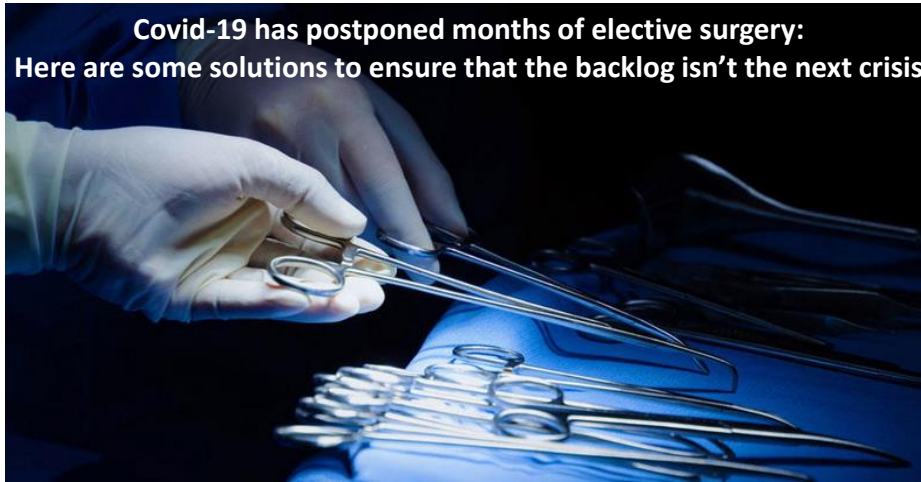


Quick solutions to reduce an elective surgery backlog



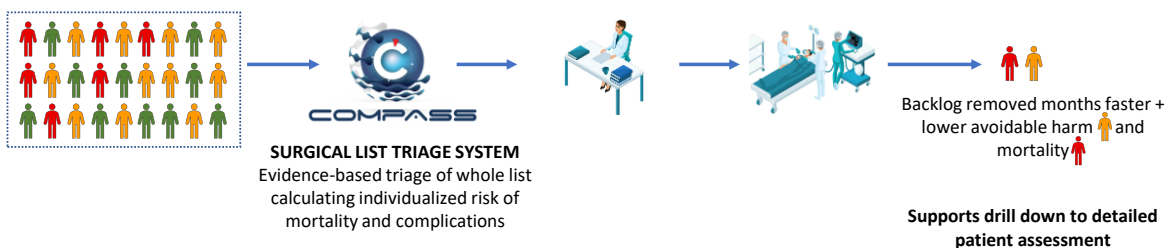
As the Covid-19 public health crisis ramped up across the world, many things changed including a sudden halt to most elective surgery. The shutdown was imposed to ensure there would be enough capacity and personal protective equipment (PPE) for doctors and nurses to manage the projected Covid-19 workload.

As Australia and New Zealand emerge from this crisis there is now a large backlog of elective procedures and, as elective surgery waiting times are the bane of health service managers' lives, better ways to manage such procedures could be a major benefit from the shutdown and restart.

- Who should get their operation first?
- How can we automate that triage process?
- How can we avoid patients waiting longer than clinically necessary?

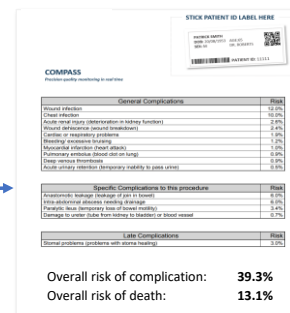
Solution 1: Run a bulk assessment of patients on elective surgical waiting lists

A growing number of hospitals are working with an innovative tool that quickly delivers an assessment for each patient, with a one-page full predictive menu of their individualised risk of mortality and complications.



SURGICAL LIST TRIAGE system outputs key information to support fast review and decision making

Patient Name/ID	PROCEDURE	SPECIALTY	MORTALITY RISK	COMPLICATION RISK	#1 COMPLICATION RISK	%	OPTIMISE ?	See full assessment/ complications
45339	Closure colostomy	Colorectal	0.8%	12.8%	Secondary haemorrhage	1.2%		CLICK
71250	Sinus surgery	ENT	0.7%	12.2%	Wound infection	1.3%		CLICK
6284	Elbow replacement	Orthopaedics	1.1%	14.1%	Chest infection	5.8%		CLICK
32848	Parathyroidectomy	Endocrine	0.7%	9.7%	Chest infection	3.4%		CLICK
56412	Fractured neck of femur	Orthopaedics	1.3%	11.8%	Chest infection	3.6%		CLICK
3765	Reconstruction implant	Breast	0.9%	10.7%	Wound dehiscence	6.7%		CLICK
125670	Repair anterior	Obs/Gynae	11.2%	43.8%	Chest infection	8.0%	Consider	CLICK
11966	Laparoscopic radical prostatectomy	Urology	29.4%	59.8%	Chest infection	9.0%	Consider	CLICK



STICK PATIENT ID LABEL HERE

COMPASS
 Evidence-based triage of whole list

General Complications	Risk
Stroke	1.1%
Chest infection	2.7%
Wound that requires debridement or biopsy (wound)	2.4%
Stroke (cerebral infarction/haemorrhage)	2.4%
Cardiac or respiratory problems	1.9%
Requiring intensive therapy	2.2%
Musculoskeletal (joint dislocation)	1.3%
Chest infection (lower site of drainage)	0.9%
Deep venous thrombosis	0.9%
Acute urinary infection (temporarily unable to pass urine)	0.5%

Specific Complications to this procedure	Risk
Anaesthetic leakage (leakage of gas to chest)	0.1%
Wound dehiscence (wound opening)	2.4%
Wound that requires debridement or biopsy (wound)	2.4%
Damage to other tubes from tubing to bladder or blood vessel	0.7%

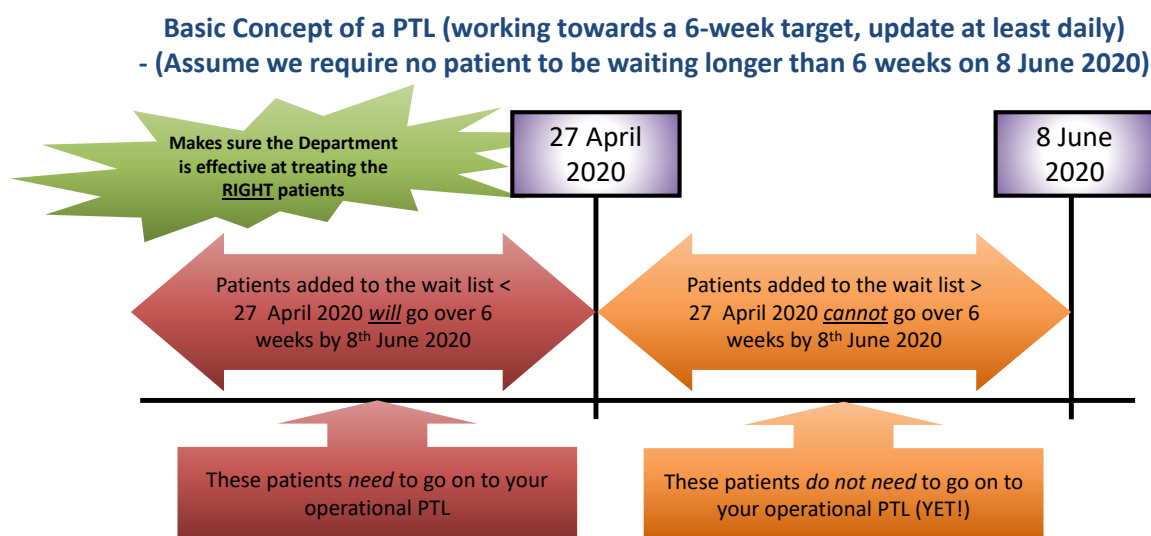
Late Complications	Risk
Stroke (problems occurring with stroke healing)	0.9%

Overall risk of complication: **39.3%**
 Overall risk of death: **13.1%**

The hospital teams can then apply set criteria (not just based on overall risk, but the value added of who has what risk of what complication) to triage and prioritise the list. Our other value added is that we can say which patients are best off being optimised first (with the double benefit of better outcomes for them, and alleviated pressure on the immediate operating lists, as they can be deferred).

Solution 2: Use a patient tracking list (PTL) as a forward-looking management tool

A Patient Tracking List (PTL) is an established, forward-looking, management tool that can be used by health services to help achieve and sustain short waits. The PTL provides a prospective viewpoint, and so can act as a planning tool for managing patient waiting lists in a way that a retrospective data collection cannot. Essentially, a PTL contains the data required to manage patients' pathways, by avoiding surprises and showing clearly which patients are approaching the maximum waiting time so operational staff can offer dates according to clinical priority and within maximum waiting times.



We had the benefit of working with a number of hospitals in Australia and New Zealand on this and also the Department of Health in the UK to advise of the fast reduction of NHS waiting lists from 6 – 12 months for elective surgery, down to a maximum of 12 weeks.

We are already working with these solutions now – if you would like to know more, please do reach out for a phone call or video conference meeting.

About us www.newhighconsulting.com paul@newhighconsulting.com

New High Consulting is a growing, niche, Sydney-based company providing strategic support to healthcare providers, commissioners and Government departments predominantly in the healthcare strategy and analytics arena. We are now able to offer all our support virtually to support the goal of appropriate physical distancing. Paul White is the Managing Director and he is a highly experienced management consultant with a deep understanding of the challenges facing healthcare based upon 20 years' experience in the sector.