

# Emergency Surgery Redesign

## FACT SHEET

August 2014

### Key Principles of Emergency Surgery Redesign

1

Consultant surgeon-led models of emergency surgery care

2

Patients are operated on during daylight hours where clinically appropriate.

3

Sufficient daylight operating theatre sessions to meet emergency surgery demand.

4

Principal hospitals identified within an Area Health Service to undertake emergency and elective surgery loads.

5

Reallocation of surgery resources (equipment and staff) to meet the emergency surgery workload.

Right Patient  
Right Operation  
Right Staff  
Right Place



### Potential Benefits of Emergency Surgery Redesign

#### Clinical Performance

- Improved predictability of access to timely surgery
- Reduced morbidity and mortality
- Improved provision of focussed training in Emergency surgery
- Reduction in length of stay.



#### Service Management

- Reduced elective surgery cancellations
- Reduced delays and postponements of emergency surgery
- Reduction in after hours surgery and call-backs
- Reduced delays in ED for emergency surgery patients.

#### Resource Utilisation

- Improved emergency theatre utilisation
- Improved availability of ICU and HDU
- Improved use of radiology and pathology investigations.



For more information please see the **Emergency Surgery Guidelines (GL2009\_009)** available at: [http://www.health.nsw.gov.au/policies/gl/2009/GL2009\\_009.html](http://www.health.nsw.gov.au/policies/gl/2009/GL2009_009.html).

For more information please contact: Professor Donald MacLellan  
Director, Surgery, Anaesthesia and Critical Care  
NSW Agency for Clinical Innovation  
02 9464 4604 or [donald.maclellan@aci.health.nsw.gov.au](mailto:donald.maclellan@aci.health.nsw.gov.au)