Skin Lesion Assessment Management (SLAM) clinic Initiative Type Model of Care Status Plan Added 06 March 2018 Last updated 22 February 2022 **URL** https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/slam

It is proposed that patients with non-melanoma head and neck cancers, likely to need minor surgery

appointments attending the hospital reduced. The simplified pathway to treatment is in three steps:

1. First pass screening of referrals (when the referral is received): Completed by a clinician

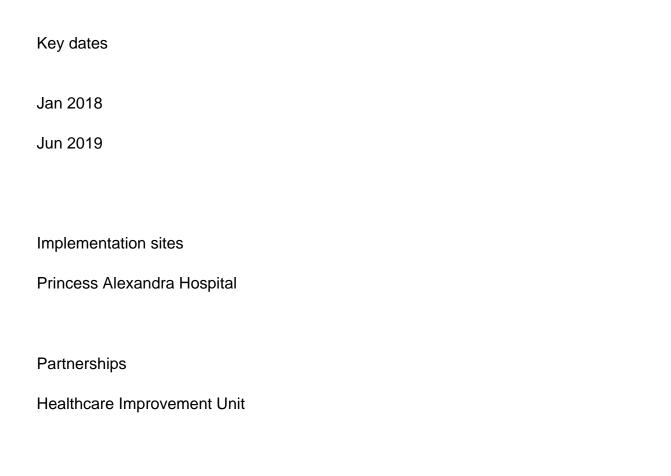
with a low perioperative risk, can have the time spent waiting for surgery and the number of

Summary

using defined criteria to identify eligible cases that are either inside or outside the defined criteria for the model Inside: patients with non-melanoma skin cancers of the head and neck Outside: non-skin cancer, anticoagulated patients, lesions on the lower limbs, cases where frozen section control or special equipment available only in the main operating theatres is necessary, patients unable to consent

- 2. Second pass screening (before coming to hospital): Completed by a nurse in pre-admission clinic via telephony to educate patients about the model of care, the need to present fasting, and to administer an anaesthetic questionnaire to determine perioperative risk;
- 3. Clinical assessment and treatment (day of surgery): Patients are assessed by a consultant plastic surgeon who makes a surgical plan and completes the consent process with the patient; this is followed by anaesthetic assessment and then surgical treatment (with anaesthetic support as required) in a nearby adjacent operating theatre, followed by recovery and discharge on the same day.

Skin Lesion Assessment Management (SLAM) is an initiative between the Division of Surgery, the Department of Plastic and Reconstructive Surgery, the Department of Anaesthesia and the Day Surgery Treatment Unit at the Princess Alexandra Hospital.



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Aim

The focus of the proposed model of care is the patient experience in accessing specialist services for the timely treatment of their skin cancers.

Benefits

The potential benefits of this model of care includes: Expedited care

- Decreased waiting times for the patient from outpatient appointment to procedure time
- Preadmission clinic: providing suitable patients with all of their required treatment in a single episode of care
- Increased throughput of Plastic Surgery outpatients

Improved patient flow and use of resources/time

Freeing up appointments for more patients to be seen

Improved access to care

- Engagement of local medical officers, specialist service providers and patients
- Clinical Nurse Consultant role established to coordinate the patient journey and access to the service for patients and GP's

Education

- Close supervision of training surgeons
- · Local medical officer upskilling opportunities

Other - Proof of concept

- Potential to be spread to other health services
- Potential to be applied to other specialties

Background

Demand for specialist services to treat skin cancers at the Princess Alexandra Hospital outstrips supply. Current services are functioning at capacity to treat these cases and the number of patients waiting to be seen has increased steadily. At present, the current pathway for treatment can be lengthy, requiring the patient to attend up to three appointments at the hospital over a variable period of time. The current pathway to care includes: 1. Referral sent by GP/Local Medical Officer 2. Referral received and processed by the Central Referral Hub 3. Categorisation of referral 4. Allocation of an appointment to an outpatient clinic 5. Clinical review, booking and consent (date for surgery generally given to Category 1 elective surgery patients only at this visit). 6. Preadmission clinic review, this may be done by telephone 7. Waiting time for surgery 8. Surgical treatment in the Day Surgery Treatment Unit or Main Operating Theatres

Further Reading

Launch of Princess Alexandra Hospital's SLAM Clinic

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