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Impact of the Jerusalem guidelines in patient management, flow and cost in Appendicectomy

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Statement of the Problem: Appendicectomies are a common operation in busy general surgery units. Issues in diagnosis, patient flow and follow up highlight factors which impact access and progress to different stages of management (presentation, theatre, recovery and community follow up) in emergency general surgery. The recent Jerusalem guidelines outline best practice for appendicectomy management but also impact patient management and flow through the health care system.

Methodology & Theoretical Orientation: A 5-year retrospective review and combined change/systems analysis was performed for patients who underwent appendicectomy at the Northern Hospital, Melbourne, Australia. A multi-disciplinary problems and requirement analysis, with logic design and outcomes recommendations were completed based on patient presentation, diagnostic testing, timing for treatment, cost and complications. Comparison was made with ideal practice as listed in the Jerusalem guidelines and cost analysis at equivalent health services.

Findings: Of 1298 patients reviewed in a 5-year period, greatest inefficiencies were identified in duplication of diagnostic tests, poor access to theatre/inpatient beds and repeated outpatient review. Greatest disparity to ideal management was in diagnostic testing and time to theatre. Logic design identified theatre access as the greatest barrier to patient flow, with high theatre running costs that impacts total cost at loss of \$AUD2306 per patient. Ideal management would save an equivalent figure if able to be instituted, with further savings in targeted work up, shorter in-patient stay, rapid theatre access and avoidance of re-presentation. Shifts to offsite follow-up would have minimal clinical impact and improve outpatient burden with further cost saving.

Conclusion & Significance: Up to 20% cost saving is achievable with institute of ideal practice in acute general surgery operations, achieved by efficiency improvements to theatre access, patient flow and offsite patient follow up. There is potential for significant health care wide benefits if also applied to other operations.

Biography

Henry To is a Surgeon and involved in Clinical and Molecular Research at the Northern Hospital and the Peter MacCallum Cancer Centre in Melbourne. He has broad general surgery interests in pre-operative cancer evaluation, quality control, education and development. He has recently been involved in a health service wide review and evaluation of efficiencies and developing models in improving inpatient and outpatient flow, recently presented at international meetings.

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