

Counties Manukau District Health Board

Perioperative Health Services Plan

February 2008

1.0 Current Services

CMDHB operates from two Perioperative sites at Middlemore Hospital and Manukau Surgery Centre. There is a high level of synergy across the two sites to maximise efficiency and support care delivery across the clinical continuum.

Middlemore Hospital

Middlemore Hospital has a major theatre suite including 11 operating theatres, Day of Surgery Admissions (DOSA) area, Recovery, Sterile Supply Unit and Materials Management. All Acute (AC) and most Acute Arranged (AA) surgery is managed at Middlemore Hospital. Current distribution of theatres (Monday-Friday) is:

- 6 x Acute Theatres
- 1 x Acute Obstetric Theatre
- 3 x Elective theatres per day shared by specialties
- 1 x Burns Theatre (Monday/Wednesday, Friday)

Acute theatres are shared across each of the major specialties depending on the number of acute patients. General allocation is Orthopaedics (1), General Surgery (1), Plastic Surgery (1), Hand Surgery (1) with the additional theatre(s) allocated on a daily basis to either one of these services or to gynaecology or Oral Maxillo Facial based on acute patients awaiting for surgery.

Elective theatres sessions at MMH are either:

- assigned for specialists to undertake surgery on those patients unsuitable for surgery at MSC due to personal high risk profile from co-morbid conditions, or due to high risks associated with the specific surgery being undertaken, or
- allocated to services that are not provided at Manukau Surgery Centre due to the “unpredictable” nature of that type of surgery (e.g. vascular surgery), due to the cost of developing that surgery at the Manukau Surgery site (e.g. spinal surgery would require duplication of equipment across two sites), or due to lack of the necessary clinical support services to support complex surgery (e.g. vascular surgery requirements in relation to blood bank requirements).

Manukau Surgery Centre

Manukau Surgery Centre initially opened in 1997 with four theatres undertaking day surgery only. An additional six theatres were constructed in 2003 and additional inpatient beds - a total of 78 inpatient beds. In 2005 the four-bedded Manukau Intensive Care Unit was opened. This facility allowed a greater range of surgery to be undertaken at Manukau Surgery Centre and provided the clinical backup to allow surgery on patients with a higher risk profile to be undertaken.

The agreed theatre utilisation strategy for elective surgery is that while a session is assigned to a named specialist, session allocation to specialties is based on the number of sessions required to meet the contract volume. Each specialty is therefore expected to arrange for the session to be used by another member of the specialty team during periods of annual leave etc.

2.0 Key Issues

Theatre Productivity

Ongoing system and process improvement projects are underway to achieve improvements in Perioperative processes. Key directions include:

- increasing evening and overnight use of operating theatres for the management of scheduled low-risk acute patients
- initiatives to improve theatre start times and theatre turnover
- improvement in patient pre-admission processes

- revised theatre scheduling

Theatre Availability

- Lack of flexibility of theatre capacity to meet acute and elective contracts
- Lack of acute theatre availability to deliver a timely acute service

Infrastructure support levels at MSC

- Inadequate level of on-site pathology service for some specialties (e.g. histology, cytology)
- Lack of physician input for patients with co-morbid medical conditions to reduce transfers to MMH
- Challenges around the provision of 24/7 on-site medical support at MSC

3.0 Key Directions

- ✓ *Confirmation that most elective surgery will continue to be undertaken at MSC with the same types and conditions currently being managed at each site. A possible change is the movement of elective spinal surgery to MSC (but these volumes would not be material for facility planning purposes).*
- ✓ *Confirmation that Manukau ICU will operated at Level II at least for the foreseeable future. Emergency ventilation will continue to be available pending transfer of the patient to Middlemore ICU. Due to the needs for higher levels of intensive care medical support for ventilated patients, and the very low volume of elective patients who require post-operative ventilation, there are no plans to develop further capacity to ventilate patients at MCS.*
- ✓ *Ongoing refinement of systems and processes to improve the quality of patient care and patient throughput.*
- ✓ *Development of increased acute theatre availability at Middlemore Hospital in 2007/2008 to improve the timeliness of treatment for acute patients, reduce ALOs for acute surgery and improve quality of acute patient throughput.*
- ✓ *Development of elective urology inpatient surgery by 2013.*
- ✓ *Phased repatriation of 95% of secondary care ophthalmology day patients by 2008.*
- ✓ *Repatriation of secondary care vascular surgery from ADHB (principally acute surgery) in 2008.*
- ✓ *Management of Acute Arranged (AA) admissions will continue to evolve. Wherever possible and where clinically appropriate, patients will be managed as an acute and receive prompt and timely theatre treatment on that presentation. For some services/conditions/patients, admission within seven days for surgery is appropriate. These patients will be managed through a robust process either at MMH or MSC as systems evolve.*