



SALHN  
Realignment of  
Elective Surgery  
Management  
2019

Southern Adelaide Local Health Network

July 2019

**DOCUMENT REVISION HISTORY**

Version	Date	Change	By
1.1	3/06/2019	Initial Document (Version 1.1, June 2019)	Jayne Sandford – Project Manager Elective Surgery - SystemView SALHN Nicole Jones – Co-Director Surgery and Perioperative Medicine (SAPOM) Gary Verstegen – Manager Administrative Services SALHN

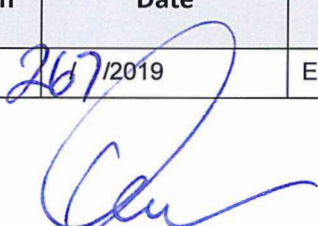
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**ENDORSEMENT / SIGN OFF**

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1.1	26/7/2019	Endorsement	David Morris

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## 1. Introduction

Following the decommissioning of the Repatriation General Hospital in 2017, reconfiguration of elective surgery management occurred across the Southern Adelaide Local Health Network with the following principles:

- Moving towards a one service two site model
- One waiting list for each Surgical Unit
- Elective Surgery bookings consolidated at one site – primarily at Flinders Medical Centre (FMC), with General Orthopaedic at Noarlunga Hospital (NH)
- Maintaining an Admissions Office at NH for site specific processing and admission of patients on the day of surgery at NH

FMC continue to provide;

- emergency
- trauma
- complex day
- multiday surgical procedures

NH surgical services provide;

- elective surgery
- low acuity day surgery and 23 hour surgery

Surgical services at NH currently include – urology, general surgery, ENT surgery, plastic surgery, orthopaedic surgery, gynaecology, breast surgery, chronic pain and rheumatology.

Following a reconfiguration of NH surgical beds and the Day of Surgery Admission Unit (DOSA) in January 2019, surgical services are supported by a combined Day of Surgery Admission Unit (DOSA) and Extended Care Unit (ECU) known as the DOSA ECU with four 23 hour stay beds.

The management of elective surgery bookings for surgical units that operate across both FMC and NH has been challenging, with inefficiencies identified by the staff working in these areas with the current structures in place.

Maintaining a booking office for site specific processing and an admissions office at NH has split the booking process for each patient having surgery at NH, resulting in

- Duplication and double handling of paperwork across the two sites – particularly with patient cancellations.
- Patient confusion regarding who to call with queries about elective surgery.
- Patients attending multiple areas on the day of admission – Enquires Desk, Admissions Office and then DOSA ECU.

Key stakeholders have collaborated to propose a new SALHN Elective Surgery Management model, which will provide patient centred care, streamline the patient journey and reduce duplication and rework in elective surgery management and booking processes. The plan has the following key features;

- All elective surgery bookings and site specific processing will be consolidated at FMC (except for General Orthopaedics which will remain in the current configuration being managed in the Orthopaedic Unit at NH and are here on in excluded from this proposal).
- All patients having surgery at NH will present directly to the DOSA and Extended Care Unit (DOSA ECU) at NH on the day of surgery.
- The new configuration is proposed to occur by 14 October 2019.

## 2. Purpose

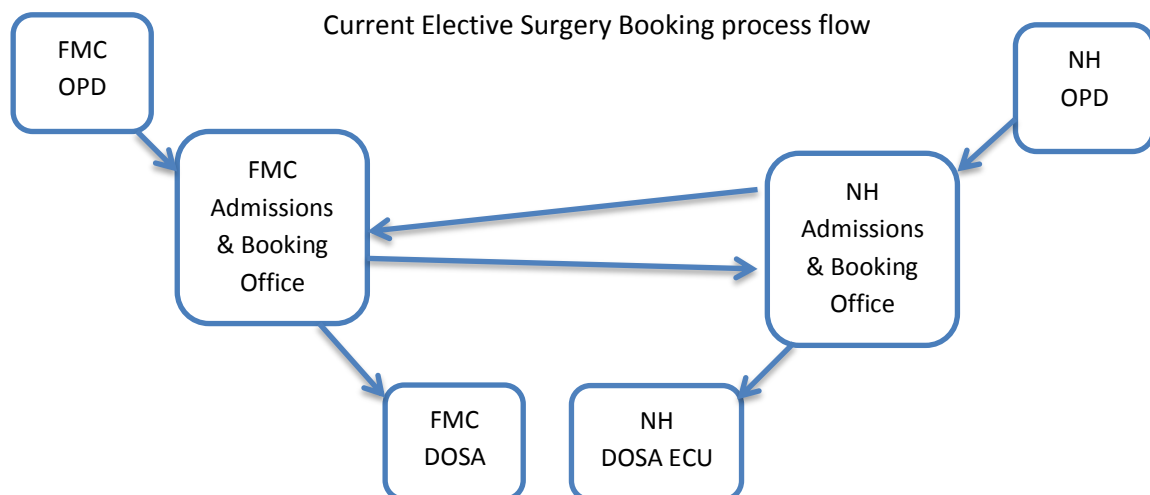
The purpose of the *SALHN Realignment of Elective Surgery Management 2019, Version 1.1*, is to provide an overview of the:

- Proposed transition of all elective surgery management processes to FMC
- Proposed transition of elective surgery admissions to the NH DOSA ECU from the NH Admissions Office
- Proposed employee transition processes
- Proposed associated timelines

## 3. Proposed transition of elective surgery management to FMC

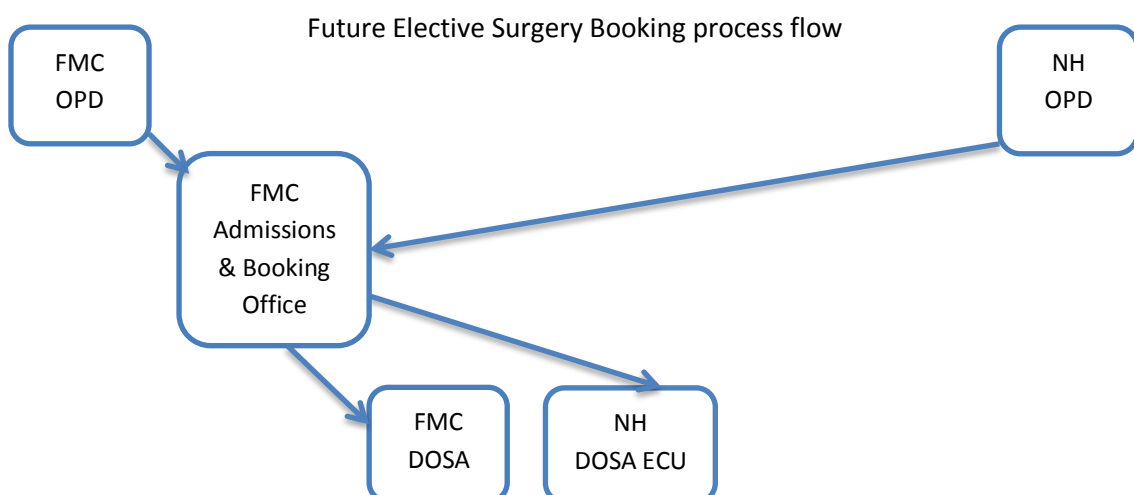
### Current state

All patients on the SALHN elective surgery waiting list are managed on a central waiting list based at FMC; including the selection of patients for operating lists and contacting patients to offer a date for surgery. For patients having surgery at NH - the site specific processes of adding to the NH waiting list, preadmission booking, ORMIS data entry and preparing for admission are undertaken at NH.



### Future state

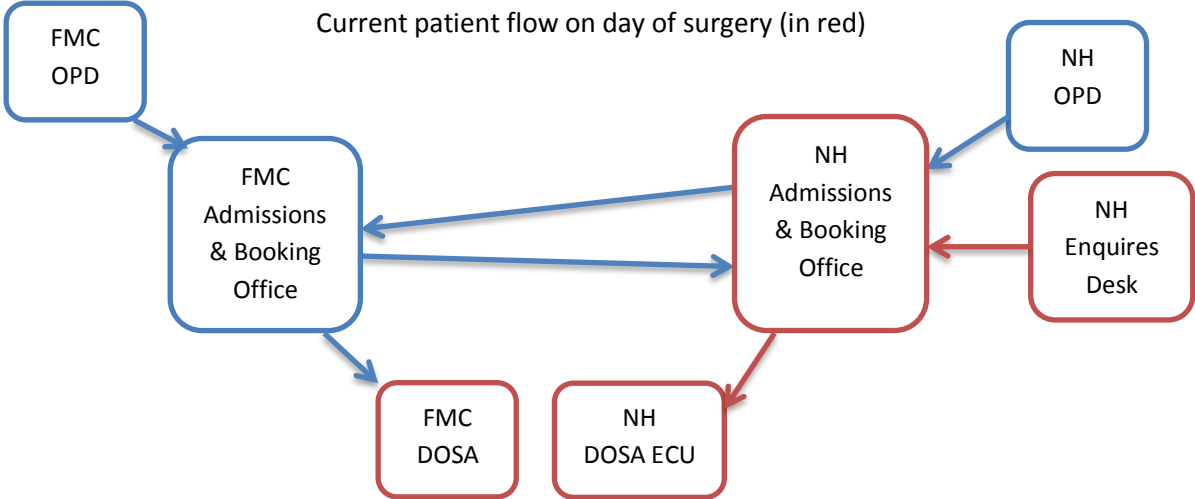
The future state proposes all elective surgery management and booking processes, including site specific processes occur at FMC, providing consistency for surgical bookings and a streamlined booking process. See Appendix 1: Proposed SALHN Elective Surgery booking flow



# 4. Proposed transition of elective surgery admissions to the NH DOSA ECU

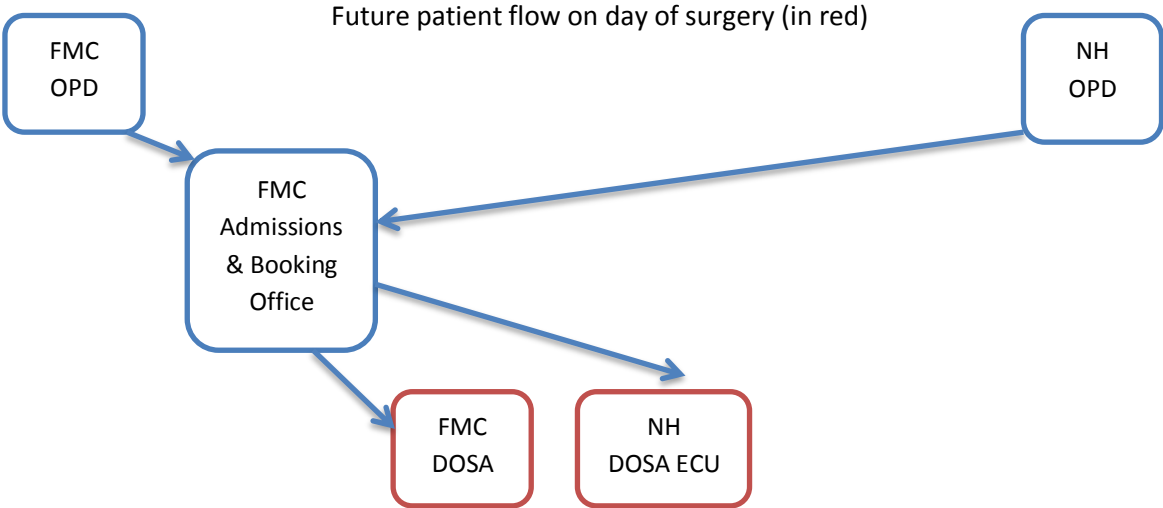
**Current state**

On the day of surgery patients currently attend multiple areas during the admission process - Enquires Desk, Admissions Office and then DOSA ECU.



**Future state**

The proposed elective surgery day of admission flow at NH streamlines the journey for patients with direct presentation to the Day of Surgery Admission and Extended Care Unit (DOSA ECU). This is consistent with the processes at FMC.



## 5. Proposed employee transition processes

### Nursing staff

The NH Elective Surgery Nurse Consultant, FMC Elective Surgery Nurse Consultant and FMC Elective Surgery Clinical Nurse are managed by the Co-Director SAPOM. The positions currently have a SALHN focus but are primarily site based. Staff will be based at FMC in the proposed structure. The table below outlines the FTE allocation for the current and proposed future workforce, with the reporting lines remaining under SAPOM.

Nursing Current Workforce					
Site	Service	RN3	RN2A	RN1/RN2C	FTE
NH	SALHN Elective Surgery	0.5			0.5
FMC	SALHN Elective Surgery	1.0			1.0
FMC	SALHN Elective Surgery			0.6	0.6
	<b>TOTAL</b>	<b>1.5</b>		<b>0.6</b>	<b>2.1</b>

Nursing Proposed Workforce					
Site	Service	RN3	RN2A	RN1/RN2C	FTE
FMC	SALHN Elective Surgery	1.5			1.5
FMC	SALHN Elective Surgery			0.6	0.6
	<b>TOTAL</b>	<b>1.5</b>		<b>0.6</b>	<b>2.1</b>

### Administration staff

At NH the administration staff in the Admissions Office, Booking Office, Preadmission and DOSA ECU are managed by SAPOM. At FMC the Admissions Office includes the admission and booking office administrative functions and is managed by Corporate Services. With the realigned admission process at NH and consolidated booking functions at FMC the following table outlines the FTE allocation for the proposed workforce. It is proposed the FTE moving to the FMC Admissions and Booking Office is managed by Corporate Services and the FTE remaining at NH continue to report to SAPOM.

Current state						
Site	Service	ASO4	ASO3	ASO2	FTE	Division Manager
NH	SALHN DOSA ECU			1.9	1.9	SAPOM
NH	SALHN Admissions & Booking Office	1.0		5.9	6.9	SAPOM
FMC	SALHN Admissions & Booking Office	1.0	1.0	11.4	13.4	Corporate
	<b>TOTAL</b>	<b>2.0</b>	<b>1.0</b>	<b>19.2</b>	<b>22.2</b>	

Future state						
Site	Service	ASO4	ASO3	ASO2	FTE	Division Manager
NH	SALHN DOSA ECU			4.0	4.0	SAPOM
FMC	SALHN Admissions & Booking Office	1.0	1.0	15.0	17.0	Corporate
FMC	SALHN Preadmission			0.2	0.2	SAPOM
SALHN	SALHN Administration Manager	1.0			1.0	SAPOM
	<b>TOTAL</b>	<b>2.0</b>	<b>1.0</b>	<b>19.2</b>	<b>22.2</b>	

In summary

The movement of staff relates to the 6.9 ASOs currently located in the NH based Admissions & Booking Office

- 2.1 ASO2 FTE who undertake admissions and preadmission functions will relocate to NH DOSA ECU – to undertake direct DOSA admissions and provide preadmission, theatre administration and SAPOM administration support
- 3.6 ASO2 FTE who undertake elective surgery bookings will move to the FMC Admissions & Booking Office
- 0.2 ASO2 FTE will move to FMC Preadmission
- 1.0 ASO4 FTE will remain in SALHN SAPOM Administration - managing DOSA/ECU, Theatre Administration and Preadmission services across both sites.

### **Transition and implementation processes**

Consultation would take place with staff and Unions as part of this reconfiguration of services within NH. As and where required the established Human Resource Principles and underpinning industrial instruments would be applied.

#### *Administrative Staff*

Administration staff will be allocated based on current roles.

#### *Weekly Paid Staff*

PSA staff at NH are not assigned to a location but allocated to work tasks. There is a small reduction in the PSA requirements with patients presenting directly to the DOSA ECU, this will not impact PSA FTE requirements.

#### *Allied Health Staff*

Allied Health staff are not directly impacted by this reallocation.

#### *Medical Officers*

Medical Officers are not directly impacted by this realignment; there is no proposed change to the amount of surgical work that will occur at NH.

## **6. Proposed transition timelines**

The consultation and implementation process is outlined below

Process	Duration
Commence consultation and release of plan	0
Feedback and consultation period	2 weeks
Feedback review and release	2 weeks
Staff transition (timelines are indicative)	6 weeks



## 7. Appendix 1: Proposed SALHN Elective Surgery booking flow



### SALHN Elective Surgery Booking Process Flow 2019

