Welcome to our first newsletter for Liverpool Day Surgery (LDS). 2013 has been a busy year for LDS and has seen the beginning of a number of new initiatives including our website at www.liverpooldaysurgery.com.au and our newsletter. It is our aim that we will be able to keep our VMOs and our GP referrers updated on all aspects of services as well as relevant updated clinical information through the newsletter, and be a resource centre for referrers and patients through our website.

We value your support and appreciate your feedback on our services which will be used to assist us in a continuous improvement process. We are always available to answer any of your questions and are pleased to arrange for a tour of our facility and introduce you to our key staff members.

For the information of you and your patients, we close services from Friday 20th December and reopen on Monday 20th January 2014.

On behalf of myself and all the team at LDS, I would like to take this opportunity to wish our VMOs and referrers a happy and safe holiday season and look forward to working with you all again in the new year.

Tony Geftakis - CEO
Liverpool Day Surgery

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**International Standards**

On the 14th and 15th of October LDS undertook an audit by International Standards Certifications. The purpose of the audit was to verify compliance of our quality management system and to ensure that we had met the Australian Commission for Safety and Quality in Healthcare, National Safety and Quality Health Service Standards 1-3.

There are 10 standards and the aim of these standards is to protect the public from harm and to improve the quality of health care provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure minimum standards of safety and quality are met.

**What do these standards mean?**

- **Standard 1 – Governance for Safety and Quality in Health Service Organisations**
  It is the intention of this standard to create integrated governance systems that maintain and improve the reliability and quality of patient care, as well as improve patient outcomes.

- **Standard 2- Partnering with Consumers**
  Create a health service that is responsive to patient, carer and consumer input and needs.

- **Standard 3- Preventing and Controlling Healthcare Associated Infection**
  Prevent patients from acquiring preventable healthcare associated infections and effectively manage infections when they occur by using evidence based strategies.

After months of hard work in implementing these standards LDS was awarded certification. We now have 12 months to prepare for the next three standards.

**Tanya Bennett**
**Director of Nursing**

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**Your day is important to us**
Safety and Quality

It is our mission at LDS to ensure continuous improvement in the safety and quality of care delivery to our patients. Reporting safety and quality data allows us to continually monitor our care delivery.

Data for Safety and Quality

<table>
<thead>
<tr>
<th>PATIENT SAFETY AND QUALITY INDICATORS</th>
<th>HOSPITAL PERFORMANCE 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation</td>
<td>Yes</td>
</tr>
<tr>
<td>Infection rate</td>
<td>0</td>
</tr>
<tr>
<td>Hand hygiene</td>
<td>66%</td>
</tr>
<tr>
<td>Patient falls</td>
<td>0</td>
</tr>
<tr>
<td>Unplanned return to theatre</td>
<td>0.02%</td>
</tr>
<tr>
<td>Unplanned transfer to another hospital</td>
<td>0.06%</td>
</tr>
<tr>
<td>Medication safety errors</td>
<td>0</td>
</tr>
<tr>
<td>Patients developing pressure injuries whilst in hospital</td>
<td>0</td>
</tr>
<tr>
<td>Patient satisfaction</td>
<td>High</td>
</tr>
</tbody>
</table>

Accreditation
LDS uses an organisation wide total quality management system through the International Standard ISO 9001-2008. Accreditation is granted by International Standards Certification.

Infection Rate
LDS implements systems to prevent and manage healthcare associated infection. It is the belief of LDS that through education of staff and patients, and monitoring of processes and systems as well as surveillance of any infection occurring as a result of care provided by the facility, the risk of transmission of HAI will be minimised.

Hand Hygiene
Hand hygiene is the single most important procedure in preventing the spread of infection in the health care setting. All staff at LDS carry out the ‘5 moments in hand hygiene’ at all required times. Patients and visitors are also encouraged to carry out appropriate hand hygiene through the use of alcohol based rubs located throughout our facility.

LDS participates in regular hand hygiene audits and results of these audits are relayed to the relevant internal committees.

Patient Falls
LDS implements systems to prevent patient falls and to minimise the harm from falls. Systems are in place to prevent patient falls including patient screening and assessment.

Unplanned return to theatre
LDS monitors any unplanned theatre return. This data is used to determine if any action is required.

“...It is our mission at LDS to ensure continuous improvement in the safety and quality of care delivery to our patients...”
Colorectal Surgery in the Elderly

Dr Stephen Fulham
Colorectal Surgeon
MBBS FRACS DIP CLIN ED

Colorectal cancer is the commonest malignancy in patients 70 years and older. Colorectal surgery for cancer is the most common major surgery performed in this group.

Life expectancy in the western world is increasing and as a result, the percentage of the elderly is rapidly growing. Therefore the medical and societal burdens of colorectal cancer will only increase over the coming decades. Major surgery in elderly patients pose a constant challenge for surgeons and physicians. Let’s review the evidence available.

Mulcahy et al performed a prospective study which looked at the effect of age on the presentation, diagnosis and management and survival of patients with colorectal cancer. 225 patients were aged 80 or over and 287 patients 70 or under. The older patients had a greater emergency presentation of 18% vs 11%. In the older group the post-op mortality rate was 6% vs 3%, for emergency 15% vs 12%.

The relative five year survival rate standardised for age vs sex was 52% for older patients and 45% for younger patients. For those undergoing curative surgery it was 68 and 59% respectively. The conclusion was the behaviour of colorectal cancer changes little with age and allowing for population mortality, age has no effect on the long-term survival of elderly patients with large bowel cancer.
A number of studies have shown an increased mortality and mobility in octogenarian. An analysis of 28 studies found a lower survival rate amongst the elderly with co-morbidities, an advanced cancer and emergency surgery.

A Canadian study compared the outcomes of people over 80 compared to those in their 60’s and found quality of life and function in both groups were similar post-operatively. Thus age alone should not be used as a criterion to determine which patients should be offered colorectal surgery.

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The outcomes of colorectal surgery are likely to be better when:

1. The cancer is at an early stage
2. The patient pre-op is functioning at a high level and has good health
3. People with three or more chronic diseases e.g. diabetes, heart disease, rheumatoid arthritis do more poorly
4. The surgery is seen in a positive light, there is a good support network and family history of Longevity

REFERENCES
Colorectal cancer surgery of octogenarians in Hong Kong: who will survive?, WH Li et al Hong Kong Med J Vol 17 No.5.

Dr Fulham has been providing specialist services to Sydney’s Southwest for over 20 years. The positions he holds in the public and private sectors include:

1. Campbelltown Public Hospital (Head of Department – General Surgery)
2. Liverpool Public Hospital (Head of Colorectal Unit)
3. Liverpool Day Surgery (VMO)

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Want to learn more about Liverpool Day Surgery?
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