

surgical access team

WAITING LIST REDUCTION STRATEGY

Report from the Surgical Access Team for the month of

April 2002

Distribution:

Director-General

Minister for Health

General Manager (Health Services)

Deputy Director-General, Policy and Outcomes

Secret and Confidential

MANAGEMENT ISSUES

COMMUNICATION

- The Surgical Access Team provided Briefings to the Minister regarding elective surgery services and waiting lists for hospitals in the following Districts:
 - Townsville
 - Prince Charles Hospital
- The Surgical Access Team provided a number of submissions to the General Manager (Health Services) including:
 - Funding to support the purchase of second-hand colonoscopy equipment for the Sunshine Coast District Health Service;
 - Additional funding (\$70,000) to support EDIS implementation at Gold Coast Hospital;
 - Legal liability and indemnity for Clinical Advisory Panels;
 - Benchmarking of Day Surgery and Day of Surgery Admission data;
 - Quarterly Emergency Department Performance Report.
- The Surgical Access Team published the quarterly *Elective Surgery Waiting List Report* on both the Queensland Health Internet and Intranet sites. This report is the sixteenth issued by Queensland Health since the Government introduced the *Waiting List Reduction Strategy* in July 1998.

CONSULTATION

- Members of the Surgical Access Team undertook a site visit to the Mt Isa Hospital to review performance issues within the emergency departments and to discuss issues pertaining to elective surgery performance. A brief report on the outcomes of this visit can be viewed in the Health Systems Development section of this report.
- The Surgical Access Team undertook a site visit to the Rockhampton hospital emergency department to review performance issues. A brief report on the outcomes of this visit can be viewed in the Health Systems Development section of this report.
- The Medical Superintendent's Advisory Committee met on 12 April 2002.
- The Elective Surgery Coordinators met on 19 April 2002.
- The Specialist Outpatient Advisory Committee did not meet in April 2002.

FUNDING & INCENTIVES

- The GMHS has written to all Districts accessing elective surgery funding, providing data on reported activity against target at 31 December 2002 and reinforcing the requirement to achieve activity targets by 30 June 2002. At 31 December 2001, the State position was some 5,466 elective surgery weighted separations below the half yearly target (assuming that half of the activity would occur in the first 6 months).
- The Surgical Access Team transferred a total of \$141,058 including funding to support:
 - Senior emergency nursing education program at Redland's hospital;
 - An emergency department enhancement project at Gold Coast hospital;
 - Additional hardware to support the EDIS implementation at Gold Coast hospital;
 - A neonatal & perinatal emergency training program at the Mater hospital.

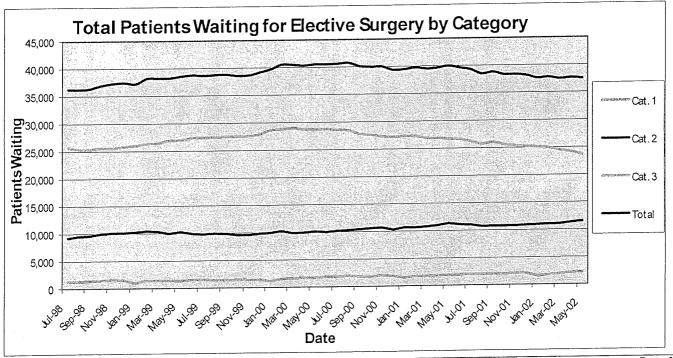
PERFORMANCE REPORTING

WAITING LIST

The **total number** of patients on the waiting lists at the reporting hospitals decreased from 37,673 at 1 April 2002 to 37,498 at 1 May 2002 (-175 patients).

Reporting	Category 1			Category 2			Category 3			Total
Date	Total	No. 'long waits'	% 'long waits'	Total	No. 'long waits'	% 'long waits'	Total	No. 'long waits'	% 'long waits'	
A EL COT STATEMENTS				Jermen.			2350000		7/5/25/5/25	\$435 (F) (F)
1 Jul 1998	1,285	12	0.9%	9,243	981	10.6%	25,732	7,399	28.8%	36,260
1 Oct 1998	1,441	29	2.0%	9,960	1,462	14.7%	25,538	7,164	28.1%	36,939
1 Jan 1999	964	22	2.3%	10,244	1,887	18.4%	26,012	7,312	28.1%	37,220
1 Apr 1999	1,392	27	1.9%	9,953	1,583	15.9%	26,895	7,409	27.5%	38,240
1 May 1999	1,336	21	1.6%	10,275	1,514	14.7%	26,953	7,523	27.9%	- 38,564
										40.644
I Jul 1999	1,498	29	1.9%	9,780	837	8.6%	27,363	7,534	27.5%	38,641
1 Oct 1999	1,468	42	2.9%	9,604	946	9.9%	27,520	7,864	28.6%	38,592
1 Jan 2000	1,165	47	4.0%	9,967	987	9.9%	28,591	8,477	29.6%	39,723
1 Apr 2000	1,721	34	2.0%	9,927	949	9.6%	28,719	8,817	.30.7%	40,367
1 May 2000	1,680	48	2.9%	10,141	1,006	9.9%	28,740	9,059	31.5%	40,561
									22 404	10 (10
1 Jul 2000	1,838	49	2.7%	10,179	847	8.3% /	28,593	9,252	32.4%	40,610
1 Oct 2000	1,749	83	4.7%	10,615	1,250	11.8%	27,650	9,316	33.7%	40,014
1 Jan 2001	1,522	70	4.6%	10,675	/1,275	11.9%	27,291	9,650	35.4%	39,488
1 Apr 2001	1,833	82	4.5%	11,003	1,244	11.3%	26,847	9,918	36.9%	39,683
1 May 2001	1,928	120	6.2%	11,355	1,439	12.7%	26,716	10,027	37.5%	39,999
•										-0.000
1 Jul 2001	2,023	91	4.5%	11,022	1,551	14.1%	26,258	10,044	38.3%	39,303
1 Oct 2001	1,979	90	4.5%	10,783	1,363	12.6%	25,593	9,522	37.2%	38,355
1 Jan 2002	1,557	68	4.4%	10,961	1,445	13.2%	25,106	9,518	37.9%	37,624
1 Apr 2002	2,151	72	3.3%	11,343	1,527	13.5%	24,179	9,378	38.8%	37,673
1 May 2002	2,229	62	2.8%	11,551	1,280	11.1%	23,718	9,074	38.3%	37,498

The full list of monthly census data since 1 December 1998 is included at Attachment 1.



Category 1

• At 1 May 2002, the number of 'long wait' Category 1 patients on elective surgery waiting lists was 62 (2.8%). This figure was a decrease of 10 patients from the 72 'long wait' cases (3.3%) reported at 1 April 2002. A total of three (3) hospitals reported in excess of 5% 'long waits'.

	Catego	Category 1			
Hospital	Number of 'long	Percent			
•	waits'	'long waits'			
Gladstone Hospital	1	20.0%			
Gold Coast Hospital	10	5.1%			
Mt Isa Hospital	6	26.1%			

Category 2

• At 1 May 2002, the number of 'long wait' Category 2 patients on elective surgery waiting lists was 1,280 (11.1%). This is a decrease of 247 patients from that reported at 1 April 2002 – 1,527 (13.5%). This compares with 12.7% 'long wait' Category 2 patients at 1 May 2001. A total of nine (9) facilities reported 'long wait' patients in excess of the 5% benchmark.

	Category 2 -	- 1 May 2002	Category 2-1 May 2001		
Hospital	Percent 'long waits'	Number of 'long waits'	waits'	Number of 'long waits'	
Bundaberg Hospital	10.4%	_ 28/ /	0.5%	1	
Gold Coast Hospital	21.9%	199	/ 29.2%	189	
Hervey Bay Hospital	7.5%	8	20.9%	19	
Mackay Base Hospital	21.8%	34	14.6%	29	
Mt Isa Hospital	48.5%	64"	0.0%	0	
Nambour Hospital	16.9%	130	15.6%	112	
Princess Alexandra Hospital		161	22.2%	384	
Rockhampton Hospital	11.0%	29	3.7%	7	
Royal Brisbane Hospital	30.1%	450	17.7%	263	

The largest increase in the number of 'long wait' Category 2 patients from 1 April 2002 to 1 May 2002 was reported by the Royal Brisbane Hospital (+44).

Category 3

• At 1 May 2002, the proportion of Category 3 patients waiting longer than one year for surgery was 38.3% (9,074 patients). This compares with 9,378 patients (38.8%) waiting longer than one year at 1 April 2002 and 10,027 patients (37.5%) waiting longer than one year at 1 May 2001.

THROUGHPUT

Overall elective surgery throughput (Category 1,2 & 3) has decreased from 10,030 elective surgery admissions in March 2002 to 9,822 in April 2002 (cf. 7,491 in April 2001). Overall elective surgery throughput for the 2001/2002 financial year to date compared with the same period of 2000/2001, 1999/2000 and 1998/1999 is included in the following table. Throughput for the 2001/2002 financial year to date is up by 5.3% (4,775 admissions) on the throughput recorded for the same period of 2000/2001 and down by 0.6% (-547 admissions) on the throughput recorded for 1999/2000.

1998/1999	1999/2000	2000/2001	2001/2002
97.522	95,513	90,191	94,966
71,322	70,010	(T) (A) () 1 1 1 1 1 - a considered medical	inary data EAM con not provide

Note: Elective admissions data reported via the Elective Admissions Module (EAM) should be considered preliminary data. EAM can not provide weighted separations. The Queensland Hospital Admitted Patient Data Collection (QHAPDC) provides final weighted separation data.

Note:

Current throughput performance indicates an additional **5,700** additional elective admissions (on a pro-rata basis) will be performed in 2001/02 over and above the total recorded for 2000/01. The trend since January 2002 suggests that this may be as much as **7,000** additional elective admissions. This compares with an estimated additional throughput of **3,500 per annum** included in the Cabinet Budget Review Committee submission for the additional \$20 million over 2 years for additional elective surgery activity.

CLINICAL BEST PRACTICE

1. E mergency Services Strategy

Emergency Department External Reviews

- As approved in the Emergency Services Strategy Plan of Action 2001-2002, external reviews were conducted of the emergency departments of Cairns, Townsville and Mackay Hospitals.
- Reports will be provided to the General Manager (Health Services) for review and comment before finalisation.

Strategic Projects

- The Surgical Access Team coordinated and facilitated a meeting of emergency department directors to address issues related to emergency bypass and access block.
- As part of the Southern Zone Bed Access Project (funded through the Emergency Services Strategy) a forum was conducted to address bed access issues prior to the winter months.
- The Surgical Access Team contributed to briefs to the General Manager, Health Services, identifying strategies for management of access block and ambulance bypass.

Emergency Department Nursing Education

- The implementation of the Transition Program continued in Logan, Hervey Bay, Maryborough, Redeliffe, Caboolture and Gladstone Hospitals.
- Implementation of the Queensland Health Emergency Nursing Transition Program has been formalised in 18 of the 20 target emergency departments.

Policy Development for Elective Surgery and Specialist Outpatient Services.

- The Surgical Access Team has progressed the development of statewide policies for elective surgery, emergency services and specialist outpatient services, an election commitment of the Government. The progress report was recently presented to the Medical Superintendents Advisory Committee, Specialist Outpatients Advisory Committee and the Elective Surgery Coordinators for consideration and input. The progress report and the ensuing discussions were met with enthusiasm from all representatives.
- A literature search has been undertaken with a compilation of policy, protocols and guidelines currently used interstate and internationally. The collection is for distribution to members of the Advisory groups for feedback and consensus re relevance and similarities to Qld Health policy needs.
- Site visits to hospitals throughout the state are presently being coordinated. The intention is to visit hospitals of varying size and service delivery demand in all zones and will identify requirements at all levels. It is intended to foster equity of contribution and ownership of the policies developed.

2. Elective Surgery

State-wide Purchasing and Standardisation of Surgical Prostheses

- The Surgical Access Team has prepared information packages, which include draft policies, process flowcharts and criteria for product inclusion into the Standing Offer Arrangements (SOA). These information packages have been prepared for the ophthalmology, vascular and cardiac specialties and have been sent to the relevant Clinical Advisory Panel members for comment.
- A further meeting for the Orthopaedics Panel was held in April. By request of the Orthopaedic Advisory Panel, a statewide survey regarding specialists' personal preferences for primary total hip and knee prostheses has been developed. This survey will be distributed when approved by the panel.
- All proposed Request for Offer (RFO) documents for prosthetic devices have been prepared and are ready for the marketplace. Minor adjustments to the clinical criteria will be made upon agreement by the various clinical advisory panels.

3. B enchmarking

Emergency Department Waiting Times

• Preliminary waiting time performance data indicates an improved performance in ATS Category 2, and a decline in performance in Categories 3, 4, and 5 in April 2002 compared to April 2001. No change was recorded in Category 1 between April 2002 and April 2001. Preliminary data shows an overall slight improvement in performance from the previous month.

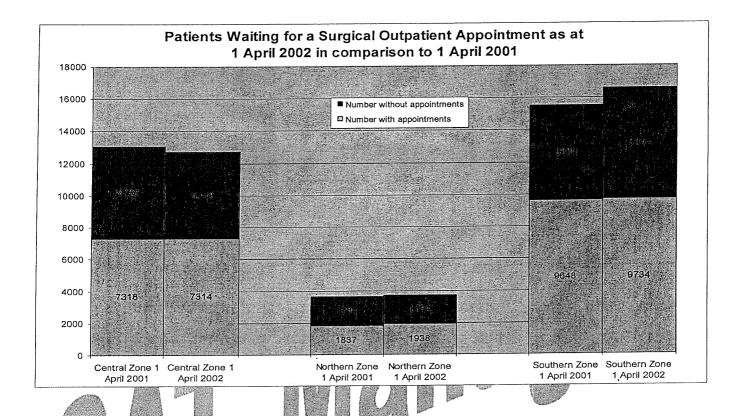
Percenta	ge of patients seen	within ACEM recor	nmended times -	
	April 2002 (preliminary)	March 2002	April 2001	Target ¹
NTS 1	99%	99%	99%	100%
NTS 2	71%	72%	70%	80%
NTS 3	59%	59%	60%	75%
NTS 4	59%	58%	65%	70%
NTS 5	81%	80%	87%	70%

Notes:

¹ Red indicates below target

Specialist Outpatient Services

Patients awaiting an initial surgical outpatient appointment, including those patients with an appointment and those without, are presented on a zonal basis, and compared to the same month of last year.



HEALTH SYSTEM DEVELOPMENT

1. Emergency Departments

Emergency Department Site Visits

As approved in the Emergency Services Strategy Plan of Action 2001-2002, a site visit was conducted in the emergency departments of Mt Isa and Rockhampton Hospitals.

- Mt Isa Hospital emergency department has continued to maintain above average performance in relation to achieving the statewide waiting time benchmarks.
 - Relatively low admission rates per triage category can be attributed to the a high indigenous population who often refuse admission to hospital.
 - An extremely supportive and positive working environment has contributed to the successes of the Mt Isa emergency department. The department is preparing a good news story for "Health Matters" outlining their successes resulting from the Emergency Services Strategy.
- While the **Rockhampton Hospital** emergency department has continued to perform well in triage categories 1 and 2, the percentage of patients waiting longer than recommended times in triage categories 3, 4 and 5 continues to be problematic.
 - The major cause of this problem is the lack of senior medical staff within the department. This has adversely affected the department's ability to attract training registrars. The Royal Brisbane Hospital has terminated its registrar rotation program with Rockhampton due to insufficient consultant cover in the department.

• The two (2) Royal Flying Doctor Service positions allocated to Rockhampton emergency department in 1999 have been greatly successful in reducing the time that senior staff spend outside of the department on retrievals/transfers. Both the District Manager and Director are very keen to see this arrangement continued on a permanent basis.

Emergency Department Information System (EDIS) Implementation

- The General Manager, Health Services approved an additional \$70,000 to support the implementation of the HASS Emergency Department Information System (EDIS) at the Gold Coast Hospital. These additional funds were provided to support the additional hardware requirements of the Gold Coast emergency department.
- The ICD-10-AM emergency department working group completed its work in developing a subset of diagnosis codes for Queensland public hospital emergency departments. The group sorted through over 17,000 ICD-10-AM diagnosis codes and reduced them down to the most commonly used in emergency departments (approximately 4,000 codes).
- This emergency department ICD-10-AM subset will be valuable in gaining better emergency department diagnosis data by providing medical staff with a less cumbersome tool for recording this data. This subset will be implemented across the State as part of the Oracle/SQL EDIS rollout.

Clinical Coordination

• The Surgical Access Team in collaboration with the 3 Principal Clinical Coordinators undertook a review the minimum data set for aero retrievals/clinical coordination as devised by the Aero-Medical Services Advisory Committee. A number of minor changes have been recommended to better reflect the needs of Queensland Health. This document will be forwarded to the General Manager, Health Services for approval

HOSPITAL SUPPORT AND LIAISON

1. Medical Superintendents Advisory Committee

- The Medical Superintendents Advisory Committee met on 12th April 2002. The major outcomes from this meeting included:
 - The Surgical Access Team tabled a report detailing Day Surgery (DS) and Day of Surgery Admission (DOSA) rates for elective admissions across some of the major elective surgery reporting hospitals. After some discussion, the Committee agreed that the report should include a measure of the average DS/DOSA rates by DRG across the State and across peer group hospitals. The Surgical Access Team advised the Committee that this information could be provided to the Committee upon request.
 - Dr Lennox, A/Principal Medical Adviser agreed to liaise with Jennifer Young, Coordinator for the AMC Projects, to explore avenues for Queensland Health to access funding to prepare/train Overseas Trained Doctors for the Clinical Examination.
 - Ms Dorothy Vicenzino, Coordinator, Integrated Risk Management, provided the Committee with an update on the Quality Improvement and Enhancement Program (QIEP) and provided an overview of the related integrated risk management strategies.
 - The Committee agreed that a small working party should meet prior to the May meeting to draft an *Issues Paper* to address the major items identified at the Combined Medical Superintendents/Elective Surgery Coordinators meeting held to March 2002.
 - The revised *Terms of Reference* for the Medical Superintendents Advisory Committee were endorsed by the Committee and will be forwarded to the General Manager, Health Services for approval.

2. Elective Surgery Coordinators

- The Elective Surgery Coordinators met on 19th April 2002. The major outcomes from this meeting included:
 - Following a request by the Elective Surgery Coordinators for information relating to the new Privacy Laws, the Surgical Access Team distributed a copy of the satellite broadcast entitled "Information Privacy Project" presented by Paul McCarthy. Mr McCarthy requested that the Elective Surgery Coordinators provide information on current policies/procedures in place for booking staff who are in contact with patients and their relatives.
 - Following discussions on workforce issues impacting on elective surgery activity, Ms Sue Norrie, Principal Nurse Adviser was contacted and has agreed to meet with the Elective Surgery Coordinators to provide an overview on outcomes from the Ministerial Taskforce in relation to workforce issues.

• A succession program for the Elective Surgery Coordinator positions is to be established at each site to ensure that adequately trained staff are available to relieve in these positions at all times.



ATTACHMENT 1 - Census Data by Category and Month

Reporting Cat		egory 1	Ca	Category 2		Category 3	
Date	Total	% 'long waits'	Total	% 'long waits'	Total	% 'long waits'	Total
1 Jul 1998	1,285	0.9%	9,243	10.6%	25,732	28.8%	36,260
1 Aug 1998	1,316	1.4%	9,511	11.2%	25,379	28.6%	36,206
1 Sept 1998	1,368	3.1%	9,621	14.1%	25,356	28.0%	36,345
1 Oct 1998	1,441	2.0%	9,960	14.7%	25,538	28.1%	36,939
1 Nov 1998	1,621	2.7%	10,109	15.8%	25,557	28.2%	37,287
1 Dec 1998	1,502	2.8%	10,119	16.6%	25,797	28.5%	37,418
1 Jan 1999	964	2.3%	10,244	18.4%	26,012	28.1%	37,220
1 Feb 1999	1,432	2.0%	10,462	19.4%	26,315	27.7%	38,209
1 Mar 1999	1,432	2.0%	10,337	18.4%	26,440	27.9%	38,209
1 Apr 1999	1,392	1.9%	9,953	15.9%	26,895	27.5%	38,240
1 May 1999	1,336	1.6%	10,275	14.7%	26,953	27.9%	38,564
1 Jun 1999	, 1,504	2.1%	9,922	12.3%	27,342	27.3%	38,768
1 Jul 1999	1,498	1.9%	9,780	8.6%	27,363	27.5%	38,641
1 Aug 1999	1,419	2.0%	9,929	10.6%	27,418	/27.7%/	38,766
1 Sep 1999	1,408	3.1%	9,870	11.4%	27,534	/ 27.9%	38,812
1 Oct 1999	1,468	2.9%	9,604	9.9%	27,520	28.6%	38,592
1 Nov 1999	1,445	3.5%	9,614	8.8%	27,621	28.7%	38,680
1 Dec 1999	1,439	2.4%	9,856	8.7%	27,905	29.6%	39,200
1 Jan 2000	1,165	4.0%	9,967	Common Committee Services Services	28,591	29.6%	39,723
1 Feb 2000	1,496	3.0%	10,141	11.1%	28,667	30.0%	40,304
1 Mar 2000	1,658	1.8%	9,904/	y 11.7%	28,939	30.2%	40,501
1 Apr 2000	1,721	2.0%	9,927	9,6%	28,719	30.7%	40,367
1 May 2000	1,680	2.9%	10,141	9.9%	28,740	31.5%	40,561
1 Jun 2000	1,857	2.4%	10,019	8.4%	28,680	32.0%	40,556
1 Jul 2000	1,838	2.7%	10,179	8.3%	28,593	32.4%	40,610
1 Aug 2000	1,971	4.6%	10,313	10.9%	28,479	32.7%	40,763
1 Sep 2000	1,838	4.5%	10,458	10.7%	27,822	33.0%	40,118
1 Oct 2000	1,749	4.7%	10,615	11.8%	27,650	33.7%	40,014
1 Nov 2000	2,037	3.4%	10,706	12.8%	27,296	34.5%	40,039
1 Dec 2000	1,858	3.9%	10,310	11.1%	27,206	34.7%	39,374
1 Jan 2001	1,522	4.6%	10,675	11.9%	27,291	35.4%	39,488
1 Feb 2001	1,803	3.9%	10,669	12.7%	27,289	35.7%	39,761
1 Mar 2001	1,810	3.4%	10,804	11.9%	26,914	36.3%	39,528
1 Apr 2001	1,833	4.5%	11,003	11.3%	26,847	36.9%	39,683
1 May 2001	1,928	6.2%	11,355	12.7%	26,716	37.5%	39,999
1 Jun 2001	1,907	5.1%	11,129	13.7%	26,611	37.7%	39,647
1 Jul 2001	2,023	4.5%	11,022	14.1%	26,258	38.3%	39,303
1 Aug 2001	2,037	5.1%	10,732	14.3%	25,728	38.0%	38,497
1 Sep 2001	2,017	6.0%	10,762	14.1%	26,028	37.5%	38,807
1 Oct 2001	1,979	4.5%	10,783	12.6%	-25,593	37.2%	38,355
1 Nov 2001	2,136	3.8%	10,842	11.6%	25,379	37.4%	38,357
1 Dec 2001	2,080	4.0%	10,883	12.6%	25,194	37.4%	38,157
1 Jan 2002	1,557	4.4%	10,961	13.2%	25,106	37.9%	37,624
1 Feb 2002	1,785	3.7%	11,065	13.5%	24,951	38.3%	37,801
1 Mar 2002	1,938	2.6%	11,096	14.4%	24,461	38.2%	37,495
1 Apr 2002	2,151	3.3%	11,343	13.5%	24,179	38.8%	37,673
1 May 2002	2,229	2.8%	11,551	11.1%	23,718	38.3%	37,498

Note: Noosa Hospital reported separately from 1 March 2000 and Robina Hospital reported separately from 1 May 2000.