Emergent Surgery “why the wait”?  
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Case for change
There has been an increase in preoperative length of stay (LOS) for general surgical patients requiring urgent / emergency surgery impacting on resources and impeding patient flow which result in increased LOS, increased adverse patient outcomes, extended fasting time and poor patient experience of our service. Financially delays impact on activity based funding (ABF) and National elective surgery targets (NEST), Improving time to Emergent Surgery will reduce overall LOS, decrease cost and improve overall patient flow.

Consequences of not changing
The impact of not improving our current process for patient’s requiring Emergent Surgery <24hrs & <72hrs, with the increased service demand, will result in increasing delays to theatre for Emergent Surgery patient’s.

Goal
Our Project “Emergent Surgery: Why The Wait?” will reduce the time to operating theatre (OT) for patients requiring emergent surgery, within 24 or 72 hours without compromising their safety.

Strategic direction
Align with NSW health targets for emergency/emergent surgery < 24hrs & <72 hours
Project Goal (TTH < 24hrs) 86%  
Oct/16=90% Jan/17=95%
(TTH < 72hrs) 88%

Objectives
• Reduce delays to theatre for emergent surgery patients
• Reduce occupied bed days

Method
Data collection on delays to OT  
Patient Stories  
IIMS analysis  
Environmental Scan

Initial Patient Journey

Results
Results align with the triple aims: Patient Experience, Patient Outcomes and Reduced Cost per Capita

Patient Experience

The graphs below demonstrate staff and patients increased knowledge and awareness of the emergency surgical categories. Substantial improvements were identified for both patients and staff.

Patient Outcome
A noticeable reductions in delays to theatre for Emergent Surgery (< 24hrs & < 72hrs) - identified by the patients

Cost per capita
A reduction in FTE of 1.11 from 2015 YTD 25.77 to 24.66 2016 YTD. This equates to approximately $110,000.00 savings

Diagnostics
- Patient Survey  
- Staff Surveys  
- Process Mapping  
- Surgeon Surveys  
- Patient Interviews  
- Patient Journey / Stories  
- Data collection

Solutions
- Education – incorporating patient information leaflet  
- Surgical Guideline / Pathway – incorporating Electronic Whiteboard and Electronic Booking, Medically Fit for Emergency Surgery checklist

Communication
- Newsletter  
- A3 Posters  
- Team meetings  
- Steering Committee  
- Grand Rounds (Nursing and Medical)

Sustaining Change - Governance
- Theatre Management Committee  
- Patient Flow Committee

Conclusion
By improving both the understanding of the Emergent Surgery Categories and reducing delays to theatre for patients requiring Emergent Surgery it has resulted in:
- Demonstrated enhanced understanding of Emergent Surgery categories
- Improved patient experience
- Reduced delays to theatre
- FTE cost savings

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Project Team & Steering Committee

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