

Smooth Operations- enhancing the surgical patient journey

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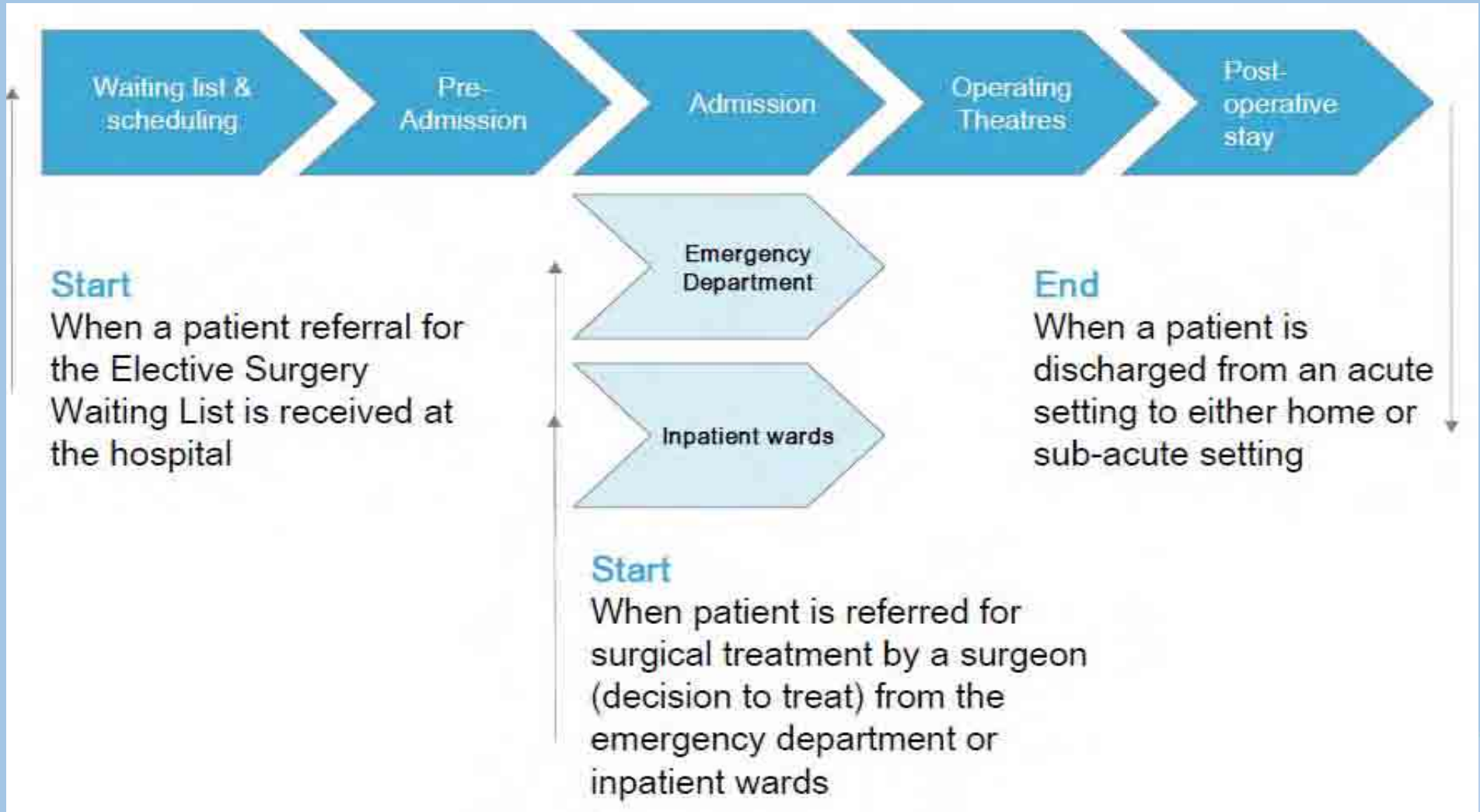
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Better Health for Our Community

Background

- The surgical services plan led to the co-location of all adult orthopaedic emergency surgery to the Dandenong Hospital site
- A rising demand for orthopaedic services
- The need to improve access, effectiveness and efficiency for the orthopaedic surgical patient journey
- A system wide approach to improve the flow for orthopaedic surgery

Scope of Project



Methodology

- Lean and six sigma
- Process mapping the entire patient journey
- Staff & patient surveys
- Issues prioritisation
- Solution design by the stakeholders owning the issue

Smooth Operations: top 6 priorities

Primary issues

- Staffing of twilight theatres
- Discharge planning and communication

Secondary issues

- Transferring patients back to the ward post operatively
- Bed availability
- Patient rehabilitation
- Pre-admission criteria

Background: Orthopaedic Twilight Theatres

- 4 days week 6-10 pm (Tue – Fri)
- In 2008, 79% of sessions > 30 minutes late
- Theatre overruns impacting on twilight theatres
- Staff expected to stay past 6pm to finish off theatre lists
- Delays in starting twilight list impacting on the allocation of emergency orthopaedic surgery
- Need for improvement to access & efficiency of the service

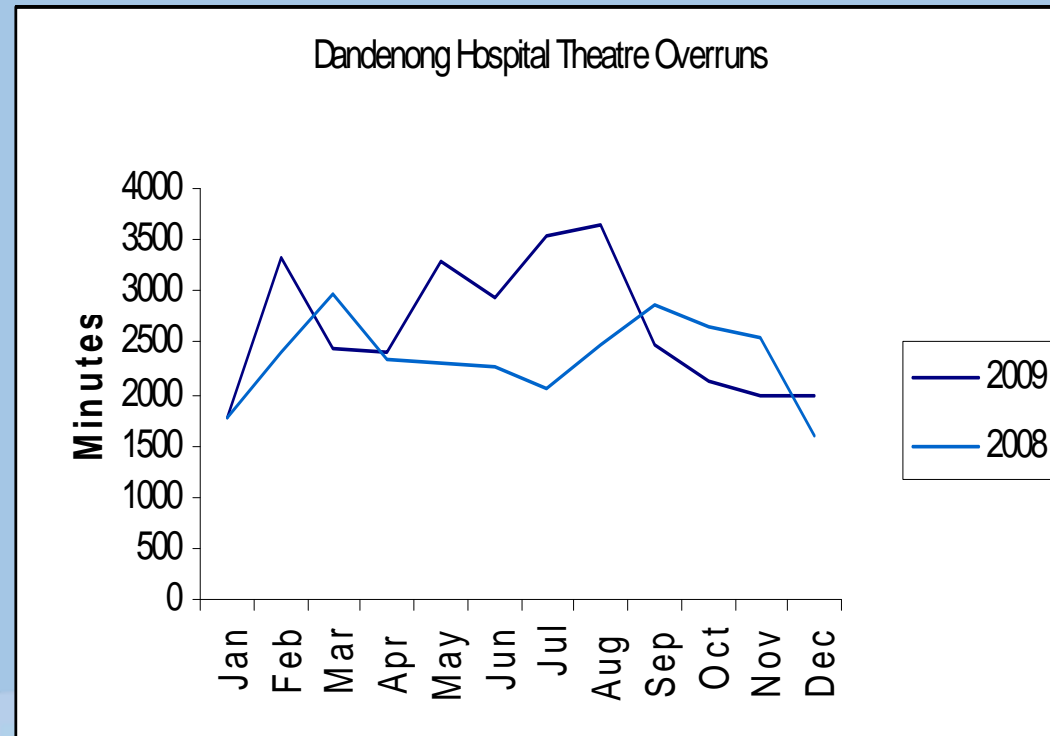
Solution 1: The Extended Orthopaedic PM list

1. Merging of two sessions, PM list and twilight list to become the extended orthopaedic PM list (Tues-Fri)
2. All staff (nursing, medical and anaesthetic) are rostered for the duration of the session (13:30 -22:00 hours)
3. Introduction of the 'Management of Operating Suite Overruns' policy
4. PACU roster change to support all elective operating room sessions finishing at 5.30pm

Solution 1: Outcome measures

KPI: Reduction in overruns for afternoon sessions

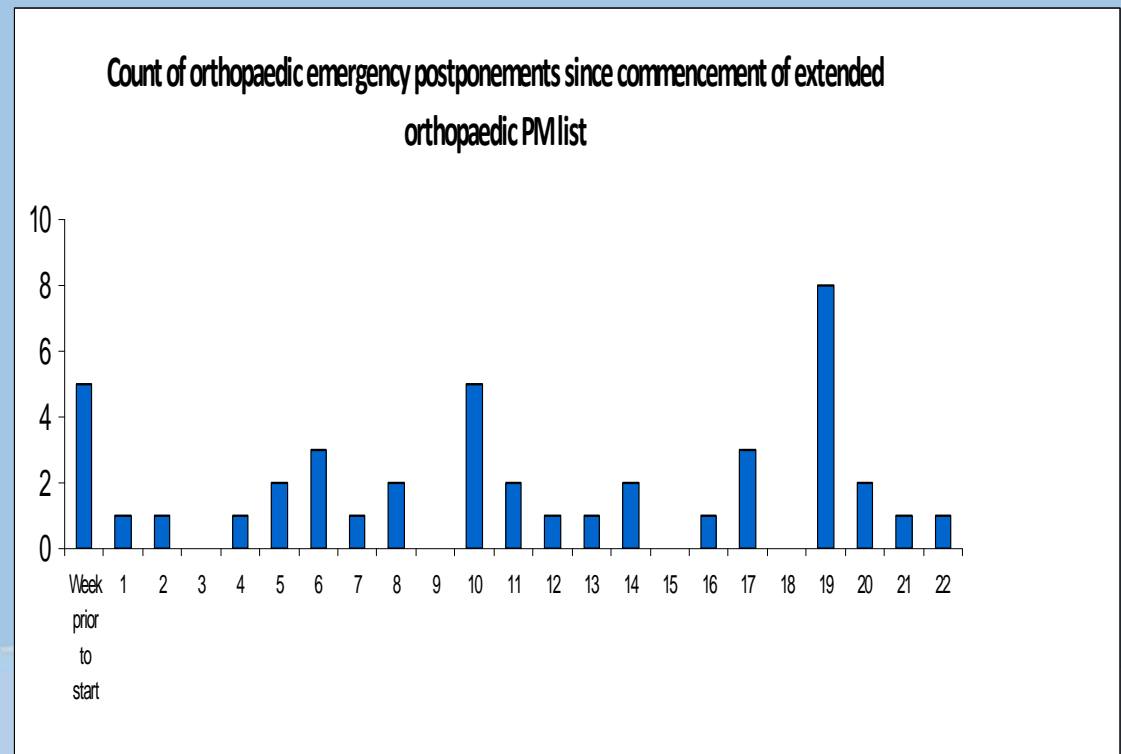
- Target 25% reduction in overruns was achieved and sustained
- Reduction in overtime hours
- An estimated cost saving of \$6758.89 from Sept to Dec 2009



Solution 1: Outcome measures

KPI: Reduction of cancellations/postponements of semi-urgent cases

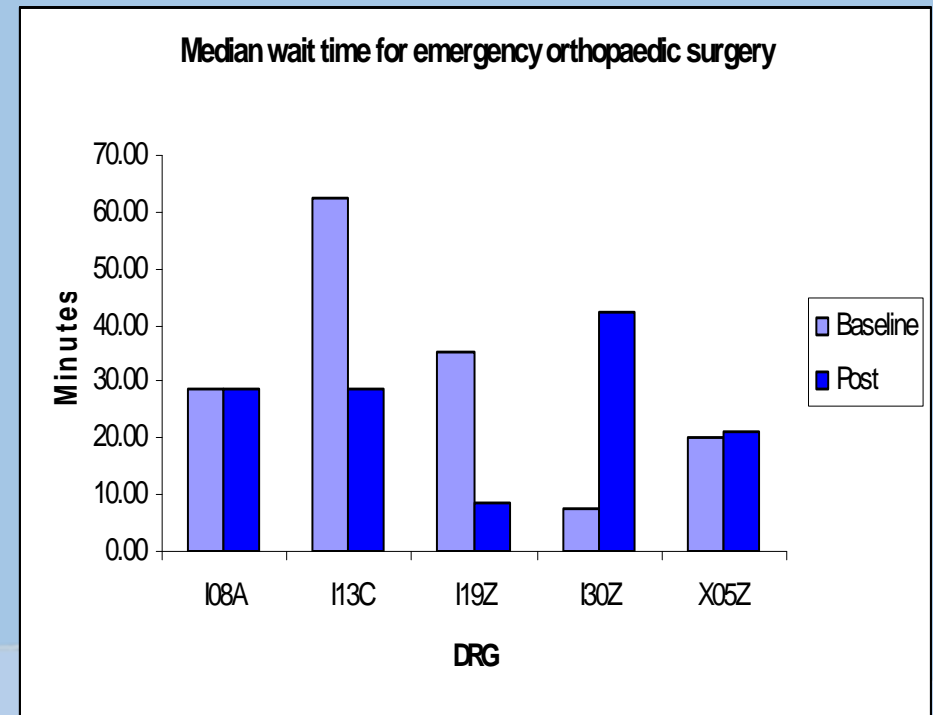
- Target to reduce the number of postponements to 3 per week.
- Ave postponements in 22 weeks was 1.8 per week.



Solution 1: Outcome measures

KPI: Reduction in the waiting times for emergency orthopaedic surgery

- The median wait time for surgery was measured for 5 DRGs
- Reduction in median wait time for 2 DRGs:
 1. I13C Humerus, Tibia, Fibula, Ankle procedures
 2. I19Z Elbow and forearm procedures



Background: Discharge Planning & Communication

- Delays transporting patients from theatre to the ward
- Fluctuating number of outliers
- Delays in discharge for short stay patients
- Time wasted establishing up-to-date treatment plans and patient status

Solution 2: Discharge Planning and Communication

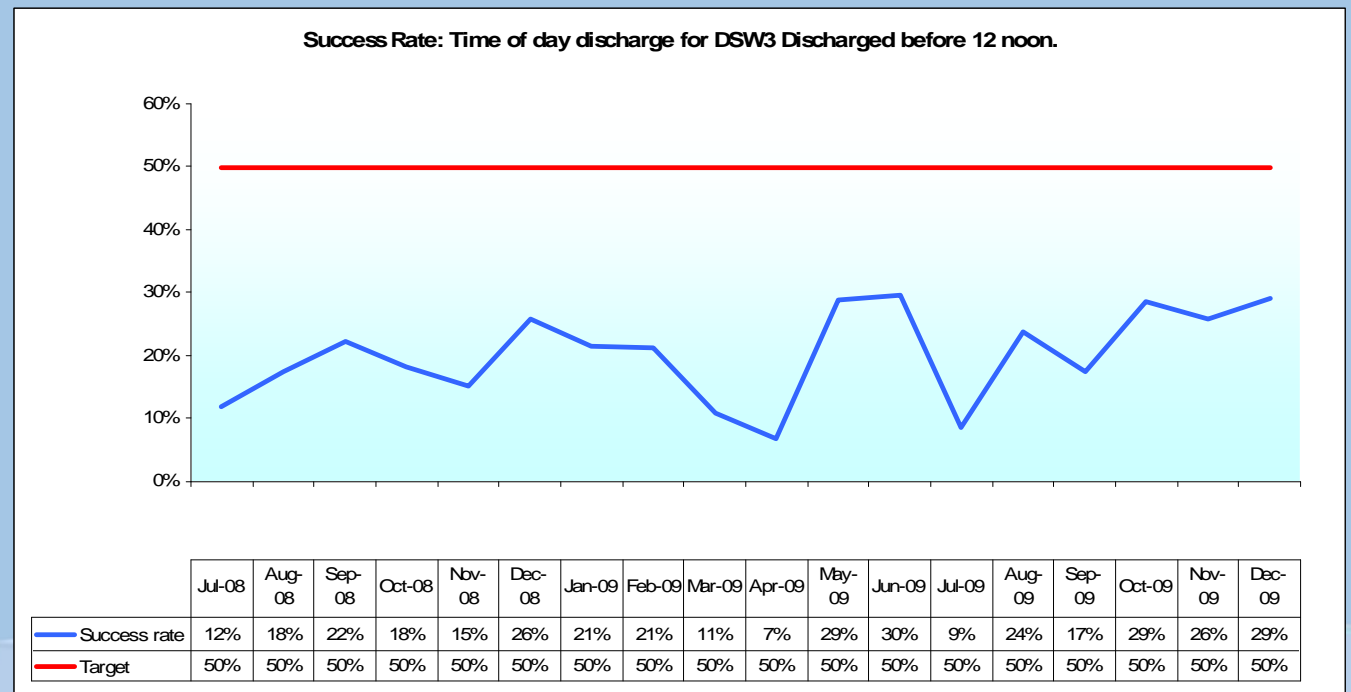
- Pre-morbid patient profile: completed in pre-admission and utilised on the ward
- A surgical patient journey whiteboard for discharge planning.
- Discharge paperwork is to be completed the day prior to discharge for all orthopaedic patients:
 - discharge summary
 - pharmacy script
 - x-ray request



Solution 2: Outcome Measures

KPI: To increase the number of patients discharged earlier in the day

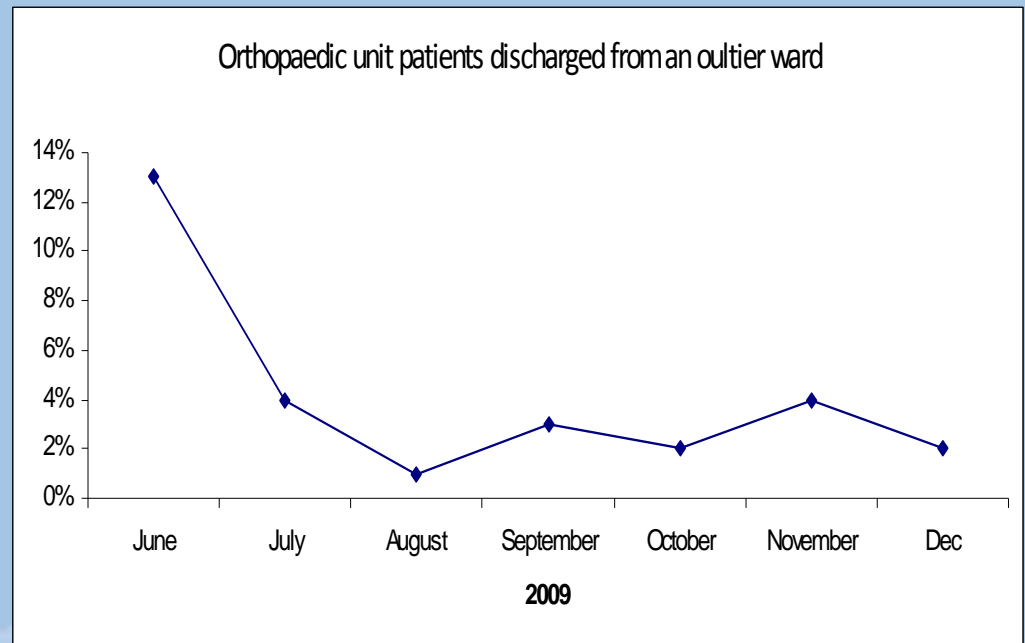
- Baseline 19%
- Target 50%
- Status 30%



Solution 2: Outcome Measures

KPI: To decrease the average number of outliers

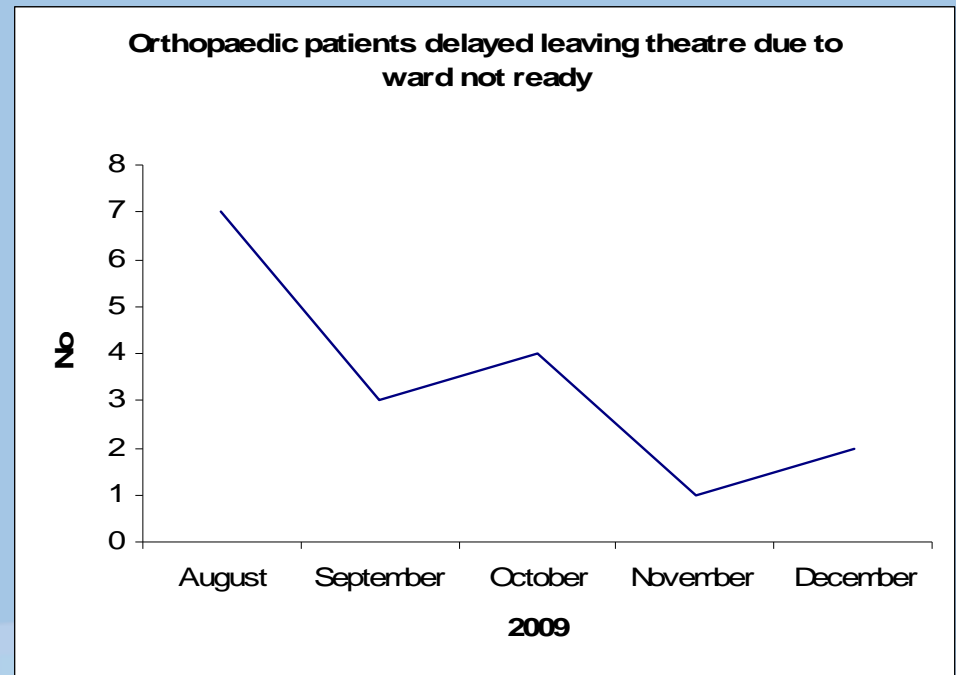
- There has been a reduction in outliers since implementation in July 2009
- The outliers have reduced from 13% in June 2009 to 2% in December 2009



Solution 2: Outcome Measures

KPI: Decrease in the delays transferring patients to and from theatre due to the ward not being ready

- Decrease in the delays for orthopaedic patients leaving theatre due to the ward not ready
- Ave of 2% of patients delayed in the past 5 months



Secondary Solutions

- 1. Transferring patients back to the ward post-operatively and bed availability**
 - A change in the process for calling for the bed
 - Transparent recovery room discharge criteria
 - Increased use of transit lounge
- 2. Patient rehabilitation**
 - A standardised assessment tool across sites (RAPT)
 - A consistent message for patients for joint replacement surgery
 - A visual information tool to provide patients with information about the daily plan post surgery (discharge steps)

Ongoing steps

- Monitoring change over time
- Stakeholders are continuously improving
- Celebration of successes
- Sharing and spreading innovation