

## **Title: Clinical Services Redesign Program - Meeting Surgical Demand**

### Abstract

In 2005, SSWAHS commenced an Area-wide project focused on 'Managing Surgical Demand'. The project reviewed current arrangements in relation to surgical services and proposed new ideas and solutions for improvements to the surgical patient journey. This included the operation and configuration of Surgical Services to better enable SSWAHS to manage the increasing volume of patient demand into the future.

The project undertook a review of surgical practices, surgical admission processes and Operating Theatre resource allocation with the following objective:

To improve efficiency, safety and effectiveness of peri-operative processes across SSWAH.

The project results suggested that with implementation of the 23 solutions, a 10% improvement in surgical procedures could be achieved within current resources in the area.

### Aim

To meet surgical demand by increasing surgical activity by 10% and reduce surgical cancellations to 5% within 12 months.

The stretch goals are:

- a) Operating theatres will be utilised 80% of the time.
- b) Long wait overdue patients will be reduced to nil each month.

### Nature of the problem

The management of waiting lists were not always deemed a priority, patient cancellations were high and operating theatres utilisation was not optimised.

The rate of surgery undertaken declined due to factors such as the increasing demand for Medical admissions via Emergency Department and an aging population.

SSWAHS needed to meet its surgical demand within a reasonable time frame using existing resources.

A redesign of processes across the surgical patient journey was required. The project involved improving the following:

- Network reconfiguration
- Demand planning
- Better use of physical capacity or layout
- Consistencies in practices and processes

- Consistencies with data collection and monitoring
- Governance structures
- Theatre utilisation
- Communication
- IT support
- Implementation of new models of care

#### Extent of the problem

The 'Meeting Surgical Demand' project utilised a CSRP project methodology. The project's initial phase produced a Report in December 2005 which summarised the key issues facing SSWAHS.

The project used the following tools including CSRP Analytical Framework, to identify the surgical demand characteristics and issues which included:

- Focus group sessions
- Interviews
- Process mapping
- Process framework
- Internal/external data collection

The project structure facilitated input and leadership from key clinical leaders across SSWAHS. Over 130 staff including community representatives at 10 sites were consulted. The project focussed on the patient's journey.

A working party process was used to generate and prioritise solutions and identify Key Performance Indicators.

The extent of the problem is demonstrated below with patient cancellations:

(Benchmark-5%)

Table 1

Facility	% preventable cancellations	Snapshot	% cancellations
Facility 1	68%	Jan-Jun	16.5%
Facility 2	35%	Jan-Nov	9%
Facility 3	67%	Jul-Sep	10%
Facility 4	67%	Aug	8%

(Sydney South West Area Health Service 2005 Clinical Services Redesign Program-Operations Review Report)

### Strategic importance

The project aimed to create better experiences for people using Health Services.

The project supports NSW Health policy (NSW Health 2006-Waiting time and Elective Patient Management Policy) in taking proactive steps to ensure patients do not wait longer than that stipulated by their NSW Health Clinical Priority Category.

This was achieved via better planning and the redesign of practices and processes to ensure patients have ready access to a satisfactory journey through the health service.

A focus on the patient journey ensured patients and their carers are informed and involved in their healthcare.

Stronger governance structures improve clinician accountability and utilise KPI monitoring tools (dashboard) to drive decision making.

### Planning and Implementing Solutions

The project engaged the working party participants to assist in driving future implementation. This included consumer and carer representatives. The outcome was the proposal of 23 solutions.

The project proposed that one extra operation per Operating Room every 2 days would ensure an increase of 7000 more operations per year, which is a 10% increase using existing resources. The 10 % improvement was predicted to be achieved by implementing the following solutions:

- An Integrated Operating Plan-‘one’ surgical plan across SSWAHS, a planning and management process framework that links planning across strategic, tactical and operational levels.
- Innovative Operating Models-23 hour/extended day only models, proactive and early discharges, estimated day discharge.
- Peri Operative Governance structures - surgeon accountability, surgical dashboard tools.
- Improved patient flow for surgical patients

The first steps toward implementation included:

- Establishment of a Project Management Committee as the driver for implementation.
- Building on current project momentum
- Engaging facility General Manager’s
- Tailoring and shaping the implementation across SSWAHS facilities
- Engaging local change champions
- Driving good governance

- Commencing work on the implementation of new tools

#### Outcomes and evaluations

The successful implementation of an Area wide KPI reporting tool (dashboard) showing all major peri-op metrics at a glance. This has increased the visibility and utilisation of existing and new Surgical Patient Flow KPI's and has improved the monitoring and the management of performance across the Area.

The Dashboard has allowed for easy comparison of performance across facilities, and has identified opportunities for improvement as well as opportunities to share good performance.

Improvements include:

- A reduction in Surgical Overdues - Category One.

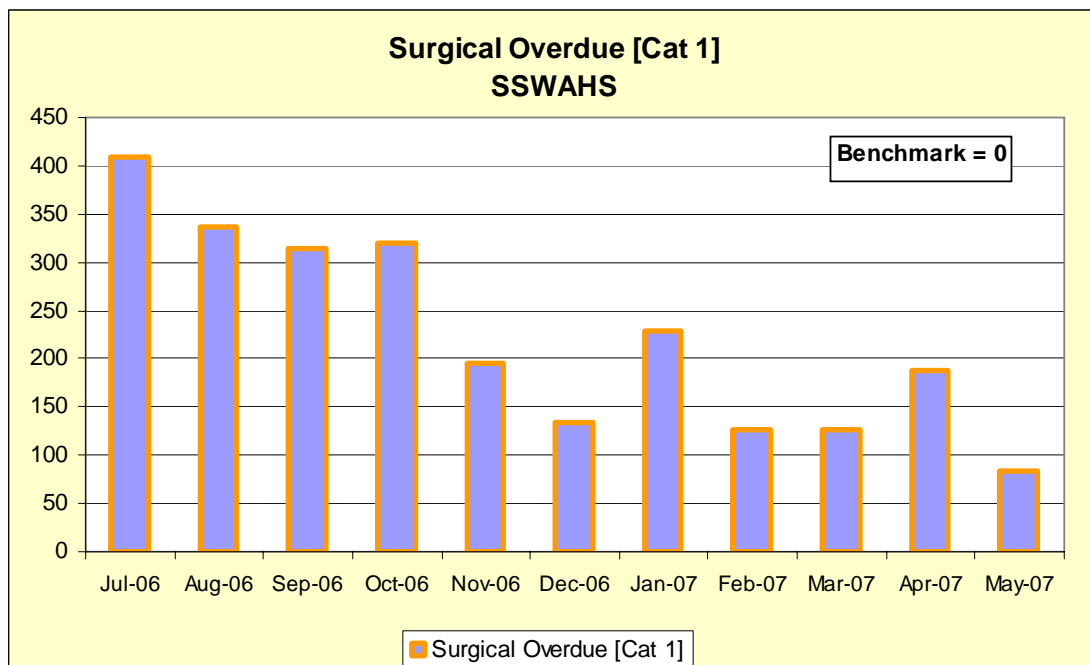


Figure 1

- A reduction in surgical overdues - Long wait patients.

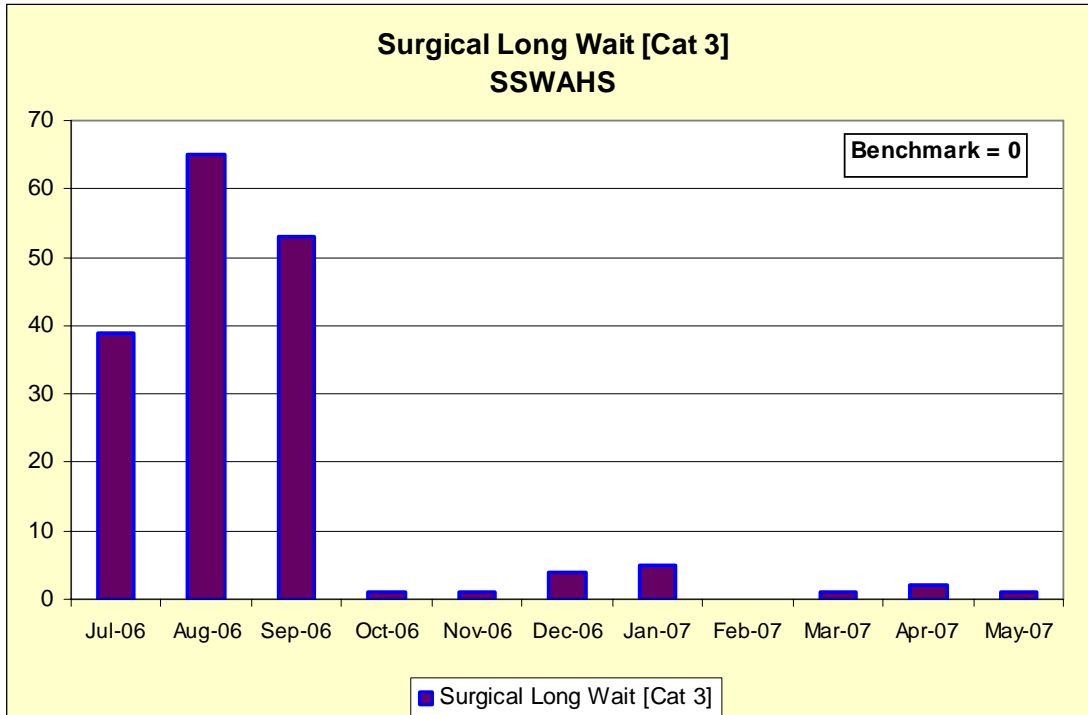


Figure 2

- A reduction in patient cancellations from 8% in May 2006 to 5% in May 2007.
- A reduction in patients waiting for surgery from 12070 in May 2006 to 11976 in May 2007.
- An overall 5% increase in activity.

	YTD May 2007	YTD May 2006	% Variance
SSWAHS	66,987	63,651	5%

(SSWAHS Performance Monitoring and Analysis Unit)

A modified version of the SSWAHS Surgical Dashboard has been adopted across the state and is well supported by NSW Health.

#### Sustaining Change

The Implementation Framework and Change Management Plan guided the approach and activities required to implement the solutions. It detailed the governance structure and implementation methodology, guidelines, approaches, resource implications and timelines to support the Implementation Management Committee.

The governance structure considered both:

- The best scenario to ensure effective implementation

- The longevity and future sustainability of the program as well as the service

The structure supported the concept of the 'one surgical plan' that integrates strategic, tactical and operational levels for decision making and ensures accountability at all levels. Each group has a key role to play in the effective implementation of the solutions.

Integrated planning focusing on 'Area wide demand, supply planning and management' has occurred concurrently with other initiatives during the implementation phase. The implementation approach ensured each level supported the other, which is crucial to implementation success.

#### Future Scope

The project centred on the patient journey and ensured that consumers were engaged and consulted from its inception. The project facilitated the implementation of Area wide solutions by engaging multidisciplinary stakeholders who worked together on the design of solutions and driving the change.

The Area wide Surgical Dashboard is considered an achievement as it integrated the Area, and facilitated a shared goal. The collection of theatre utilisation data with an agreed definition was a landmark move. SSWAHS worked together in achieving NSW health targets. Information and specific data is now transparent and this provides for data driven decision making.

This is an Area achievement that required key champions to drive its success, any of the proposed solutions can be transferred to any area Health Service.

#### Reference List

NSW Health 2006-Waiting time and Elective Patient Management Policy.  
[http://www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006\\_020.pdf](http://www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_020.pdf)

Sydney South West Area Health Service 2005 Clinical Services Redesign Program-*Operations Review Report*. Meeting Surgical Demand project.

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Sydney South West Area Health Service Performance Monitoring and Analysis Unit, Monthly Surgical Dashboard.