



20 July 2023

### Patient care project cuts serious complications and deaths after surgery

A new model of patient care that has halved serious complications and deaths after surgery should be implemented across Australia and New Zealand under a plan to reduce emergency department pressures and free up hospital beds.

The Advanced Recovery Room Care (ARRC) Program developed by Adelaide anaesthetist and Professor of Anaesthesia Guy Ludbrook is now being used at Royal Adelaide Hospital.

It involves closely monitoring 'moderate-risk' patients for 12 to 18 hours after their surgery, using existing skilled hospital staff and advanced equipment to provide specialist care tailored to their individual needs.

The ARRC model was presented to more than 100 delegates including anaesthetists, surgeons, geriatricians, allied health, government representatives and community representatives at the recent Post Operative Complications Summit in Adelaide opened by South Australia's Minister for Health and Wellbeing Mr Chris Picton.

Over two days the summit examined how projects such as the ARRC and other strategies can be used to make care around surgery better and safer and make services more sustainable.

During a 12-month trial, the ARRC program was associated with halving serious complications and deaths after surgery, reduced subsequent emergency department presentations and saved an estimated 8000 bed days or three hospital wards each year.

"This proves that a collaborative approach involving specialist doctors such as anaesthetists, surgeons, physicians, intensivists, and GPs has the potential to substantially improve post-surgery care, reduce the strain on our health systems, and save lives," Professor Ludbrook explained.

“Dying within 30 days of surgery is one of the leading causes of death in Australia and New Zealand. These avoidable deaths and complications arguably require more urgent action than the COVID-19 pandemic.

“Better, co-ordinated care of surgical patients before, during and after their surgery – what we call the perioperative period – leads to improved outcomes for patients and cost savings for the health system.”

Other strategies discussed at the summit included:

- A national standard for patient discharge summaries so GPs and others can appropriately manage patients outside the hospital setting.
- A focus on “prehabilitation” to help people become healthier before surgery.
- A system of on-line tools for GPs to guide best practice when considering surgery for their patients.
- Identification of what surgeries, procedures and activities deliver the best outcomes.
- The development of a registry with good data that shows which perioperative strategies are working and which are not.
- A multi-jurisdictional taskforce of specialists and health officials to consider strategies aimed at streamlining the patient hospital experience.
- Culturally appropriate pathways most appropriate to Indigenous patients.

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