



From the State Program Director's Desk Professor Donald MacLellan



SURGERY- WHERE TO FROM HERE?

It is pleasing to note that most LHDs have their surgery programs under solid control and thus their overdue numbers are at a minimum. However, new challenges are about to begin with the National Elective Surgery Targets (NEST) set by the National Partnership Agreement. By 2015, the Commonwealth expects that there will be **no** overdue patients in any category at anytime!

The Surgical Services Taskforce (SST) and the Ministry of Health have been advocating that a major change in surgical services delivery is required if NEST is to be achieved. In particular, the streaming of emergency and elective patients is of paramount importance. The Ministry supported and funded the Emergency Surgery Implementation project and has resulted in 7 hospitals redesigning their Emergency Surgery Management. There are many more hospitals that still are required to examine their emergency surgery data and plan for a redesigned emergency surgery service.

The Ministry and the SST have also been promoting the High Volume Short Stay Surgical (HVSSS) model. The majority of elective surgery can be completed safely and effectively with a length of stay of 3 days or less.

The introduction of Activity Based Funding will require LHDs to seek out efficiencies in order to stay within budget and the HVSSS model will deliver surgery of high quality, high patient acceptance and a high level of efficiency. The HVSSS model can protect elective surgery from cancellations due to bed shortages especially during the winter months. If emergency surgery is well managed, HVSSS should also not force cancellations due to the prioritisation of emergency surgery patients.

I think there is much to do in 2012! In the meantime, it is time to enjoy the festive season, recharge the batteries and prepare for the challenges ahead. On behalf of the Surgery Team in the Ministry, have a safe and Happy Christmas and all the best wishes for the new year.

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November 2011 Surgery Performance

% of patients treated within the clinical priority timeframe year to date November 2011

LHD	Cat 1	Cat 2	Cat 3
SCHN	97.7	88.8	91.3
St Vincent's Network	95.8	90.2	87.4
Sydney	99.2	95.8	98.6
SWS	90.4	88.3	92.4
SES	90.6	92.8	91.8
IS	87	88.9	92.2
WS	96.9	91.4	92.1
NBM	96.5	82.4	81.3
NS	95.8	94	97
CC	98.7	89.6	93.3
HNE	91	90.6	91.2
NNSW	87.4	87.3	91.1
MNC	87	83.3	85.3
SNSW	94	90.6	94.5
Murrumbidgee	84.2	89	90.4
WNSW	96.8	89.8	93
FW	98.1	89.8	100
NSW	93.1	90.4	92.3

National Elective Surgery Targets (NEST)

Proposed Commonwealth Targets NPA	Cat 1 %	Cat 2 %	Cat 3 %
Baseline	92.3	86.6	89.4
By Dec 2012	96	90	92
By Dec 2013	100	93	95
By Dec 2014	100	97	97
By Dec 2015	100	100	100

Sydney HVSSS Centres announced - Judy Willis

There was significant interest in the recent Expression of Interest for establishment of HVSSS units for the Sydney metropolitan area. A total of 10 submissions were received.

The successful applicants were **Auburn** and **Canterbury** Hospitals. These hospitals were chosen as their submissions best reflected the objectives of the High Volume Short Stay Surgical model of care and both identified robust plans to undertake additional cases in this environment.

The Ministry will continue to advocate for the development of HVSSS units throughout NSW.

Hospitals who are planning for redevelopment (Nepean, Bega, Wollongong, Hornsby, Tamworth) have also been considering the HVSSS model and how it can be incorporated into their redevelopment plans.

More information about the HVSSS model can be found at <http://www.archi.net.au/resources/delivery/surgery/predictable-surgery/6>



Waiting Time Policy Road shows - Judy Willis

Over the last six weeks the Ministry's Surgery Team have visited a number of sites across the state to brief staff about new Waiting Time and Elective Surgery policy which will be released in the near future.

The sites visited included: John Hunter, Tamworth, Blacktown, Westmead, Hornsby, Royal North Shore, St George, Prince of Wales, Nepean, Hawkesbury, St Vincent's, Campbelltown, Liverpool, Wollongong and Orange Hospitals. Approximately 200 staff have attended these sessions to date.

In addition to the new policy an updated e-learning package will be available on the ARCHI website when the policy is released.

The team will be making arrangements with the remaining Local Health Districts to visits in early 2012.



Road show visit at Royal North shore Hospital

Surgery Access Line - Christmas Arrangements Donna Scard



The Surgery Access Line will be closed from 23 December until Friday 6 January 2012.

During this period patients will be directed to contact their local hospitals for advice.

Normal services resume on Monday 9 January 2012

Question from the Booking Office - Donna Scard

Question:

Is a patient able to be placed on the waiting list for bilateral procedures (e.g. L & R Cataracts)?

Answer:

No. Bilateral procedures are only to be placed on the waiting list when they are to be undertaken in the same episode of care (admission).

The booking office can only accept one waiting list bilateral booking at a time, if they are to be undertaken in separate admissions.

The patient should not be placed on the waiting list as 1st procedure Ready for Care (RFC) and the second procedure Not Ready for Care (NRFC).

Do you have a question?

Please email Donna Scard

dscar@doh.health.nsw.gov.au

or phone 9391 9324

A word of Thanks

To Margaret Wallace from South Eastern Sydney Local Health District, who recently relieved on the NSW Surgery Access Line while Donna Scard took a well earned break.

Surgery Redesign Training Program - Judy Willis

The Inaugural Surgery Redesign Training Program was conducted over 5 days from Monday 28 November to Friday 2 December 2011 at Mary McKillop Place. Thirteen participants from rural and metropolitan hospitals completed the 5 day training program. The participants were selected to implement one of the three surgical models of care identified in the Surgery Futures Project.

The three models are:

- The High Volume Short Stay Surgical Model (Canterbury & Auburn)
- Emergency Surgery Model (Wagga Wagga, Prince of Wales, Sydney Children's Hospital, Orange, Tweed, Gosford/Wyong, Maitland)
- Specialist Centre Model (Westmead & Sutherland)

The customised training program included sessions on:

- Fundamentals of Project Management
- Accelerated Implementation Methodology
- Patient Flow Systems
- Business case development
- Establishing Clinical Protocols
- Sourcing Data
- Patient /Carer experience



The Centre for Health care redesign will be evaluating the course with the view to extend the concept for other model of care implementation. A second Surgery Redesign Training Program will be run in early 2012.

Congratulations go to all the participants.

Quotes from the Program:

"I would recommend this course as it was an opportunity to learn about project management and to become involved in the exciting changes happening in Health. I feel I have gained a deep insight into a new level of management"

"I would like to say thank-you for a great week. Your knowledge and energy leaves me shell shocked, but wanting more "

First Perioperative Nurse Practitioners in NSW - Judy Willis

Congratulations to Lynley Cook & Jennifer Dobson from Nepean Hospital who have been formally recognised as the first Perioperative Nurse Practitioners in NSW.

Lynley & Jennifer have been closely involved in the development of the Nepean Acute Surgery Service and have been instrumental in the success of that unit.

Lynley has recently presented at the Surgery Redesign Training Program and her experience and knowledge was greatly valued by the participants.



Rural Surgery Futures - Chris Lassen



The *Rural Surgery Futures* Project team visited 26 non-metropolitan hospitals across NSW and undertook extensive consultations with over 200 rural clinicians and hospital managers, as well as the key stakeholder organisations and Colleges. As well a Survey was designed to enable rural staff to contribute to the Project. The consultations, site visits and survey responses revealed wide variations in service provision in rural NSW.

The consultations and site visits revealed wide variation in service provision in rural NSW. The key recommendations for the future development of rural surgical services that emerged from the project include:

- developing and strengthening of rural surgical networks;
- regular updating of clinical service planning with clinical input;
- attention to workforce attraction and retention with targeted incentives and remuneration for remote areas;
- improved access to training and education integrated with rural medical schools;
- acknowledgement of the role of the GP proceduralist;
- continuity in hospital management being required to restore confidence with clinicians and facilitate decision making and planning locally.

The Rural Surgery Futures Report was released in November 2011 and is available for viewing at:

The RSF Report: <http://www.archi.net.au/resources/delivery/rural/rural-futures>

The RSF Survey: <http://www.archi.net.au/documents/resources/hsd/rural/rural-futures/rural-surgery-survey.pdf>

Specifically identified in the project was the need for the establishment of Surgical Fellowship positions in each of the rural Local Health Districts. These have been supported and funded by the NSW Ministry of Health.

The consultation forums identified shortages in surgical instrumentation and equipment. As a result NSW Health has made a commitment to provide funding specifically for the purchase of equipment and instrumentation to assist surgery in the rural hospitals.

Newcastle Futures - Gavin Meredith

NSW Health in conjunction with the Surgical Services Taskforce (SST) has recently completed the Surgery Futures Project and the Rural Surgery Futures Project. These projects were designed to guide the development of surgical services across NSW over the next 5 – 10 years. The Surgery Futures report and the Rural Surgery Futures report are available on the ARCHI website (see link below).

In October 2011, it was recognised that an extension of the Surgery Futures project was necessary in order to construct a framework for surgery in Greater Newcastle over the next 5-10 years. The project will take into account:

- Surgery Futures Recommendations
- Rural surgery Futures Recommendations
- Emergency Surgery Guidelines
- Emergency surgery Implementation Project



NSW Health has engaged KPMG to assist in the Newcastle Futures Project.

Consultations with staff, surgeons and managers were undertaken in November and December with the final report expected to be available in early 2012.