



# Waiting List Reduction Strategy

Report from the  
**SURGICAL ACCESS TEAM**  
for the month of

April 1999

# PROJECT MANAGEMENT

## Consultation

Visits to District Health Services continued through April 1999.

- The Director-General's High-level Action Team, visited the following sites in April:
  - Cairns
  - Hervey Bay
- Follow-up e-mails and memorandums have been sent to the District Managers of the facilities visited detailing the outcomes of the meetings. Detailed briefs have been provided for the Director-General.
- A dinner hosted by the Director-General will representatives from the relevant medical colleges and associations was held on 7 April 1999. The Minister for Health attended and several issues were discussed regarding the *Waiting List Reduction Strategy*.

## Communications

- As part of the release of the quarterly *Elective Surgery Waiting List Report*, the Surgical Access Team identified issues for press releases in conjunction with the Office for the Minister for Health.

# FUNDING & INCENTIVES

## Additional Funding

- Additional funding of \$331,000 has been approved for the Rockhampton Hospital to commence an ophthalmology service. This funding includes funding for equipment and staffing for a specialist outpatient clinic.

## Transfer of Patients

- The Surgical Access Team prepared a detailed brief to the Office of the Director-General regarding the *Transfer of Patients* element of the *Waiting List Reduction Strategy*.
- Memorandums from Dr J G Youngman have been sent to the District Managers of the Princess Alexandra Hospital, Gold Coast Hospital, Bundaberg Hospital and Toowoomba Hospital requesting information on patients that could be transferred to QEII Hospital, Hervey Bay and Mater Adults Hospital. Replies are due in early May.

## Funding for Emergency Departments

- A \$37,500 has been allocated to Mt Isa Hospital for nursing positions until June 30 1999.

## WORKFORCE STRATEGIES

Workforce Report from the Office of the Principal Medical Advisor April 1999:

- The Unit is processing the data from its review of the Emergency Medicine Registrar and Senior Medical Officer workforce. Dr Catchpole, Principle Medical Advisor, will present preliminary results at the Emergency Medicine Workshop on 15 May 1999.
- The Unit has begun a detailed review of the full time medical management workforce in Queensland public hospitals. Background research has been completed and a questionnaire has been sent out. The results will be collated by the end of June.
- The Unit is coordinating with the various colleges in reviewing the application of the AMWAC reports. In particular, the team is currently reviewing general surgical and orthopaedic registrar training numbers in Queensland.

## INFORMATION MANAGEMENT

- The Surgical Access Team has produced the fourth edition of the quarterly Elective Surgery Report. The report was published on QHIN and the Queensland Health internet site on the 27 April 1999. GoPrint is printing the hardcopy version of the report and the posters, and will distribute these to the reporting hospitals.
- Representatives from the Surgical Access Team met with the Medical Superintendent of Caboolture Hospital and the Elective Surgery Liaison officers for Redcliffe and Caboolture Hospitals. The meeting participants discussed how to utilise the Elective Admissions System as a way to manage waiting lists and, in particular, how to manage 'long wait' patients. The Surgical Access Team provided advice concerning the monthly reporting and performance targets for Caboolture Hospital.
- The Surgical Access Team coordinated a visit to the Royal Brisbane Hospital with representatives from the Data Services Unit. The Elective Surgery Coordinator at the Royal Brisbane Hospital provided an overview of the elective surgery and data collection processes to provide the Data Services Unit with a broader understanding of the processes involved in the collection of waiting list statistics. This visit was undertaken to strengthen the communication and understanding between the Surgical Access Team and Data Services Unit.
- The Surgical Access Team has organised a number of meetings with information technology experts to gain advice on methods of improving current waiting list reporting methods. Advice has been sought from experts in *Transition II* and *HOLoS* with input from *CSC*. This advice will allow the Surgical Access Team to make an informed decision concerning the future of waiting list reporting in Queensland.
- The Australian Institute of Health and Welfare has provided a draft paper proposing the review of a number of data definitions relating to elective surgery. The Surgical Access Team, together with the Data Services Unit, has responded to the paper. The Surgical Access Team provided input in the review of the definitions, including urgency categorisation. The Australian Institute of Health and Welfare are currently collating responses from all States and Territories.
- The introduction of ANDRG Version 4.1 and Phase 6 cost weights has been discussed with the Pricing Policy Team. The Pricing Policy Team will make historical data available in ANDRG Version 4.1 back to 1996-97 for the Surgical Access Team. It is expected that further information will be available concerning Phase 6 cost weights in the next month.

# PERFORMANCE REPORTING

The **total number** of patients on the waiting lists of the 33 hospitals remained stable at 38,564 at 1 May 1999.

Date	Category 1		Category 2		Category 3		Total
	Total	% 'long wait'	Total	% 'long wait'	Total	% 'long wait'	
1 May 98	1200	1.3%	10157	21.4%	25702	29.8%	37059
1 Jun 98	1273	1.5%	9499	16.1%	25997	29.5%	36769
1 Jul 98	1285	0.9%	9243	10.6%	25732	28.8%	36260
1 Aug 98	1316	1.4%	9511	11.2%	25379	28.6%	36206
1 Sep 98	1368	3.1%	9621	14.1%	25356	28.0%	36345
1 Oct 98	1441	2.0%	9960	14.7%	25538	28.1%	36939
1 Nov 98	1621	2.7%	10109	15.8%	25557	28.2%	37287
1 Dec 98	1502	2.8%	10119	16.6%	25797	28.5%	37418
1 Jan 99	964	2.3%	10244	18.4%	26012	28.1%	37220
1 Feb 99	1432	2.0%	10462	19.4%	26315	27.7%	38209
1 Mar 99	1432	2.0%	10337	18.4%	26440	27.9%	38209
1 Apr 99	1392	1.9%	9953	15.9%	26895	27.5%	38240
1 May 99	1336	1.6%	10275	14.7%	26953	27.9%	38564

The number of 'long wait' Category 2s decreased by 69 from 1 April to 1 May 1999. The number of 'long wait' Category 3s increased by 114 from 1 April to 1 May 1999.

## Category 1

At 1 May 1999, the proportion of Category 1 patients waiting longer than 30 days for surgery was **1.6%** (cf. 1.9% at 1 April 1999). Two hospitals reported more than 5% - Redland Hospital (24.0% - 6 patients) and Townsville Hospital (5.3% - 5 patients).

## Category 2

At 1 May 1999, the proportion of Category 2 patients waiting longer than 90 days for surgery was **14.7%** (cf. 15.9% at 1 April 1999). The Royal Brisbane Hospital reported the largest increase in the number of 'long wait' Category 2 patients (30), consequently the proportion of 'long wait' patients increased to 9.3% (cf. 6.1% at 1 April 1999). The Gold Coast Hospital reported a decrease of 78 'long wait' Category 2 patients and a reduction in the proportion of 'long wait' patients to 30.0% (cf. 35.3% at 1 April 1999).

## Category 3

At 1 April 1999, the proportion of Category 3 patients waiting longer than 1 year for surgery was **27.9%** (cf. 27.5% at 1 April 1999).

## Throughput

Total number of elective admissions in April 1999 was 8,864, a decrease (2,186) from the 11,050 admissions reported for March 1999. There were 617 less admissions in April 1999 compared to April 1998 (9,481).

Note: Admissions reported through the Elective Admissions System should be considered preliminary. Final activity levels will be determined by the Queensland Hospital Admitted Patient Data Collection.

## **CLINICAL BEST PRACTICE**

### **Specialist Outpatient Services**

- The Clinical Advisory Committee ratified *Guidelines for the Management of Specialist Outpatient Waiting Lists* at the meeting on 13 April. Approval to print and distribute the *Guidelines* was subsequently received from the General Manager – Health Services. It is anticipated that the *Guidelines* will be distributed to Districts, general practitioners and other stakeholders in June.
- The Outpatient Clinical Best Practice Working Party has fulfilled its terms of reference with respect to the development of the *Guidelines*. The CAC endorsed the continued existence of the Working Party to provide ongoing support for the implementation of the *Guidelines* and to provide a reference group for quality improvement activities in outpatient departments.
- The Surgical Access Team is working closely with the Health Outcome Unit General Practitioner Liaison Officers, the Brisbane Southside Division of General Practice and the Centre for General Practice, University of Queensland on the development of a standardised referral for use by general practitioners. It is anticipated that this will result in the identification of key data items required in the referral.

### **National Demonstration Hospitals Program**

- A member of the Surgical Access Team attended a two-day conference of all Phase 3 lead and collaborating hospitals on 19 and 20 April 1999. Attendance at the Conference provided the opportunity to discuss issues relevant to access to clinical services with many of the NDHP participants. In particular discussions addressed the delivery of emergency services and the collection of related data.
- The Surgical Access Team has established close links with the Mater Hospital (Phase 3 Lead) project team and it is anticipated that a member of the Surgical Access Team will be included on the project steering committee. This will provide the opportunity to rapidly identify service enhancements resulting from the project and to provide input to the project direction to support Queensland Health's ongoing service delivery agenda.

### **Clinical Advisory Committee**

- The meeting on 13 April 1999 highlighted the Government's commitment to the elective surgery 'long wait' Category 1 and 2 targets of 5%. The activities of the Director-General's High-level Action Team were detailed. The Emergency Services Benchmarking process was discussed and advice received regarding the appropriateness of the performance measures. Specialist Outpatient Services were addressed as detailed above.

# HEALTH SYSTEM DEVELOPMENT

## Specialist Outpatient Services - Benchmarking and Information Systems

- Monthly data collection utilising a standard clinic type reference file is continuing.
- As at 1 April 1999, a total of 47,755 people are waiting to see a specialist in an outpatient department.
- Of these patients, approximately 38,688 have a formal appointment to see a specialist, the remaining 9,067 have not yet been designated an appointment time.
- It is estimated that some 29,142 patients are waiting for a surgical appointment of which 22,779 have an appointment and 6,363 do not.

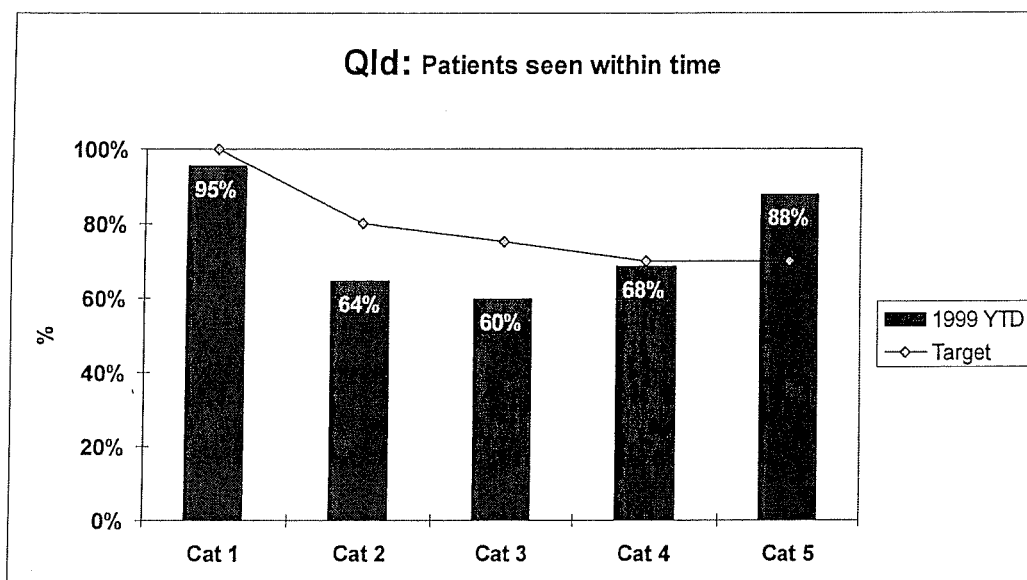
	1 March 1999			1 April 1999		
	With Appointment	Without Appointment	Total	With Appointment	Without Appointment	Total
Surgical	22489	7501	29990	22779	6363	29142
Medical	7964	981	8945	7745	947	8692
Obstetrics/Gynaecology	5338	623	5961	5953	616	6569
Paediatric	2306	1615	3921	2160	1141	3301
Psychiatric	49	0	49	51	0	51
Total	38146	10720	48866	38688	9067	47755

- At 1 April, large numbers of patients, both with and without appointments, were waiting in the following specialties:
 

Orthopaedics:	9,473
ENT	5,735
General Surgery	5,620
Gynaecology	4,656
- The interpretation of the data provided in this report needs to be undertaken with caution. The limitations in interpreting the data are due to potential problems with data reliability and validity as a result of manual data collection.

## Emergency Services - Benchmarking and Information Systems

- The implementation of the HAS Emergency Department Information System (EDIS) into Cairns, Toowoomba and Redcliffe Districts is progressing as per the project plan. Redcliffe and Caboolture hospitals have completed their training; hardware and software has been installed and a "go live" date has been planned for late May 1999. Toowoomba Hospital has ordered the required hardware and is currently undertaking site visits to view the system in a 'live' environment. Training is scheduled to begin in Cairns Hospital in early May 1999. The project is scheduled to be completed by late June 1999.
- During April, the Surgical Access Team began collecting preliminary data on waiting time for admission to hospital via the emergency department (access block) from three major public hospitals. Consultation with key personnel within emergency departments has been initiated to determine the appropriate performance indicators for use in Queensland.
- Data collected from the 20 reporting hospitals during April 1999 reveals no significant change in waiting times from that reported in March 1999.



## Emergency Services – Consultation

- An Emergency Medicine Benchmarking and Best Practice Workshop has been organised for Friday 14 May 1999 at the Bardon Conference centre. The workshop will consist of emergency department medical directors and level 3 nurses. Responses for attendance at the workshop have been positive with a number of prominent emergency medicine specialists welcoming the opportunity to participate and provide input into the day. It is anticipated that a major outcome from this workshop will be enhanced communication between emergency departments and corporate office.
- A meeting was held with the Medical Superintendent, Royal Flying Doctor Service (RFDS), Dr Geoff King, regarding the contract between Queensland Health and the RFDS with respect to the staffing arrangements between the RFDS and the Rockhampton Base Hospital. Dr King reported that the arrangement has been very successful in catering for the staffing needs of both the RFDS and the Rockhampton Emergency Department. Dr King made special mention of the benefits gained from multi-skilling staff in both flight and Emergency Department procedures and suggested the possibility of adopting a similar staffing model in other districts in the future.

# HOSPITAL SUPPORT AND LIAISON

## Medical Superintendents Advisory Committee

Report from the Medical Superintendents Advisory Committee meeting for April 1999.

- The committee was advised of the reduction in the proportion of 'long wait' Category 2 patients in April to 15.95% and that an additional 4600 elective cases has been completed, compared with nine months from the previous year. Mr Walker advised that the Gold Coast, Princess Alexandra, Prince Charles, Bundaberg and Nambour Hospitals are identified as the hospitals with the most difficulty in terms of 'long wait' Category 2 patients. Members from these hospitals that were present reported that achieving the 5% target this year would be difficult.
- The committee was advised that the Director-General will be writing to District Managers each month requesting action to have 'long wait' Category 1 patients treated, and Category 2 patients waiting greater than twelve months either clinically reviewed or treated.
- The committee was advised that the Director-General has requested that the High Level Action Team (HLAT) complete follow up visits to sites to reinforce the communication strategy.
- Members questioned the purpose of the Corporate Office collecting waiting time information for specialist outpatient services. The committee was advised that the collection was progressed at the instruction of the Minister and that the information would be utilised to measure the true waiting time for elective surgery patients.

## Elective Surgery Coordinators

Report from the Elective Surgery Coordinators meeting for April 1999.

- Coordinators are finalising a draft policy for the management of 'long wait' patients for endorsement by the Clinical Advisory Committee. The basis of the policy is to have 'long wait' patients returned to the care of their General Practitioner.
- A review of the interpretation of the definitions for categorisation has been undertaken. The coordinators have developed set of statements that will compliment the existing definitions and provide clinicians with information to assist in improving the consistency and application of the categorisation process.
- Coordinators are developing a generic hospital profile that will be completed each month. The purpose of the profile is to provide the Surgical Access Team with up to date information pertaining to the management of elective surgery services within their respective hospitals. The profile will contain information including workforce issues, infrastructure issues and performance indicators.



# **ORMIS SUPPORT and THEATRE UTILISATION**

## **Software**

- Acceptance testing of ORMIS V.5 is 95% complete with final testing being scheduled over 3 days commencing 5-7 May 1999.
- All aspects of the read/write interface between ORMIS V.5 and EAM have been tested and program changes will be completed by 5 May 1999 in time for final testing.
- Training for site administrators in the new version will commence 12 May 1999 and be completed 21 May 1999. With training completed site administrators will be able to commence end user training at each site.
- The roll-out of ORMIS V.5 and EAM is scheduled to be completed by close of business 11 June 1999.

## **System Management and Y2K**

- Project Plan - Tasks are being achieved according to plan and with compliance testing scheduled to begin once a production version of ORMIS V.5 is accepted by the Surgical Access Team. This is expected to occur on 10 May 1999.
- A system management plan is being development with a scheduled implementation date of 1 July 1999.

## **Corporate Reporting**

- Feedback on the draft report has been received from all sites. As a result of providing sites with a report on 12 months of theatre statistics a number of issues have been identified. Three projects have been initiated to resolve the issues identified with a completion date of 1 July 1999, which are:
  1. Standardisation of key code sets within both TMS and ORMIS V.5, in particular, cancellation codes, delay reason codes, emergency and elective surgery definitions, anaesthetic codes. Standard cancellation codes have developed and were implemented from 1 March 1999.
  2. The development of a standard suite of reports generated from a MS Access program for implementation at each site. The purpose of this project is to resolve data storage issues as well as data ownership at the site level, which will ultimately improve data quality.
  3. The clarification and reinforcement of business rules pertaining to current and future data sets which are then used in the formulation of theatre statistics.