



# Sir William Manchester Plastic Surgery Suite

## See & Treat Unit

**Counties Manukau Health:**

**Presenter(s) 1: Crisna Taljaard, +64 21 591 264**

**HRT 1719 Surgical Journey Improvement Group Workshops**

**11 -12 October 2017, Brisbane**



## Key Problem

---

- *Occupying a GA theatre with local procedures*
- *Skin Cancer patients often waited between 4-8 months for surgery*
- *Needed facilities that would future proof us, i.e. more patients able to be treated*
- *Junior staff performing the procedures with little supervision from SMO*

*State before change:*

- *Occupied 1 theatre each day of the week for local procedures in our GA theatre suite*

*Burning platform:*

- *Gastroenterology needed access to GA theatre for colonoscopies*

## Aim of this Innovation

---

- The focus was to shorten the patient's journey between First Surgical assessment and treatment.
- We also aimed to strengthen training and education opportunities for both internal trainees and our GPwSI colleagues to grow their skill and provide more treatment to patients in the community setting.
- Increased local capacity to future proof
- Free up GA theatre space for colonoscopies

## Baseline Data / Current Situation

---

- *Capacity to treat 32 patients per week*
- *Patients waited between 2 - 4 months for their FSA*
- *Patients waited between 2-4 months for their surgery*
- *Whole journey could take up to 8 months*
  
- *Outsourced local procedures \$200 000 per year*

## Key Changes Implemented

---

- Converted old clinical area not in use into 3 Procedure rooms, 4 Consult Rooms, Reception and recovery area – lots of effort went into the patient flow and optimising resources
- Enough surgical sets to allow for 24 procedures per day (capital investment)
- New Model of care developed - See & Treat on same day if possible
- Change the booking and scheduling processes
- Additional nursing staff & GP's appointments

# Outcomes so far

- Improved supervision of junior staff better outcomes for patients
- 205 patients treated per month- increased from 132 previously
- Have future capacity for additional 175 per month
- 4 GP's working in the unit
- \$0 outsourcing to private Since July 2016
- 75 % of patients are treated on the same day as having their SMO consult
- Total number on WL reduced and shorter wait times

On the Inpatient WL	12/10/2015	31/08/2017
Total	402	292
Waiting between 12 to 16 weeks	62%	8 %
waiting between 8-11 weeks	20 %	10%
waiting between 5-7 weeks	10%	27 %
waiting between 0-4 weeks	8%	55 %

## Lessons Learnt

---

- What have you learned from the project? What would you recommend to other organisations?
- We underestimated the processes that needed to be condensed into one day in order to navigate the patient through the correct, also the booking and scheduling of most of the FSA's are now done from here instead of our centralised facility RACS – Administration support
- Model of care development – difficult to reverse engineers SMO schedules
- Level of preparation of the patients to ensure surgery can be offered on the same day i.e. anticoagulation medication
- Nursing staff do not traditionally have these functions all in one, high paced environment / must be adaptable and flexible as each day can bring new challenges
- 4 month period from start to finish meant we opened without all the staff training and processes in place.
- Thought we could run a leaner model, however junior Medical staff benefit from good scrub nurse support
- Need for virtual histology clinics and in general more Follow up clinics

## Contact for this Innovation

---

- For more information:
- Name: Crisna Taljaard
- Email: [crisna.taljaard@middlemore.co.nz](mailto:crisna.taljaard@middlemore.co.nz)



# Summary

## Problem:

- Needed additional capacity to treat Skin Cancer and Carpal Tunnel
- Using a GA theatre for LA procedures
- Poor supervision and training
- Patients waiting up to 8 months for surgery – poor outcomes, bigger surgeries required

## Solution:

- Purpose build unit
- Change model of care

## Result:

- Reduced wait times, better outcomes for patients
- Better support and training for junior and GP staff
- Reduced outsourcing cost
- Future proof for population growth



