



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

## **MEDIA RELEASE**

# **Consensus reached on redesign of emergency surgery services**

**Thursday 4 February, 2010**

A strong consensus has been reached on the need to redesign emergency surgery services in Australia and New Zealand, and the manner in which this redesign can be most effectively achieved.

Following an Emergency Surgery Workshop hosted late last year by the Royal Australasian College of Surgeons – attended by surgeons, allied medical practitioners, operating theatre nurses and health and hospital administrators – a consensus statement has now been released identifying problems with existing systems and recommending ways in which emergency surgery can be done more efficiently and effectively.

College Vice President, Dr Ian Dickinson, said the task ahead was to persuade governments, and their Area Health Services, of the benefits that flow from the redesign of emergency surgical services.

“This consensus statement will be sent to Health Ministers, Hospital and Area Health Service administrators and Directors of Surgery around Australia and New Zealand. It has been developed by experts in the field of emergency surgery who see scope for significant improvement,” Dr Dickinson said.

“Reforms along the lines outlined in this statement will achieve more efficient use of operating theatres, more efficient use of surgeons’ time, and a more robust system of patient handover between surgical teams.

“This will result in better outcomes for patients and more cost-effective services.”

The consensus statement identifies the main challenges facing emergency surgery services:

- Demand exceeding allocated capacity across the board, resulting in many people waiting too long for emergency surgery;
- Inadequate operating theatre access;
- Inefficient use of resources;
- Inadequate flexibility to deal with surges in demand;
- Competition between emergency and elective services for theatre space; and
- A frustrated and disenchanted workforce.

It was agreed that to implement an emergency surgery strategy that works effectively 365 days a year, with designated roles for hospitals within an Area Health Service and without adversely affecting elective surgery performance, several key principles had to be observed:

- Measure the workload;
- Allocate resources to the workload;
- Allocate extra resources and reallocate existing resources;
- Perform more surgery in standard hours;
- Introduce consultant led care models;
- Separate elective and emergency surgery;
- Train, recruit and retain the workforce;
- Take advantage of networks, designating the level of responsibility expected of its component parts; and
- Measure improvement.

It was noted that while the redesign of emergency surgery services will involve some additional expenditure in the short term, the evidence is compelling that overall costs fall in the long term. This is because the incidence of costly adverse events in emergency surgery is dramatically reduced as a result of the redesign.

“Those involved in the workshop and the subsequent development of the statement are acutely aware that resources are scarce and that we need to use existing resources more efficiently. While we are calling for some new investment in emergency surgery, this is not a wish-list,” Dr Dickinson said.

“Interestingly, it has also been established that improved efficiency in emergency surgery is usually accompanied by similarly improved efficiency in elective surgery. Given the very high profile of elective surgery waiting lists, this must be of interest to Health Ministers.

“We will now be working hard to convince governments, hospital managements and the public that the implementation of these reforms should be a health policy priority,” Dr Dickinson said.

The consensus statement can be found on the Royal Australasian College of Surgeons’ website at: [www.surgeons.org](http://www.surgeons.org)

Media inquiries: Michael Barrett, Manager Media & Public Relations –  
0429 028 933 or (03) 9249 1263