



The Urology Pod: improving efficiency

Hospital Name: Wollongong Hospital (Blaze)

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HRT 1614 Surgical Journey Improvement Group

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Sydney



Acknowledgements:

Thank you to the Wollongong Urology Pod Team (and in particular: **Tanya Montgomery CNS Urology**), who provided valuable time, materials and information to assist in the development of this innovation.



Admissions →

A

1

 Enquiries

-  Lift A
-  Emergency
- Lifts B, C, D 
- Toilets  



Key Problem started before July 2015

- Seven additional Theatres built (5 commissioned) including 2 hybrid Theatres
- Designated Urology Theatre with adjoining stock room

Reclaimed cases from The Private Hospital:- activity increased by 1250 cases per year

<u>Urology Cases June 2015 vs. June 2016</u>	
Month/Year	Operations
June 2015	96
Elective	59
Emergency	37
June 2016	188
Elective	159
Emergency	29

Aim of this innovation

To improve efficiency in the presence of increased activity (extra 1250 cases) with the introduction of a “Urology Pod”

- 7 Urologists
- 5 days per week
- 188 cases per month
- Introduction of green light and Holmium laser
- Doubled instrumentation



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The Urology Pod: a new way of working

**Wollongong Hospital introduced the Urology Pod
to cope with an increase in activity-
almost double the number of cases per month !**

Pod = Small team approach to working towards the same goal

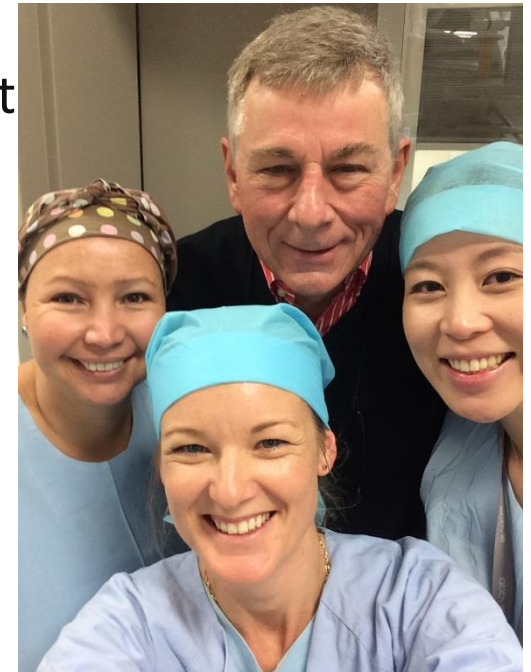
- Improved attitudes, behaviours, communication & accountability
- Improved workflow collaboration
- Nurses more visible & accessible
- Conserve valuable time / increase efficiency

Formed the Urology Pod

- Urology CNS
- Communication book & Resource Folder
- Scrub/ Scout/ Anaesthetics including EEN, RN and CNS

Who's who in the Urology Pod ?

- Specialised structured Urology CNS & Nurses
- Stand alone team
 1. **Organise their own lists**
 2. **Independently calls for patients**
 3. **Direct contact with Day Surgery Centre (Day Only)**
 4. X-ray on call
 5. Designated Operating Theatre Assistant
- Team ownership
 - Less sick leave
 - Excellent staff retention
- Surgeons get experienced nurses
 - Core group and new learners



Clinical Nurse Specialist Urology

- Full time
- **1 non-clinical day a fortnight !!**
- Work with Elective Surgical Liaison Nurse
- Resource folder and team education
- Preference cards
- Clinical Products (loan equipment, new instrumentation)
- Standing orders for disposable stock saves time
- **Overnight delivery with no approval process**
- Liaise with SSD
- Communicate with stakeholders
- In conjunction with surgeon; configure daily lists



Before

FIRST CASE ON TIME - UROLOGY MARCH 2015

SESSION NAME	TOTAL ELECTIVE SESSIONS	FIRST CASE ON TIME SESSIONS	FIRST CASE ON TIME SESSIONS
			%
Doctor D	3	2	67%
Doctor C	2	1	50%
Doctor B	2	1	50%
Doctor A	4	0	0%
TOTAL	11	4	36%

FIRST CASE ON TIME - UROLOGY MARCH 2016

SESSION NAME	TOTAL ELECTIVE SESSIONS	FIRST CASE ON TIME SESSIONS	FIRST CASE ON TIME SESSIONS %
Doctor A	3	3	100%
Doctor B	4	3	75%
Doctor C	3	2	67%
Doctor X	4	2	50%
Doctor D	5	3	60%
TOTAL	19	13	68%

After

Outcomes so far

Average turn around times

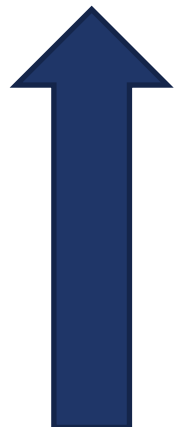
- June 2015 = 19.5 mins
- June 2016 = 10.5 mins
- improved by 9 mins



(9 minutes x 188 cases/month x 12 months = 338 hours saved)

Utilisation

Year	Cases	Slot duration	In room	Utilisation
June '15	58	6900 min	4692 min	68%
June '16	144	11430 min	9900 min	87%



Before and After Urology Pod

Before

- Urology 3 days/week
- No Urology CNS
- Allocated different nurses
- Check cystoscopies = Rigid cystoscopies Day Stay
- Lots of TURPs
- Longer Length Of Stay

After

- Reclaimed all Public patients
- Urology 5 days/week with a Pod Team
- Urology CNS with dedicated non-clinical time
- Hybrid theatre
- Designated x-ray
- Set & run their own lists
- Team huddle
- Green light & Holmium laser
- More flexi cystoscopies under local = bypass PACU

Lessons Learnt

- Too many new aspects introduced simultaneously
- Education / Preparation time
- Designated roles prior to commencement
- Pod member Laser safety officer trained
- Instrumentation

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Urologists usually use one finger. But at times, they will use TWO -- for a second opinion.



