



Partnership in action

80% of day surgery activity across all specialities now performed in the new centre

Driving down patient waiting times via a dedicated surgical hub



SCAN ME

Tallaght University Hospital (TUH), one of Ireland's largest acute teaching hospitals located in Dublin, provides acute care provision for a growing patient population that includes a large ageing cohort, three times above the national average rate. It has a strong surgical track record but was frequently challenged by the cancellation of planned surgical cases by emergency admissions taking recovery beds. This was leading to spiralling waiting lists of up to 36 months in some specialities and creating frustrations for both patients and clinical care teams.

An ambitious and ahead-of-its-time new facility project working in collaboration with operational and clinical teams from within the internal hospital environment, and specialist external GE Healthcare program management, has resulted in a dedicated day surgery centre. It went far beyond the usual elements of supply, installation and financing of medical technology, to include program and project management for the design and build of the facility plus data modelling for decision making.

The project took day surgery services outside of the traditional walls of the acute hospital setting into a vacant office building three minutes' walk from the main hospital. The ready-built facility was transformed into a 3,460m² separate day-surgery centre consisting of 4 theatres and 25 recovery beds with dedicated surgical teams. It achieved all the objectives on time, even overcoming unexpected obstacles such as Covid-19 along the way and has created a hub of uninterrupted patient care.

Within five months of opening, the Reeves Day Surgery Centre has seen over 800 patients and 80% of day surgery activity across all surgical specialities is now performed in the new centre.

It is on track to reduce day surgery waiting times to the gold-standard figure of 12 weeks by the end of its first year and create 0.8-1.2% spare theatre capacity that can be offered to other hospitals or local care groups to help alleviate wider community healthcare pressures.

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Separating acute and elective services to streamline patient care

The main aim for the day-surgery centre was to bring down patient waiting times by removing the potential for procedure cancellations or rearrangements due to inpatient pressures. In a separate surgical hub the beds are safeguarded for same-day surgical recovery purposes only and cannot be encroached on by acute admissions. Wider benefits have also been delivered from a staffing retention and morale perspective while protecting the hospital's professional reputation through fulfilling on its core values to patients.

"To tackle our escalating surgical waiting lists, we decided to think differently and separate our acute and elective surgical care by cascading provision a little further out into the community. More beds on-site ran the risk of history repeating itself in the future with elective surgery bed capacity once again getting absorbed by acute cases. So, we opted for a new off-site and ready-built location to protect beds from any in-hospital pressures and quickly gain surgical care capacity without needing to wait for a new build project," states Shane Russell, Chief Operations Officer at TUH.

Removing the impact of acute admissions on day surgery lists

The impact of unexpected admissions from the Emergency Department (ED) swallowing up elective surgery bed capacity had led to increasing rates of cancelled day surgery. The waiting list backlog was growing and for some patients it was at nearly 3 years. This was creating not only issues for patients, but also growing frustrations within internal surgical and nursing care teams.

"As an acute teaching hospital, we have a commitment to our patients and staff. Patients expect and deserve timely treatment to improve their health outcomes, and our clinical teams deserve respect to be given to their profession. If things had continued the way they were with regular cancellations of surgical appointments, our surgeons in training would not have even achieved the mandatory figures for their procedure log books – this would have been a huge waste of talent and clinical care," states Lucy Nugent, Chief Executive Officer at TUH.



Separation
of acute and elective
patient care


Patient waiting
times down from
36 months to
12 weeks



80%
of day surgery
performed in
dedicated centre



0.8-1.2%
spare theatre capacity
available to other
hospitals



4 new theatres +
25 recovery beds
ringfenced from ED or
other acute hospital
pressures





“In just 12 months from opening we will be on top of our backlogs and at the gold-standard of 12 weeks for patient waiting times. Now we have happy patients and happy surgeons.”

Patricia Morrison, Assistant Director of Nursing at TUH

Improving the quality of care for patients

“The impact of rescheduling appointments can cause disruption and anxiety to patients – some may have arranged time off work or planned childcare in advance, not to mention the frustration of fasting before a procedure and travelling to the hospital only to find it cancelled at short notice,” states Patricia Morrison, Assistant Director of Nursing and Cait Tobin, Clinical Nurse Manager at TUH.

“The time factor on nursing staff of having to cancel and rebook procedures is a huge inefficiency in the hospital environment. It took many hours of administrative time that should have been time spent on patient care. Our surgeons and nurses took the backlash from patients venting their emotions from cancellations very personally and this is not good for morale.” Patricia Morrison continues. “Now we can see that we’re getting on top of our backlogs and on track to be at the gold-standard of 12-week patient waiting times.”

Collaborative working has created confidence, certainty & clarity for the future

The strength of collaboration during the project and having a clinically-led project team were positive factors in the success of the high-risk project.

“Working with GE Healthcare gave us the rigour to land our goals and get back to where we were previously – delivering high-quality pioneering complex day surgery,” states Professor Paul Ridgeway, Clinical Director at TUH. “It helped guide us in the process changes that were needed alongside the physical bricks and mortar of a new unit, plus introduced data modelling and scenario planning to support our decision making.”

Angela Clayton Lea, Operational Lead for the Perioperative Directorate at TUH concludes, “With a state-of-the-art surgical centre, renewed energies and advanced planning tools, we’re in great shape for the future. The capacity utilisation modelling that GE Healthcare introduced now enables us to schedule and plan ahead by looking at the length of procedures and resource availability. This has given clarity and certainty in the decisions we make and has already enabled us to build on the initial success of bringing down waiting lists by broadening the surgical specialities offered.”



Imagination at work

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