RESCUERS
Reduce Elective Surgical Cancellations
Utilising Existing & Realigning Services
NSLHD

Project Leaders

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Who are we, and why are we here!

Variability in number elective surgical patients requiring overnight beds was unsustainable within the organisational demands

3 sites:
Bed base: 468
Theatres: 10 – now 14
Total procedures: 14322
DOSA restriction: HKH (6) MV/M (4) daily
Cancellations no bed: 68
Population growth 14.2% by 2021
Overview of our Project

- Patient cancellations due to no beds

- Variable daily need for DOSA patients
Summary of Key Issues

- Inconsistent Referral For Admission (RFA) process
  - Mandatory data missing from RFA
  - Inaccurate clinical priority
  - Untimely RFA submission to hospital
  - Silo scheduling

- Seasonal Variation in organization bed capacity
  - Increased demand of emergency admissions
  - Medical outliers in surgical ward beds

- Day surgery criteria not met
  - Pain management
  - Clinical/specialist review
  - Nausea/vomiting
  - Unable to void
  - Discharge support not arranged

- Fragmented patient education and expectation
  - Patient/specialist/hospital discharge plan mismatched
The Case for Change

Inconsistent booking process → Unco-ordinated procedure scheduling → Fragmented patient expectations, inadequate patient preparation for discharge → Patients cancelled/no bed Failed day stay Increased length of stay → Waste-theatre time Reprocessing equipment Patient plans → NEST

The NEW Patient Journey

Standardized Referral & Booking Process → Early Patient Education/expectation Clinical pathways Criteria Led Discharge → Seasonal Session Scheduling → Theatres utilised → Effective Management of Resources → Patient/Community/Staff satisfaction

Equitable, timely access to a surgical journey of coordinated care & informed preparation, for all stages, resulting in best patient outcomes and efficient use of available resources.
Summary of Key Solutions

• Weekly booking meeting - focus on ensuring predictable numbers of daily DOSA bed needs
  Theatre Manager, waitlist and patient flow – Expanded at HKH to include equipment and implant planning with SSD and Logistics

• Standardised Referral for Admission

• Scheduling Theatre List
  Onsite with consultation / off site with business rules (1 DOSA/session, extra requires negotiation)

• Clinical Pathways/Criteria Led Discharge
  MV: Elective hips/knees in progress; knee scopes/ACL and laparoscopic hernias criteria
  Manly: 23hr pathway reviews / standardisation
  HKH: DSW discharge criteria, DSW ACL and thyroid pathways in development

• Theatre Template Changes
  HKH has moved sessions on the theatre template to balance the number of DOSA needed.
  Weekly and 4 week cycle review to accommodate extended length of stay procedures

• Quarantine Beds: surgical and rehabilitation: HKH now has quarantined surgical beds due to the opening of the STAR Building
**HIP/KNEE REPLACEMENT DAILY GOALS**

<table>
<thead>
<tr>
<th>Day One</th>
<th>Day Two</th>
<th>Day Three</th>
<th>Day Four</th>
<th>Day Five</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I performed exercises with the physio</td>
<td>1. I walked around with the physio and walking Aids</td>
<td>1. I walked around the ward 3 times today On/ Off bed independently On/Off chair independently</td>
<td>1. Don’t be a bed bug! I will walk around the ward at least 3 times today I tried the stairs today</td>
<td>1. Goodbye</td>
</tr>
<tr>
<td>2. I will inform the nurse if I am in pain or feeling sick</td>
<td>2. I was assessed today and a discharge plan or rehab pathway was confirmed with Physio OT and SW.</td>
<td>2. I walked to the toilet and showered independently with equipment</td>
<td>2. I am going home tomorrow. I need to organize the following: (tick once completed)</td>
<td>2. I need to pick up the following: MEDICATIONS PERSONAL X-RAYS DISCHARGE LETTER</td>
</tr>
<tr>
<td>3. I had an X-Ray and a blood test today</td>
<td>3. I sat out of bed for meal times and ate a full diet</td>
<td>3. I let the nurse know when I passed urine and if I needed something to help open my bowels</td>
<td>3. If you require rehab you may be transferred today</td>
<td>3. I will remind the nurse if I bought my own medications, X-Rays, or valuables into hospital.</td>
</tr>
<tr>
<td>4. I wore compression stockings to reduce swelling</td>
<td>4. I had a shower today</td>
<td>4. I may need to learn how to inject my anticoagulant if needed</td>
<td>4. My wound dressing been checked (changed if needed)</td>
<td>4. My wound dressing been checked (changed if needed)</td>
</tr>
<tr>
<td>5. The drain will be removed from your leg</td>
<td>5. My catheter will be removed tonight or tomorrow</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6. I was assisted to wash or shower</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I reached my daily goals</td>
<td>I reached my daily goals</td>
<td>I reached my daily goals</td>
<td>I reached my daily goals</td>
<td>I reached my daily goals</td>
</tr>
</tbody>
</table>

**Patient Name:** ______________________
**Discharge Date:** __________/________/______

If no why?________

**REDESIGN**

**AC**
The Next Steps

• Focus groups with change champion leaders at each site for clinical pathways and criteria led discharge

• Clinical Governance assistance with updating information and pamphlets for proceduralist’s rooms and patients

• Continued negotiations with site managers for quarantined beds

• Template changes as required to minimise the impact organisational bed demand

• Continue to negotiate hospital management of waitlists.
The Next Steps cont.

Mona Vale Hospital Compulsory JOINT Education Session.