Large System Changes:
A Surgical Perspective
Large System Changes: A Surgical Perspective

- Predictive Surgery Program
- Fractured Hip in the Older Pt project
- Elements of Success
220 Public Hospitals & Health Services
100 Public Hospitals provide Surgical Services
NSW
Size: 809,444 sq.km
Popn: 7.5M
NSW
Size: 809,444 sq.km
Popn: 7.5M

Ontario
Size: 1.0M sq.km
Popn: 12M
System under stress 2004-05
Surgery Waiting List

Elective Surgery RFC

![Graph showing the number of patient days for elective surgery over a period from July 2002 to April 2005. The graph indicates a trend of increasing demand for elective surgery with fluctuations throughout the period.]
NSW Surgery 2004-05

- 40% growth in waiting list numbers in 2 years
- Waiting list approaching 70,000
- 20,000 over due pts on NSW surgery waiting lists
- Longest overdue pt – 8yrs for knee arthroscopy
- Throwing $ at the problem did not work!
Health System Dysfunction reflected in:

- ED performance deterioration
- Access block
- Elective surgery cancellation rates
- Surgery Overdue & Long Wait lists
- Adverse events
- Rising costs
- Recruitment problems
Surgical Services Taskforce (SST)

- The SST was established in August 2004.
- The prime objective was to improve the delivery of surgical services in NSW.
- The Minister & MoH agreed to carry out the recommendations of the SST.
- The SST is chaired by a practicing surgeon.

  Its membership includes most LHD Directors of Surgery, surgical specialists, anaesthetists, senior OT nursing, Local Health District/hospital manager, MoH and ACI.
Waiting List Management

Waiting Time & Elective Surgery policy (2006)

- Appropriate categorisation
- Demand management
- Patients treated “in turn”
- RFAs forwarded within 3 working days
- RFA accepted for surgery within 12 months
- Networking with LHD Clinicians & Managers
Waiting List Categorisation

Category 1:
Procedures that are clinically indicated within 30 days

Category 2:
Procedures that are clinically indicated within 90 days

Category 3:
Procedures that are clinically indicated within 365 days
Predictable Surgery Program

Planned
Resourced
Extended day only units
Driven by protocols
Insulated beds
Cultural change
Training & workforce
Assessment of surgical resources
Best practice in delivery of surgical services
Library of protocols
Emergency surgery
Overdue Surgical Patients (NSW)

Overdue Surgical Wait List Patients by Clinical Urgency
December 2004 to June 2012

- Urgency Cat 1 (30 days)
- Urgency Cat 2 (90 days)
- Urgency Cat 3 (365 days)
# National Elective Surgery Targets (NEST)

<table>
<thead>
<tr>
<th>Time</th>
<th>Cat 1 %</th>
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<td>Baseline</td>
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National Categorisation Guidelines adopted 2015
Elements of Success

- Political & Clinical imperative
- Major clinician disquiet about service dysfunction
- Partnership – SST & MoH
- Clinically appropriate categorisation
- Performance managed by MOH
- Solid performance data - SST dashboard
- Persistence
“Culture has tremendous inertia. That’s why it’s culture. It works because it lasts. Culture strangles innovation in the crib.”

Atul Gawande, Being Mortal: Medicine and What Matters in the End
Funnel plot for 30-day mortality rate following hip-fracture procedure. NSW by facility, Jul 09 - Jun 11. Adjusted for patient comorbidity, age and sex.

NSW average: 7.35%
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Funnel plot for 30-day mortality rate following hip-fracture procedure. NSW by facility, Jul 09 - Jun 11. Adjusted for patient comorbidity, age and sex.

NSW average: 7.35%
“We always hope for the easy fix: the one simple change that will erase a problem in a stroke. But few things in life work this way. Instead, success requires making a hundred small steps go right - one after the other, no slipups, no goofs, everyone pitching in.”

Atul Gawande, Better: A Surgeon’s Notes on Performance
Integrated Orthogeriatric care decreases mortality & improves outcomes
Optimal Pain control decreases morbidity. Pro re nata (PRN) means “as needed”. 
(PRN = Pt. Receives Nothing)
Operate as soon as medically appropriate & minimise those >48 hrs
Once medically fit, prioritise their surgery.
Mobilising improves outcomes
These pts should be screened for osteoporosis and treated
“In God we trust, everyone else bring data!”
Elements of Success

- Clinical imperative
- Momentum in the health system for change
- Solid clinical and costing data
- Robust evidence base - clinically appropriate
- Individualised hospital approach
- Range of tools to assist clinicians make the change
- ACI resources as required
Operating Theatre Efficiency Guidelines
A guide to the efficient management of operating theatres in New South Wales hospitals
“Change will not come if we wait for some other person or some other time. We are the ones we’ve been waiting for. We are the change that we seek.”

Barack Obama
Professor Donald MacLellan

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