

Planned Surgery Reform Blueprint

Improving the experience of planned surgery for all Victorians





Acknowledgement

The Victorian Government acknowledges the Traditional Owners of the lands on which we all work and live. We recognise that Aboriginal people in Victoria practice their lore, customs and languages, and nurture Country through their deep spiritual and cultural connections and practices to land and water.

The Victorian Government is committed to a future based on equality, truth and justice, and acknowledges the entrenched systemic injustices experienced by Aboriginal people endure.

We pay our deepest respect and gratitude to ancestors, Elders, and leaders – past and present. They have paved the way, with strength and courage, for our future generations.

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

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Terminology

The department

The 'department' refers to the Victorian Department of Health.

Planned surgery

In 2023, the department began using the term 'planned surgery' instead of 'elective surgery'.

Unlike emergency surgeries (for example, following an accident), planned surgeries do not usually require urgent action. However, they are medically necessary and are often not an 'elective' choice. The term 'planned surgery' is a more meaningful description for many people.

Perioperative care

Perioperative care refers to the continuum of multidisciplinary and patient-centred care that is provided before, during and after surgery. Perioperative care commences when surgery is first contemplated and continues through to when an optimal care outcome is achieved (Safer Care Victoria 2021b).

Preparation list

The term 'preparation list' (also known as 'waiting list') acknowledges the importance of engaging patients in active management and education before their surgery. This avoids a passive waiting approach and ensures patients receive support and optimisation before their surgery. This improves their experience and outcomes.

System and steward

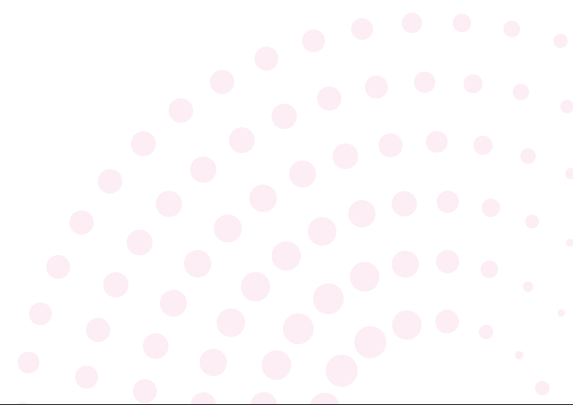
In this document, we call the two leaders of reform the 'system' and the 'steward'.

The 'system' refers to Health Service Partnerships (HSPs), public health services and hospitals. It also includes the wider health sector such as primary care (for example, general practitioners), which plays an important role in a person's planned surgery journey.

The 'steward' refers to the Victorian Department of Health. Alongside other central government agencies, the steward provides advice and expertise to the Victorian Government to inform health policy and set the direction of the system.

Value-based outcomes

Value-based outcomes are those that matter to patients and populations, including the environmental, social and financial costs of delivering those outcomes.



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Minister's foreword

Each year, hundreds of thousands of Victorians receive essential planned (and emergency) surgery. This allows them to enjoy time with their loved ones and family, and contribute to their communities and workplaces. However, there are also Victorians waiting too long, in distress and pain, to access planned surgery.

We recognise the commitment of our hardworking healthcare workforce to deliver timely, safe and high-quality surgical care. However, when the system experiences intense demand and shortages, the capacity to deliver planned surgery can be severely affected.

We saw this from 2020 to 2022, when Victoria's planned surgery system bore the full effect of the COVID-19 pandemic, and many Victorians had their care significantly delayed.

As a direct response, in April 2022, the Victorian Government announced the [COVID Catch-Up Plan](https://www.premier.vic.gov.au/covid-catch-up-plan-deliver-patients) <<https://www.premier.vic.gov.au/covid-catch-up-plan-deliver-patients>>, a \$1.5 billion investment to boost surgical activity to record levels and provide Victorians with improved access to surgical care.

Key elements of the plan include:

- supporting and upskilling the perioperative workforce
- maximising public activity, and private partnerships, to expand surgical activity
- significant infrastructure acquisitions (such as Frankston Public Surgery Centre and several Rapid Access Hubs)
- investing in innovative surgical equipment
- building a foundation for system reform, including appointing Chief Surgical Adviser, Professor Ben Thomson, and establishing Delivery and Innovation Teams and Patient Support Units.

While the shockwaves of the pandemic are still being felt today, an opportunity for reform has emerged from this significant and ongoing challenge.

As such, we are committed to reflecting on the experiences of these previous years and are challenging ourselves to do better – not just now, but into the future.

To this end, I am pleased to share with you the *Planned Surgery Reform Blueprint* (the Blueprint). It has been shaped by the extensive expertise and experiences of our committed workforce as well as consumers.

Building upon our strong progress to date, the Blueprint sets out a comprehensive plan to sustainably advance planned surgery in Victoria, through system-wide reforms.

These reforms will improve patient experiences and outcomes, uplift and support our planned surgery workforce, enhance system efficiencies, and strengthen system stewardship and collaboration.

System reform is no small feat, but with your vital collaboration and local reform efforts, alongside our system support and guidance, I am confident we can deliver meaningful and enduring changes to Victoria's planned surgery system.

I sincerely thank you, our dedicated workforce, for your commitment to the continuous improvement of healthcare in Victoria, and for your contributions to planned surgery recovery and reform.

I look forward to the reform journey ahead, as we work to ensure all Victorians can safely access high-quality surgical care, in a timely and equitable manner.



The Hon. Mary-Anne Thomas MP
Minister for Health
Minister for Health Infrastructure
Minister for Ambulance Services



Preface

As part of the \$1.5 billion *COVID Catch-Up Plan*, Professor Ben Thomson was appointed as the Chief Surgical Adviser to the department. The Chief Surgical Adviser provides expert advice to the department on planned surgery. They work with the Victorian public health system to deliver increased surgical throughput and drive reforms that improve planned surgical care.

The department works closely with Safer Care Victoria, which is the state's healthcare quality and safety improvement specialist. The Director of Surgery, Professor David Watters, at Safer Care Victoria leads the Perioperative Learning Health Network within Safer Care Victoria's Centre of Clinical Excellence program.

The department has partnered with Professor Watters and Safer Care Victoria to ensure surgical reform is informed by clinical expertise, and uses a multidisciplinary Learning Health Network model that focuses on safety, quality and equity.

Since taking on our new roles to drive planned surgery reform, we have witnessed great leadership, collaboration, momentum and engagement to shape the Blueprint. This document was designed with the sector, and sets out a feasible and relatable reform approach for Victoria's public planned surgery system.

The COVID-19 pandemic shook the global health system to its core, and in recent years, many Victorian hospitals have identified a need for system change and embarked on reform.

In a climate hungry for change, we are already seeing the effects of the Victorian Government's \$1.5 billion investment into planned surgery. Building on this, the Blueprint sets out a sustainable future for planned surgery in Victoria; the result of 12 months of continuous engagement and collaboration.

We have spoken to countless passionate and driven healthcare workers who want to see the system reformed. We have spoken to patients who had difficulties with the planned surgery system.

We have also taken note of long-standing access and equity issues that affect culturally and linguistically diverse communities, people living with disability and Aboriginal people.

These conversations showed us we need a multipronged approach that caters to all Victorians, before, during and after surgery.

And most importantly, we need to look to the health, wellbeing and capacity of our workforce – which is essential to our recovery, and to how we reform the system.

The reforms in this Blueprint are not about quick fixes and easy wins. They represent long-term reform that is sustainable and patient centred.

Informed by our extensive engagement and research, the Blueprint seeks to expand and scale the great work already under way across the state to sustainably reform the planned surgery system.

The time has come for us to work together to implement these reforms and drive positive changes now and into the future, for all Victorians.

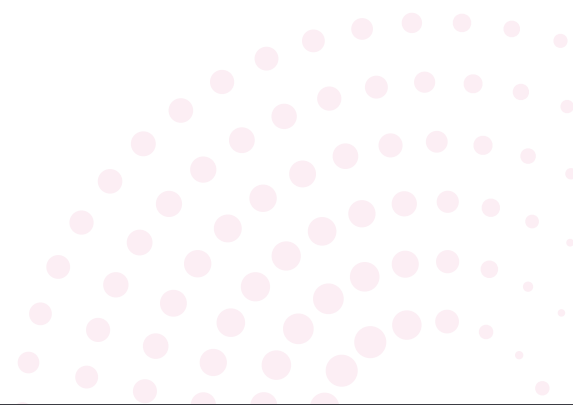
We sincerely thank the hundreds of people who have taken the time to contribute to the shaping of the Blueprint. This is an exciting next step in our reform journey, and we look forward to collaborating with you to bring the Blueprint to life.



Professor Ben Thomson
Chief Surgical Adviser
Department of Health



Professor David Watters
Director of Surgery
Safer Care Victoria



Executive summary

Improving planned surgery for all Victorians

Victoria's planned surgery system faces compounding challenges. We need fresh thinking and increased focus to solve these problems as we maintain and improve planned surgery.

The Victorian Government has already laid the foundations for system recovery. We need to build on this appetite for change to ensure our planned surgery system can weather ongoing pressures and still deliver timely, high-quality and patient-centred care.

The *Planned Surgery Reform Blueprint* (the Blueprint) sets out a systematic approach to reforming the planned surgery system. It builds on the experiences and expertise of the people most affected by planned surgery to provide pragmatic reforms that benefit us all.

These reforms need to be sustainable, enduring and to provide positive and equitable experiences for everyone affected by planned surgery. The Blueprint articulates this journey.

A comprehensive plan to strengthen the system

The development of the Blueprint was underpinned by extensive research and engagement. From this, we created a plan with a system-wide aim, four pillars of change and 10 reforms (**Figure 1**).

The **aim** is for safe, timely and equitable delivery of perioperative care (surgical and non-surgical).

We will achieve this by focusing on **four pillars of change**:

- Positive patient experiences and outcomes
- Workforce sustainability
- Health service efficiency
- Strong system stewardship

In collaboration with the sector, we identified **10 reforms** that can be implemented and scaled across the state.

The reforms are grouped according to the pillar they most closely relate to – but many are interrelated. Together, the reforms will help us make positive and sustainable improvements to the planned surgery system.

Essential partnerships to deliver lasting reform

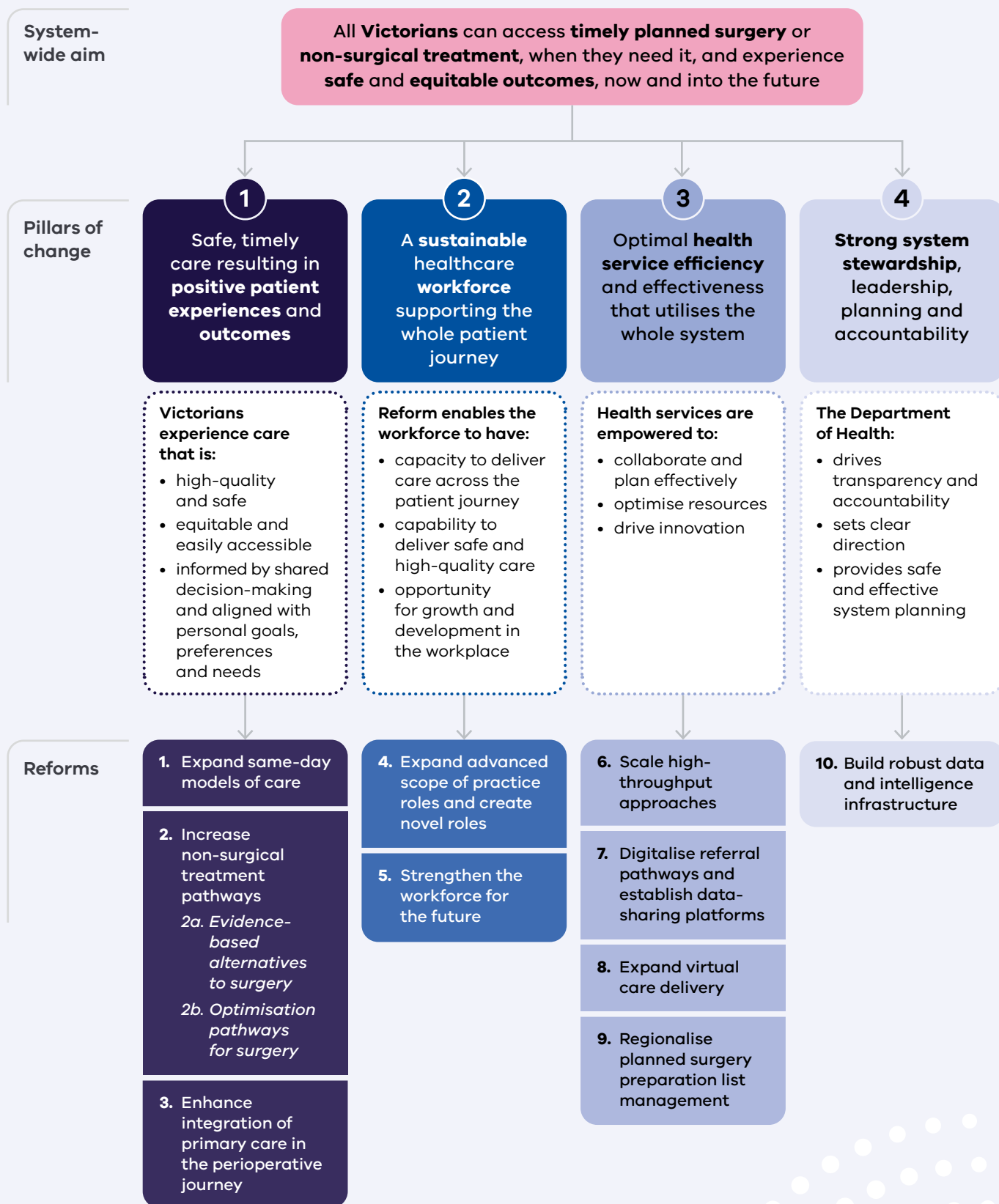
With the support of the Victorian Government, and the opportunity to reflect on the experiences of the pandemic, now is the time to spark and maintain momentum for change.

This change will build on the success of local reform already under way, as well as functional investments, such as the \$1.5 billion *COVID Catch-Up Plan*.

Of course, system reform is complex and challenging. This is why the Blueprint is grounded in best practice evidence, extensive engagement and ongoing partnership.

Delivering these reforms will be a collaborative effort between the steward and broader system. With clear governance, communication and ownership across all key stakeholders, together we can build a better planned surgery system for all Victorians.

Figure 1: Blueprint on a page



The Victorian planned surgery system

Accessing surgery in Victoria

The Victorian healthcare system delivers a continuum of surgical care that is often defined as either 'emergency' or 'planned' surgery.

Emergency surgery is surgery to treat trauma or acute illness following a presentation to an emergency department, or an emergency admission directly to a ward.

Planned surgery refers to planned surgical procedures that can be booked in advance.

Patients who need planned surgery through Victoria's public health system are added to a preparation list and assigned a category (1, 2 or 3). This category reflects the clinically recommended maximum waiting time for their procedure.

According to national guidelines, Category 1 patients are expected to be treated within 30 days, Category 2 within 90 days, and Category 3 within 365 days (Australian Health Ministers' Advisory Council 2015).

Planned surgery can also be accessed through the Victorian private sector, which uses its own preparation lists, separate from the public system. Private providers play a role in satisfying the statewide demand for planned surgery.

Public hospitals in Victoria often collaborate with the private sector to deliver 'public-in-private surgeries'. This is when public surgeries take place in private facilities and use private resources. Public-in-private surgeries increase the public system's capacity to deliver timely and high-quality surgical care.

Together, the public and private health sectors work to service and support the health of all Victorians in a safe, timely and equitable manner.

Capacity and demand

The Victorian planned surgery system is complex, involving a multitude of care providers and processes across the patient journey.

Like the broader healthcare system, it is continually working to keep up with the natural pressures of a growing and ageing population. This includes changes in demand profile and the increasing complexity of patient care requirements.

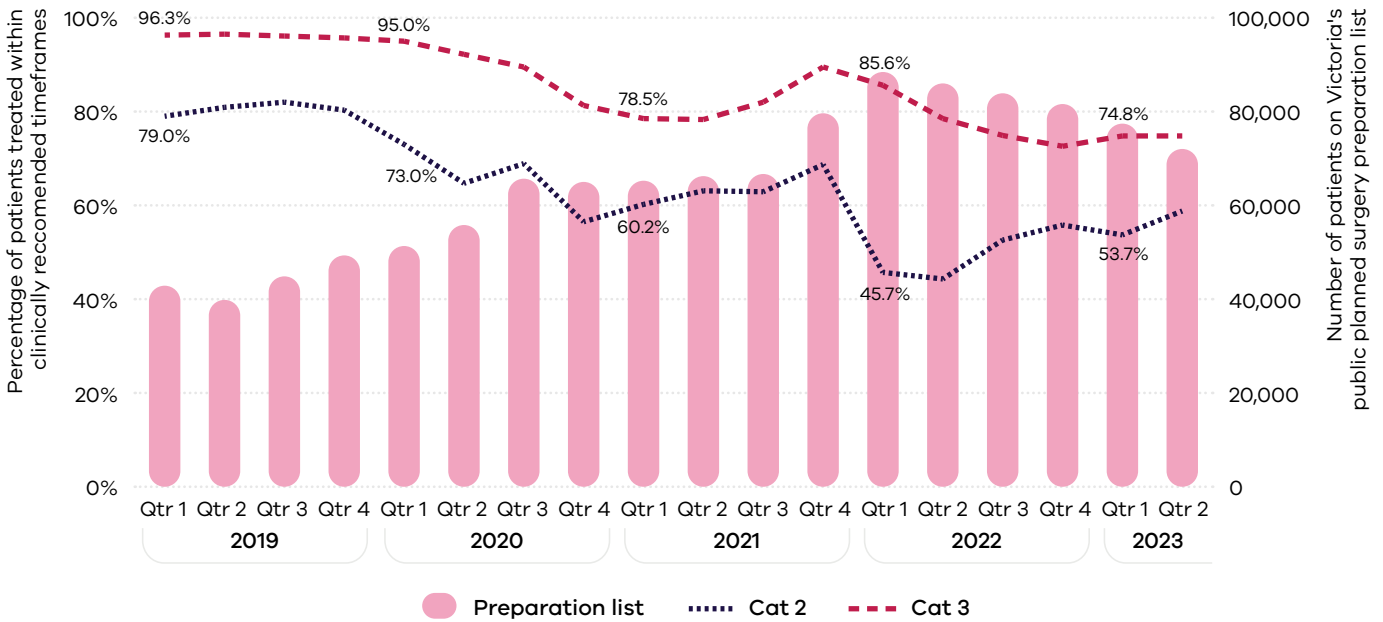
This increasing pressure and complexity can lead to vulnerabilities when the system experiences a sudden increase in demand. At such times, the system prioritises those most in need.

During 2020 to 2022, the COVID-19 pandemic caused fluctuations in hospitalisations. This demand on emergency departments, hospital beds and the workforce created significant delays to planned surgery.

The number of Victorians waiting for public planned surgery increased from 39,843 people in June 2019 (pre-pandemic) to 88,434 people in March 2022 (**Figure 2**).

During those years, all Category 1 patients were treated within clinically recommended timeframes (within 30 days). However, the proportion of Category 2 patients treated in time (90 days) declined from 82 per cent in June 2019 to 44 per cent in June 2022. The proportion of Category 3 patients treated in time (365 days) declined from 96 per cent in June 2019 to 79 per cent in June 2022.

Figure 2: Victorian preparation list and treat in time metrics, by year and quarter



Other jurisdictional experiences

Victoria’s planned surgery system was not alone in being affected by the pandemic.

In New South Wales, the proportion of patients treated in time decreased from 96.4 per cent in June 2019 to 74.7 per cent in June 2022 (Bureau of Health Information 2022).

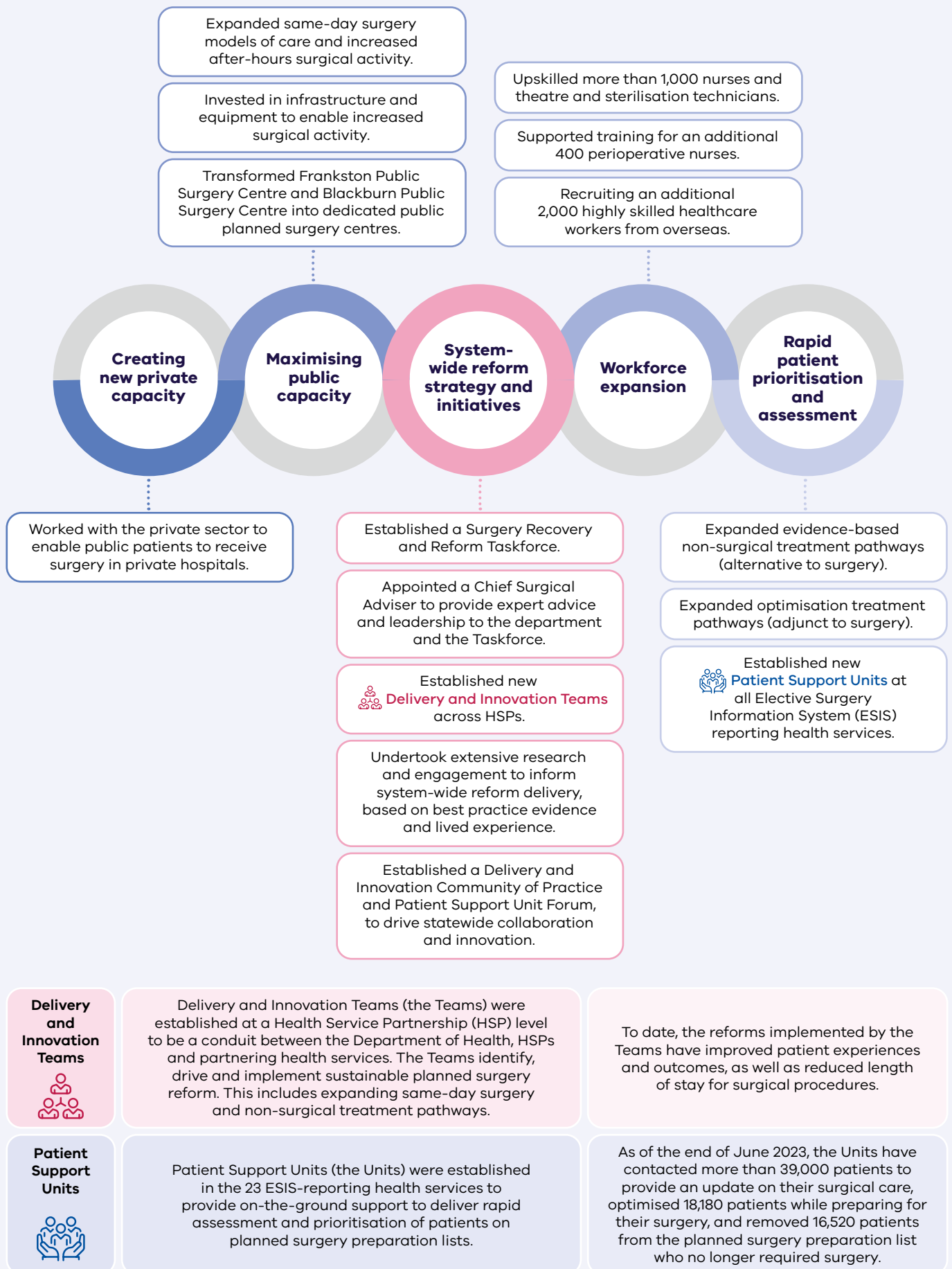
Similar experiences occurred internationally (British Medical Association 2023).

Investing in recovery

In response to the delays in planned surgery caused by the COVID-19 pandemic, the Victorian Government announced the *COVID Catch-Up Plan* on 3 April 2022.

This was backed by a significant investment of \$1.5 billion (Victorian Government 2022), focused on addressing the backlog of deferred surgical care across the state and improving surgical performance (Figure 3).

Figure 3: COVID Catch-Up Plan elements and success



The Blueprint

Creating long-lasting change through reform

To protect the system and its workforce from ongoing and increasing pressures, we need sustainable and reformative change that will have an enduring impact. Change that will ensure Victorians have access to the care they need, when and where they need it.

As set out in **Figure 3**, we have already laid a strong foundation for recovery and innovation across the state. With these actions, local reforms and lessons in train, we can scale and expand, applying our insights from the pandemic to build a resilient, adaptable and ever-improving planned surgery system.

To this end, the Blueprint is forward looking and has been developed with longevity in mind. It aims to provide streamlined direction setting and best practice reform advice about the pathway for better planned care.

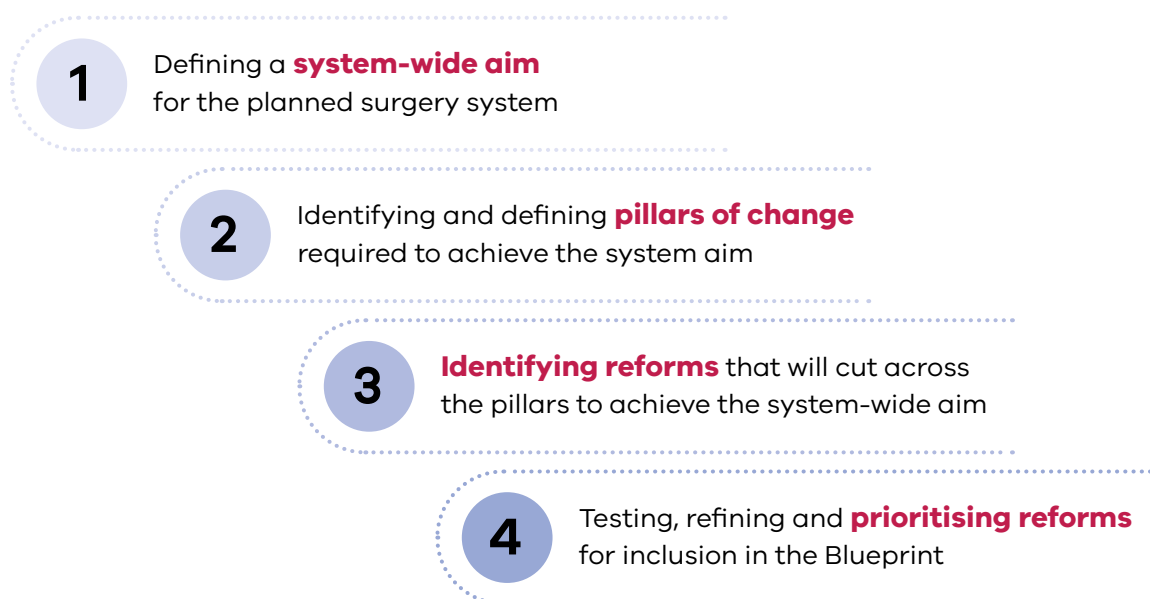
This ensures improvements and innovations will be consistently delivered across the public planned surgery system, for the lasting benefit of all Victorians.

Reform and engagement methodology

For change to be sustainable and have permanent impact, reform must be shaped alongside those most affected by that change.

As such, a systematic and comprehensive methodology (**Figure 4**) has been applied to develop the Blueprint and its reforms – underpinned by extensive research and engagement with consumers, the sector and government.

Figure 4: Reform methodology



Engagement to shape the reform agenda

During 2022 and 2023, hundreds of individuals shared their time, expertise and lived experiences to help shape the future of planned surgery in Victoria.

We used this iterative engagement, complemented by research, to develop the Blueprint.

The engagement approach brought together diverse representatives from Victoria's dedicated healthcare workforce, the community, health service executives, academics, peak bodies and unions.

Ongoing research and expert advice

In parallel to this engagement process, the Surgery Recovery and Reform Taskforce provided regular feedback and advice. The Taskforce comprises representatives from the workforce, consumers, peak bodies and government.

In addition, regular advice and direction were sought from the Surgery Recovery and Reform Subcommittee. This priority committee is chaired by the Secretary of the Department of Health and attended by several departmental program areas. The Victorian Agency for Health Information also helped analyse data.

Figure 5 provides a visual summary of this expansive engagement approach.

During the development of the Blueprint, Safer Care Victoria worked closely with the department, to provide quality and safety research and advice. Specifically, extensive clinical guidance and expertise on the Blueprint reforms were provided through Professor David Watters and the Perioperative Learning Health Network.

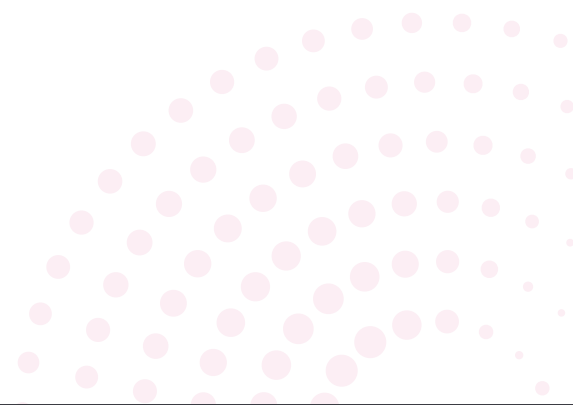
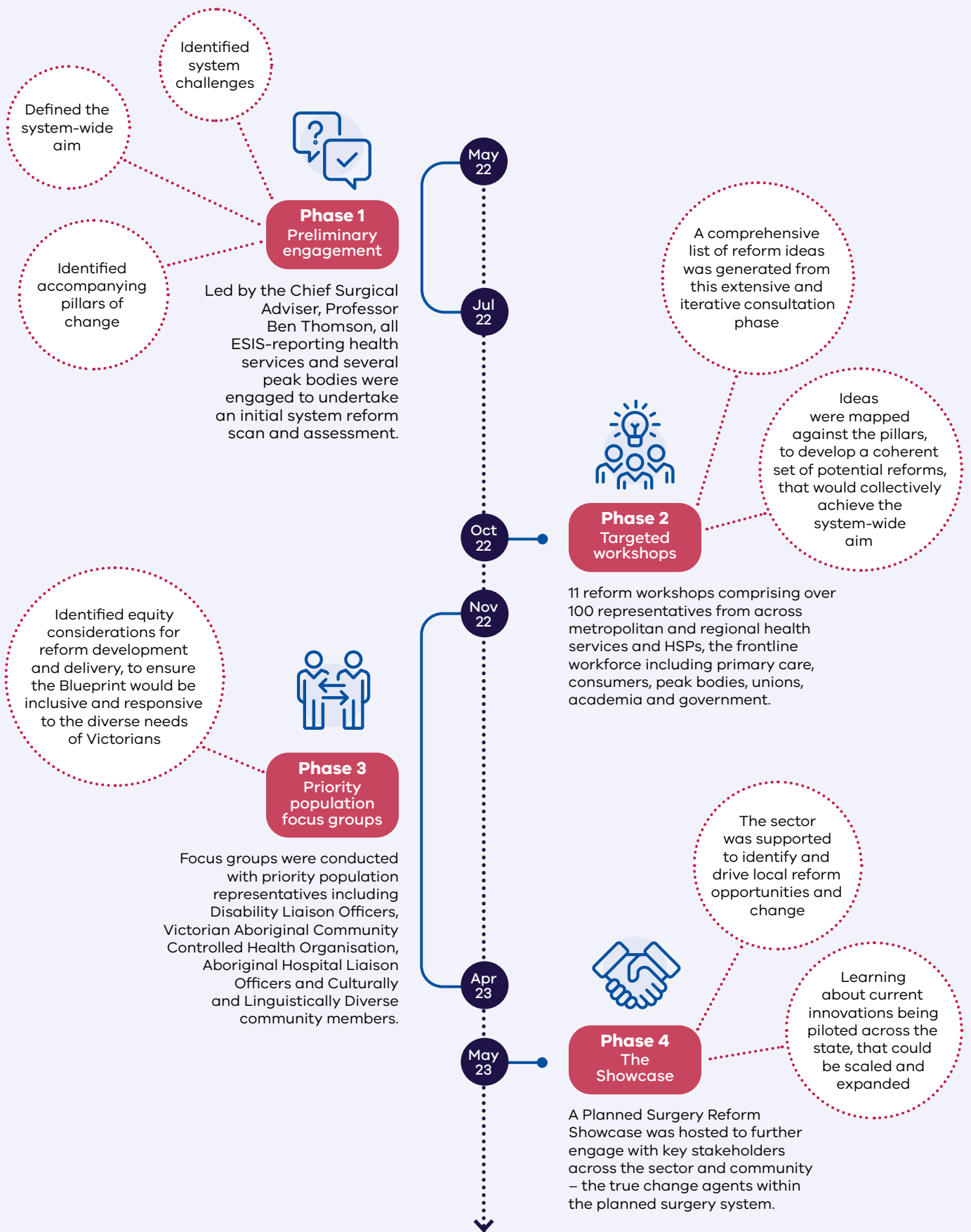


Figure 5: Phased engagement underpinning the development of the Blueprint



Blueprint elements: aim, pillars, reforms

The comprehensive engagement outputs and expert advice were translated into a series of Blueprint elements: a clear aim, four pillars of change, and 10 priority and tangible reforms.

The reforms and pillars in the Blueprint will help us achieve the following aim:

All Victorians can access timely planned surgery or non-surgical treatment, when they need it, and experience safe and equitable outcomes, now and into the future.

The four pillars are broad areas of focus that underpin the aim, setting out four equal priorities.

Building on these pillars, 10 interrelated reforms have been identified and organised according to the pillar of change they most closely relate to, with all the reforms working towards the aim.

The 10 reforms are at different stages of system readiness and advancement. We have already made strong progress on some, while others are still emerging, therefore each reform has been assigned a specific delivery time horizon:



1 to 2 years



2 to 3 years



3 to 5 years

Pillar 1: Positive patient experiences and outcomes

We want to deliver safe and equitable care resulting in positive patient experiences and outcomes.

This includes the delivery of care that is high quality, value-based, equitable, accessible, and importantly, informed by shared decision-making – providing treatment options that place the patient at the centre, and align with an individual's goals, preferences and needs.

Pillar 2: Sustainable healthcare workforce

A sustainable healthcare workforce that supports the whole patient journey is critical to the success of this reform agenda.

To achieve this, our workforce must be supported to have the capacity and capability to sustainably deliver high-quality care across the entire patient journey, with adequate opportunity for growth and development.

Pillar 3: Optimal health service efficiency

To ensure reform occurs at scale and pace, health services should function in coordinated partnership to achieve optimal efficiency across the system.

This requires empowering health services to collaborate and plan effectively, optimise resources (including existing infrastructure), and drive innovation and improvements locally.

Pillar 4: Strong system stewardship

System stewardship, leadership and planning will be essential in transforming the system.

Underpinning that transformation is the drive towards transparency and 'all parties' accountability, safe and effective system planning, and clear direction setting.

Central to all four pillars is a focus on value-based care, ensuring that patient needs are addressed in an integrated way, clinicians have access to the required data to continuously improve care delivery, and the system is appropriately incentivised to deliver care and outcomes that matter most to patients.

The 10 reforms



Expand same-day models of care
Goal: Deliver same-day models of care as standard care, expanding to further procedures, when and where safe to do so.

Increase the availability of non-surgical treatment pathways
2a Evidence-based alternatives to surgery
Goal: Consistently implement and scale evidence-based alternatives to surgery across Victoria, improving access to best care management pathways where clinically appropriate.
2b Optimisation pathways for surgery
Goal: Implement and scale new and existing optimisation pathways for surgery, to support a better experience and outcomes across the patient's surgical journey.

Enhance integration of primary care in the perioperative journey
Goal: Strengthen the integration and communication between health services and the primary care workforce, including through improved information sharing and co-designed collaborative care pathways that support the entire surgical journey.

Expand advanced scope of practice roles and create novel roles
Goal: Establish and expand novel and advanced scope of practice roles to support the sustainable delivery of planned surgery.

Strengthen the workforce for the future
Goal: Build and retain a modern, sustainable and engaged healthcare workforce across the entire perioperative journey.

Scale high-throughput approaches (such as High-Intensity Theatre lists)
Goal: Implement and scale high-throughput approaches – underpinned by best-practice guidance – across all HSPs, delivering them when and where appropriate.

Digitise referral pathways and establish data-sharing platforms
Goal: Implement digital referral pathways and integrate these with health information platforms, in turn streamlining planned surgery pathways for patients and the workforce.

Expand virtual care delivery
Goal: Implement and expand virtual models of care for planned surgery, increasing workforce flexibility, optimising health service efficiency, enhancing patient engagement and promoting equitable access to pre- and post-surgical assessment and care.

Regionalise planned surgery preparation list management
Goal: Develop and implement regionalised planned surgery preparation lists for all Victorian public health services.

Build robust data and intelligence infrastructure
Goal: Improve system integration, ensure direction setting is based on accurate, timely and transparent data aligned with what matters most to patients, and improve collaboration between health services, HSPs and the department at each step of the patient journey.

Pillar 1 Positive patient experiences and outcomes

Pillar 2 Sustainable healthcare workforce

Pillar 3 Optimal health service efficiency

Pillar 4 Strong system stewardship

A message from the Victorian Chairs of RACS and ANZCA

Year after year, the Victorian healthcare workforce proves itself to be hardworking, responsive, agile and most importantly, committed to delivering the highest standard of care for Victorians.

To continue to deliver sustainable high-quality planned surgical care, and improve timeliness and efficiency, system-wide reform is essential.

As leaders in the perioperative community, we recognise the need for forward-focused and enduring changes to the planned surgery system, while ensuring the maintenance of the current high standards of safety and quality enjoyed by Victorians.

The reforms in this Blueprint provide a pathway for this change, and we all have a role in delivering these reforms.

Just as the delivery of perioperative care is a multidisciplinary continuum, planned surgery reform will require the contribution and collaboration of all in the health sector. Acknowledging the significant pressure and demand the system and our workforce are under, it is vital we all make a consistent and committed effort to deliver this reform.

The Blueprint sets clear direction and goals – from improving the patient experience at an administrative level, to supporting system efficiency through innovative care models and essential workforce reform – while recognising that the patient remains central to any and all changes.

Perioperative care delivery emphasises the importance of an integrated, planned and personalised approach to patient care before, during and after any surgical procedure involving anaesthesia. We are committed to working together as a healthcare community to deliver these reforms, for our patients, for our colleagues and for the future of the planned surgery system.



Dr Patrick Lo
Chair, Victorian State Committee
Royal Australian College of Surgeons



Dr Emma Goodyear
Chair, Victorian Regional Committee
Australian and New Zealand College of Anaesthetists



ANZCA
FPM

Reform 1:

Expand same-day models of care

'Same-day surgery' or 'day-surgery' models of care are performed when a patient can be safely discharged on the same day as their admission for surgery.

Rationale

While some patients need an overnight or multiday stay, research indicates many patients have unnecessary overnight admissions and increased length of stay for procedures where same-day surgery is considered safe, clinically appropriate and best practice (Australian and New Zealand College of Anaesthetists 2018; National Health Service 2022; State of New South Wales 2022a; Victorian Department of Health 2023a).

Patient feedback also tells us that people prefer same-day surgery when safe, appropriate and well supported. This is due to the comfort and convenience of recovering from surgery at home, and reduced risk of hospital-acquired infections (Safer Care Victoria 2022).

Delivery and Innovation Teams (the Teams) in all eight HSPs are already pursuing opportunities to expand same-day models of care. The Teams are working collaboratively within and across HSPs to drive and implement reform opportunities, disseminate evidence-based practice and accelerate uptake of best practice change.

The Teams have been integral in progressing the local implementation and scale of novel and improved same-day models of care across Victoria.

For example, Western Health is implementing laparoscopic cholecystectomy (surgery to remove the gallbladder) and hernia repair same-day models, and Grampians Health is implementing same-day surgical pathways for hip and knee replacements.

We now need to build on these foundations by systematising and scaling our approaches to same-day surgery. This will reduce variation across the state, improve equity of access and achieve better planned surgery outcomes and experiences for all Victorians.

This work also includes ensuring patients feel supported once they return home after same-day surgery. We will do this by embedding patient-centred optimisation pathways before and after surgery (**Reform 2b**), including Enhanced Recovery After Surgery (ERAS®) and virtual care delivery (**Reform 8**).

Goal

To deliver same-day models of care as standard care, expanding to further procedures, when and where safe to do so.



Short term

Reform 1:

Expand same-day models of care

Objectives

- Reduce variation in the delivery of, and access to, same-day surgery where clinically appropriate. This includes working closely with Safer Care Victoria, HSPs and their partnering health services to develop consistent and patient-centred same-day models of care for scale across Victoria.
- Improve value for both patients and the system by maximising patient outcomes and improving health service and system efficiency.
- Reduce patient risk of hospital-acquired complications and improve post-surgical recovery by reducing time spent in hospital.
- Improve health service and system efficiency and reduce length of stay by working with health services to integrate optimisation pathways for surgery (**Reform 2b**), including ERAS, and virtual care delivery (**Reform 8**).
- Improve patient awareness and understanding of same-day surgery.

What success looks like

- Increased same-day surgery rates and reduced length of stay across Victoria.
- Expanding same-day models of care to further procedures, as clinically appropriate.
- Reduced rate of hospital-acquired complications.
- Increased patient awareness and understanding about the safety and benefits of same-day surgery.
- Better patient outcomes and experiences.

Broader intersectional reforms and supporting work

To support the safe and high-quality implementation and scale of same-day models of surgical care, Safer Care Victoria's Perioperative Learning Health Network undertook extensive research and analysis on same-day surgery. The *Expanding day surgery report* (Safer Care Victoria 2022) subsequently developed by Safer Care Victoria, provides clinical advice and recommendations to support consistent and equitable implementation of same-day surgery.

Feedback from a patient who lives one hour from Bendigo and underwent a laparoscopic cholecystectomy as a same-day surgery at Bendigo Health

With the support of the Bendigo Health team, I was able to return home the same day as my gallbladder surgery. Being able to return home the same day allowed me to recover in the comfort of my own home with the support of my family, reducing anxiety of being away from home and family. Since we live in regional Victoria, day surgery also saved my family members from taking extended time off work and having to do return trips to the hospital. Bendigo Health provided exceptional post-surgical care instructions and checked in with me by telephone on a regular basis, putting my mind at ease throughout my recovery process.

Reform 2: Increase the availability of non-surgical treatment pathways

Non-surgical treatment pathways describe care that includes evidence-based alternatives to surgery (diverting or delaying the need for surgery), and interventions aimed at optimising the health of patients before, during and after surgery.

Reform 2a: Evidence-based alternatives to surgery

Evidence-based alternatives to surgery, often referred to as conservative management, divert or delay the need for surgery – for example by alleviating symptoms, including managing pain and restoring function.

Rationale

Extensive research shows that surgical intervention is not always clinically appropriate for some conditions. Instead, best care can include evidence-based alternatives to surgery. These alternatives provide positive patient experiences and outcomes, such as improved pain relief and increased levels of independence (Lim & Al-Dadah 2022; She et al. 2021; Skou et al. 2022; Victorian Department of Health 2023b).

The Victorian health system already uses specific models of evidence-based alternatives to surgery. Examples include orthopaedic clinics to support the management of hip or knee osteoarthritis, and hand therapy clinics to manage carpal tunnel syndrome. These models are often coordinated by primary care, nursing and allied health staff, including physiotherapists, occupational therapists, dieticians and exercise physiologists.

However, access to non-surgical alternatives varies across Victoria, resulting in inequitable and suboptimal care for many Victorians.

To ensure all Victorians have access to the care they need, particularly where non-surgical interventions are considered best care, we need to scale and standardise these approaches. This will ensure patients can access appropriate evidence-based alternatives to surgery.

Goal

To consistently implement and scale evidence-based alternatives to surgery across Victoria, improving access to best care management pathways where clinically appropriate.



Short term

Reform 2a:

Evidence-based alternatives to surgery

Objectives

- Reduce variation in the availability and delivery of evidence-based alternatives to surgery. For example, through strategies such as the development of best practice models of care, clinician education to support shared decision-making with patients, and expanding the use of virtual care (**Reform 8**).
- In alignment with best care guidance, offer patients evidence-based alternatives to surgery where clinically appropriate, early in their perioperative journey.
- Improve patient awareness and understanding of evidence-based alternatives to surgery to support shared decision-making. For example, through the development and dissemination of patient-facing education and shared decision-making resources.
- Improve health service and system efficiency by reducing unnecessary admissions, and improve surgical throughput and preparation list management by increasing access to evidence-based alternatives to surgery.

Broader intersectional reforms and supporting work

Safer Care Victoria's Perioperative Learning Health Network's *Expanding non-surgical treatment pathways report* (Safer Care Victoria 2022) provides clinical advice to support health services to develop, implement and scale high-quality and safe non-surgical treatment pathways. The report sets out approaches to both evidence-based alternatives to surgery and optimisation pathways for surgery.

In addition, between 2020 and 2021, the Department of Health commissioned Safer Care Victoria to develop *Best care guidance* (Safer Care Victoria 2021a). This guidance informs clinicians about best care pathways for specific surgical procedures based on the latest evidence.

The guidance supports clinicians and patients to discuss available options, including non-surgical treatment pathways, and empowers Victorians to make well-informed decisions about the best management of their healthcare needs.

What success looks like

- Evidence-based alternatives to surgery are available across all HSPs.
- Increased number of patients accessing evidence-based alternatives to surgery when on, or before being added to, the planned surgery preparation list (diverted by general practitioner or specialist clinics).
- Patients are educated about prehabilitation and evidence-based alternatives to surgery, where clinically appropriate, and engaged in shared decision-making processes about their care.
- Better patient outcomes and experiences.

Reform 2a:

Evidence-based alternatives to surgery

Feedback from a patient about evidence-based alternatives to surgery at Hume HSP



I live in Albury Wodonga, and while I was waiting for my knee replacement I was asked if I would see a physio to help get me ready for surgery. I just wanted my knee to be better as soon as possible, so I agreed. We started off doing one-on-one sessions, where the physio checked out my knee and started me on an exercise program. I then joined a hydrotherapy program and did eight weeks of physio sessions and an education group at the same time. My knee was getting so much better, I even went on holidays and managed to get up multiple flights of stairs, which I couldn't believe! By the end of my physiotherapy treatment, I felt that if I don't have surgery for many years, I would be completely fine and able to manage my knee.

Feedback from a patient about evidence-based alternatives to surgery at Latrobe Regional Hospital



I really enjoyed the Osteoarthritis Hip and Knee Service program. The staff were great at encouraging us and were very friendly. My pain levels have dropped and my mobility has improved. I have lost weight due to exercising and adopting better eating habits. I am continuing to do the exercise myself at home. Thank you for including me in this program, lots of thanks to the helpful staff.

Case study: Increasing the availability of non-surgical treatment pathways



Following a review of their plastic surgery outpatient clinic preparation list, Barwon Health identified an opportunity to establish a new advanced practice Occupational Therapy (OT) hand therapy service to provide non-surgical treatment for patients with carpal tunnel syndrome.

Two advanced practice occupational therapists were appointed to create the new Hand Therapy Clinic. These advanced practice occupational therapists established a governance structure and credentialing system for occupational therapists working in the service. This ensures the clinic provides high-quality, evidence-based non-surgical care for patients with carpal tunnel syndrome.

By June 2023, the OT Hand Therapy Clinic had helped to remove 28 per cent of patients awaiting carpal tunnel surgery from the plastic surgery preparation list. It has also achieved positive patient reported outcome measures (PROMs) and patient reported experience measures (PREMs).

Reform 2b:

Optimisation pathways for surgery

Reform 2b: Optimisation pathways for surgery

Optimisation pathways apply personalised approaches for each patient to make sure they are in the best physiological state possible before their surgery to aid recovery.

Rationale

Engaging patients in shared decision-making and providing them with tailored support throughout the perioperative journey allows for a faster recovery, and improved outcomes and experience.

Once the pathway to surgery has commenced, there are a variety of optimisation pathways that can be offered to support the provision of safe, timely, effective, and person-centred care before, during and after surgery (Boden et al. 2021; Kulinski & Smith 2020; Ljungqvist et al. 2021; Millan 2020; Waterland et al. 2021).

Optimisation pathways offer significant value for the patient and system by better engaging and preparing patients, and streamlining care delivery, resulting in improved patient outcomes and experiences.

An example of an optimisation pathway for surgery is ERAS, being implemented across the West Metro HSP (see case study).

ERAS utilises a variety of strategies to improve a patient's condition for surgery and support recovery, including:

- patient and family education
- shared decision-making
- multidisciplinary teams
- consistent and agreed protocols (for example with pain management)
- digital health enablers, and
- data collection

This also mitigates unnecessary hospital stays and reduces the likelihood of complications.

While several health services are implementing optimisation pathways for surgery, it is not yet standard practice across the state, nor is there standardisation in how these pathways are applied.

Goal

To implement and scale new and existing optimisation pathways for surgery, to support a better experience and outcomes across the patient's surgical journey.

Short term

Reform 2b:

Optimisation pathways for surgery

Objectives

- Improve post-surgical recovery and outcomes for patients through early multidisciplinary assessment, risk identification and management.
- Improve hospital efficiency and effectiveness by reducing patient length of stay, surgical complications, and readmissions. This includes embedding same-day models of care (**Reform 1**) and virtual care delivery (**Reform 8**).
- Reduce variation in the delivery of, and access to, optimisation pathways for surgery across all HSPs and their health services.
- Empower patients to be actively involved in shared decision-making surrounding their surgery and set clear expectations around care delivery and outcomes.

What success looks like

- Optimisation pathways for surgery – including ERAS elements and prehabilitation – are available across all HSPs and health services, ensuring equitable access for all Victorians.
- Patients experience improved post-surgical outcomes that matter most to them, such as quicker return of function after their surgery.
- Readmission rates and patient length of stay are reduced for patients accessing optimisation pathways.
- Patients know about optimisation pathways and actively engage in shared decision-making about their treatment options.
- Better patient outcomes and experiences.

Broader intersectional reforms and supporting work

Safer Care Victoria's *Improving post-operative outcomes and reducing length of stay* report (Safer Care Victoria 2022) supports this reform. It was developed in consultation with experts from across the healthcare sector.

The report provides clinical advice to improve patient engagement, optimisation and recovery after surgery, by implementing patient-centred pathways such as ERAS Plus. These pathways focus on evidence-based care before, during and after surgery.

Reform 2b:

Optimisation pathways for surgery



Case study: Optimisation pathways for surgery

ERAS is a multimodal perioperative care pathway designed to achieve early recovery for patients undergoing surgery (ERAS Society 2023). ERAS re-examines traditional practices, replacing them with evidence-based best practices when needed. ERAS is comprehensive and covers all areas of the patient's perioperative journey.

The West Metropolitan HSP developed a two-year plan to implement multimodal ERAS perioperative care pathways for specific surgeries at the five HSP-member health services. The pathways aim to target modifiable patient risk factors for surgery, reduce variability in delivered perioperative care, improve post-surgical patient outcomes and reduce patient hospital length of stay.

To apply the approach, multidisciplinary teams of surgeons, anaesthetists, nurses, medical and allied health clinicians at each health service work across the HSP to learn and exchange ideas on how to continually improve.

Patients are triaged and assessed using standardised tools, and prehabilitation is implemented according to a standardised

model of care, avoiding variation of implementation between clinicians and health services.

By June 2023, health services showed improvements in hospital length of stay and patient experience. For example, Western Health reported more than 1.5 bed days saved for each patient supported by an ERAS pathway who is admitted for either a total hip or knee replacement at the Williamstown Hospital.

Evaluation and scalability periods were built into the implementation plan, to ensure time and resources were dedicated to review successes and challenges and consider program sustainability. This included feasibility of expanding ERAS pathways to further surgical procedures.

The implementation was an excellent example of cross health service collaboration, to ensure equitable access to and quality of care for patients, regardless of their location.

Reform 3:

Enhance integration of primary care in the perioperative journey

A message from the Victorian Chair of RACGP

The primary healthcare workforce is essential to the coordination and delivery of multidisciplinary and patient-centred perioperative care. As such, I am very pleased that primary care integration, including communication enhancements with health services, is a key reform in this Blueprint.

Primary care providers, like general practitioners, are excellent at building personal connections with their patients. This enables the delivery of tailored communication, care and shared decision-making – offering a safe and reliable point of support, amidst the complex planned surgery system.

This reform focuses on enhancing the role of primary care providers by implementing improved structures and pathways that equip and support them to deliver timely and high-quality care to their patients on the perioperative journey.

As a member of the Surgery Recovery and Reform Taskforce, it has been a privilege to witness this extensive program of work evolve into a robust reform agenda and I'm very proud to have had the opportunity to strongly advocate the primary care lens throughout this reform journey.

The future of health is collaboration, and I urge us to continue to maximise the intersections between primary and acute care delivery to our advantage – to deliver the best standard of care for our community.



Dr Anita Muñoz
Chair, Victorian Faculty
Royal Australian College of General Practitioners



RACGP
Royal Australian College
of General Practitioners

Reform 3:

Enhance integration of primary care in the perioperative journey

Planned surgery does not begin or end within the four walls of an operating theatre; it spans the entire patient journey, including interfacing closely with primary care. By ensuring primary care providers, such as general practitioners and allied health, are closely involved in a patient's surgical journey, better patient outcomes and experiences are more likely, as is the better utilisation of the diverse skilled workforce and wider health system.

Rationale

Primary care providers play an essential role in delivering patient-centred surgical care. The primary care workforce and its expertise are best utilised through early and ongoing involvement in the patient's journey. They need to be supported by timely and transparent communication and information sharing. This includes proactive risk identification, improved pre-surgery optimisation and post-surgery treatment and follow-up (Australian and New Zealand College of Anaesthetists 2021).

To support the integration of primary care into the perioperative journey, we established Patient Support Units (The Units) in 23 health services across the state. The Units are improving surgery-related communication and preparation list management which supports both patients and primary care providers.

For example, health services in the Hume HSP are building connections with local general practitioners to support the early referral of patients with hip and knee osteoarthritis to non-surgical care options. They also support the ongoing management of these patients (**see case study**).

To better support the valuable contribution that primary care providers make to a patient's perioperative journey, we need to improve communication and collaboration between health services and primary care providers (Australian Commission on Safety and Quality in Health Care 2023a). This includes ensuring clear and timely communication and handover both before and after surgery.

Giving the primary care workforce the best tools and information will help ensure patients receive the right care, in the right place, and from the right healthcare professional.

Goal

To strengthen the integration and communication between health services and the primary care workforce, including through improved information sharing and co-designed collaborative care pathways that support the entire surgical journey.



Reform 3:

Enhance integration of primary care in the perioperative journey

Objectives

- Improve integration, communication and information sharing between health services, surgical teams and primary care providers. This may include digitalising referral pathways and establishing data-sharing platforms (**Reform 7**), coordinating regular forums and improving access to shared educational resources for clinicians.
- Empower primary care providers to deliver timely information, assessment and management to their patients about referral status, treatment options, risk assessment and opportunities for pre-surgical optimisation and post-surgical follow-up, utilising Health Pathways to disseminate best practice where appropriate.
- Improve pre-surgical optimisation of patients through timely and targeted communication between health services and primary care providers, and promote continuity of care through timely and accurate clinical handover following surgery.

What success looks like

- Primary care providers are embedded at each stage of the patient's surgical journey, improving access to timely care.
- There is strong collaboration between primary care and surgical teams to support efficient and person-centred perioperative care delivery.
- Primary care providers have access to the required information and support from health services to enable timely and integrated care delivery.
- Communication between health services and primary care providers is timely and targeted, both pre- and post-surgery.

Note: Although there are state and federally funded initiatives to support primary care, we know that primary care faces significant workforce pressures. This reform element is not asking primary care providers to deliver more care with current resourcing. Instead, it aims to support primary care providers through improved and efficient communication and access to information from treating health services.

Reform 3:

Enhance integration of primary care in the perioperative journey

Broader intersectional reforms and supporting work

Work is currently progressing at both the national and state levels to address urgent issues in primary care. This includes providing better patient access, reducing acute demand, expanding team-based care, improving patient experience and outcomes, and enhancing integrated care to manage chronic disease.

National discussions include forums such as National Cabinet, First Secretaries Group, Council for the Australian Federation, the Strengthening Medicare Taskforce, the Health Chief Executives Forum, the Health Ministers' Meeting, and the National Health Reform Agreement mid-term review.

The department supports the primary health system in several ways. This includes by advocating to the Australian Government for digital investment, workforce innovations and improvements to funding models and the Medicare Benefit Schedule (MBS). It also includes commissioning state-funded primary healthcare services to address market failure and relieve pressure on the public hospital system.

The *Federal Budget 2023* announced \$5.7 billion over five years to provide better access and more affordable primary care for patients, particularly for those most in need. This will support primary care's interface with perioperative care including:

- wrap-around primary care for frequent hospital users with chronic disease through comprehensive, multidisciplinary care in the community
- a new MBS item for longer consultations to support improved access and service affordability for patients with chronic conditions
- the establishment of a voluntary patient registration scheme to strengthen the relationship between patients and their primary care team.

Reform 3:

Enhance integration of primary care in the perioperative journey



Case study: Primary care integration

The [Osteoarthritis Hip and Knee Service \(OAHKS\)](http://www.health.vic.gov.au/patient-care/osteoarthritis-hip-and-knee-service) <www.health.vic.gov.au/patient-care/osteoarthritis-hip-and-knee-service> manages patients with hip or knee osteoarthritis who are on preparation lists for specialist clinics and planned surgery (Victorian Department of Health 2022a).

The service often incorporates multidisciplinary staff such as physiotherapists, exercise physiologists, rheumatologists, nurse practitioners and orthopaedic surgeons. It works collaboratively with patients and their general practitioner (GP) to achieve best possible outcomes in the management of osteoarthritis.

Patients are usually referred to OAHKS from an orthopaedic clinic and planned surgery preparation lists.

Hume HSP identified an opportunity for patients to be referred directly to OAHKS by their GP before, or instead of, being referred for surgery.

As a result, multiple Hume HSP health services are boosting their relationships with local GPs to support them to refer patients directly

to non-surgical treatment pathways for hip and knee osteoarthritis:

- Albury Wodonga Health collaborated with GPs directly, using appropriate data, to better and more quickly recognise appropriate patients for referral to OAHKS.
- Goulburn Valley Health and Northeast Health Wangaratta developed direct OAHKS referral pathways from local GPs, especially for early osteoarthritis management.

This aims to reduce referrals to specialist outpatient clinics, manage patient expectations of surgery and ensure patients receive timely management of their hip or knee osteoarthritis.

The service has improved patient experience and outcomes. It has diverted patients from surgery when this was not clinically indicated, improved health service efficiency and created high levels of workforce satisfaction.

Strengthening relationships between hospitals and primary care services ensures that patients receive best care, including both surgical and non-surgical management sooner if needed.

Reform 4: Expand advanced scope of practice roles and create novel roles

A well-supported workforce is central to sustainably delivering timely and high-quality planned surgery. To achieve this, we can upskill, grow and diversify our current healthcare workforce through further implementation, and scaling of novel and advanced roles.

Rationale

Investing in the workforce can improve efficiency in the planned surgery system and provide professional growth pathways and opportunities for healthcare workers and students.

There are a number of advanced scope of practice and novel roles in medicine, nursing and allied health that intersect with planned surgery. These include General Practitioner Anaesthetists, Nurse Practitioners, Nurse Endoscopists, Advanced Practice Physiotherapists and Registered Undergraduate Students of Nursing (RUSONs).

The **following case studies** highlight some examples of advanced practice or novel roles already in use across the state.

We must build on these examples and expand, embed and systemise our approach to advanced scope of practice and novel roles.

‘We need to broaden our view of who the workforce is.’

Phase 2 engagement, workshop participant, October 2022

Goal

To establish and expand novel and advanced scope of practice roles to support the sustainable delivery of planned surgery.

Medium term

Objectives

- Increase workforce growth, retention, and satisfaction by providing increased career opportunities through expansion of advanced practice and novel roles such as Perioperative RUSONs, Nurse Practitioners, Nurse Endoscopists and Advanced Allied Health Practitioners.
- Increase workforce and system capacity to address the planned surgery preparation list through task redistribution to skilled and available healthcare workers.

What success looks like

- Increased employment of advanced scope of practice roles.
- Introduction and employment of novel roles for perioperative care delivery (e.g., RUSONs).
- Improved surgical workforce retention and satisfaction.
- Sufficient perioperative staffing across the state, including rural and regional Victoria.

Reform 4:

Expand advanced scope of practice roles and create novel roles



Case studies: Advanced practice and novel roles

Advanced-scope nursing roles supporting surgery at The Royal Melbourne Hospital

Following on from successful advanced-scope nursing roles in surgery overseas, The Royal Melbourne Hospital established nurse endoscopists. These roles reduce patient waiting times for surgery, release medical staff to attend to patient care not within scope of the advanced nursing role, and increase workforce satisfaction (Department of Health 2014).

The nurse endoscopist roles are well established at The Royal Melbourne Hospital. They are performed by Clinical Nurse Consultants who have completed the relevant training programs, credentialling, and supervised practice requirements to support them to undertake procedures independently.

The nurse cystoscopy service supports six nurse-led lists a month, which is approximately 60 flexible cystoscopies. The nurse endoscopist who supports gastrointestinal scopes completes two nurse-led lists a month. This role also covers surgeon lists for procedures such as colonoscopies, gastroscopies and flexible sigmoidoscopies.

Implementing nurse endoscopists at The Royal Melbourne Hospital has engaged the entire surgical team in developing innovative and efficient models of care. It has also reduced inappropriate use of resources by streamlining patients' surgical management. Overall, the roles have increased both patient and workforce experience.

'Feet First' at The Royal Melbourne Hospital

The Royal Melbourne Hospital's orthopaedic surgery team identified an opportunity to establish a novel podiatry-led clinic 'Feet First' to help manage their orthopaedic preparation list. The clinic delivers timely and best care treatment to patients with foot and ankle problems.

The Feet First clinic provides non-surgical treatment options to manage foot and ankle pain and problems. Within 12 months of its establishment, patients could see a podiatrist 70 days earlier than they would see an orthopaedic surgeon, meaning more patients are treated sooner.

Using these novel roles, the clinic helped some patients avoid surgery altogether, as well as treating many patients in the lead-up to their surgery. Treatment before surgery helped patients to be in the best health, leading to reduced risk of complications of surgery and a smoother recovery.

The Feet First clinic also identified several procedures that could safely and effectively be performed in the outpatient clinic. These procedures include flexor tenotomies (a procedure to release tight tendons of the toes) performed by an orthopaedic surgeon and assisted by a podiatrist, and procedures to manage ingrown toenails performed by a podiatrist.

Having podiatrists perform and support these low-risk procedures in the clinic reduced patient waiting times for surgery, improved patient outcomes and satisfaction, and increased availability of operating theatres and hospital beds for patients who need them.

Reform 5: Strengthen the workforce for the future

If the capacity, capability, and wellbeing of the planned surgery workforce is not supported, it will be difficult to create lasting reforms to the planned surgery system.

Rationale

As the Victorian health system continues to experience pressure and demand, we need innovative thinking to support our workforce to deliver high-quality and safe care across the entire patient journey.

Under the *COVID Catch-Up Plan*, the Victorian Government made notable investments to support the expansion and sustainability of the surgical workforce. This included:

- upskilling more than 1,400 nurses and theatre technicians in perioperative care
- an international recruitment program to attract 2,000 international and returning Australian clinicians
- training and development funding for health services to build workforce capability in specialities, including planned surgery.

Building on this, it is important that we continue to strengthen the workforce for the future.

This includes initiatives that increase broader workforce retention by improving the employee experience, as well as developing targeted workforce strategies and solutions for roles critical to planned surgery delivery and reform (such as anaesthetists). This will improve equity in access to care across the state and support innovative roles and models of care, in alignment with **Reform 4**.

Sustainable workforce change can only be achieved in partnership with a healthy workforce. Therefore, we are committed to strengthening perioperative teams across the state, so that together, we can deliver best care for all Victorians.

Goal

To build and retain a modern, sustainable and engaged healthcare workforce across the entire perioperative journey.



Note: This reform has a longer-term trajectory, considering its complexity and scale. It is outside the time horizons set out in the Blueprint.

Objectives

- Increase supply of critical roles.
- Strengthen rural and regional workforces.
- Improve employee experience.
- Build future roles and capabilities (linked to **Reform 4**).
- Leverage digital, data and technology enablers to support workforce capacity.

What success looks like

- There is a healthy and engaged workforce.
- There are no workforce shortages, especially in critical roles resulting in an established 'fit-for-purpose' workforce
- The workforce has the skills and capability, and the appropriate distribution, to deliver modern models of care.
- Workforce capability and capacity is supported by digital enablers, resulting in elevated patient experience.

Reform 6: Scale high-throughput approaches (such as High-Intensity Theatre lists)

High-throughput approaches like High-Intensity Theatre (HIT) lists use additional resources and staff to achieve a quick turnover of procedures. These lists can be run in a short period of time (such as one day a month, or across a set week) to address backlogs in a targeted, time-limited approach. Typically, HIT lists focus on a single surgical discipline or set of procedures (like cataract surgery or hip replacements).

Rationale

Clinical literature and practice feature several high-throughput approaches, including HIT lists, that health services can use to increase surgical throughput efficiently and effectively, without compromising patient outcomes and safety (Furrer et al. 2023; National Health Service 2021; National Health Service 2022; Pugh 2022). These approaches focus on low- to medium-complexity surgical procedures.

Safer Care Victoria conducted research and engagement to identify safe, feasible and deliverable high-throughput approaches that Victorian health services can use for planned surgery, including HIT lists.

HIT lists can safely optimise theatre resources by using extra surgical lists to improve throughput and preparation list management. This includes additional lists across the weekend (such as 'Super Saturdays') or a whole week ('Perfect Weeks').

Several examples of this approach are already under way in the system, which includes Austin Health's 'Bone and Joint Week' (an example of a perfect week) – **see case study.**

Goal

To implement and scale high-throughput approaches – underpinned by best practice guidance – across all HSPs, delivering them when and where appropriate.



Objectives

- Increase the delivery and efficiency of safe and high-quality surgery for identified low- to medium-complexity procedures.
- Drive consistent and high-quality delivery of high-throughput approaches across Victoria through strategies such as the dissemination of best practice advice and implementation tools, enabling collaboration and shared learning.
- Improve the timely delivery of planned surgery for patients waiting longer than clinically recommended for their surgery.

Reform 6:

Scale high-throughput approaches (such as High-Intensity Theatre lists)

What success looks like

- Patients receive their surgery sooner, with fewer patients on the preparation list.
- High-throughput approaches are regular practice, delivered throughout the year.
- Health service theatre efficiency is improved, including theatre utilisation and workforce coordination.

Broader intersectional reforms and supporting work

In 2023, the department commissioned Safer Care Victoria to undertake extensive research and consultation to identify safe and feasible approaches to improve theatre efficiency. This reform is informed by the findings of Safer Care Victoria's report, *Targeted high-throughput approaches to theatre list management* (Safer Care Victoria 2023).

Case study: High-throughput approaches (such as HIT lists)

Between late 2022 and January 2023, Austin Health experienced a period of consistently low surgical activity. To best utilise available theatres, they piloted a HIT list over a single working week, called 'Bone and Joint Week'.

Through a multidisciplinary collaborative approach, Austin Health achieved an ambitious goal to undertake 10 per cent of its usual yearly activity in a single week (62 orthopaedic patients: 41 joint replacements and 21 other procedures).

The keys to success included:

- generating excitement about the week among staff and patients
- setting a shared vision and common goals
- robust preparation (such as the availability and capacity of theatres, theatre equipment and inpatient beds)
- patient selection strategies
- patient support and preparation
- using multidisciplinary super clinics

- setting early expectations about inpatient length of stay
- implementing ERAS principles.

The project also considered practical elements such as:

- 'same side' theatre scheduling to ensure surgeons and theatres did not need to reorient between procedures
- starting surgery on time
- avoiding scheduling surgeries that are highly specialised during the HIT week, to avoid unexpected consequences (such as staff unavailability or patients failing to attend).

There were no adverse events intra- or post-surgically during the week, and staff satisfaction and pride in their work was high.

Patient satisfaction was also high – 95 per cent of patients reported good and very good quality of treatment and care received. The majority of patients said they felt listened to, cared for, and confident in the safety of their treatment and care.



Reform 7: Digitise referral pathways and establish data-sharing platforms

Digital referral pathways, also known as electronic referrals (eReferrals), and data-sharing and communication platforms provide opportunities to improve patient experience and better coordinate service delivery across Victoria's planned surgery system.

Rationale

Digital referral pathways and data sharing will facilitate more efficient and secure flows of high-quality patient information between the primary and acute care sectors, as well as within the acute care sector itself. This will enable timely, equitable and high-quality care delivery.

The *Victorian digital health roadmap* <<https://www.health.vic.gov.au/publications/victorias-digital-health-roadmap>> commits to the further digitisation of referral pathways by Victorian health services. Digital referrals improve the experience of primary care providers in referring patients and provide access to their patient information and referral status. Paper- and fax-based referrals can impact on safety and the patient experience.

Following successful pilots of digital referrals, some health services and HSPs are extending the digitisation of referral pathways to better streamline patient care.

Concurrently, investment in data-sharing and communication platforms, such as Customer Relationship Management platforms,* will ultimately underpin best patient care and management.

For example, the North East Metro HSP has developed a Customer Relationship Management platform, which has driven timely preparation list management through cross-service integration and data sharing and streamlined communication across the entire HSP.

Without a consistent approach to implementing these digital enablers, there is risk of further fragmenting existing approaches.

Surgical reform presents a real opportunity to improve efficiency and communication at both the patient- and system-level.

Goal

To implement digital referral pathways and integrate these with health information platforms, in turn streamlining planned surgery pathways for patients and the workforce.

Longer term

* Customer Relationship Management platforms provide efficient communication and information sharing between health services, primary care and patients.

Reform 7:

Digitise referral pathways and establish data-sharing platforms

Objectives

- Improve information sharing and communication between service providers, including primary care, and patients, through the digitalisation of referrals, and information-sharing pathways.
- Improve referral efficiency, transparency, and quality of patient referral information, critical to optimising surgery planning, prioritisation, assessment, and admission.
- Improve patient experience, including access to health information and understanding of referral status, while on the planned surgery journey.
- Improve workforce efficiency across primary and perioperative services by reducing administrative burdens and improving the transparency of information (such as referral status).

What success looks like

- All HSPs have digital referral pathways and data-sharing platforms for planned surgery, increasing system efficiency.
- Communication and transparency of information is improved for patients and referrers, including primary care providers.
- Patient safety risks linked to paper-based referral and data sharing are reduced.

Broader intersectional reforms and supporting work

The department works with multidisciplinary clinical panels to develop statewide referral criteria for certain high volume clinical areas. This improves the quality, assessment and triage of referrals.

The criteria aim to ensure:

- equitable assessment of referrals by all Victorian public hospital specialist clinics
- improved referral and communication between referrers and specialist clinics
- referring clinicians know when a referral is required, and the information they need to provide
- specialist clinics have the right information to assess, accept and determine the clinical urgency of referrals.

Access the [Statewide referral criteria webpage](https://src.health.vic.gov.au) <<https://src.health.vic.gov.au>> for more information about the criteria currently in use or being developed.

Reform 8: Expand virtual care delivery

Due to the COVID-19 pandemic, Victorian healthcare providers have rapidly increased the provision of virtual care to ensure patients across Victoria can access high-quality care when and where they need it.

This has brought many benefits, including better connecting patients with appropriate care providers, delivering care closer to home, improving access to care, and provision of care that is better tailored to an individual's changing needs.

By expanding virtual modalities, we can continue to build on these gains.

Rationale

There is great potential to transform the provision and experience of perioperative care for the patient, workforce and the planned surgery system by further expanding virtual care (Victorian Department of Health 2022b).

More than 40 virtual care initiatives operate in the Victorian public health sector, with more being piloted and implemented. For example, the Grampians HSP is implementing a 'Virtual Surgery School' comprising pre-surgery patient assessment, education and optimisation, and post-surgery virtual follow-up. The pilot aims to facilitate timely discharge and support patients when they return home (**see case study**).

However, Victorians' access to virtual care can vary markedly depending on where they live. To ensure equitable access for patients, we need a coordinated approach to the implementation and scale of virtual care.

To support this, the department has developed a *Virtual care operational framework* <<https://www.health.vic.gov.au/virtual-care-operational-framework>>.

This framework outlines the core elements that Victorian public health services should consider across organisational, clinical, infrastructural and operational elements when establishing or operating virtual care services.

In addition, the *Victorian digital health roadmap* sets out several programs of work to enable safe and effective virtual care delivery across the perioperative patient journey. This includes investment in hardware and infrastructure to support virtual care delivery and supporting Victorian public health services to digitise care processes.

The department is also working with community and public health services to provide handheld apps to community groups to improve the efficacy and experience of virtual care and service delivery.

These advances in virtual care present significant opportunities for integration into the perioperative patient journey, such as enabling timely, post-surgical review (**Reform 1**) and management of a patient, from the comfort of their own home (**Reform 2**).

Reform 8:

Expand virtual care delivery

Goal

To implement and expand virtual models of care for planned surgery, increasing workforce flexibility, optimising health service efficiency, enhancing patient engagement and promoting equitable access to pre- and post-surgical assessment and care.



Objectives

- Improve patient access to timely and high-quality pre- and post-surgical care, irrespective of geographic location through strategies such as virtual assessment, education and care delivery.
- Increase workforce retention and satisfaction through flexibility in the way care is delivered.
- Improve patient outcomes and health service efficiency by enabling more cost-effective care delivery and reduced length of stay.

What success looks like

- Virtual pathways are implemented across all HSPs to support the delivery of timely, patient-centred, pre- and post-surgical care.
- Patients experience reduced delays in accessing pre-surgical assessment, education and management and post-surgical follow-up. This results in better outcomes and experience.
- More patients are seen via virtual care appointments, as clinically appropriate, improving health service efficiency and reducing patient travel.

Reform 8:

Expand virtual care delivery



Case study: Virtual Surgery School

As telehealth availability and uptake increased in recent years, patients have become more familiar with the concept of receiving healthcare virtually.

To make the most of this opportunity, Grampians Health implemented an innovative Virtual Surgery School (VSS) initiative. VSS enables patients to access resources and information about their surgery online, as well as receive pre- and post-surgical care (via telehealth). It eliminates the need for patients to travel and wait in person for appointments. It also means patients can access information and resources at their own convenience.

The VSS supports timely and accessible patient communication and management, including setting expectations for patients

and improving their preparation before, during and after surgery. In addition, staff report positive experiences using the VSS with their patients.

To support implementation, Grampians Health developed local clinical guidance (using scripts and graphics) that are delivered virtually or in a group setting, as well as video resources to educate patients on their upcoming surgery and surgical specialist appointments.

The VSS is also embedded as a sustainable reform that Grampians Health will continue to use. Grampians Health plans to evaluate their VSS over time, adapting the service as needed to best cater to patients in the region.

Reform 9: Regionalise planned surgery preparation list management

Currently, each health service manages its own local surgery preparation list. This limits the ability of HSPs to match demand with capacity across the Victorian public hospital system. This can give rise to inequities in access to planned surgery depending on where an individual receives their care.

Regionalising planned surgery preparation lists will better enable health services to streamline, coordinate and improve equity of access to planned surgery for all Victorians.

Rationale

Regional planned surgery preparation lists offer advantages at both patient and health service levels.

If a local region has visibility of multiple health services' preparation lists, it can provide a wider range of care choices for the patient. This includes faster options for surgical treatment and can better match planned surgery demand to local health service capacity and capability, supporting health services that may be under significant pressure.

Implementing regional planned surgery preparation lists will strengthen regional collaboration, reduce duplication of patient referrals, improve information sharing (in alignment with **Reform 7**) and standardise preparation list management across regions. Oversight and reporting of planned surgery across the state will also improve (Breton et al. 2020).

In short, regional planned surgery preparations lists effectively contribute to better patient experiences and better population health.

Goal

To develop and implement regionalised planned surgery preparation lists for all Victorian public health services.

Longer term

Note: This reform will require a staged implementation approach, including an assessment of regional readiness and local considerations, in order to successfully scale preparation list management changes.

Reform 9:

Regionalise planned surgery preparation list management

Objectives

- Improve timeliness of care and care equity by enabling better matching of demand to capacity.
- Improve patient experiences with a centralised point of information and communication.
- Improve system efficiency by streamlining reporting and increasing oversight of local capacity and demand.
- Drive health service collaboration within regions to deliver timely, equitable and high-quality care.

What success looks like

- Planned surgery preparation lists are consolidated within each HSP.
- Visibility of local demand and corresponding capacity is increased, supporting patients to receive their surgery sooner across Victoria.
- Health service efficiency and collaboration is improved, through centralised and streamlined preparation list management.
- Patients experience improved access to information and timely communication regarding their surgery.
- Victorians have equitable access to planned surgery no matter where they live.

Note: Progress on **Reforms 7** and **8** of the Blueprint will assist in enabling regionalised planned surgery preparation list management.

Reform 10: Build robust data and intelligence infrastructure

To ensure the system and steward can make fully informed decisions and build towards an ideal system state, we need to reform the way we collect and use data and intelligence.

This includes:

- resolving data collection and reporting gaps to ensure the system can access the data it needs for continuous and meaningful change
- shifting system performance towards meaningful and patient-focused measures and outcomes
- creating communication platforms for the system and department to continuously connect.

Rationale

When collected and shared correctly, evidence and data will drive system reform and continuous improvement (Australian Commission on Safety and Quality in Health Care 2023b).

Several innovations are already supporting planned surgery performance and reform. This includes a planned surgery monitoring dashboard that provides Victorian health services with interactive tools to analyse their (and others') surgical preparation lists and activity.

The dashboard allows health services to explore how well patient needs are being met, and to compare their performance with peer hospitals, in a more interactive and flexible way than previously available. This improved capacity to monitor and compare planned surgery performance is a key step to improving access to quality, value-based care for all Victorians.

Several engagement forums have also been established to foster dialogue and information sharing.

This includes Communities of Practice for Delivery and Innovation Teams and Patient Support Units, where health services can share reform findings, lessons and system data.

However, many opportunities remain to improve and build on these foundations, particularly in the way we report and measure planned surgery performance.

The number of people waiting for planned surgery (the preparation list) gives us a relative indication of demand, but this is not a comprehensive measure of system performance. This indicator can be affected by factors unrelated to performance (such as population growth). It also does not measure demand in associated parts of the system (such as people waiting for specialist appointments for surgical referral).

Most importantly, the preparation list is not a qualitative indicator and does not reflect patient experiences or outcomes. In contrast, the time a patient spends waiting for surgery is a far more effective and valuable indicator of system performance.

Reform 10:

Build robust data and intelligence infrastructure

Finally, not all Victorian health services report to ESIS,* which contributes to a lack of visibility of surgical activity, demand and capacity across the system. Standardising ESIS reporting across the state will ensure transparency and equitable access for all Victorians requiring planned surgery.

Goal

To improve system integration, ensure direction setting is based on accurate, timely and transparent data aligned with what matters most to patients, and improve collaboration between health services, HSPs and the department at each step of the patient journey.



Objectives:

- Align measurement of performance to better reflect the patient journey, outcomes, and experience, with the first step being to shift priority planned surgery measures to centre around timeliness (for example, treat-in-turn).
- Improve system stewardship, accountability, and the patient experience by increasing quality and transparency of data metrics.
- HSPs, health services and the broader health sector, supported by the department's engagement platforms, expand dialogue mechanisms to increase sharing and learning opportunities for improvement and best practice.

What success looks like

- Public reporting of clear and relevant patient-centred metrics to inform Victorians about planned surgery access and delivery.
- Improved visibility of data and reporting metrics that promote accountability, transparency and continuous improvement.
- All ESIS activity delivered across the state is captured.
- 'Timeliness' is the core metric for planned surgery.
- A suite of measures related to patient outcomes and experience tracks value.
- Several planned surgery engagement and information-sharing platforms promote collaboration across the sector and with the department.

* The Elective Surgery Information System (ESIS) is the main system for data collection and reporting for planned surgery procedures performed in Victoria's public health system.

Consumer reflection

My name is Elizabeth Flemming-Judge, and I am a consumer representative who has been advocating for the best healthcare outcomes for our community for the past nine years. I am also a member of the Surgery Recovery and Reform Taskforce.

My advocacy journey began in and around the hospital where I live. There I joined several clinically oriented expert committees, and the Quality and Safety Board of the health service, among many other roles. Since then, I have trained as a consumer leader at the Health Issues Centre, which gave me insight into the effectiveness of my role as a consumer advocate in Victoria.

One of my areas of interest in health advocacy is multicultural communities in Victoria. I also have a special interest in rural and Aboriginal health and am passionate about advocating for good access and health outcomes among priority population groups.

As a consumer representative on the Taskforce, I have had the opportunity to closely observe and follow the collaborative work of a very talented and committed group of clinicians and members of the community as we developed the Blueprint.

We all work very hard to ensure the delivery of best care to those who rely on us for safe and high-quality surgery. While we have experienced challenges in recent years, we also have an amazing opportunity to re-think and reform our approach to planned surgery.

We need to think about how we can improve the system to not only be more equitable, but also more efficient, to support Victorians to always be able to access and receive the essential planned surgery they need.

As a community member, I perceive the Blueprint as a unique opportunity for us to have a seat at the table, to help decide the course of the public surgery service in Victoria.

Therefore, I encourage all in the community, to join us in taking ownership of the reforms laid out in this Blueprint, so that we can all have a profound impact on the future of our planned surgery system.

Elizabeth Flemming-Judge

Consumer representative and Planned Surgery Recovery and Reform Taskforce member



Figure 6: Perioperative patient care journey and the reforms

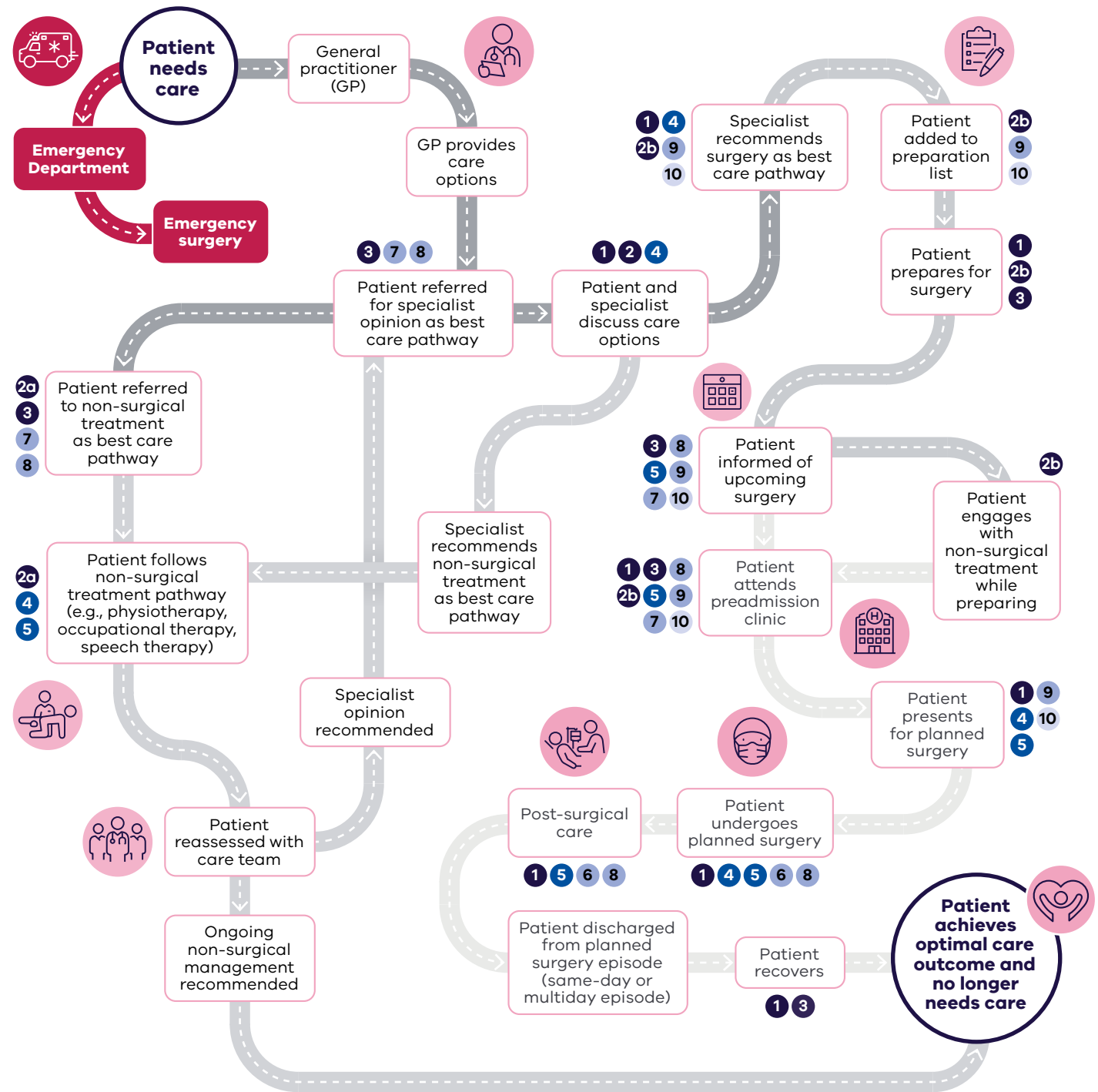


Reforms

- 1 Expand same-day models of care
- 2 Increase non-surgical treatment pathways
 - 2a. Evidence-based alternatives to surgery
 - 2b. Optimisation pathways for surgery
- 3 Enhance integration of primary care in the perioperative journey
- 4 Expand advanced scope of practice roles and create novel roles
- 5 Strengthen the workforce for the future
- 6 Scale high-throughput approaches (such as High-Intensity Theatre lists)
- 7 Digitise referral pathways and establish data-sharing platforms
- 8 Expand virtual care delivery
- 9 Regionalise planned surgery preparation list management
- 10 Build robust data and intelligence infrastructure

Please note:

- 2 refers to both reform 2a and 2b unless stated otherwise.
- This visual contains an overview of common planned surgery care pathways at the time of publication, it does not contain all possible care pathways for planned surgery.



Working together to deliver system reform

A delivery framework for collaboration and success

The Blueprint signals the Victorian Government's commitment to transforming the planned surgery system now and into the future. It shows the pathway that both the steward and system will take to reform planned surgery. As we deliver the Blueprint, we expect:

- the **system** to continue implementing actions against each of the 10 reforms by driving local innovation
- the **steward** to enable and support the system, where necessary, to deliver those actions.

A delivery framework with three components will guide this overarching approach:

‘Improved patient outcomes cannot be “top-down”. It has to be a joint effort.’
Phase 2 engagement, workshop participant, October 2022

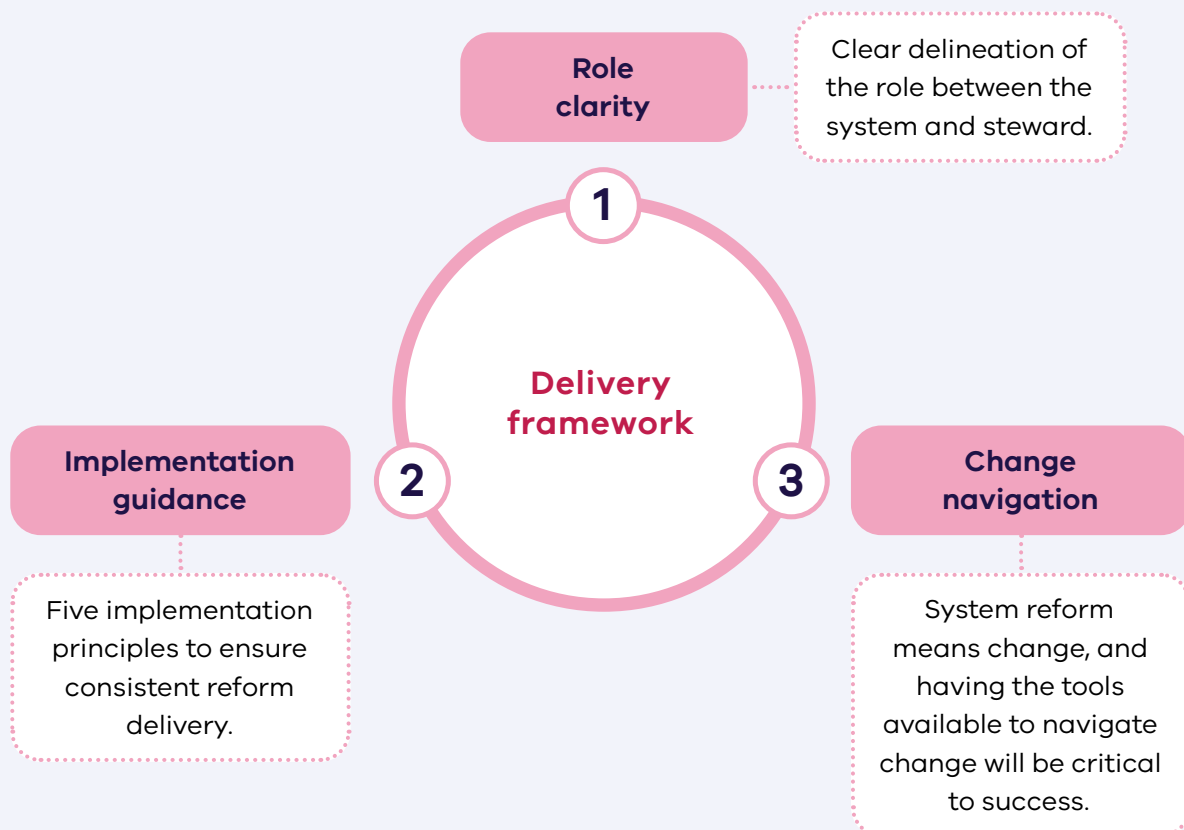
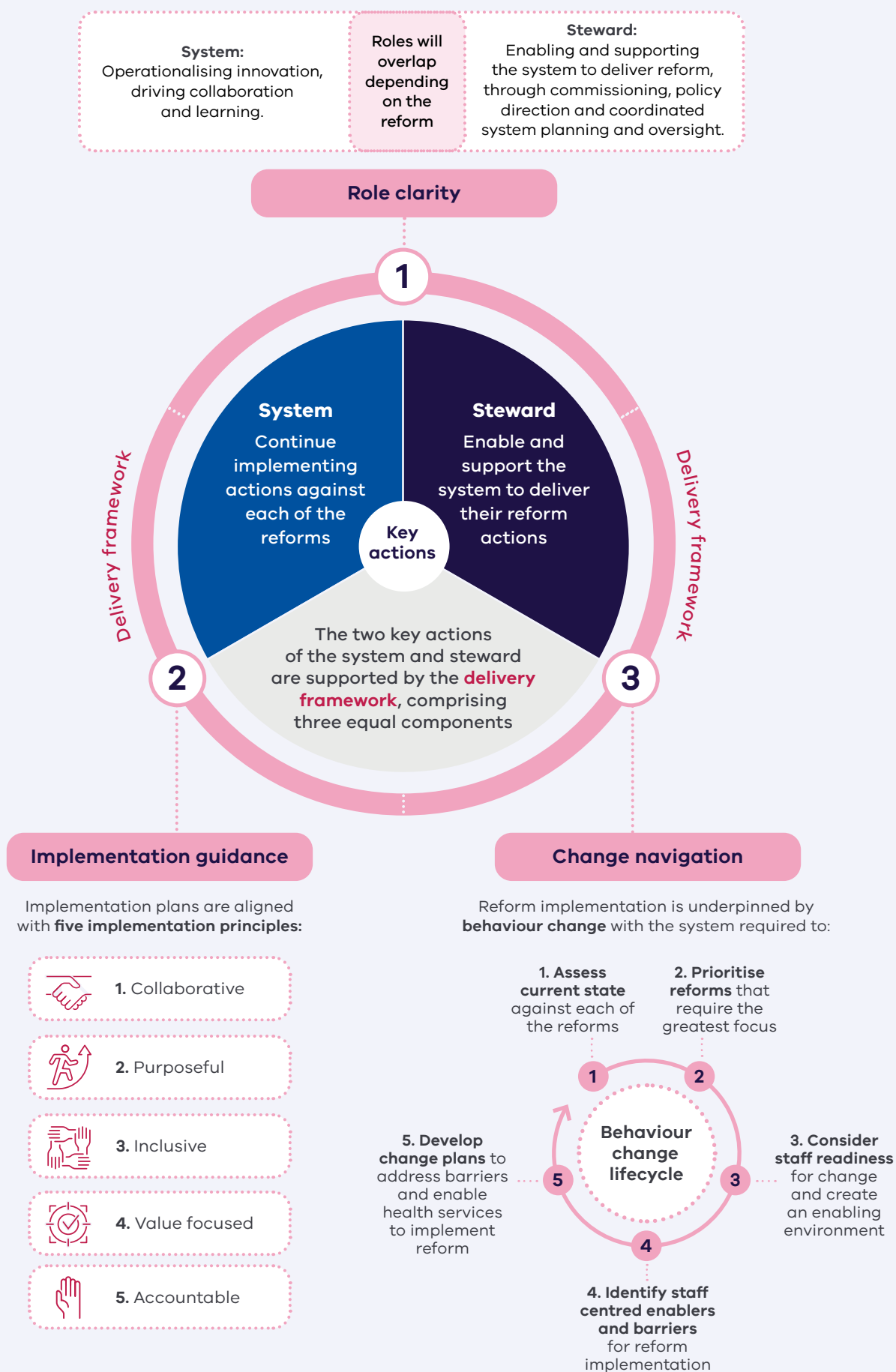


Figure 7: Delivery framework comprising three components



1. Role clarity

The success of the reforms set out in the Blueprint depends, in part, on the clear delineation of roles and responsibilities between the system and the steward. This will enable each party to deliver its respective responsibilities without hesitation.

The department, as the steward, is regarded as the 'enabler' of reform. It commissions and sets policy direction and expectations to improve efficiency, outcomes and value across the system.

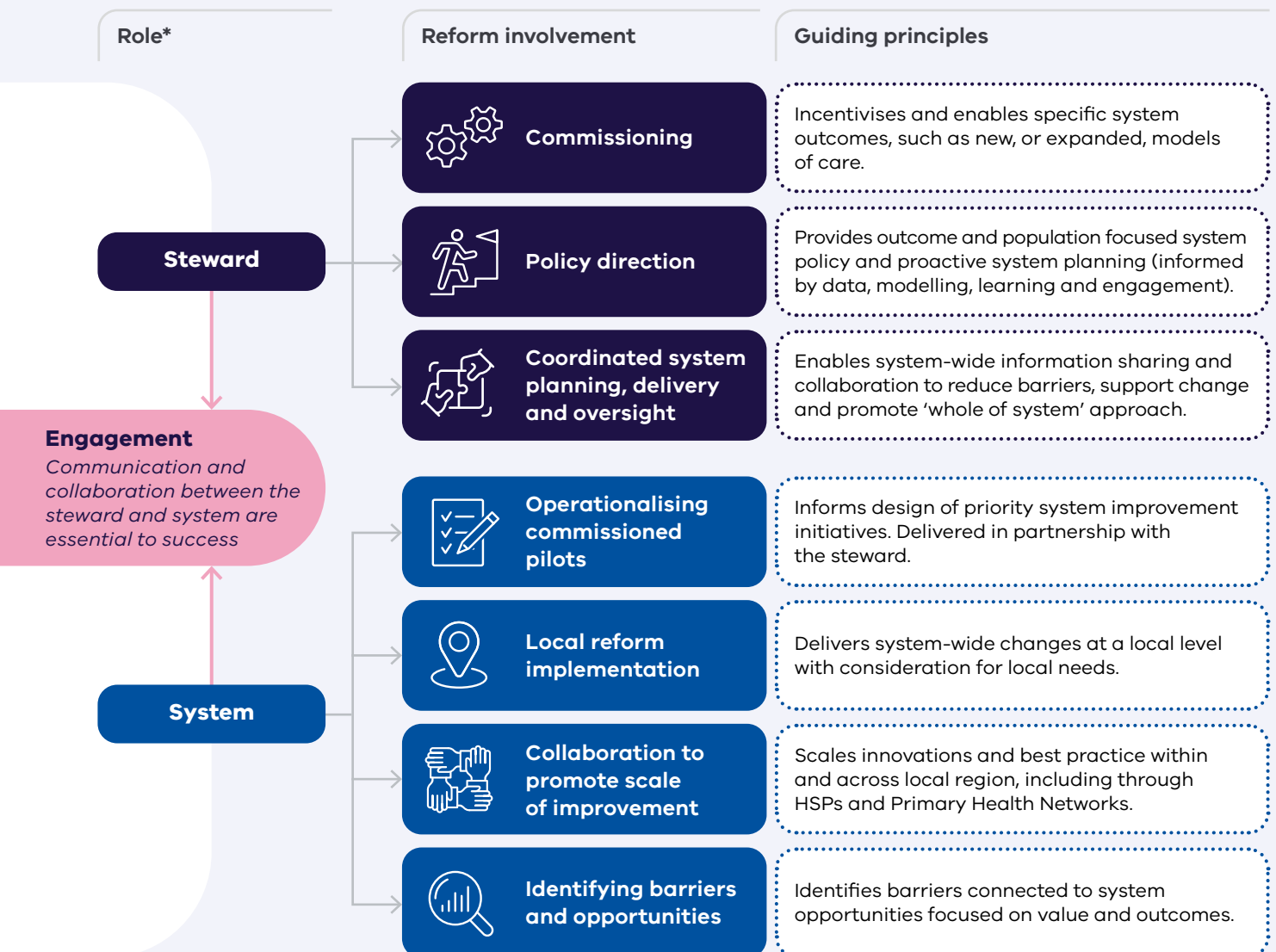
This includes supporting consistent and equitable scaling of innovation already under way across the state, as well as the

implementation and scale of new reform. The steward is also responsible for providing system support when barriers to implementation arise.

The system will operationalise the reform, applying an improvement mindset to test and implement reform on the ground. It will be expected to drive local improvement to achieve reform through collaboration, sharing of innovations, challenges and opportunities.

However, these roles are not always mutually exclusive. Clear communication (such as delivering **Reform 10**) will be key to successful implementation.

Figure 8: Roles and responsibilities



* The proposed roles of the steward and system are not mutually exclusive. Varying levels of involvement will be required across both roles, depending on the nature of the reform.

2. Implementation guidance

While the Blueprint is designed to be pragmatic and achievable, implementing reforms of this scale will be complex. If we are to achieve enduring change, everyone involved will need to adopt an improvement mindset.

To support a coordinated implementation effort, we have developed five implementation principles to accompany the Blueprint.

These principles provide guidance for both the steward and system. They will help us to deliver consistent reform and innovation, as well as the behavioural and system change needed for large-scale reform.

They are designed to support local implementation of the Blueprint reforms, to ensure we use the same foundations across the state, while still staying responsive and customised to the local context and consumers.



The five implementation principles

When implementing programs of work to progress the Blueprint reforms, both the system and steward should ensure implementation plans align with these principles:

- 1. Collaborative.** All implementation partners are connected and work together with implementation centred on those most affected by the outcomes; opportunities to co-design and test solutions with consumers and the workforce are used, where appropriate.
- 2. Purposeful.** Consumers, the workforce and the broader health sector understand the purpose of the reforms and are engaged in their development and implementation.
- 3. Inclusive.** The reforms focus on equitable outcomes, and do not inadvertently disadvantage people from diverse communities.
- 4. Value focused.** Reform design and delivery aligns with best practice recommendations to achieve outcomes that matter most to patients in the most cost-effective manner. On the ground implementation is underpinned by access to data and improvement methodology, with the system empowered to test changes locally, supported by strong planning and analysis.
- 5. Accountable.** Ownership and monitoring are embedded in the implementation approaches, with clear expectations around roles and responsibilities established across the system and steward.

These principles have been shaped through extensive engagement.

3. Change navigation

Reform of this magnitude goes hand in hand with behaviour change: strategic, structural and people focused. This change is informed by many factors, including existing cognitive biases, and existing habits influencing thinking, behaviour and culture.

The management of change is an enduring skill needed to influence behaviour at the system, health service or individual level. Change is complex, and requires commitment and persistence.



There are no magic bullets



Most solutions work some of the time



No solutions work all of the time

BehaviourWorks Australia has provided some tools to help health services progress local reforms.

Behaviour change tools

Behaviour change plays a pivotal role in driving reform within health systems. Structural changes and policies are essential, but sustainable and meaningful transformation depends on changing individual behaviours.

Health systems are intricately linked to the behaviours of both healthcare providers and patients. Behavioural science can help us understand the underlying factors that influence healthcare provider behaviour, such as biases, cognitive processes, and social dynamics and hierarchies. These insights can inform sustainable, positive change.

However, it is important to acknowledge that change is difficult. Sustained system change can come with a lot of resistance and barriers. Focusing on the benefits, not only to the system but also to staff and patients, can help bring people along for the journey.

To address the 10 reforms across the four pillars, health services will need to first assess where they currently stand against each of the reforms.

This may also involve prioritising the reforms that need more attention and resources. Different health services will need different amounts of change. Services also need to consider staff readiness for change, understanding that changing established ways of working can be difficult and uncomfortable.

You will likely need to use a set of tools and techniques to support change across the 10 reforms. Do not underestimate the role of leadership support and endorsement to create an enabling environment for staff to accept and enact these changes.

Given the diversity of the health system across Victoria, there is no-one-size-fits-all approach when it comes to implementing such

significant reforms. The first step is to take a tailored approach that takes into account where your health service is currently at.

The next step is to consider the barriers and enablers to implementing these reforms. In particular, you should find out what will stop staff from engaging with the reforms and what will enable them to make the desired changes. Use this understanding to design your change plan.

Evidence can help guide you to the types of interventions or support that may help enable such significant change. However, there are no magic bullets. Most solutions will work in some places, some of the time. No solutions work everywhere all of the time.

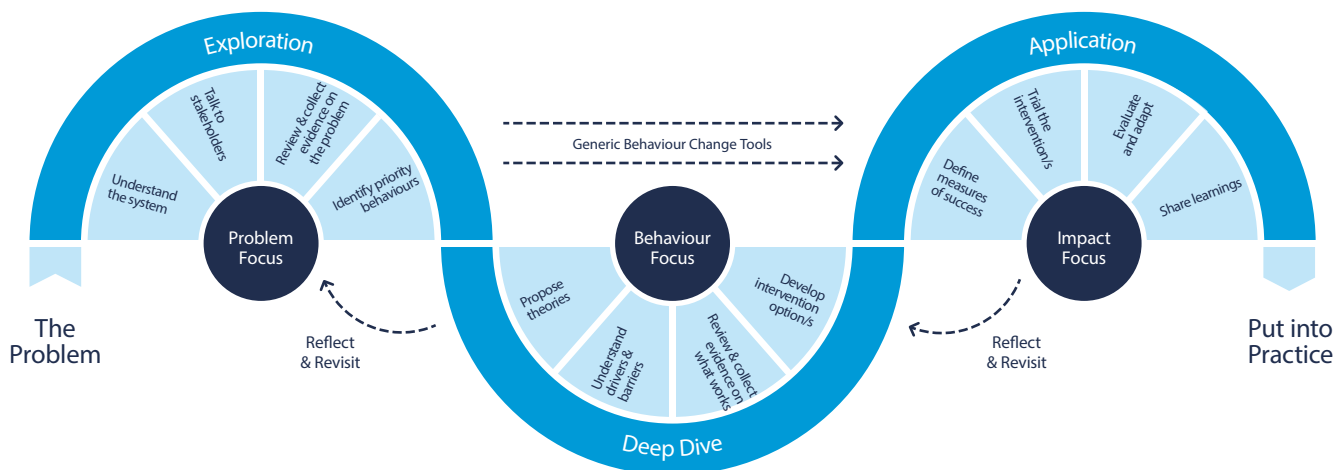
Health services can use techniques from behavioural science, like feedback, incentives and tailored interventions, to align behaviours with desired reform goals. This will lead to better patient outcomes and more effective health services overall.

Please find below established tools that you can use in your local health service:

- [Behavioural Insights Unit EAST tools](https://www.bi.team/publications/east-four-simple-ways-to-apply-behavioural-insights), <<https://www.bi.team/publications/east-four-simple-ways-to-apply-behavioural-insights>>
- [BehaviourWorks Method](https://www.behaviourworksaustralia.org/about/the-method) <<https://www.behaviourworksaustralia.org/about/the-method>> (**Figure 9**)
- [INSPIRE](https://www.behaviourworksaustralia.org/courses/inspire-your-communication) <<https://www.behaviourworksaustralia.org/courses/inspire-your-communication>>.



Figure 9: BehaviourWorks Method



With the trust, collaboration and support of all implementation partners involved in the reform process, and an all-in approach to transform the system, we can deliver enduring changes for the benefit of all Victorians.

Long-term commitment from the steward

While implementation and change may be challenging, they represent the most important steps in this reform journey, and there is momentum and opportunity to commence these transformational changes now.

With the cooperation, engagement and support of the workforce, consumers and the wider sector, the planned surgery system can evolve – so more Victorians can access equitable and timely care.

I think we can all agree the challenge before us is significant. But the robust conversation and enthusiasm in Victoria shows we are up to the task of adapting to our ever-changing environment and ushering in reforms that will drive best outcomes for Victorians.

As we set out on this journey to foundationally improve the planned surgery system, I implore you to first recognise and feel proud of the resilience, agility and innovation that we have already demonstrated – especially in recent years.

Looking to the future, we need to design and implement reforms in a purposeful and systematic way over the short, medium and longer term.

With this comes the requirement for collaboration and open-mindedness, including changing ‘the way we’ve always done things’ and changing ourselves – that can be really hard.

Great agility and innovation emerge when we openly work together and problem solve, delivering high-quality care across the sector. The hope is we continue cultivating that together.

We are striving for big changes and outcomes, and consistent local changes are the building blocks for system reform. We are very grateful to you, our hardworking workforce, for your contribution and commitment to this planned surgery journey, to ultimately, deliver for the many Victorians still waiting for care.

Let’s continue with a willingness to drive positive changes in our communities and organisations, collectively working towards a future where Victorians are the healthiest in the world.

Together, we can shift the planned surgery system, transforming it to best in class.

Victorians are counting on us.



Professor Euan M Wallace AM
Secretary
Department of Health



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