

# A Stitch in Time – Surgical Services in Western Australia

Report 8 – November 1999

## Background

Over 250 000 patients are admitted to hospitals in WA each year for treatment that includes a surgical procedure. Services range from minor procedures performed by local GPs in small country hospitals to advanced operations only available at teaching hospitals.

Issues in the development of surgical services include:

- quality - how can medical standards be maintained or improved?
- access - where are patients treated and how long do they wait?
- cost - how can costs be contained under the pressure of increasing demand?

## What the examination found . . .

- Admissions to hospitals involving surgical treatment have increased by 49 per cent over the last ten years.
- Shorter lengths of stay since 1988-89 have avoided the need to provide about 1 000 extra public hospital beds.
- Information about waiting list numbers and times is improving but remains imperfect.
- Many elective surgery patients are not admitted within the clinically desirable times.
- GPs make referral decisions for public patients with incomplete information about where operations are available, clinical outcomes, waiting times and costs.
- Operating theatres at most country hospitals are under-utilised, but visiting surgical services can be cost-effective and convenient to patients.
- There are some indications of inequity in the delivery or take-up of surgical care according to place of residence.
- Several schemes to assure the appropriateness and quality of surgical care are in place or in progress.

## What the examination recommended ...

Recommendations to the Health Department, hospitals and health services include:

- seeking further increases in the use of same-day surgery and reductions in length of stay;
- reviewing medical staffing arrangements at non-teaching hospitals;
- exercising greater influence over the referral of elective surgery patients;
- reviewing the facilities and services to be provided at country hospitals;
- improving and extending the reporting of waiting list numbers and times;
- refining the assessments of clinical urgency for elective surgery patients;
- researching variations in the delivery and take-up of surgical care;
- extending programs of surgical audit and peer review.