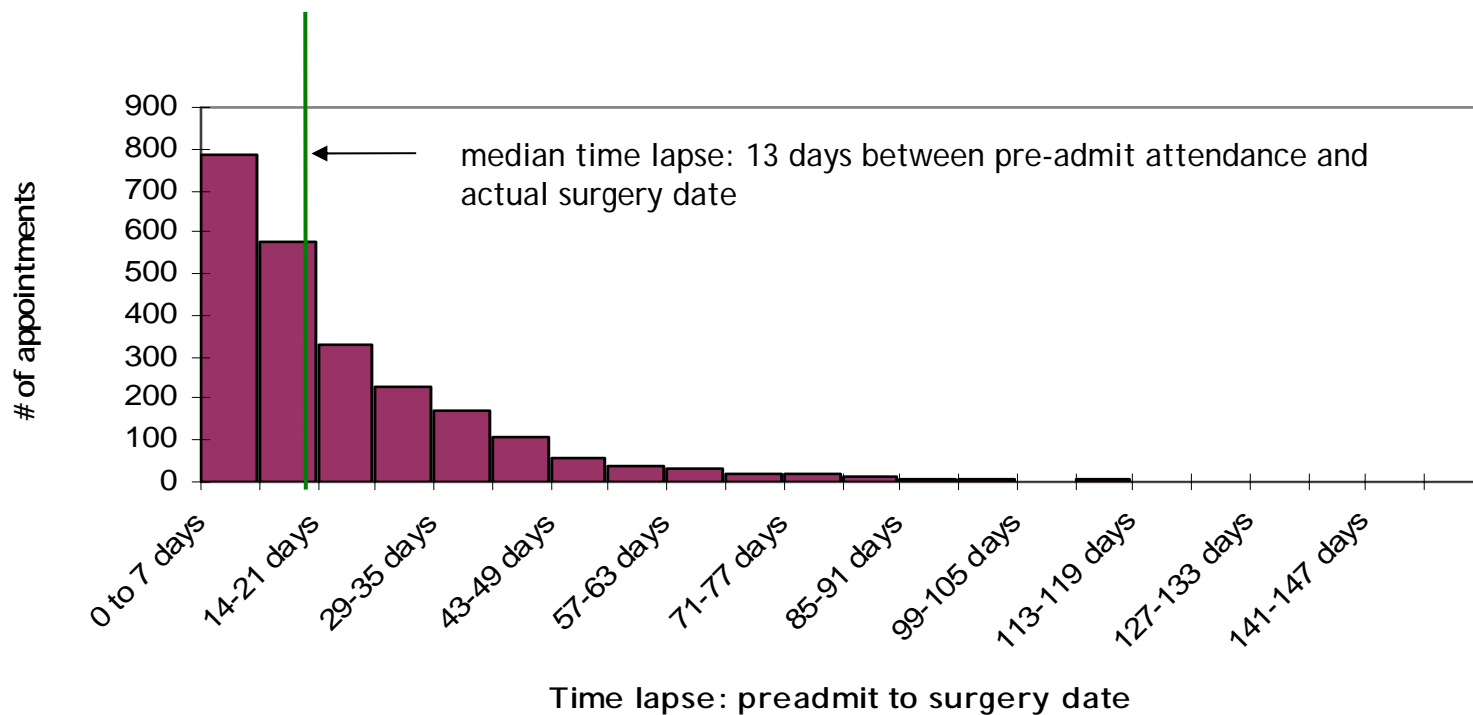
Fit or unfit – fell down here

# Does late planning have an impact on patient outcome??

*Optimal time for PAC indicated by PAC staff as 3-4 weeks prior to surgery*

Only 11% of patients were seen within optimal timeframe

57% of elective patients attend PAC only TWO weeks prior to surgery

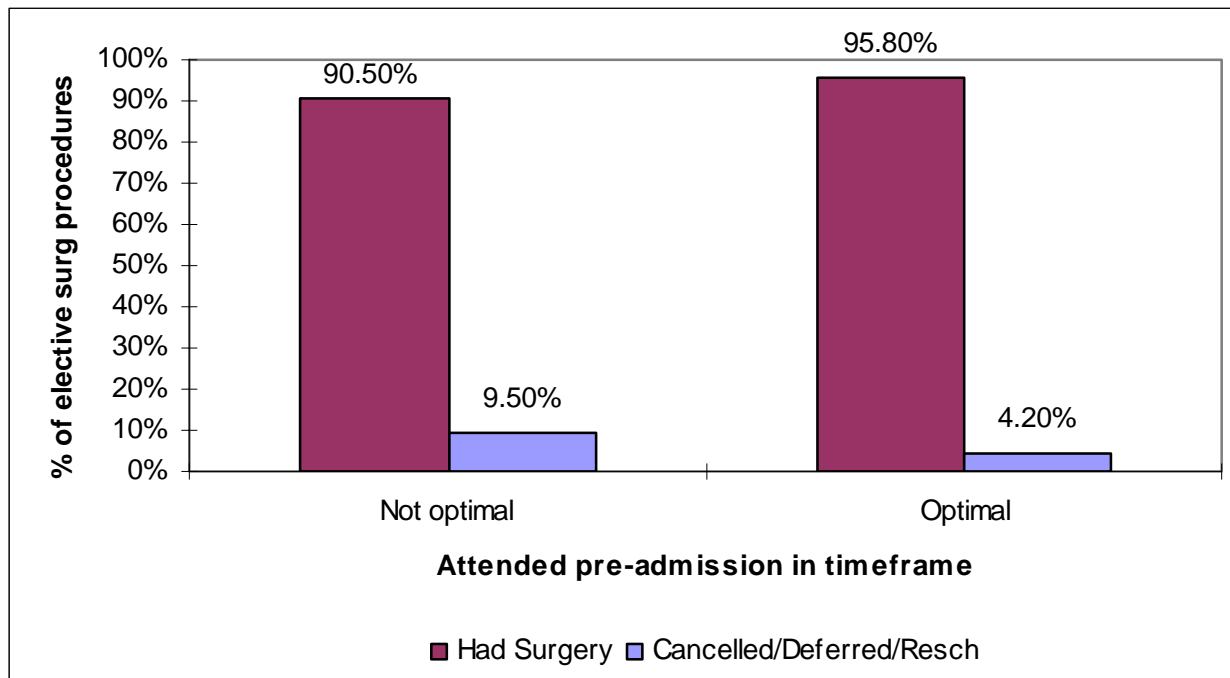


# Does late planning have an impact on patient outcome?... YES!



*So What?*

*What impact does optimal versus non-optimal PAC attendance have on patient outcome?*



Statistically significant impact as patients TWICE as likely for cancellation if not seen within optimal timeframe

# What to do?



## Short term:

Establish a Surgical Assessment Centre in the short term as a temporary way of managing the increase in demand

## Long Term:

Clinical Services Redesign

# Surgical Assessment Centre Staffing



- Anaesthetist
- Triage Nurse
- Complex Admission Nurse (CAN)
- Clerk

# Process



- Patients attend OPD where clinical decision to operate is made
- Patients, booking form & medical record taken to SAC
- Patients fill in health questionnaire
- Initial assessment by Triage Nurse
- Anaesthetic assessment by anaesthetist
- Complex patients referred to CAN

# Complex Admission Nurse

- ESAP states that only Ready For Care patients should be placed on waitlist
- CAN is a senior nurse who co-ordinates patients who are not ready for care and liaises with
  - anaesthetist,
  - specialist,
  - allied health &
  - community staff

to develop a management plan before patient is placed on an active wait list

# Has it worked?



Yes!

Kaleeya theatre utilisation has increased from 45% to in excess of 60% within 6 months and continues to improve

# Where to from here?



CSRP review of PAC service -  
recommendations

- Out patient nursing staff to undertake education of non complex LA patients
- Triage nurse to risk assess all surgical patients post OPD appointment & stream
- Introduction of fast track, surgery specific & complex stream pre admission
- Telephone preadmission of patients having repeat procedures
- Development of group education

# Future PAC service...



Focusing on improving the PAC process will offer the greatest opportunity to:

- Increase patient throughput... which will ultimately increase theatre utilisation
- Reduce patient waiting time
- See patients within optimal time frame prior to surgery
- Ensure that patients are seen by the appropriate staff to optimise discharge planning
- Improve management of complex patients... which will ultimately reduce cancellations

# Questions?

