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Private surgery feels COVID stress



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Tuesday 9 August 2022,
10:30 AM

2 minutes to Read



Patients who contract COVID-19 may have a long stand-down before they can have anaesthesia
[image: Herjua on iStock]

Jennifer Kaponga takes a snapshot of how booking private surgery has changed during the COVID-19 pandemic

COVID-19 continues to wield a heavy hand within public hospitals, where elective surgeries are being cancelled and/or deferred.

The pandemic has also created significant pressures in private surgical healthcare facilities for patients, managers and staff.

As a practice manager for a specialist ear, nose and throat care practice, I have found these past two-and-a-half years very challenging. I have coordinated with the clinicians to minimise risk to our cancelled patients, rebook those affected by COVID, dealt with staff members who get the disease, and continued our collaborative work with private hospitals to meet their requirements for patients to be able to enter their facilities.

To book just one patient onto a surgery list now takes almost treble the time it took prior to COVID, as each hospital adheres to its own frameworks (including testing requirements) before a patient can even walk through the door.

Challenges include varying time frames for PCR and RAT testing prior to surgery and the inability to guess or manage the turnaround time for results.

Patients travelling in and out of Auckland, when borders were in force, required exemptions (often for several postoperative appointments) as they could not access the required testing in stated time frames.

Physical challenges were many. Reduced list and bed capacity due to social distancing and staff illness reduced our lists by up to 50 per cent. Patients who contracted COVID required a significant stand-down period, usually of eight weeks, before a general anaesthetic could be considered again, as per the New Zealand Society of Anaesthesiologists.

Lists cancelled at short notice due to staff and doctors becoming close contacts or contracting COVID themselves required rapid revision and rescheduling.



Jennifer Kaponga

Social impacts on patients

There are also social impacts. Patients not being able to have whānau or visitors, or young patients not able to have both parents with them, often made them feel isolated.

While the reasoning is understood, and no one could dispute the amount of work the hospitals have done to keep patients and staff safe, we in the practice often become the middle person, having to relay news of delays and requirements for additional testing.

Surgery is not always an easy decision for patients, and comes with its share of stress and anxiety, but for most it provides relief from the symptoms they are experiencing. Most surgeries involve patients in significant advance preparation, planning time off work, care of their families, insurance pre-approvals and mental readiness.

Surgery arrangements that are confirmed with the patient only right at the last minute and short-notice cancellations are a source of angst, frustration and uncertainty in an environment in which they often have little control.

I cannot speak highly enough of my fellow practice managers and administrators, who are dedicated to the health sector and work hard in managing patients in unison with third-party facilities.

As COVID cases rise again, we know we are not through the worst of this yet, but we have all learned a great deal in the past two years and adaptability has become a core part of business.

We need to stay one step ahead of the virus but also to try to anticipate the next move from the Government, Te Whatu Ora – Health New Zealand and our local facilities. It's time to get out our crystal balls!

Jennifer Kaponga is a practice manager and member of the executive of the Practice Managers and Administrators Association of New Zealand

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