

The Power of Innovation

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Perioperative Nurse Manager & Acute Surgical Unit CNC, Wagga Wagga Health Service



- Wagga Wagga Health Service established a Consultant led Rural model of care to manage General Surgical Emergency Patients.
- The Acute Surgical Unit is staffed by the On Call VMO General Surgeon, the ASU Registrar, and the ASU CNC, the team is on site during daylight hours.

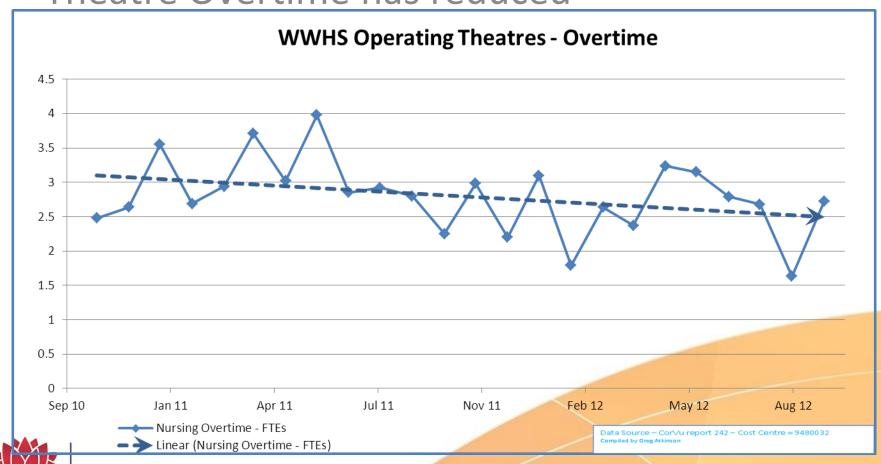


- An allocated ASU operating session of 4 hours is exclusively available to the ASU team every afternoon
- Grand rounds are held each morning: emergency patients are seen, discharges are managed, referrals attended, theatre cases are arranged for PM sessions

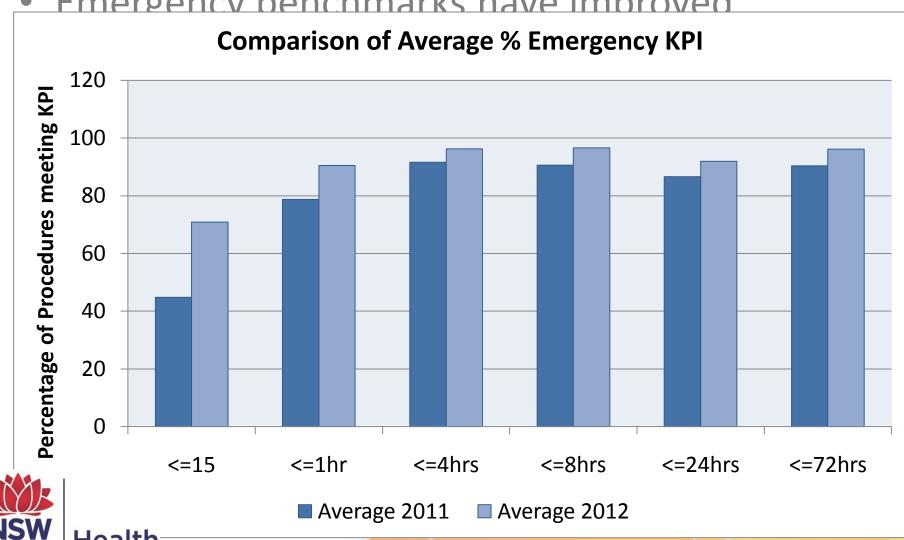


Theatre Overtime has reduced

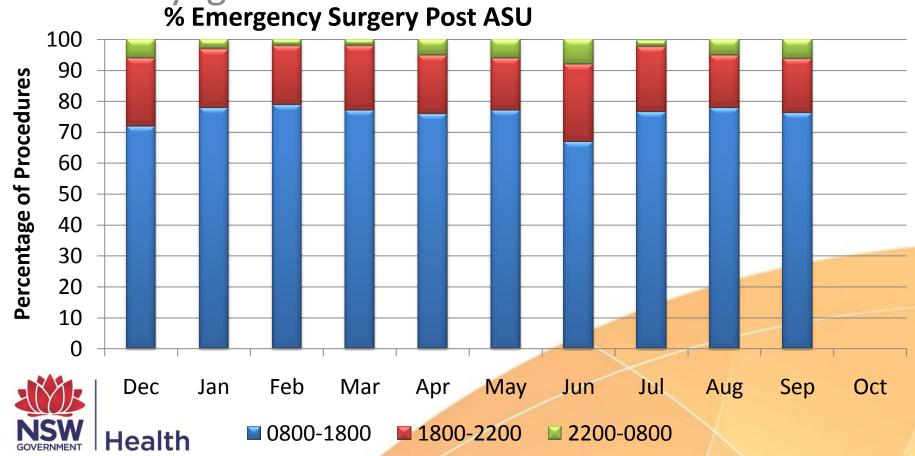
Health



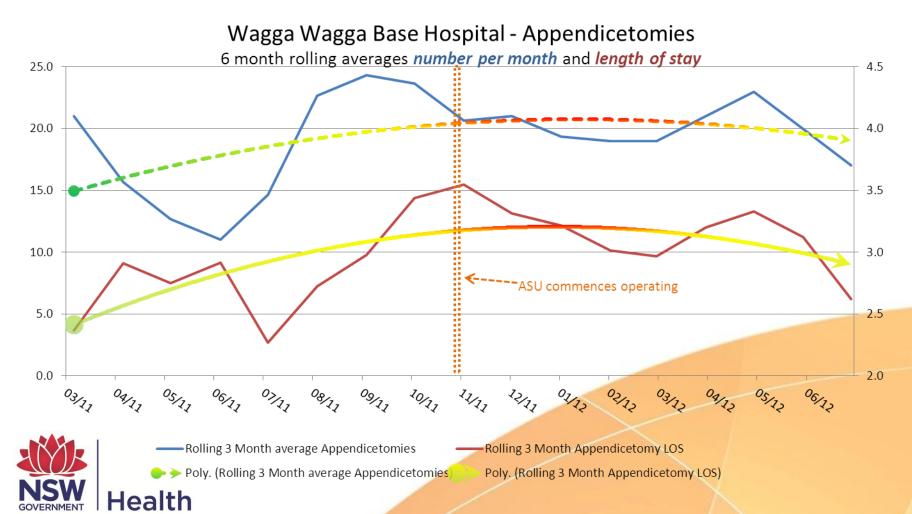
Emergency benchmarks have improved



 General Surgery operating hours has shifted to daylight hours



LOS Appendix trending downwards



- Acute Cholecystitis patients treated in more timely manner – not added to waiting list
- Improved supervision of Registrars and JMO's
- Improved supervision of post op clinics
- ? Reduction in costs of imaging and pathology



- First discussed strategies to meet Elective
 Surgery benchmarks and Emergency Surgery
 Guidelines with Surgeons via local Theatre
 Management Group Meeting
- WWHS Executive, Perioperative Nurse
 Manager and General Surgeons began series
 of meetings to discuss
- Funding was sourced from MOH for VMO payments, CNC, Data Manager and Clerical Assistant.

- WWHS Steering Committee established -WWHS Executive, Perioperative Nurse Manager.
- Logistics, rules and infrastructure confirmed eg office space, recruitment of team, business rules, Doctors contracts and payment
- WWHS DMS met separately with VMO Surgeons to establish contracts and business rules.
- Perioperative Nurse Manager attended National Conference on Emergency Surgery.



- Other ASU's contacted to learn about their model of care eg POW and Nepean
- It was decided to start the ASU Nov 2011
 without the CNC recruited as there was no point
 delaying when surgeons were ready, the unit will
 evolve.
- CNC commenced Dec 2012, began by attending Redesign School for one week and to POW and Nepean for 1 week to work with established ASU's.



- First week
- ➤ Ist on call VMO was a locum General Surgeon from POW
- > Office:

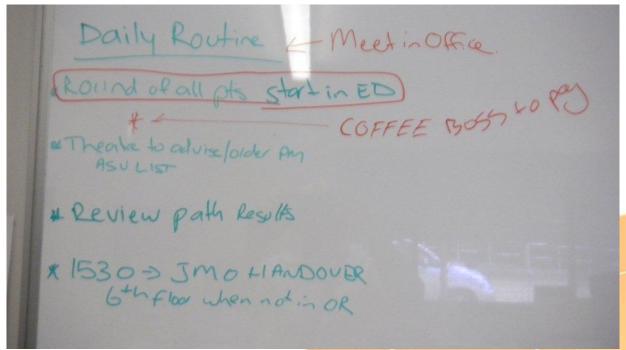




ASU Registrar commenced Jan 2012



Daily Routine established





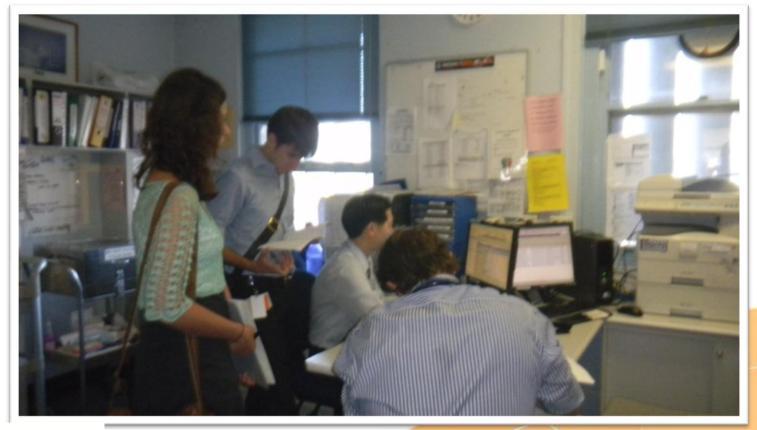
Series of In-service's conducted



- Meet with Radiology
- Recruitment of Clerical Support and Data Manager

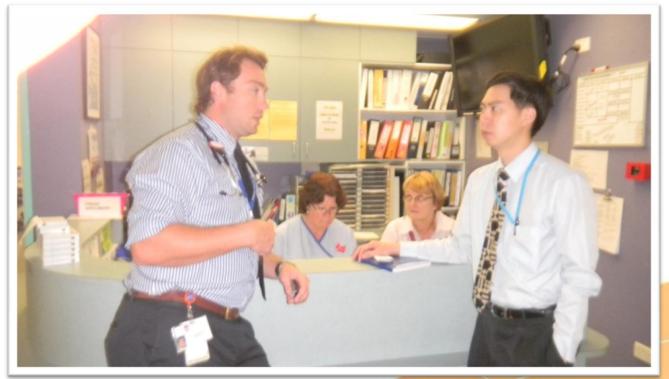


First designated ASU team – ward round





Organising the theatre list





Change is possible



Appoint the right people for the right job





Visit an existing model of care



Organise any database requirements prior



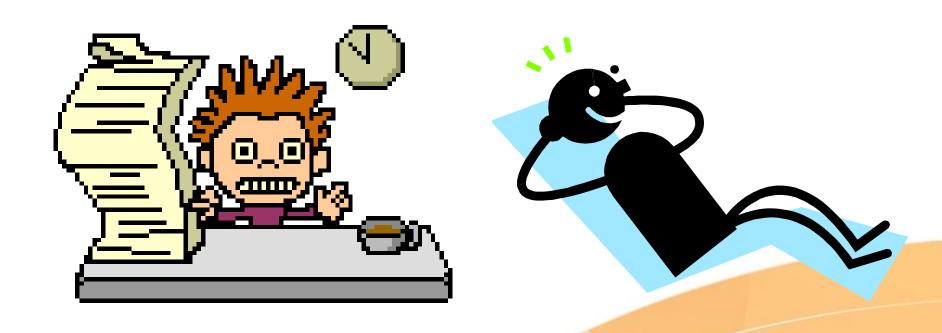


- Good Communication
- Importance of liaising with all key stakeholders





Consider the workload impact





- Regular Review:
 - **≻ED**
 - **>** Wards
 - ➤ Patient Satisfaction surveys
 - ➤ Staff Surveys
 - ➤ Monthly ASU Meeting
 - ➤ Surgeon Review Nov 2012





 Maintain a sense of humour and take nothing personally!



