

Surgical Journey Improvement Group (B8)

31st Oct - 1st Nov 2018, Melbourne
Meeting Code HRT1820

Why Participate?

- ❑ *Understand how your Operating Theatre activity compares with your peers*
- ❑ *Identify ways to improve session utilisation and to improve your patients' journeys*
- ❑ *Share issues and innovations with your colleagues*
- ❑ *Develop practical action plans to improve your service over the next year*



Select Roundtable B8 on your subscription agreement and return by email to: accounts@healthroundtable.org



\$A5,250* for first facility in your network. \$A4,250* for each additional facility. *excl GST

Individual delegate venue fees are billed separately.



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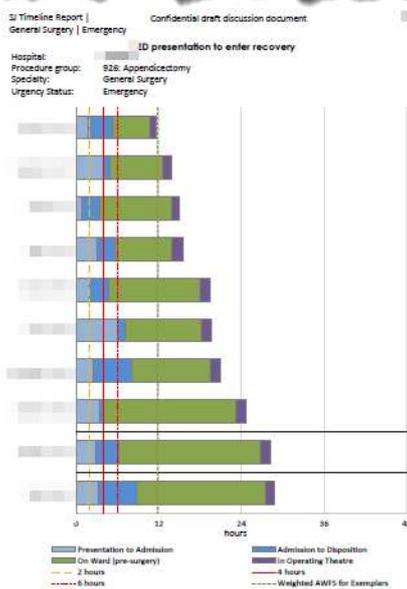
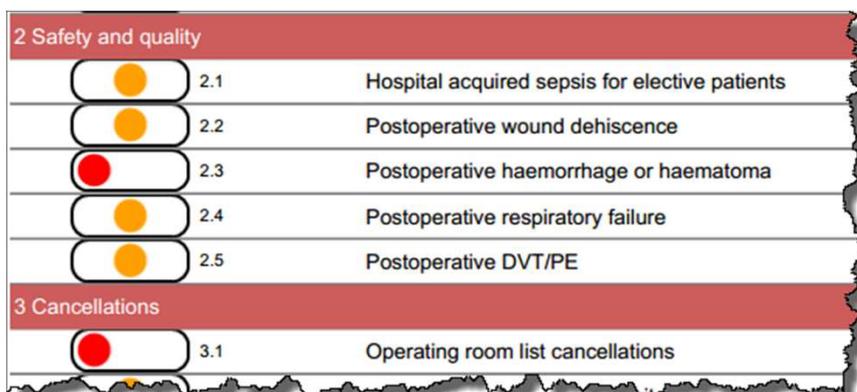
The Surgical Journey Improvement Group benchmarks the surgical patient's journey from entering the hospital through to theatre and on to discharge.

The Roundtable benchmarks activity against National targets and other similar hospitals. We analyse common surgical complications, and compare the efficient use of theatres.

In 2018 the theme for our meeting will be "Review variations in time to theatre, surgical complication rates, and overall length of stay differences" We will use the data to identify the exemplar hospitals in this area, so that they may showcase their innovative approaches to this improvement, with a lessons learnt approach.

We will continue to benchmark and identify the most productive theatres, hospitals with the lowest complications, facilities with the shortest time between ED presentation and theatre.

At the annual workshop delegates share information with the exemplars to learn what measures they have in place that makes them different.



Timeline report Presentation to entering recovery:

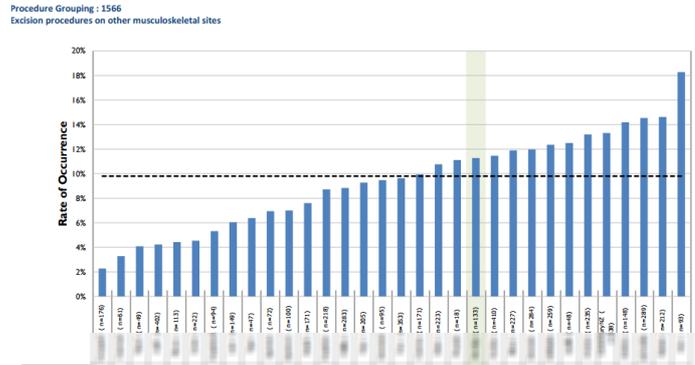
When comparing Length of Stay for Emergency Surgical presentations, often the variation occurs before theatre rather than after theatre.

Surgical Journey Improvement Group

What do you need to do?

- ❑ Designate a key liaison contact for questions and follow-up
- ❑ Provide detailed session times and activity data from your Operating Theatre system
- ❑ Participate in the six-monthly meetings and periodic webcasts to identify data issues and compare performance with other leading health services
- ❑ Identify an improvement project based on the data and share your results with other organisations at the annual meeting

The rate of occurrence of complications at [redacted] was 11.3% , compared to the All HRT average of 9.8%



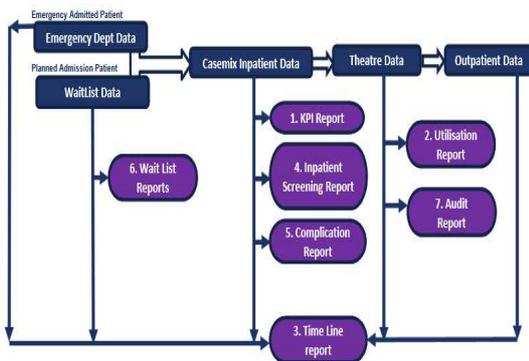
What does The Health Roundtable do?

- ❑ Analyse and reports on theatre session utilisation
- ❑ Extracts and analyses procedure time data from existing casemix data, to report on session efficiency.
- ❑ Provides tools for you to compare waiting list indicators, cancellation rates, and return-to-theatre rates
- ❑ Facilitates the annual workshop and provides a summary report based on the discussions
- ❑ Provides phone and webcast support to all members to assist with data interpretation

c. There is around 40% variation in theatre productivity across facilities based on this revenue per hour of operating on Elective patients. With the exemplars and outliers identified below:

Specialty (All)

Codename	Fractioned NWAU	Revenue	Hours of Theatre Use	Fractioned NWAU per Hour	Percentage of Ave
...	1,855	\$9,287,554	4,032	\$2,304	125%
...	2,173	\$10,881,968	5,141	\$2,117	115%
...	5,757	\$28,824,619	13,627	\$2,115	115%
...	1,113	\$5,572,340	2,639	\$2,112	115%
...	10,289	\$51,516,798	24,765	\$2,080	113%
...	2,772	\$13,880,241	6,825	\$2,034	110%
...	6,035	\$30,217,077	17,437	\$1,733	94%
...	4,117	\$20,612,683	11,931	\$1,728	94%
...	2,314	\$11,586,549	6,755	\$1,715	93%
...	4,234	\$21,200,834	12,849	\$1,650	90%
...	6,444	\$32,265,465	19,728	\$1,636	89%
...	4,321	\$21,636,891	14,827	\$1,459	79%
Grand Total	96,706	\$484,205,282	263,001	\$1,841	100%



Dates	Timeline 2018
10 June	Distribute data specifications
21 Aug	Provide data to The Health Roundtable
21 Oct	Briefing materials distributed
31-1 Oct/Nov	Surgical Journey Workshop – Sydney

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The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.