

## **5.2 Waitematā DHB – Orthopaedic Service - Elective Surgery Performance Indicator (ESPI5) Position and Surgical Health Target position as at February FY 20/21**

### **Recommendation:**

**That the report be received.**

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Endorsed by: Mark Shepherd (Executive Director Hospital Services)

### **1. Executive Summary**

This report is in response to a request from the Board on achieving volumes in orthopaedics, the challenges faced and suggested improvements.

Following the COVID-19 impact on elective surgical waitlists nation-wide, the MoH requested Waitlist Improvement Action Plans (IAP) from all DHBs.

As at 1 July 2020 there were 972 orthopaedic patients who had waited longer than 4 months for surgery (ESPI 5 indicator).

Based on the orthopaedic theatre production achieved between 1 July and 1 November 2020 we committed to both undertaking an additional 200 orthopaedics cases for the year ending 30 June 2021 and to achieving a specified monthly reduction of this non-compliant volume.

Between July and December 2020 94 orthopaedic cases above the scheduled planned care contract volume had been completed with the non-compliant waitlist being reduced from 972 patients to 472 patients, which indicated the service was on track to achieve compliance in wait times as projected. (Graph 1). As at the second week in April the service is 21 cases below the scheduled planned care contact volumes, due to Operating Theatres session reductions as indicated within this paper.

### **2. Introduction/Background**

Despite the impact of COVID-19 in mid-2020, Orthopaedic surgery was on track for both its Surgical Health Target (see Table 1) and its MoH IAP trajectory (see Graph 1) until January 2021.

Targeted work on the orthopaedic non-compliant waitlist from 1 July 2020 included:

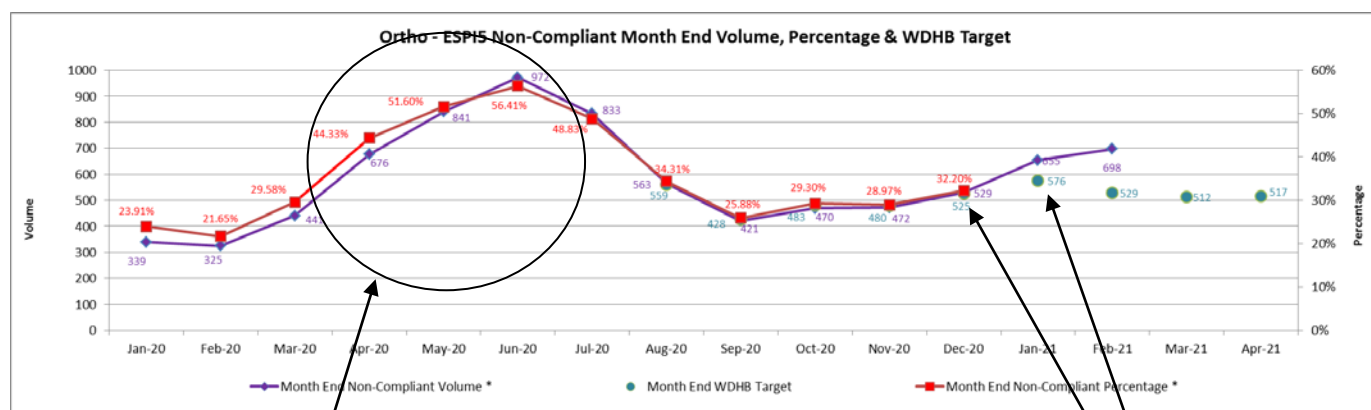
- Weekly review of theatre metrics with the General Manager and Elective Services Manager (Average daily Theatre utilisation across ESC and North Shore 92% (see Graph 3), turn-around time has been reviewed average time is 16 minutes)
- Ongoing weekly review of theatre lists by Operations Manager
- Introduction of a Stand-By process for all lists has significantly reduced Day of Surgery Cancellation rates
- Proactive management of acute lists to avoid cancellation of electives
- Backfilling of SMO leave.

Table 1 - Surgical Health Target for Orthopaedics showing production greater than 100% since 1 July 2020 and an additional 94 cases completed as at 31 Dec 2020.

WDHB	Orthopaedics														WDHB Total Surgical Elective				
	Joint s Book ed	Joint s Actua l	Joints Actual & Booked	Joint s Target	YTD Var Joint s	Non-Joint s Book ed	Non-Joint s Actua ls	Non-Joint s Actua l & Book ed	Non-Joint s Target	YTD Var Non-Joint s	Book ed	Actua l	Total Actua l and Book ed	Target MOH	YTD Var MOH	Actual & Booked	Target MOH	YTD Var MOH	YTD %
01/07/2020	0	101	101	115	-14	0	179	179	145	34	0	280	280	260	20	280	260	20	107.79%
01/08/2020	0	117	117	100	3	0	164	164	138	61	0	281	281	238	64	281	238	64	112.81%
01/09/2020	0	97	97	103	-3	0	158	158	146	73	0	255	255	249	70	255	249	70	109.36%
202101	0	315	315	318	-3	0	501	501	428	73	0	816	816	746	70	816	746	70	109.36%
01/10/2020	0	90	90	100	-13	0	162	162	140	94	0	252	252	240	81	252	240	81	108.25%
01/11/2020	0	94	94	104	-23	0	133	133	137	91	0	227	227	240	68	227	240	68	105.54%
01/12/2020	0	89	89	75	9	0	101	101	89	103	0	190	190	164	94	190	164	94	106.79%
202102	0	273	273	279	-9	0	396	396	365	103	0	669	669	644	94	669	644	94	106.79%
01/01/2021	0	51	51	81	-38	0	91	91	120	74	0	142	142	201	35	142	201	35	102.21%
01/02/2021	0	88	88	91	-2	0	109	109	127	55	0	197	197	219	14	197	219	14	100.75%

94 cases ahead of target, with production at 106%

Graph 1 - Orthopaedic surgery monthly MoH IAP (target and actual)



Impact of COVID in March/April on the non-compliant Orthopaedic surgical waitlist volume

On track in December then impact of closed theatre lists and other factors from January 2021

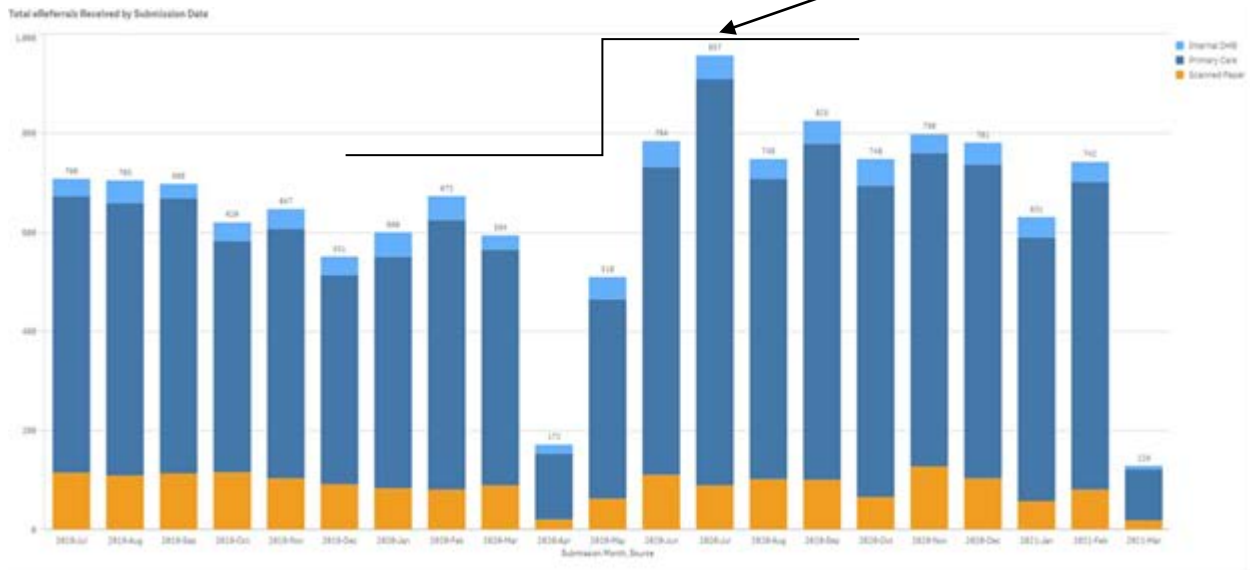
In December 2020 there were a number of unexpected resignations in Operating Theatres creating the need to reduce theatre sessions. Orthopaedic cases were disproportionately affected due to the nature of the caseload being P3 (< 4 months urgency). While a multifaceted recruitment programme has been implemented, this has meant the gain of 94 Orthopaedic cases (table 1) above the production plan in January 21 has been reduced to -21 cases below the production plan in April 2021.

Other contributing factors impacting on compliance include:

- Ongoing acute workload encroachment on elective lists (this includes the additional acute hand volumes returned from Counties in 2 February 2021)
- Increased referral demand (see Graph 2)
- Theatre rotation displacing original elective lists allocation
- Additional acute presentations and surgery volumes impacting of resources

Graph 2 - Total Orthopaedic Referrals Received Per Month

There has been a step change in the volume of orthopaedic referrals being received since June 2020



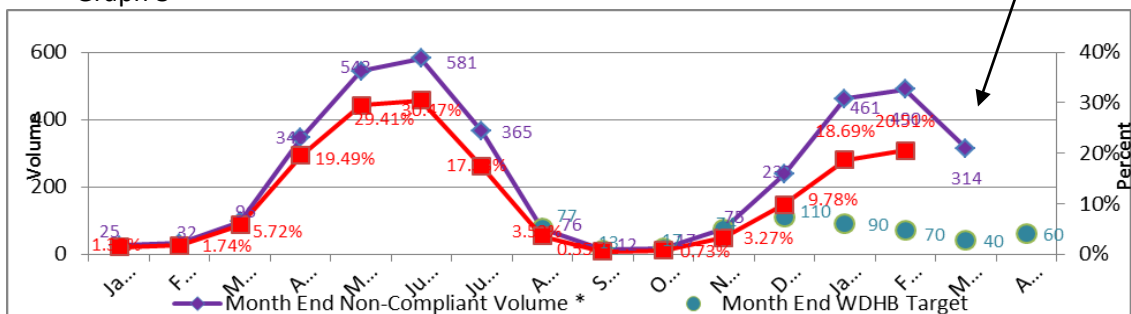
### 3. Strategies/Risks/Issues

Further, a number of strategies have been put in place since December 2020 to manage orthopaedic surgical demand and return wait times to acceptable levels and overall compliance. Graph 3 shows the improvement in ESPI 2 (patient first assessment). Strategies implemented include:

- An increase in the threshold for P3 Spine and Arthroplasty cases with a review in 6 months. This has meant as per Ministry of Health policy there is a temporary non acceptance of P3 cases from GP referrals. These new thresholds will have Waitematā DHB acceptance rates for P3 Spine and Arthroplasty more consistent with regional rates
- Development of a Non Operative pathway programme for Osteoarthritic knee joint patients is being developed to ensure appropriate patients regain pain free functionality without surgical intervention being required
- Review of the opportunity to have dual trained anaesthetic technicians and nurses to support a more flexible workforce in the Operating Theatre
- A programme of additional after hours and Saturday Operating theatre lists is being planned for May and June to enable some volumes (approximately 65 all specialties) to be caught up consistent with workforce recruitment.

Graph 3

Improvement in compliance of ESPI 2



**Unmitigated risks include :**

- Surgical Health Target below 100%
- MoH IAP ESPI 5 Trajectories are not compliant
- ESPI 5 compliance may not be compliant.

**4. Conclusion**

The Orthopaedic Service has been on track to meet Surgical Health (PVS/Planned Care) discharge volumes and MoH IAP trajectory targets until January 2021.

Unforeseen theatre nurse resignations in December required the temporary closure of approximately 25 orthopaedic elective lists between 1 January and 1 April 2021. This, combined with other factors as identified above, has created a risk to achieving key targets, improving wait times and achievement. A number of new initiatives have been implemented which have had a positive impact on ESPI2 wait times and over time will achieve compliance, along with improvement in ESPI 5.

Additional actions being considered in the medium term:

- Review short term outsourcing options to enable longest waiting patients to be treated
- Given the impact of theatre nursing staff shortages (historic and current) the development of retention incentives including financial and Continuing Professional Development options are being considered.