

Surgery: a systems approach

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Overview and recent performance

Qld Health Surgical Services Activity 2009/2010

- 121,932 elective surgery procedures
- 35,309 emergency surgery separations, 25% increase in emergency surgery separations in last 5 yrs
- Entire elective surgery waiting list could be turned over **3 times a year**
- Entire 'long wait' elective surgery waiting list could be turned over more than **22 times a year**

Elective surgery waiting times 2008-2009

State	Median Wait (days)	Seen within recommended time (%)	Waiting more than one year (%)
NSW	39	91.0	2.5
VIC	31	85.4	2.9
QLD	27	84.7	1.8
WA	31	85.8	2.0
SA	36	86.8	2.7
Tas	44	65.4	13.1
ACT	75	65.5	10.5
NT	40	70.3	5.6
AUST	34	86.2	2.9

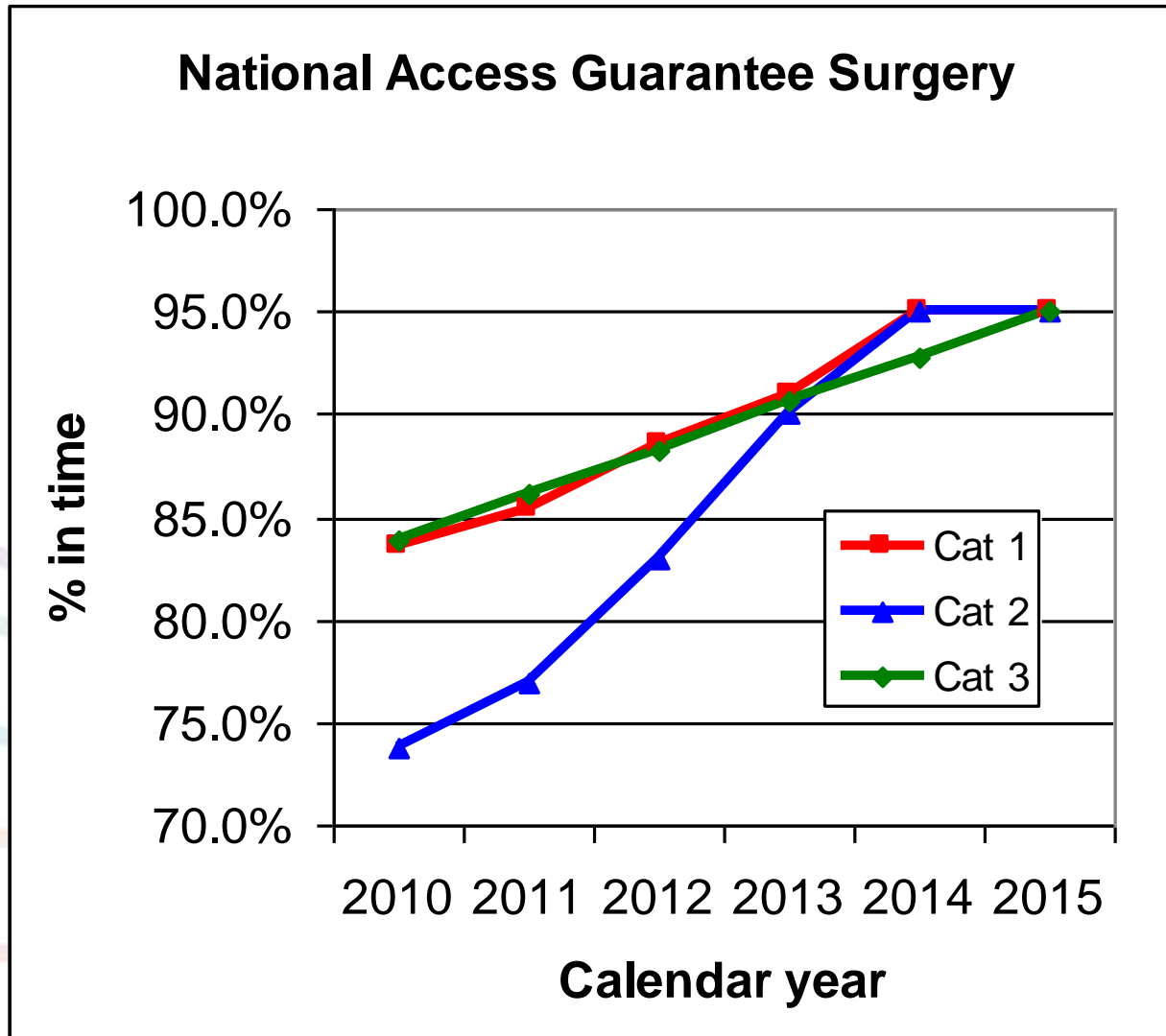
... but we had patients waiting for extended periods e.g.
Some patients were waiting >14 years

Challenges

Surgery National Access Guarantee

Patients must have their surgery (if it is clinically safe to do so):

- Category 1 (30 days): within next 5 days
- Category 2 (90 days): within next 15 days
- Category 3 (365 days): within next 45 days



QLD Public Hospital Funding (\$M)

Component	10/11	11/12	12/13	13/14
Surgery facilitation	61.0			
Surgery performance		24.1	23.8	24.0
Surgery capital	23.0	4.6		
ED facilitation	30.5	10.2	10.3	
ED performance		10.2	10.3	31.0
ED capital	28.8	9.6	9.6	
Flexible	28.3	4.7	4.7	
SubAcute beds	46.9	64.4	89.8	125.9
Total	218.5	127.8	148.5	180.9
<i>Guaranteed</i>	218.5	93.5	114.4	125.9
<i>Performance</i>	0.0	34.3	34.1	55.0
% performance	0%	27%	23%	30%

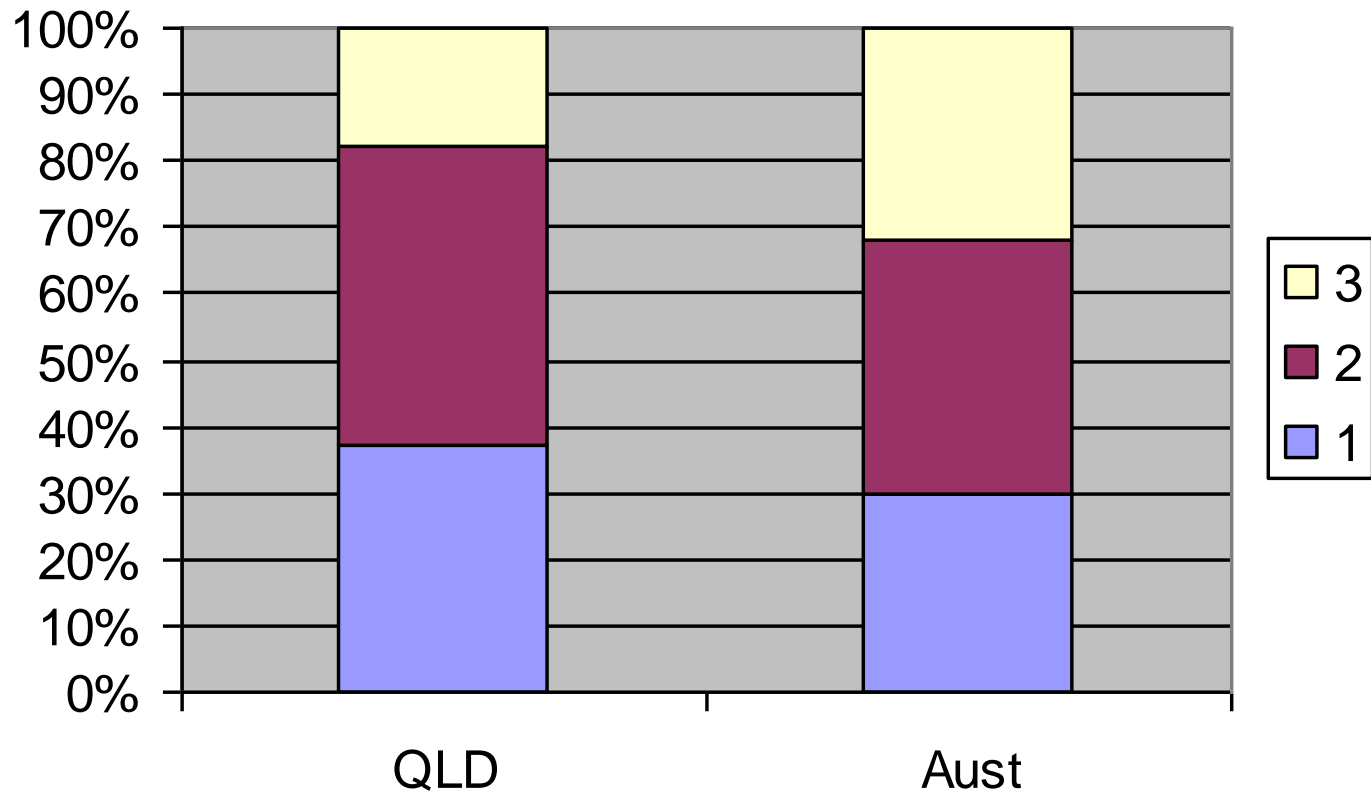
Challenges to Surgical Services in Queensland

- Increasing demand & demographic trends
- Under pressure from emergency surgery
- Scheduling and booking processes sloppy
 - Category 1 and high-end Category 2 patients taking priority
 - Low-end Cat. 2 and Cat. 3 patients waiting too long
- Current funding arrangements: False economies
- Training implications
- Human Resource Deficits
- Physical Resources
- Resource Utilisation and Efficiency
- Service Trends

Dysfunction

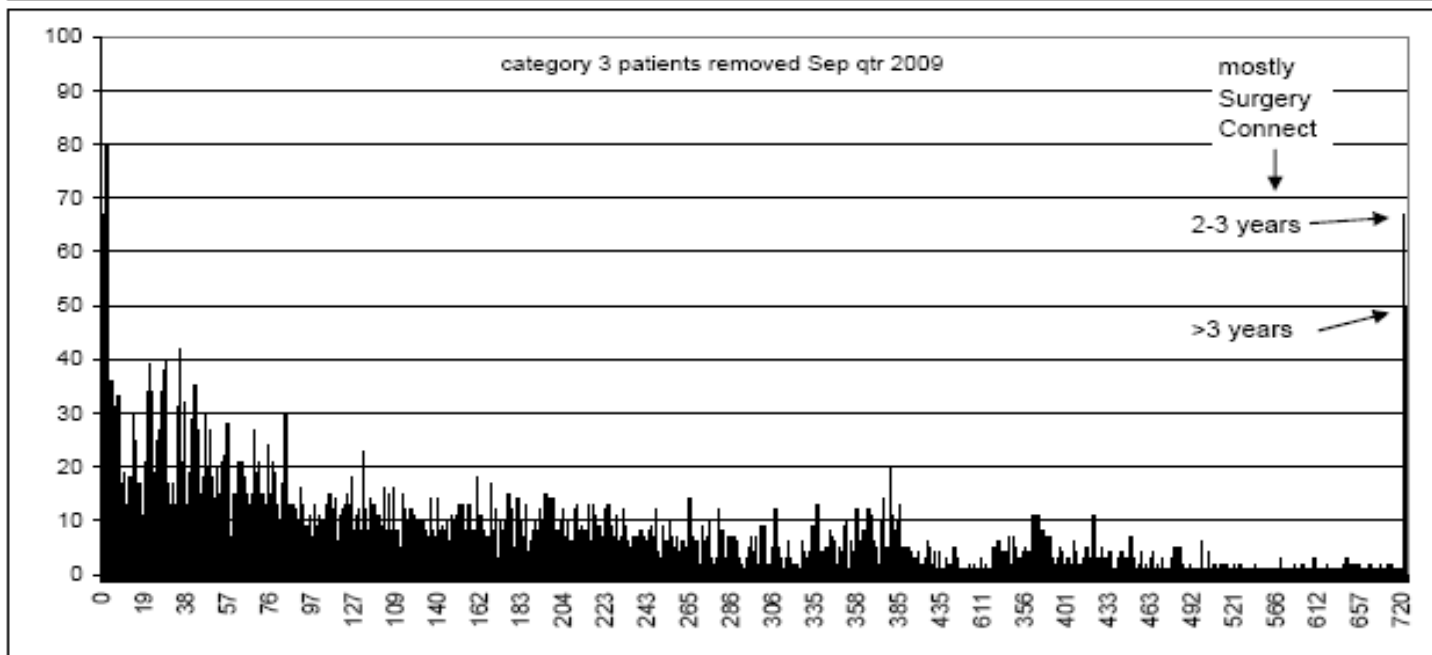
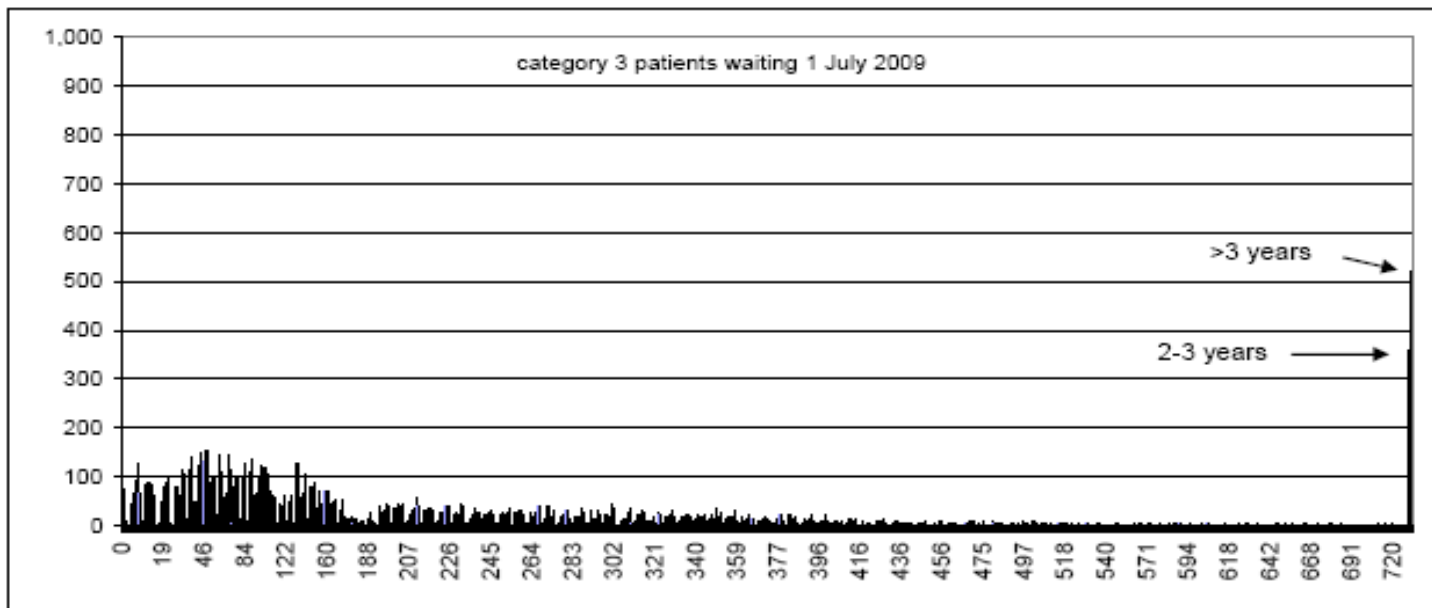
- Frustrations for surgeons in public sector
- Decision-making seems to be predominantly driven by budget (but with “false economies”)
- Under-utilization of theatres
- Patients dissatisfied and queuing
- Categorization not policed
- Dissatisfaction with Surgery Connect

Categorisation



Cultural issues

- Some surgeons decide order of treatment rather than next in line
- Some surgeons have culture of establishing long waiting lists as an indicator of status
- Some surgeons won't release public patients (ownership)
- Some patients placed on the wait list who could be managed by alternative models
- Clinical categorisation not consistent
- Culture of poor practice financially rewarded eg: long waits -> additional funding



Strategies

Engaging leading clinicians: Surgical Advisory Committee

- Provide strategic leadership
- Surgical principles
- Benchmarking
- Policy documents
 - Scope of Public Funded Services
 - Elective Surgery Policy

Guiding Principles

1. Equitable Access
2. Appropriate categorisation and prioritisation
3. Ready for Care
4. Timely Surgery
5. District wide management of surgical work load
6. Patient information and consent
7. Public and Private Patients
8. Research and training maintained

Investment

- Funding for Surgery Connect
- New Operating Theatres
- New Equipment
- NHS Productive Theatre

Strategies Surgery Connect

- 19,000 pts treated since commencement
- Approx \$100 million State/Comm funding since commencement
- 2009/2010 – 60% internal investment/40% private sector

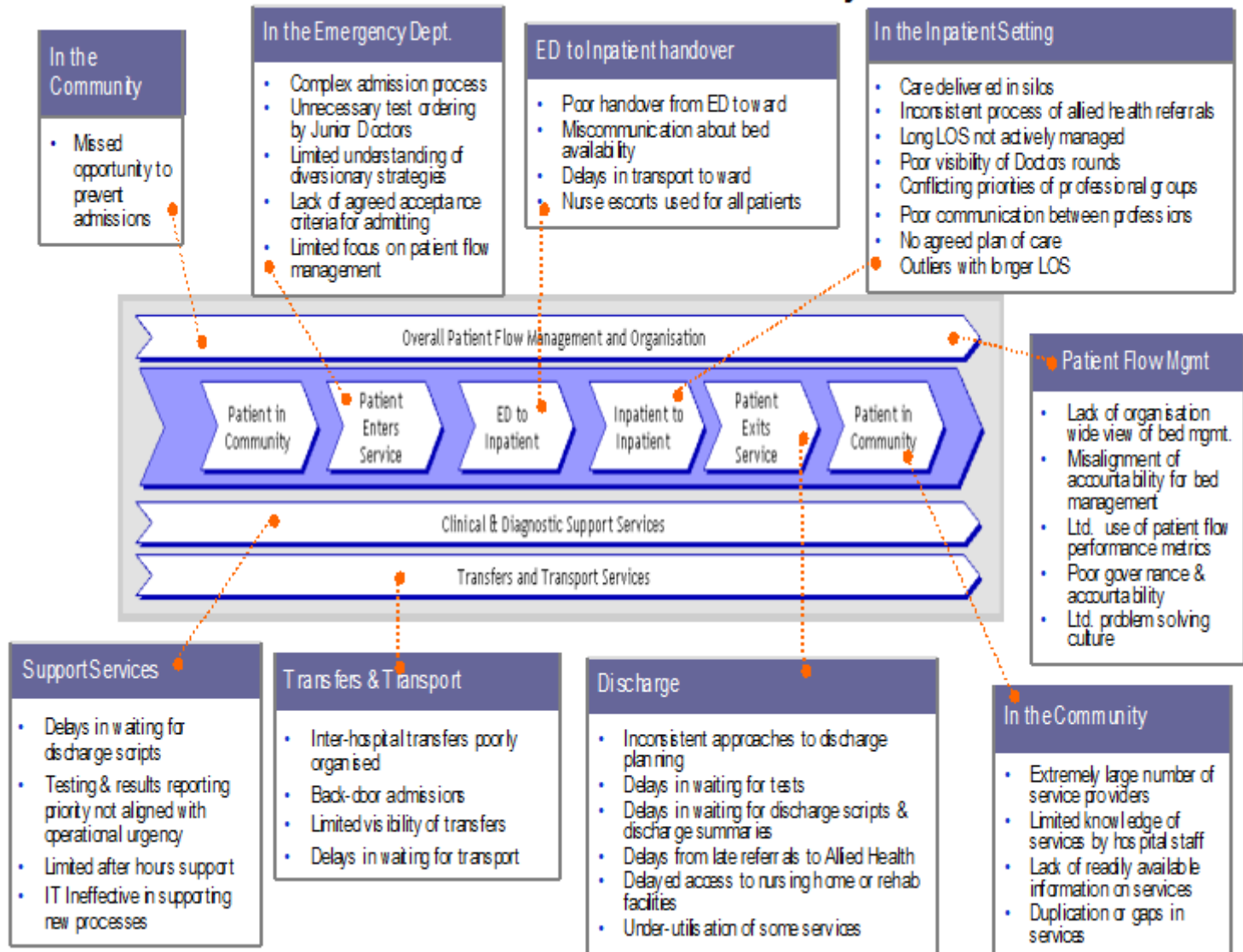
- Opening More Beds
 - Largest Health Capital Program in Australia
 - 2007-11: 774 new beds will be opened;
 - New hospitals on Sunshine Coast, Gold Coast and Children's Hospital currently under development.

But will these strategies be
enough?

What more is required

- Become more efficient – lean thinking
- Change culture from medical to patient centric model
- Innovation in:
 - Workplace practices
 - Service delivery
 - Models of care
 - Teaching opportunities
 - Partnerships with the private sector

Multiple disconnects interrupting patient flow



Queensland Health Patient Flow Strategy



- improved patient journey and experience
- reduced delays and increased access to services
- best clinical practice across the state

Microsoft Internet Explorer provided by Queensland Health

QHEPS Queensland Health

Home | Old Health | Clinical | Policies | Staff Support | Business Support | Reference Tools | Self Service Centre | QH

Welcome to Patient Flow

Home | Strategy | Diagnostics | Service Delivery Models | Performance | Contact

Patient Flow

- Statewide direction & profiles
- Principles & Strategy
- Identify patient flow issues
- Diagnostics
- Implement proven solutions
- Service Delivery Models
- Community - Outpatient - Inpatient - Community
- Emergency
- Monitor your progress
- Measuring Performance

Review Date: 31 September, 2010

Queensland Government

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For information contact: CHI

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<http://qheps.health.qld.gov.au/patientflow>

Diagnostics

- Identify and confirm patient flow problems within the facility
- Define and measure the current specific problem in depth, and identify problem's magnitude
- Identify the root causes and evaluate solutions to improve the patient flow problem
- Measure the impact of our interventions on our organisation
- Sustain the improvement by incorporating the new processes into core business.

Service Delivery Models

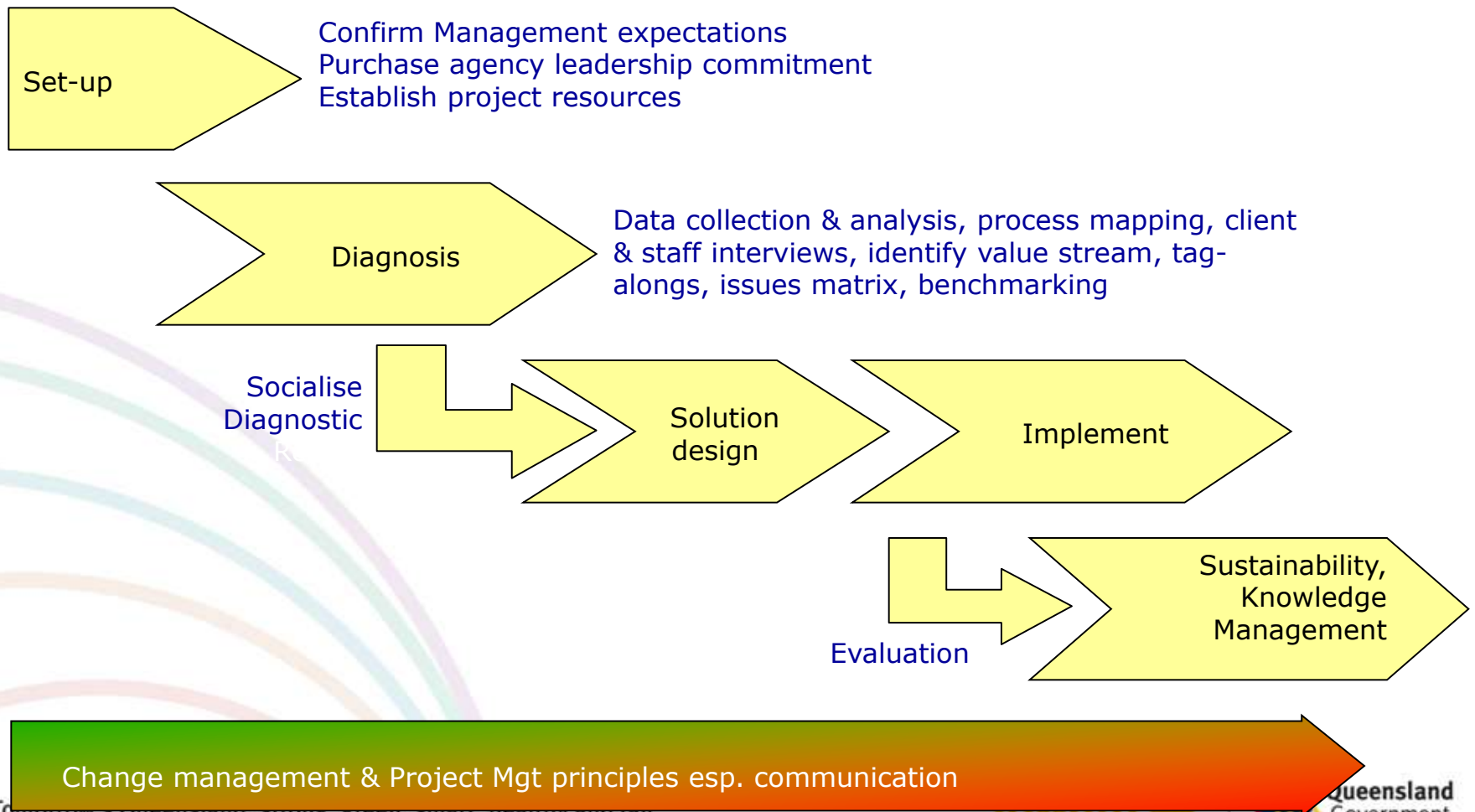


- **Surgery**
 - 23 hr wards; cold surgery centres; on-time starts; Emergency Surgery models; redesigned OPD pathways
- **Emergency Department**
 - Fast Track Zones; 3:2:1; See & Treat; Nurse Practitioner pathways; Physio musculoskeletal pathways; EMUs; Acute stress testing;
- **Community-based Care**
 - Hospital in the Home; Hospital in the Nursing Home; Community packages to facilitate early discharge; Rehab for Chronic Disease
- **Aged Care**
 - Medical Assessment Units or short stay aged care wards; tele-geriatrics
 - Pro-active links to Nursing Homes

New Models of Care

- 23 hr wards and Day Surgery
- Emergency surgery management
- Managing categorisation and booking
- Cold surgery units
- Pre-op assessment services
- Medihotels
- On-time starts

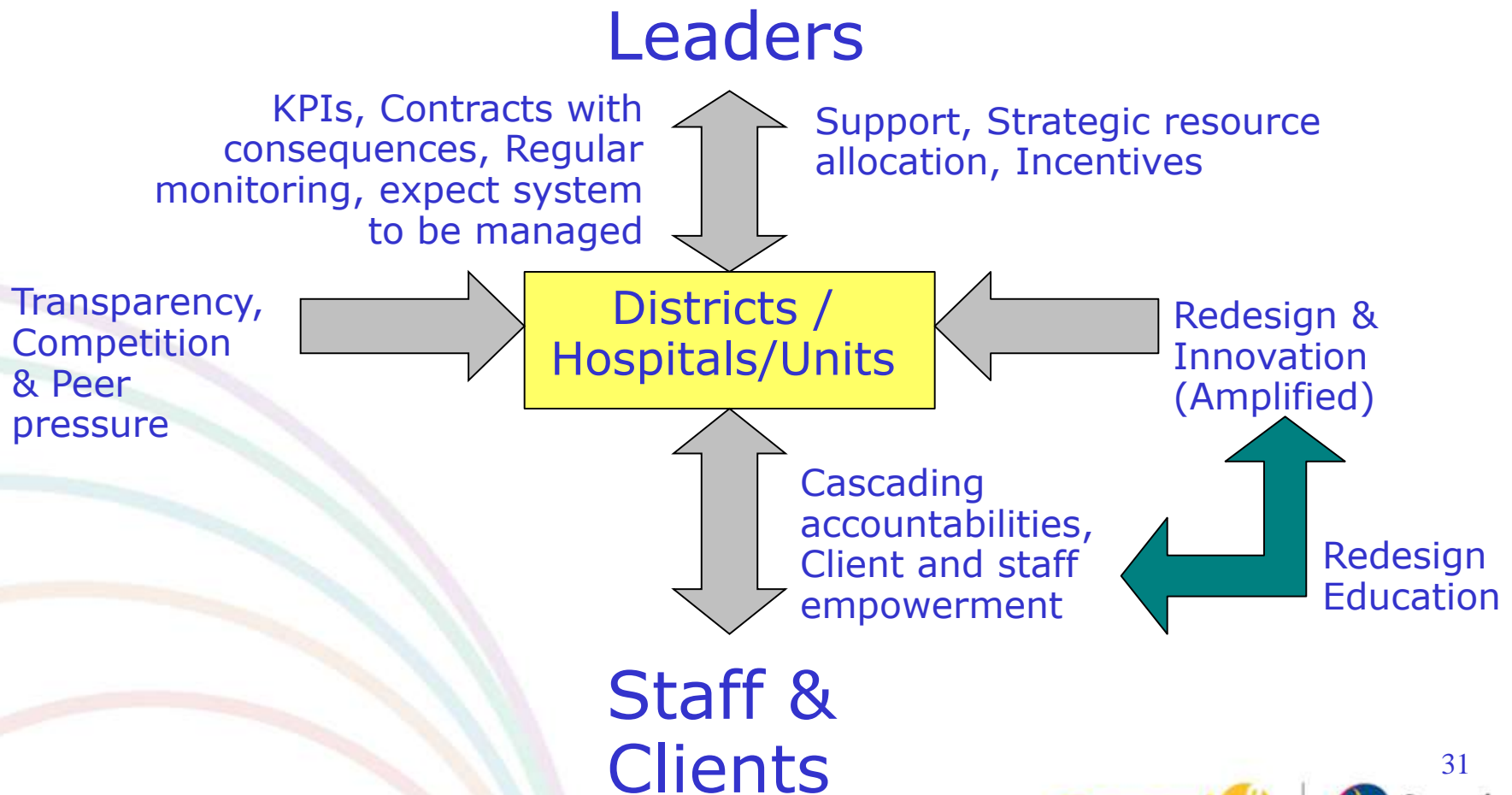
Redesign Methodology



The Challenge of Change

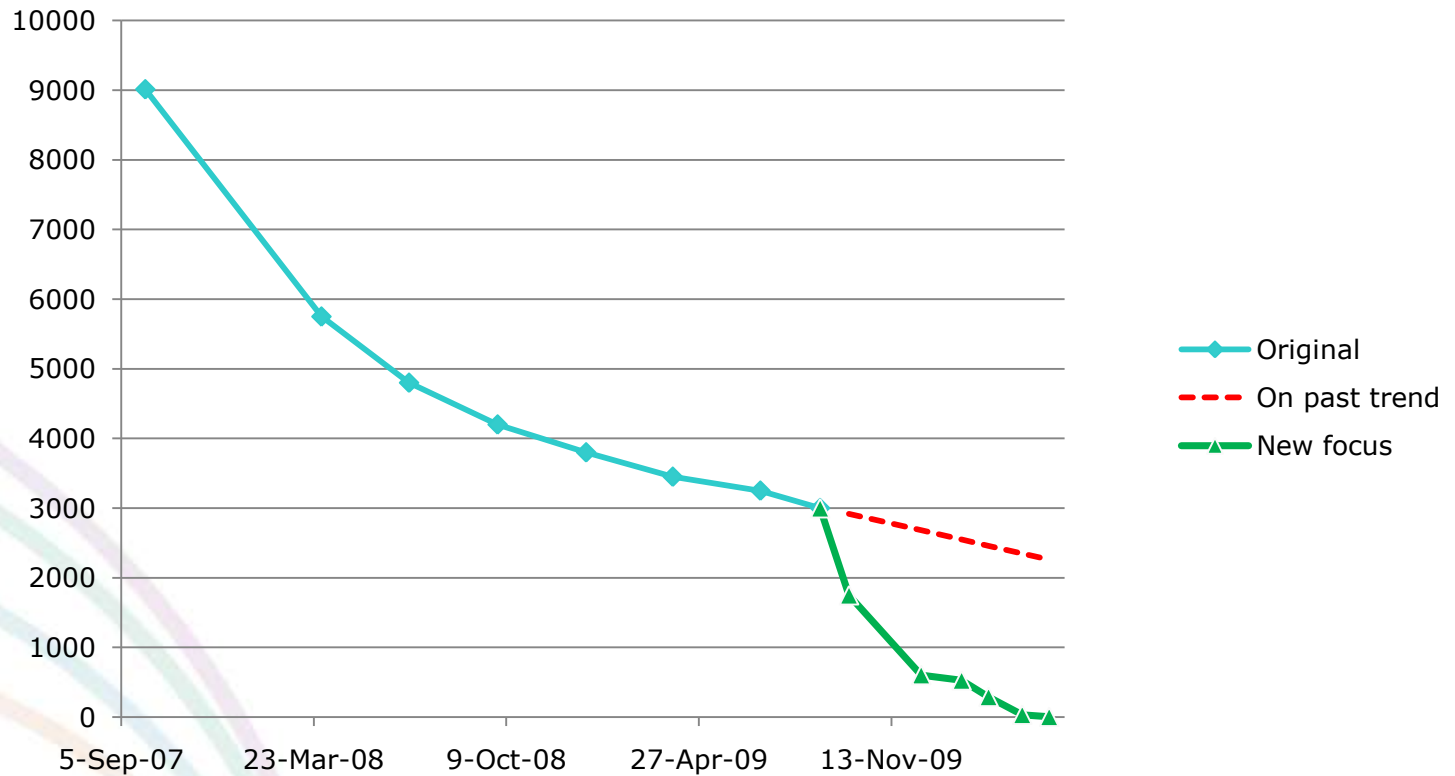
- Issues are complicated, drivers multifactorial, requires changed behaviours by numerous people, requires significant system changes, has short-term political down-side, but in the medium to long term has major wins:
- Producing a more sustainable efficient public system

Managing for Performance

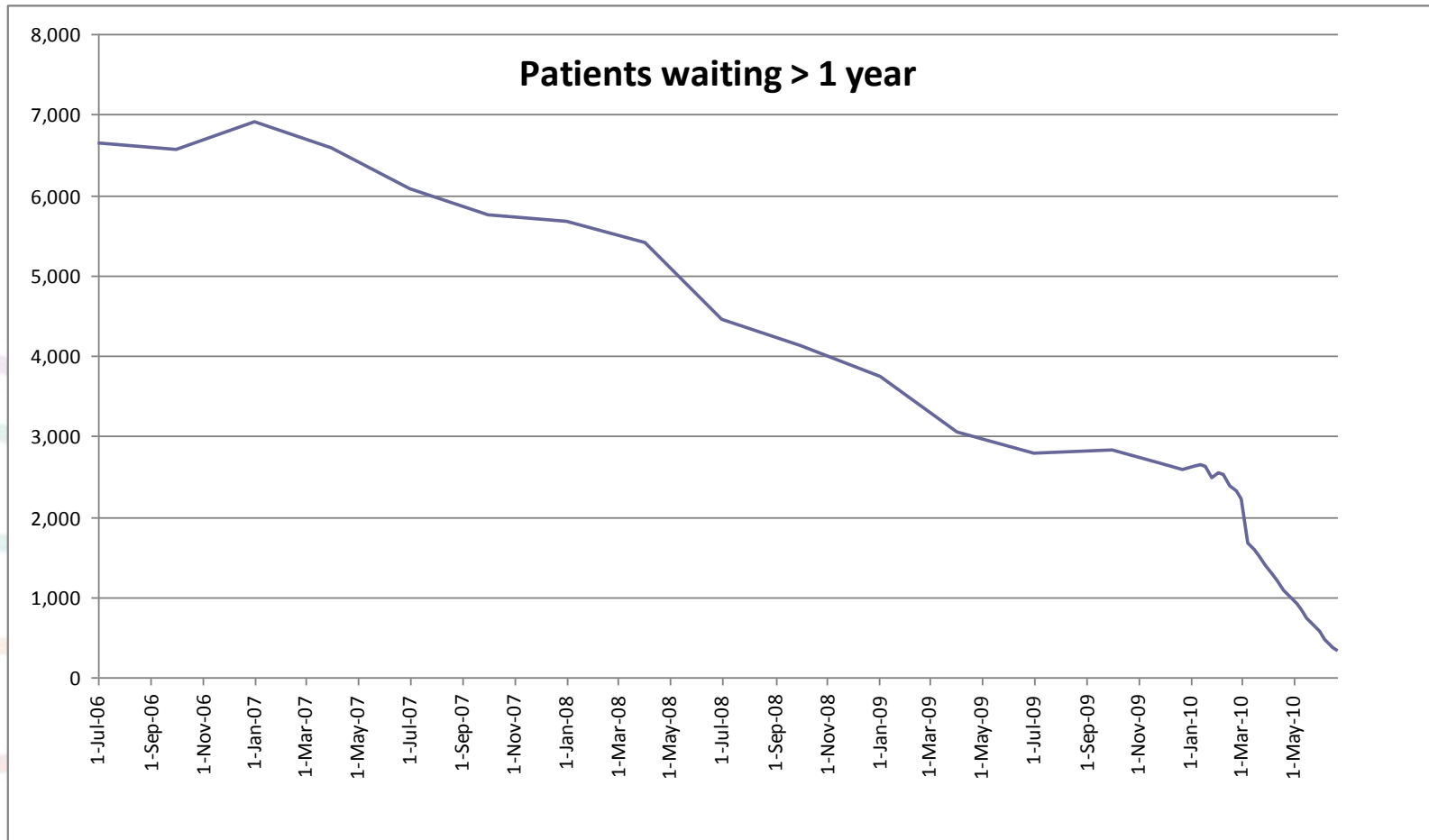


Major improvements are possible....

QLD Sep 2007 cohort of overdue surgical patients

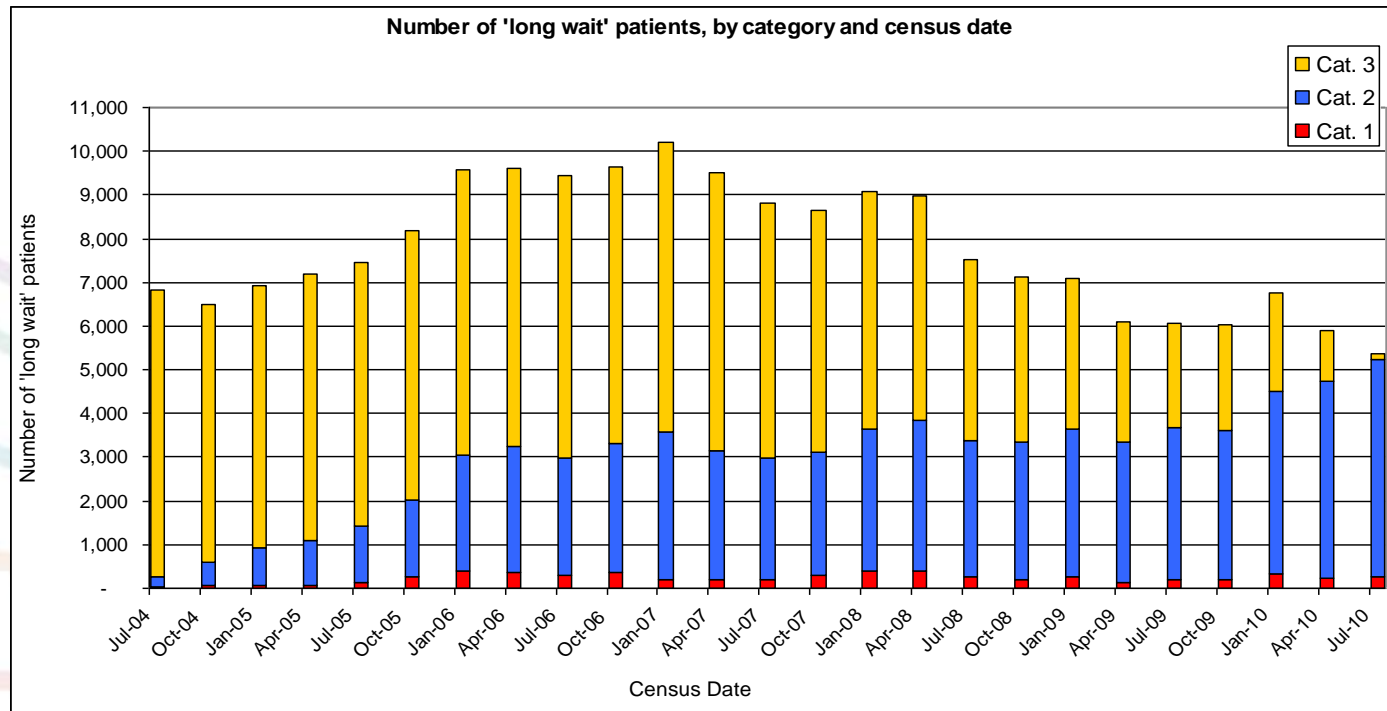


QLD overdues



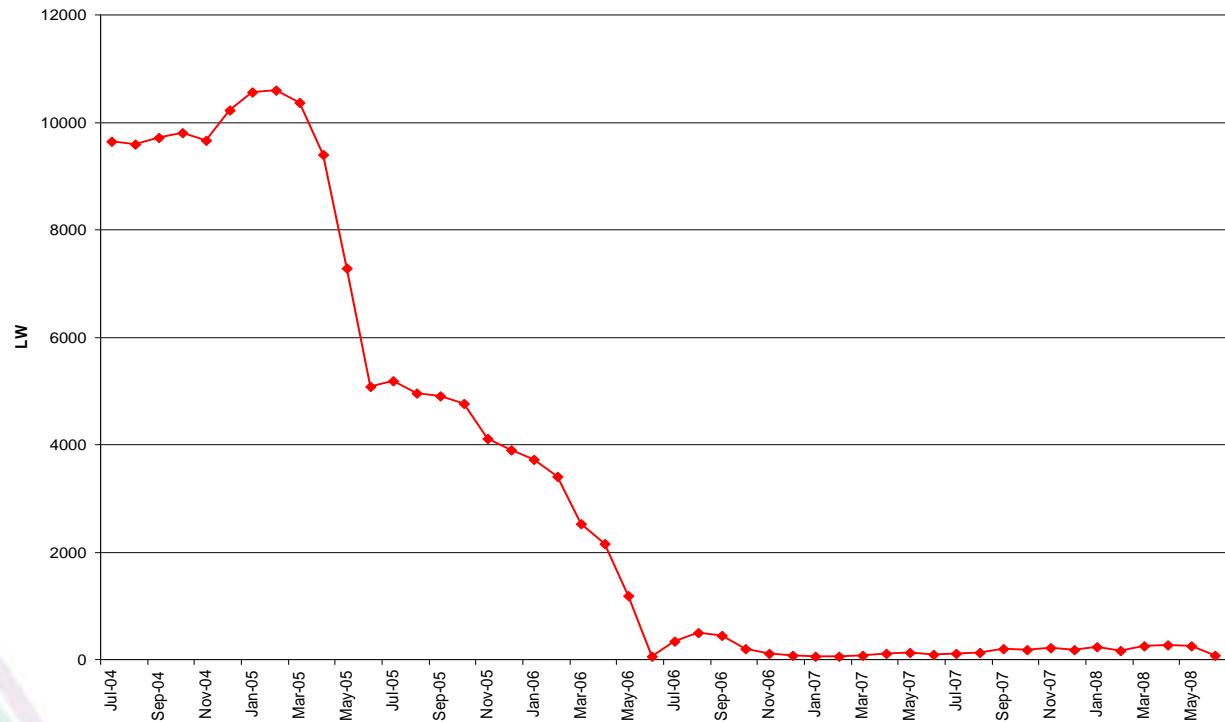
Category 3 compared to Category 2

- Great results for Category 3
- Now keen to refocus on Category 2



NSW Results

Virtual elimination of NSW long wait overdues and elimination of previous cyclical variation: a better managed system



To move forward we need to...

- Ensure the experience and knowledge of the surgical community is utilised for forward planning and delivery of services in the future
- Improve management systems
- Apply additional funding, strategically
- Redesign better delivery of surgical services

What does a better system look like?

- More orderly booking of cases
- Not using cancellation as a pressure-release valve in busy hospitals
- Appropriate categorisation
- Standard approach to processes
- Predictability for patients and managers
- Public patients not disadvantaged
- Knowing the business!