

SELF ASSESSMENT CHECKLIST FOR SURGICAL SERVICES IN NSW PUBLIC HOSPITALS

Introduction

The aim of surgical services program is to ensure that patients receive timely and quality care at the most appropriate facility for their condition. The successful delivery of surgical services is dependent on managers ensuring that key components of surgery service delivery are implemented.

Key Components of Surgical Service Delivery

Please complete this self-assessment, using the rating schedule on page 8, to determine opportunities for improvement.

Booking Office	Rating		
	Green	Amber	Red
RFA Management & Receipt			
RFA checked for minimum data set.			
Check that the Clinical Priority Category is appropriate as per reference list in the Advice for Referring and Treating Doctors.			
Any discretionary cosmetic procedures are checked against the Waiting Times and Elective Surgery Policy.			
RFAs are registered on the PAS system within 3 days of receipt.			
Category 1 (Admission within 30 days) Planned Admission Date assigned on booking.			
On allocation of PAD/TCI the Patient Flow Manager is notified of the ICU bed requirement.			
Escalation Systems			
An escalation system has been identified for managerial issues e.g. obtaining dates from doctor for patients approaching benchmark, NRFC issues e.g. patient requesting to be deferred when registered onto the waiting list, unnotified surgeon leave, large volume of RFAs received from a surgeon's rooms.			
An escalation system has been identified for clinical issues e.g. CPC not aligned with policy or a cosmetic/discretionary procedure requested.			
Staff Training Program			
All staff have attended specific waiting list management orientation including:			
<ul style="list-style-type: none"> All staff receives a copy of the Waiting Time & Elective Surgery Policy PD2012_11 and CPC Reference list IB2012_004 & Ministry issued Procedure Manual (Flip Chart). 			
<ul style="list-style-type: none"> All staff completed E learning package. 			
<ul style="list-style-type: none"> All staff have undergone Waiting List PAS training. 			
Regular program of in-service education established.			
Two people in each booking office should be trained in the use of WLCOS to correct errors and produce monthly reports.			
Regular follow up and education of staff in the use of Waiting List Bookings used in error for emergency admissions.			

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	Green	Amber	Red
All staff receives a copy (hard copy or email) of the <i>Surgery Newsletter</i> which is issued bi-monthly.			
Correspondence with patients is documented electronically and on the RFA.			
All changes to patient's waiting list status are documented on the RFA and the electronic PAS.			
All audit checklist performance results are documented as per Waiting Time Policy.			
A filing system that allows easy retrieval of patient RFAs.			
Communication			
A number of communication technologies are available to ensure access to the booking office staff by both surgeons and patients. (e.g. Telephone with overflow to additional lines, voicemail, email options and sms).			
That patients are contacted (by telephone) to determine their ability to accept a date for surgery and followed up with a letter.			
That there is a confirmation process for patients booked for surgery to confirm their attendance for surgery.			
There is a system in place which informs the booking office of patients who are cancelled on day of surgery.			
All hospital initiated postponed patients advised of new date for surgery within 5 working days.			
The Booking Office is represented at key waiting list management related meetings (e.g. Local Health District Waiting List Meetings).			
Regular meetings for booking office staff are conducted to discuss waiting list issues.			
RFAs/PAS have evidence of patient and VMO communication in relation to waiting list status.			
There is a system of notification of Doctors Leave to the booking office.			
VMO/Staff Specialist Communication			
VMO/Staff specialist waiting lists sent at least monthly for verification (mail or email).			
VMO/Staff specialist's correspondence is sent for patient removals (other than admission).			
VMO/Staff specialists are notified of authorised CPC changes.			
Auditing Systems			
A schedule for patient audits documented and performed.			
System of Internal audits in place (LHD audit).			

References & Resources

Booked Patient Management – ACI (including fact sheets, newsletters and e learning)
<http://www.aci.health.nsw.gov.au/resources/surgical-services/delivery/predictable-surgery/3>
 Waiting Time and Elective Surgery Policy PD2012_011
http://www.health.nsw.gov.au/policies/pd/2012/PD2012_011.html
 Advice for Referring and Treating doctors – Waiting Time and Elective Surgery Policy IB2012_004
http://www.health.nsw.gov.au/policies/ib/2012/IB2012_004.html

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Pre-Admission Assessment	Rating		
	Green	Amber	Red
Is the PHQ available to download on the LHD website?			
There are systems available to receive completed PHQ (e.g prepaid envelope, fax, generic email account).			
That there are documented guidelines, which have been endorsed by local anaesthetists, to determine which patients require a pre admission clinic assessment.			
All PHQs are reviewed by a clinical screener and triaged for the most appropriate pre admission method.			
An appropriate level of anaesthetic support for Pre admission clinic.			
Appropriate number of Pre Admission clinic sessions available to facilitate access for patients requiring Pre admission clinic attendance.			

References & Resources

Pre Procedure Preparation Toolkit

http://www.health.nsw.gov.au/policies/gl/2007/GL2007_018.html

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Admission	Rating		
	Green	Amber	Red
There is a single point of admission for elective surgical patients.			
Day Only/Surgical Short Stay			
That there is a confirmation process in place to advise patients of their expected arrival time and pre-operative instructions.			
That there are documented admission criteria for the Day Only unit.			
That post operative telephone calls are undertaken and documented.			
Surgical Short Stay/High Volume Short Stay.			
Common Short stay procedures have been identified for facility and a system of identifying potential admission to the surgical short stay area.			
The Surgical Short Stay rate for the facility has been calculated for the facility and appropriate accommodation (beds) has been designated for these patients.			
Surgical Short Stay (24h-72hr LOS) patients are accommodated in a designated area.			
There is criteria led discharge implemented for common Surgical short stay procedures.			
There is a process for the review of variances to established protocols.			
There is medical and nursing leadership of the unit.			
Direct Admissions			
Established process for patients who are referred for urgent surgery after being assessed in Emergency Department and sent home including:			
<ul style="list-style-type: none"> • Timely communication processes from ED to operating theatres and single point of admission • Communication process for patients that minimises waiting time in hospital (e.g call in system) 			

References & Resources

High Volume Short Stay Surgery Toolkit
http://www.health.nsw.gov.au/policies/gl/2012/GL2012_001.html

Emergency Department - Direct Admission to Inpatient Wards
http://www.health.nsw.gov.au/policies/pd/2009/PD2009_055.html

Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals
http://www.health.nsw.gov.au/policies/pd/2011/PD2011_015.html

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Operating Theatre	Rating		
	Green	Amber	Red
Governance			
The Anaesthetic, Surgical and Nursing Leadership team work in collaboration for the strategic and operational management of the operating theatre suite.			
The Operating Theatre Committee(s) has appropriate representation to ensure that the operational and strategic needs of the Operating Theatre Suite are met.			
The Agenda(s) for Operating Theatre Committee(s) aligns with the recommended Agenda Items from the <i>Operating Theatre Efficiency Guidelines (page 33)</i> .			
<i>Operating Theatre Efficiency Guidelines</i> have been tabled at the Operating Theatre Committee Meeting.			
An action plan for implementation of the <i>Operating Theatre Efficiency Guidelines</i> has been developed.			
The Operating Theatre Committee(s) are convened regularly to ensure that the operational and strategic needs are met.			
Internal factors of Efficiency			
There is a single point of contact for coordination of day to day tasks in the Operating Theatre (i.e. Floor Coordinator/Access Nurse).			
Rostering patterns are reviewed regularly to align staffing with activity.			
Operating Theatre sessions are scheduled to:			
<ul style="list-style-type: none"> • Utilise available staff appropriately 			
<ul style="list-style-type: none"> • Optimise existing resources, instrumentation & equipment 			
<ul style="list-style-type: none"> • Optimise internal & external patient flow 			
Meet the elective and emergency demands			
There has been an assessment of non-surgical procedure demand on operating theatres (e.g. medical procedures).			
Where there is high non-surgical procedure demand on operating theatres alternative locations have been considered.			
Planning of Theatre sessions			
Key stakeholders (surgeon, anaesthesia, bookings, Day Only, theatres) are involved in the planning of theatre lists.			
There is Advance review of booked lists to assist in the early identification of:			
<ul style="list-style-type: none"> • Over bookings/under bookings 			
<ul style="list-style-type: none"> • special equipment 			
<ul style="list-style-type: none"> • special bed requirements (e.g HDU) 			

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	Green	Amber	Red
Management of consumables and equipment			
Established system of approval for high cost consumables & prosthesis.			
Systems for management of stock and non stock items.			
System for management of repairs and identification of equipment renewal.			
Metrics			
Statewide level metrics are collected, reported and actioned.			
LHD/Facility level suite of metrics have been identified and actioned (as required) for the following areas:			
<ul style="list-style-type: none"> • Activity (e.g. service level agreement targets, afterhours activity) 			
<ul style="list-style-type: none"> • Efficiency (e.g. utilisation, first case on time starts, cancellation on day of surgery) 			
<ul style="list-style-type: none"> • Safety (e.g. Unplanned return to OT) 			
<ul style="list-style-type: none"> • Emergency surgery access (Fractured hip ED to surgery time) 			
Metrics are routinely reported to operating theatre committee and Department Heads.			
There is a process to ensure variances from benchmark are investigated and escalated for action.			
Awareness and utilisation of <i>OT Standard Costing Template</i> : http://www.aci.health.nsw.gov.au/resources/surgical-services/efficiency/operating-theatre-costs.xlsx			
Emergency Surgery			
Assessment of Emergency Surgery Load			
Calculation of required sessions of Standard Hours Emergency OT Sessions has been reviewed.			
Determine Model of Care			
Model agreed to by clinicians & managers.			
Model is Consultant led.			
Workforce requirements and Rosters documented.			
Process for the Management of the Emergency Surgery Cases and Acute Bed Management documented.			
Clinical Handover Procedures are implemented.			
Patient Management Protocols are developed for common procedures.			
Daytime emergency operating theatre sessions available.			
There is a triage system for prioritising emergency surgery cases and a system of reviewing variances.			

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References & Resources

Operating Theatre Efficiency

<http://www.aci.health.nsw.gov.au/resources/surgical-services/efficiency/theatre-efficiency>

Operating Theatre Efficiency Guidelines & OT Standard Costs template

http://www.aci.health.nsw.gov.au/data/assets/pdf_file/0004/252436/operating-theatre-efficiency-guidelines.pdf

Emergency Surgery Guidelines

http://www.health.nsw.gov.au/policies/gl/2009/GL2009_009.html

Correct Patient in NSW

<http://www.health.nsw.gov.au/quality/correct/index.asp>

Operating Suite & Other Procedural Areas - Handling of Accountable Items - Standard Procedures

http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_571.pdf

Surgery Data Dictionary

<http://www.aci.health.nsw.gov.au/resources/surgical-services/delivery/predictable-surgery/surgery-dashboard.pdf>

Emergency Surgery Guidelines

http://www.health.nsw.gov.au/policies/gl/2009/GL2009_009.html

Clinical Handover- Standard Key Principles

http://www.health.nsw.gov.au/policies/pd/2009/pdf/PD2009_060.pdf

Emergency Surgery Implementation Project

<http://www.aci.health.nsw.gov.au/resources/surgical-services/delivery/predictable-surgery/8>

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Guide to Self Assessment Rating		
Green	Amber	Red
Procedures & processes have been created, documented and are understood and practiced by relevant staff within the organisation. The process is followed for the majority of time by all staff and the process is reviewed regularly. Achievement of associated targets occurs consistently.	Procedures & processes have been created and documented, however the process is not followed consistently across the organisation. Achievement of associated targets does occur, however not consistently.	There are some procedures & processes created and documented. Achievement of associated targets has not been achieved over the last 6 months.
Action: Continue to monitor.	Action: - Analyse why the process is not followed, identify where the gaps are in the process. - Education & training of staff of processes is required.	Action: - Process development should be based on NSW Health Policy, Guidelines and resources. - Education & training of staff of processes is required.

List of Abbreviations	
ASAP	As soon as possible
CPC	Clinical Priority Category
DOSA	Day of Surgery Admission
HVSSS	High Volume Short Stay Surgery
JMO	Junior Medical Officer
LHD	Local Health District
OT	Operating Theatre
PAD	Planned Admission Date
PAS	Patient Administration System
PHQ	Patient Health Questionnaire
RFA	Recommendation for Admission
VMO	Visiting Medical Officer
WLCOS	Waiting List Collection On-Line System