



Separating elective and acute surgical streams in a provincial hospital

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While the separation of elective and acute surgical streams is increasingly common in large metropolitan hospitals, the feasibility of such a model of surgical care in smaller provincial hospitals has only recently been tested, delegates to the 82nd Annual Scientific Congress (ASC) of the Royal Australasian College of Surgeons have been told.

Dr Tracey Barnes, a Surgical Registrar at Invercargill's Southland Hospital, told delegates that Consultant Surgeons and hospital management at Southland Hospital have structured a model where the on-call surgeon has no elective responsibilities whilst covering call for the week starting each Tuesday. The on-call surgeon's usual elective sessions were utilised by other General Surgeon colleagues. Patients with unresolved acute problems were handed over to the on-coming surgeon each Tuesday. Southland Hospital provides acute care for a population of 110,000.

"We present a descriptive review and data for the 12 month period prior to and post the adoption of an acute service model at Southland Hospital," Dr Barnes said. "This data includes acute and elective admission rates, elective surgery and outpatient appointments, and rates of acute operations of cholecystectomy (gallbladder removal) on initial acute admission with gallbladder symptoms."

"Comparisons of the data from the two periods revealed the number of acute and elective admissions was similar. Up to 54% of total admissions were acute. Elective surgery throughout remained similar per consultant. Outpatient visits per consultant stayed the same or increased. There was an increase in the proportion of people who received gallbladder surgery during their first admission, from 14 to 42%.

"Our review led us to the conclusion that in a provincial hospital with just five General Surgeons it is feasible to run an acute surgical service model with a consultant having on-call responsibilities only. This can improve acute inpatient care without reducing or compromising elective services. Our model requires a degree of flexibility with scheduling of duties, an acute workload that is not too light or too busy, and may improve quality of life for surgeons during weeks they are not on call," Dr Barnes said.

In 2011, the Royal Australasian College of Surgeons wrote to all health ministers and senior health department officials in Australia and New Zealand, enclosing a comprehensive report which demonstrated that the establishment of dedicated acute care surgical units leads to greater efficiency and better patient outcomes.

Approximately 1200 surgeons from New Zealand, Australia and around the world are attending the ASC, which runs from 6 to 10 May and is being held at Auckland's Skycity/Crowne Plaza Convention Centre.

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