

THE PROCESS OF SURGICAL CARE

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- Patients attend surgeons in many different settings depending on whether they present electively (scheduled) or urgently (unscheduled). An elective patient's journey is usually predictable and typically starts with referral from primary care for outpatient (ambulatory) consultation and investigation. If a surgical procedure is required, the patient undergoes assessment from both a surgical and anaesthetic perspective prior to admission. Ideally the patient is then admitted in a timely manner to the level of care that best meets their needs, whether as a day case, on the day of surgery, or for as short a time as possible before surgery as an inpatient. Preoperative checking is followed by the theatre journey, which includes reception, anaesthesia, the surgery itself and recovery - each, in their own way, a series of complex interventions. Returning to the ward and recovery demands another set of skills, procedures and processes followed by a final 'discharge from hospital' process and transition of care back to the community services if required. The urgent, emergency or unscheduled patient journey is different because it is unpredictable for each individual, although patterns of presentation do emerge when managing large numbers. The patient commonly presents at the emergency department of a hospital either as a self-referral, as a primary care referral or by ambulance. The journey begins with triage by a team, who assess the severity of the illness and then stream the patient to the most appropriate area for their needs, which might include, for example, a resuscitation unit, a rapid assessment and treatment unit, an acute surgical assessment unit, a minor injuries unit or an ambulatory care unit. The objective is that the patient is seen as soon as possible by a senior decision maker, so that the patient can be treated or discharged as expeditiously as possible or, if admission and surgery are required, this too can be expedited. Thereafter, the journey follows a similar course to that of an elective admission. This simple outline of surgical patients' journeys serves to illustrate the many individual steps or processes in that journey, each with scope for errors, delays and inefficiencies. Opportunities for improvement are almost limitless.

William Edwards Deming (1900-1993) American engineer, statistician, author and management consultant. Pioneered the PDCA (plan-do-study-act) cycle Peter Ferdinand Drucker (1909-2005) Austrian-born American management consultant and educator Donald Berwick (b.1946) American paediatrician. Former President and Chief Executive Officer of the Institute for Healthcare Improvement

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