

Background

The Gosford Surgical Admission Centre (GSAC) is a short stay surgical admissions centre providing care to an average of 650 overnight and 700 day only elective patients per month. The unit has two waiting areas, which accommodates surgical elective and trauma patients and relatives. The GSAC inpatient unit has 24 overnight beds and 6 day only beds frequently surged for overnight use. Caseload in the GSAC is predominately, Day Only and Extended Day only patients, however due to capacity issues, the GSAC accommodates elective patients requiring extended stay and unplanned surgical admissions from the Emergency Department. The unit is very busy with multiple occasions of "hot bedding" to manage the flow. Patient /carer feedback and data from the incident information management system (IIM's) has indicated a level of dissatisfaction with the level of clinical care and communication provided by staff in the GSAC. Clinical Incidents have occurred in the GSAC waiting room due inadequate patient observation.

Aim

- Within 6 months, a process will be developed and implemented, to ensure patients in GSAC waiting room are rounded on a regular basis.
- All staff within GSAC will respond to patient issues and concerns in a timely manner.
- All staff within GSAC will provide clinical observation in the GSAC waiting room.
- All staff will manage the clinical requirements of the patient in the GSAC waiting room.
- Systems and processes will be developed ensure sustainability of the project recommendations.
- The outcomes and successes of the project will be measured by a reduction in IIMS related to the GSAC waiting room.
- Improved communication to patients/carers in the GSAC waiting room will improve the patient/carers experience.

Changes made

Environment

- As a result of consumer and volunteer observational audits, several immediate changes were actioned;
- A regular toilet cleaning schedule for the GSAC waiting room was implemented
- Maintenance department adjusted the waiting room temperature
- The Carer Support Unit provided posters outlining information of the availability of the Carers Retreat as a waiting place for relatives/carers. A Carer Unit Volunteer attended the waiting area on a regular basis to promote utilisation. This initiative created more space in the waiting room for elective patients, who on occasions, had no seating.
- The seating in the waiting room was replaced and reconfigured to improve visibility by staff
- The television has been replaced with a larger screen.

Admission Process

- The Patient Services Manager was contacted, to negotiate regular allocation of administrative staff members familiar with the GSAC admission processes. The aim was to promote continuity and improved communication between patients and carers. Customer service etiquette was discussed at Administration Staff meetings.
- A ticketing system to reduce lengthy queues and improve privacy of information has been implemented. This was identified as an issue by the observational auditor and at post op patient survey.

Communication

- The working party developed a communication flow chart which identifies responsibilities for communication of changes to theatre scheduling between departments and to patients and families.
- The development of a patient rounding process has been established to provide the opportunity to identify, respond to and resolve potential clinical issues and patient concerns. The other benefit to patient rounding, is to inform the patient of expected time of transfer to Operating Theatres. It is anticipated that a flow on effect to Operating Theatre efficiency will result with a potential reduction in cancellations, as patients prepare themselves in a timely manner and arrive in Operating Theatres in an optimum time frame.
- Use of a white board has commenced which informs the patients of the current status of the Operating list, i.e. on time/delayed.
- A patient information poster was developed which displays information outlining reasons for delays and postponements; the poster incorporates photos and a dialogue.

Documentation

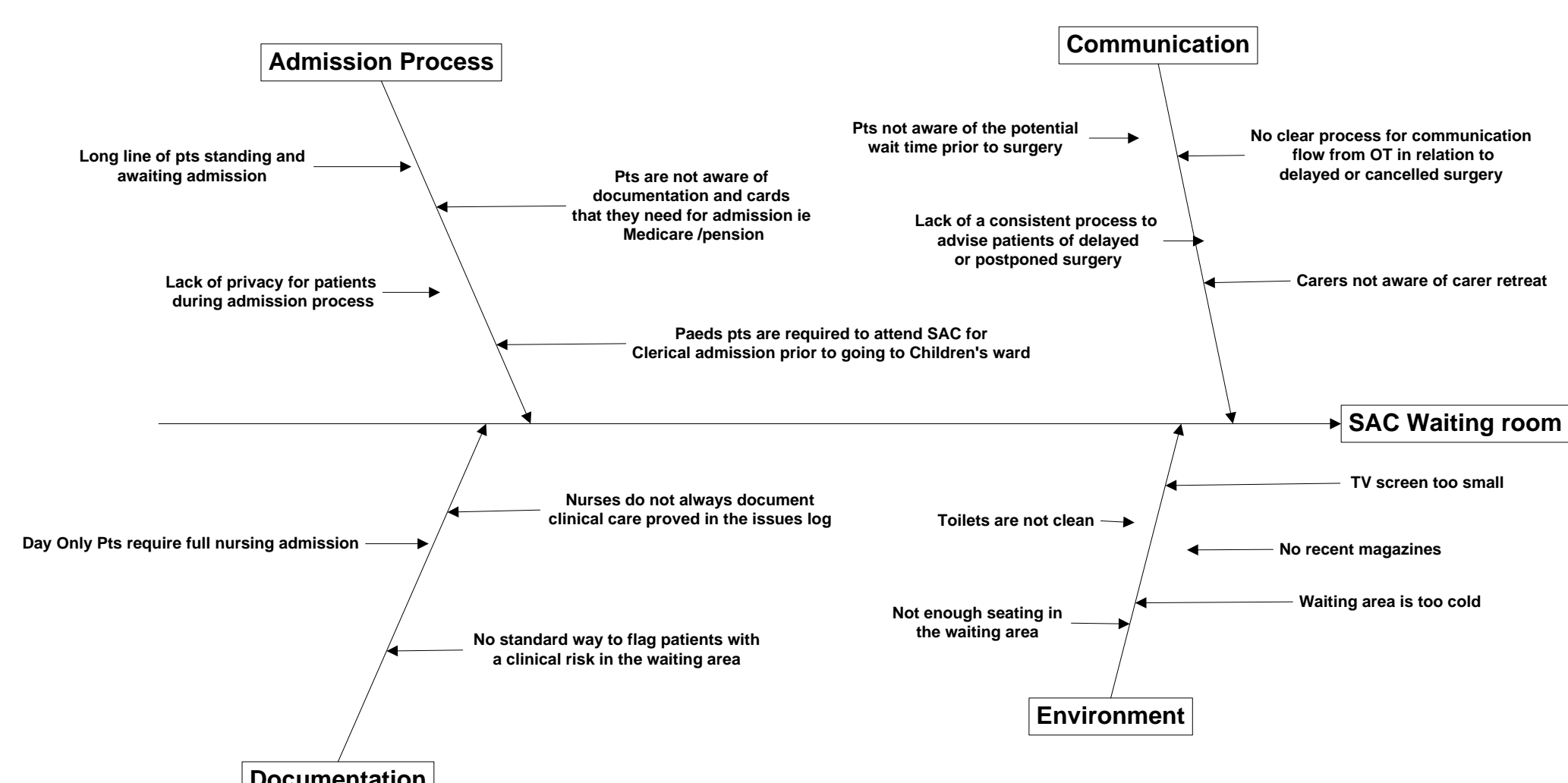
- A patient information brochure discussing theatre scheduling and delays (with consumer input) has been developed and made available for patients/carers
- The admission process for Day Only patients has been revised to decrease duplication.
- The rounding log acts as a record of issues identified to allow ongoing monitoring
- The Admission to Hospital Patient Information Book has been reviewed to provide information to patients and cares on the theatre scheduling and delays and the plan for care co-ordination when this occurs.

Diagnostics

A working party was formed, meetings were scheduled weekly. After several meetings, it was identified that additional working party members from Operating Theatres and Clerical admissions were required and added to the group.

An observational audit by a Registered Volunteer identified the following issues;

ENVIRONMENTAL ISSUES	Chairs in disrepair
ADMISSION PROCESS	Lack of seating capacity for patients & carers
ADMISSION PROCESS	Patients waiting 15minutes in line for admission
ADMISSION PROCESS	Lack of confidentiality in admission process
COMMUNICATION	Carers & family were not informed regarding carer retreat
COMMUNICATION	Patients identified they were unhappy with communication re waiting times and scheduling changes.
COMMUNICATION	Staff stood at the door and called instructions to patient and family from the doorway.

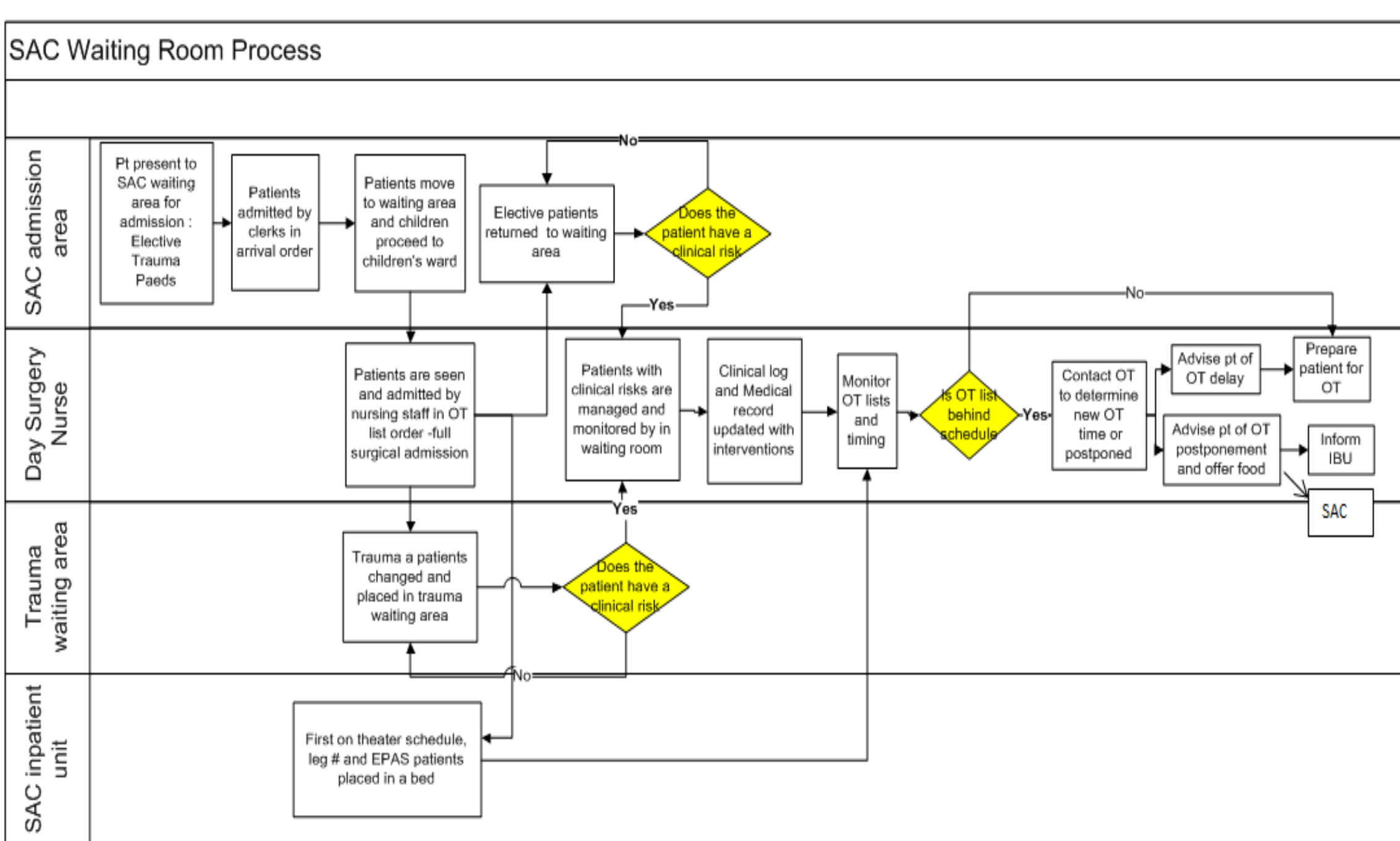


9.3% said the chairs were uncomfortable

46.5% said the room was cold

2.3% said the toilets were filthy

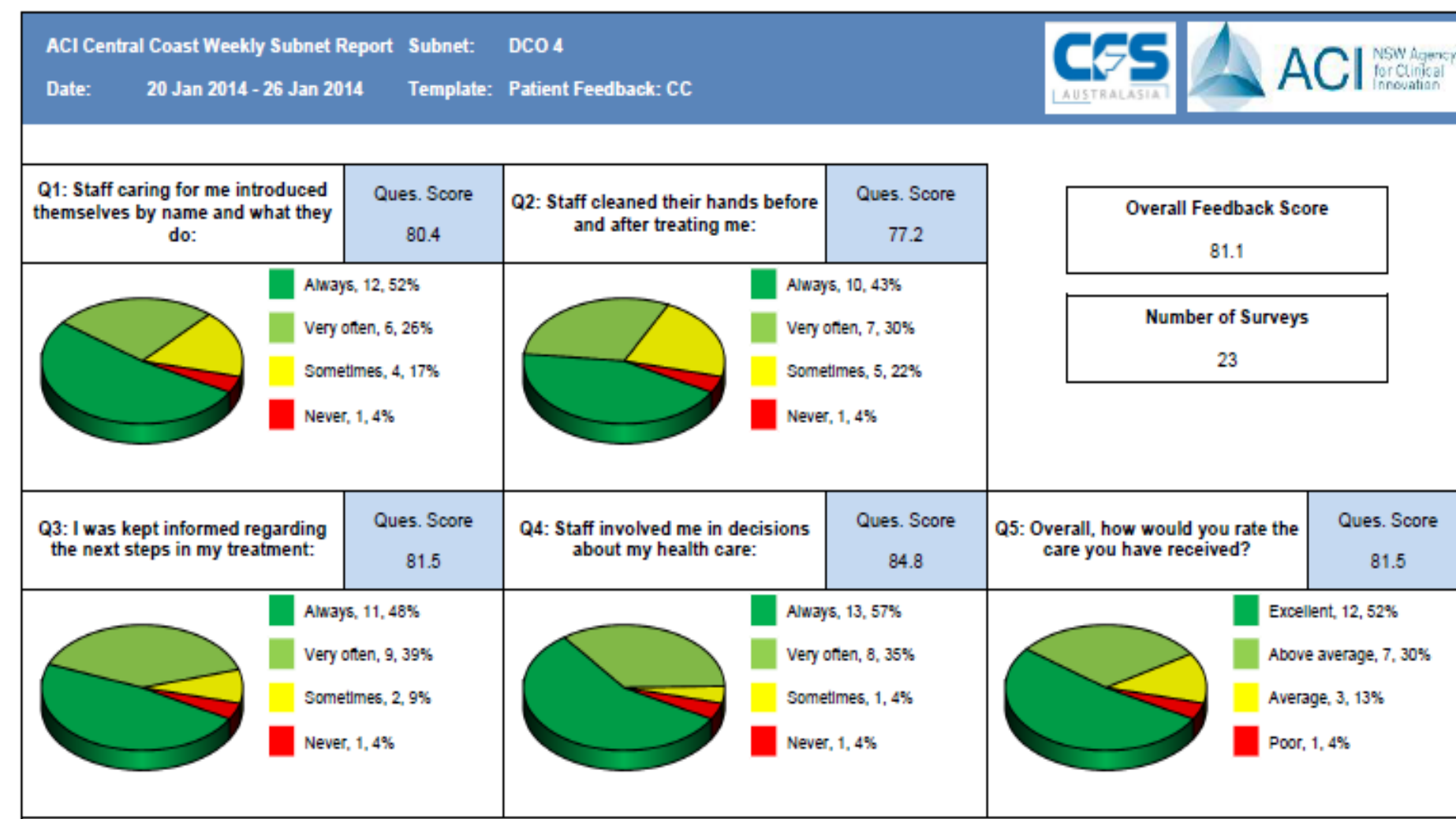
2.3% said no current magazines or reading material



Post-operative Phone call survey QUESTION	Pre-project 'yes'	Post-Project 'yes'
Was the day surgery/EDO process explained to you during the nursing admission interview	93%	100%
Were you aware that there would be a 2-3hr waiting period between your presentation time at the hospital & your operation/procedure time?	90.6%	99.25%
If you did have any concerns were they dealt with in a timely manner and to your satisfaction?	51.10%	99.75%
Is the layout of the waiting room seating/temperature satisfactory?	44.10%	100%

Pre project comments:
The toilets were filthy
The chairs were uncomfortable
The room was cold
No current magazines or reading material

Post project comments:
Everyone looked after us
I was nervous
Patient with back problems and they all cared for me
Slightly too cold
Wasn't admitted at the time I was advised, and no one advised me re delays



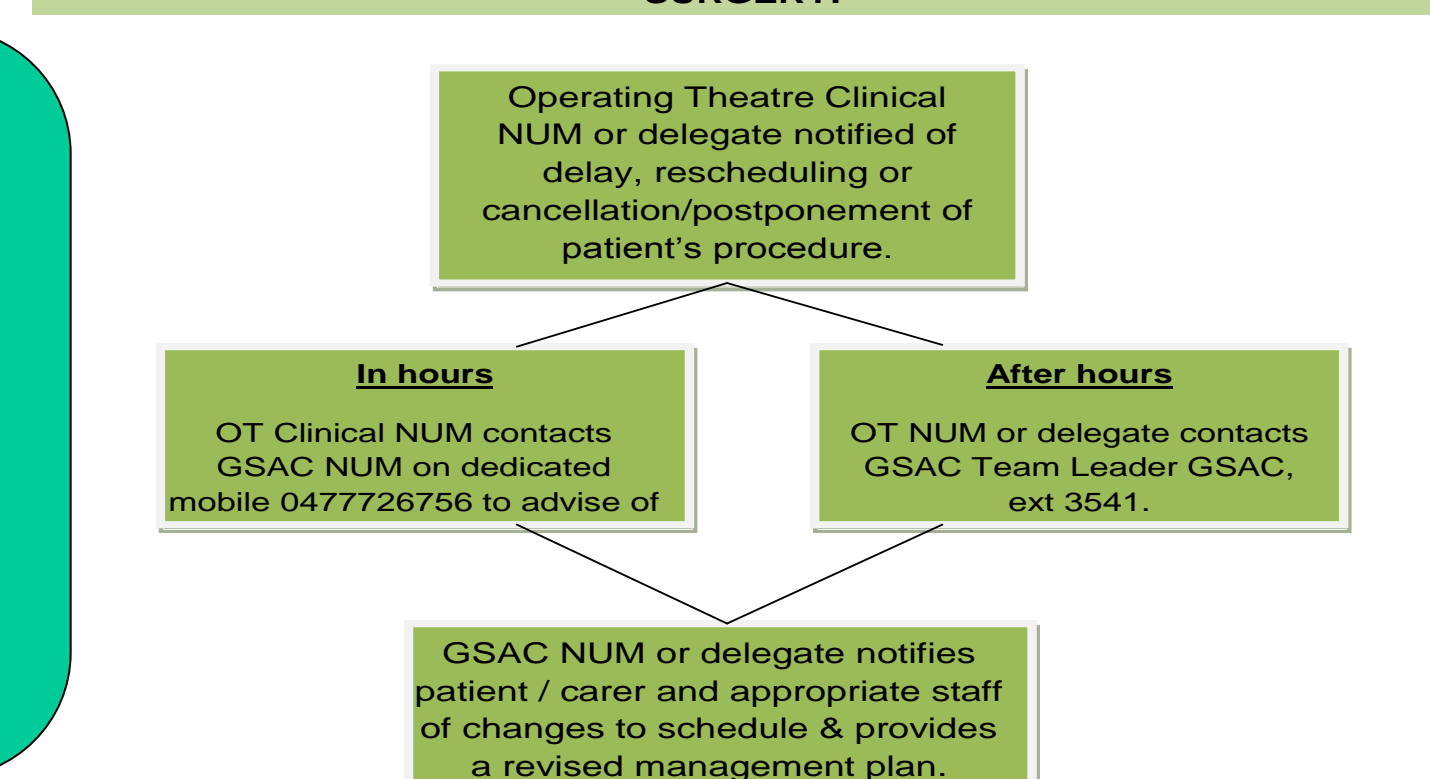
Evaluation

IIMS notifications for complaints related to GSAC Waiting Room
2010= 15
2011= 13
2012= 4
2013= 9
2014=2

David, a community visitor to the retreat while wife was undergoing surgery said a few things pleasantly surprised him: "Today a person in scrubs came into the SAC waiting room and announced to everyone that if they had any concerns, questions, or were feeling that the wait it too long, to please tell the staff and the problem would be addressed."
"After my wife went in to the unit, a staff member came and got me, and suggested that I take the time to go to Bunning's, or Gosford shops, or go the Carer Retreat where I could relax, and get a free cup of coffee and something to eat. I took the latter option, and was delighted that I did."

Follow up consumer Observational Audit (November 2014)
"The audit noted significant positive change in the room both for seating / design and processes for admission, congratulations to you and your team. The volunteers who visit on a daily basis get a sense that people are more relaxed and it appears that they are moving through the centre quicker."

PROCESS FOR COMMUNICATION TO PATIENTS AND STAFF OF CHANGES TO PLANNED SCHEDULE FOR ELECTIVE, EMERGENCY & TRAUMA SURGERY.



On arrival
Please present at the Reception desk. The staff will ask for your Medicare Card, Concession Card and personal details. You will then be asked to take a seat and wait for the nurse to take you for your admission interview.

Next
Once the admitting nurse has called you for your admission interview and assessment, you will again be asked to take a seat in the waiting room until you are called to get ready for transfer to the operating theatre. It may appear that other patients who have come after you are being interviewed ahead of you. Each patient is called according to their position on the theatre list and their allocated surgeon. It is important that your relatives or carer are aware that your expected time to return to the ward following surgery is a minimum of 3 hours. Relatives, carers or friends need to plan their time around this 3 hour period and may wish to take advantage of the Carer Retreat if they do not wish to leave the Hospital. If your relatives or carer does leave the ward area, they must inform the staff so they can be contacted and advised of your return to the ward.

Welcome to Gosford Surgical Admissions Centre. At CCLHD, all Patients are admitted using the same process, regardless of the reason for their surgery. During your stay it is important to know that even though you may have been given an approximate time for your surgery, this can change due to emergencies or surgical procedures taking longer than anticipated. The staff will keep you informed if this occurs. These unforeseen issues may result in reorganizing your surgery to another day. If this occurs the staff will advise you of the process. A staff member from the Integrated Booking Unit will contact you with your new date.

Sustaining change

- Conduct regular patient satisfaction surveys and disseminate results to staff in the GSAC
- Monitor IIM's for complaints and clinical incidents
- Schedule regular consumer volunteer observational audits
- NUM or delegate to review rounding log to ascertain if any issues occurring, and identify further areas for improvement.

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