QUEENSLAND HEALTH

Waiting List Reduction Strategy

Report from the
SURGICAL ACCESS TEAM
for the month of

August 1999

PROJECT MANAGEMENT

Consultation

- Site visits have commenced to Districts that have received Surgical Incentives Funds in 1999/2000. The sites visited include: Cairns, Townsville, Mackay and Royal Brisbane Hospitals. Discussions have also been held with the District Managers from Gold Coast and Princess Alexandra Hospitals. The purpose of the visits and discussions is to outline with District Managers the Business Rules for Elective Surgery in 1999/2000. The coordination of visits with the Zonal Managers has resulted in delays to some visits.

- Meetings were held with the Zonal Managers in August to discuss issues related to the *Waiting List Reduction Strategy* for each of the zones. As a result, 7 copies of the *Snapshot Report* have been prepared to include distribution to Zonal Managers.

- A dinner meeting, hosted by the Director-General, was held on the 27 August 1999 at the Speakers Dining Room, Parliament House. The Minister for Health, the General Manager, Health Services and the Principal Medical Advisor attended together with representatives from the following medical colleges:
  - ➢ Royal Australian and New Zealand College of Psychiatrists
  - ➢ Royal Australasian College of Physicians
  - ➢ Royal Australian and New Zealand College of Radiology
  - ➢ Royal College of Pathologists of Australia.

- Several relevant issues were discussed including training and recruitment of overseas medical officers, retention of staff in rural areas and the support of training positions.

- A dinner meeting is planned with representatives from the surgical colleges and associations related to the *Waiting List Reduction Strategy* on 9 September 1999.

- A meeting was held with the General Manager, Health Services regarding the continuing implementation of the *Waiting List Reduction Strategy*. A plan was been prepared and the General Manager requested a single page outlining the deliverables of the Team (see Attachment 1). This was prepared and the plan was approved on 7 September 1999.

Communications

- The Surgical Access Team prepared draft press releases regarding funding of emergency nursing positions, improvements to Mt Isa Hospital Emergency Department and the provision of ophthalmology services at Rockhampton Hospital.

- The format for an emergency department performance report is being finalised. The report will be distributed in September to the 20 hospitals participating in the emergency department benchmarking process.

FUNDING & INCENTIVES

Elective Surgery Funding

- The Data Services Unit has advised that the problems being encountered with the HQI extract from the elective surgery reporting hospitals have been addressed. An extract patch tape was distributed on 31 August 1999. The complete data for 98/99 will be re-extracted and will be available in September. This will enable elective surgery activity actuals for 98/99 to be finalised.

Emergency Services

- $5.0 million in funding has been provided in 1999/2000 to improve waiting times and access block as part of the Emergency Services Strategy. A total of $3,787,000 has been allocated on a recurrent basis consisting of $2,854,800 for emergency medicine specialist positions, $592,000 for additional nursing staff positions and $340,000 to support the Royal Flying Doctor Service (RFDS) in Rockhampton. The remaining funding available for new programs to improve waiting times and access block in 1999/2000 is $1,213,000.

- In August, the General Manager, Health Services, approved the allocation of $1.006M (non-recurrent) from the Emergency Services Fund.

- $525,000 was approved to support service delivery improvement initiatives in 1999/2000. This allocation incorporates three main programs.
    - $150,000 has been allocated to support the Toowoomba Hospital/University of Southern Queensland Bed Management Simulation Project that was held-over from 1998/1999.
    - Following resolution of issues related to the Radioactive Substances Act 1958 by the Chief Health Officer, the nurse-initiated x-ray program trialled at Mackay Hospital will be progressed. This will allow the establishment of a competency-based training porgram and the subsequent implementation of the service at other sites in Queensland. $125,000 has been allocated for this program.
    - A further $250,000 has been allocated for local initiatives. Submissions for projects have been sought from hospitals with preference given to proposals that address emergency department waiting times and access block and support the establishment of quantifiable, sustainable and cost-efficient improvements in service provision.

- Site visits conducted by Surgical Access Team members to emergency departments throughout the state in 1998/99 identified a number of sites with urgent need of equipment purchase or upgrading. An allocation of $200,000 for 1999/2000 was approved for equipment upgrades in emergency departments.

- The continued success of the benchmarking process is reliant upon the exchange of performance data and information regarding service improvement initiatives. The proposed allocation of $65,000 will allow for sites visits to participating hospitals and two Brisbane-based workshops to be conducted.

- The approved allocation for information system enhancements is $216,000. This will allow for implementation of the ODBC interface at sites with the HBCIS-EMG system. Enhancements to the HASS-EDIS and HBCIS-EMG system reports will be undertaken. The benchmarking of outcomes for sentinel diagnosis will also be developed, an initiative strongly supported by clinical staff. The allocation of funding for 1999/2000 includes the development of an on-going management plan for administration of the HASS-EDIS and HBCIS-EMG systems including the development of standardised data sets for emergency.

INFORMATION MANAGEMENT

- The Elective Surgery database utilised for the collection of waiting list census and throughput data has failed Year 2000 testing. Advice received from the Y2K team is that the existing database, which has been designed in Microsoft Access, is too large for this application and will need to be redeveloped in a more robust product. Members of the Surgical Access Team have begun working with staff from the Information Services area and Oracle to develop a new database. Existing waiting list information will be transferred onto the new database.

- Members of the Surgical Access Team continued to liase with staff from the Nambour and Noosa Hospitals in relation to provision of waiting list information. The outcome of discussions has resulted in the ability to provide either a combined District-wide waiting list report or individual hospital report.

- Members of the Surgical Access Team were invited to participate in a meeting at Logan Hospital to discuss information reporting requirements and data quality issues. Advice was provided in relation to elective surgery, specialist outpatients, emergency medicine and operating room utilisation. Logan hospital has requested that the Surgical Access Team participate in future meetings to provide a corporate perspective and enhance communications in relation to reporting requirements.

Performance Reporting

- The total number of patients on the waiting lists of the 33 hospitals increased slightly to 38,812 at 1 September 1999 (Table 1). The number of 'long wait' Category 2s increased by 70 from 1 August to 1 September 1999. The number of 'long wait' Category 3s increased by 85 from 1 August to 1 September 1999.

Date	Category 1		Category 2		Category 3		Total
	Total	% 'long wait'	Total	% 'long wait'	Total	% 'long wait'	
1 Apr 98	1265	0.9%	10653	28.7%	25329	30.4%	37247
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
1 Jun 99	1504	2.1%	9922	12.3%	27342	27.3%	38768
1 Jul 99	1498	1.9%	9780	8.6%	27363	27.5%	38641
1 Aug 99	1419	2.0%	9929	10.6%	27418	27.7%	38766
1 Sep 99	1408	3.1%	9870	11.4%	27534	27.9%	38812

Table 1: Patients waiting longer than recommended times for surgery.

Category 1

- At 1 September 1999, the proportion of Category 1 patients waiting longer than 30 days for surgery was 3.1% (cf. 2.0% at 1 August 1999). Three hospitals reported more than 5% - QEII Hospital (38.5% or 15 of 39 Category 1 patients), Mater Children's Hospital (11.1% or 1 of 9 patients) and Gladstone Hospital (10.0% or 1 of 10 patients).

Category 2

- At 1 September 1999, the proportion of Category 2 patients waiting longer than 90 days for surgery was 11.4% (cf. 10.6% at 1 August 1999). Princess Alexandra hospital reported the largest increase in the number of 'long wait' Category 2 patients (82), consequently the proportion of 'long wait' patients increased to 17.0% (cf. 11.2% at 1 August 1999).

Category 3

- At 1 September 1999, the proportion of Category 3 patients waiting longer than 1 year for surgery was 27.9% (cf. 27.7% at 1 August 1999).

Throughput

- Total number of elective admissions in August 1999 was 10,449 an increase (206) from the 10,243 admissions reported for July 1999. There were 472 more admissions in August 1999 compared to August 1998 (9,977).

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.

WORKFORCE STRATEGIES

- The VMO agreement is currently being reviewed to identify issues related to the *Waiting List Reduction Strategy* including the impact on out-of-hours surgery sessions and recruitment issues.

CLINICAL BEST PRACTICE

Specialist Outpatient Services

- The Outpatient Clinical Best Practice Working Party met on 17 August 1999. The preliminary collection of clinic utilisation data was discussed. There was concern regarding the validity of comparisons given the variation in patient conditions that may be seen at clinics with similar titles at different hospitals. Some sites were also currently reviewing their clinic timetables with significant changes expected. A further collection of data was proposed to attempt to identify the type of patient case-load seen at a particular clinic.

- Improved reporting from HBCIS-OPD scheduling module was also discussed. A three-stage enhancement process was proposed.
  - Stage 1: Development of reports utilising existing fields and data sets to better meet corporate requirements.
  - Stage 2: Development of additional reference files and standardisation of reference files.
  - Stage 3: Introduction of additional fields (ie date referral received) and associated reports.

- This process will be progressed by the Surgical Access Team in conjunction with Corporate Information Services Unit. The feasibility of the proposed exchanges will be dependent on the associated costs and the Corporate agenda with respect to HBCIS-Appointment Scheduling, OSIM, and ASIM.

Emergency Medicine

- Submissions have been requested from Districts to undertake service enhancement projects in emergency departments. The objectives and expected outcomes of the Emergency Department Service Enhancement Projects are outlined below:

  - Objectives:
    - To facilitate the development of service delivery processes that overcome barriers to the efficient delivery of emergency department services
    - To improve the efficiency with which available resources are utilised
    - To support sustainable long-term changes to clinical and administrative practices in relation to emergency department services.

  - Expected outcomes:
    - Reduction in emergency department waiting times
    - Reduction in delays prior to patient admission or transfer (access block)
    - Sustainable improvements following completion of the initial funding period.

- It is anticipated that projects will be completed before 31 May 2000 to enable evaluation prior to the allocation of Emergency Services Strategy funding for 2000-2001.

- The Emergency Department Performance Report for the June 1999 quarter will be distributed in September to hospitals participating in the benchmarking program .

Clinical Advisory Committee

- The Clinical Advisory Committee did not meet in August.

HEALTH SYSTEM DEVELOPMENT

Information Systems

- The EDIS / HBCIS interface Y2K compliance testing is continuing.

- The Surgical Access Team met with ICD-10-AM Emergency Department Subset Advisory Committee to develop a relevant set of codes for use in Queensland Emergency Departments. Adrian Horth, Queensland Injury Surveillance Unit, supplied copies of the various subsets used by each state, along with the current EDIS subset. Significant variation exists between the states in both the quantity and range of codes utilised. The validity of some of the current codes used in Queensland was also seen as an issue. The Surgical Access Team is coordinating the collection and review of codes used by Queensland emergency departments during the previous 12 months. A working party has been formed to review develop a "descriptive" sub-set of ICD-10-AM codes for use in Queensland Emergency Departments. These subsets will then be distributed to all sites for comment.

- The installation of the HASS-EDIS system at Caboolture Hospital has provided the opportunity to compare the data quality between the EDIS and EMG systems. An examination of the completeness of data entry will be undertaken.

Benchmarking

Emergency Departments

- Data collected from the 20 reporting hospitals during August 1999 reveals no significant change in waiting times from that reported in July 1999 (Figure 1).
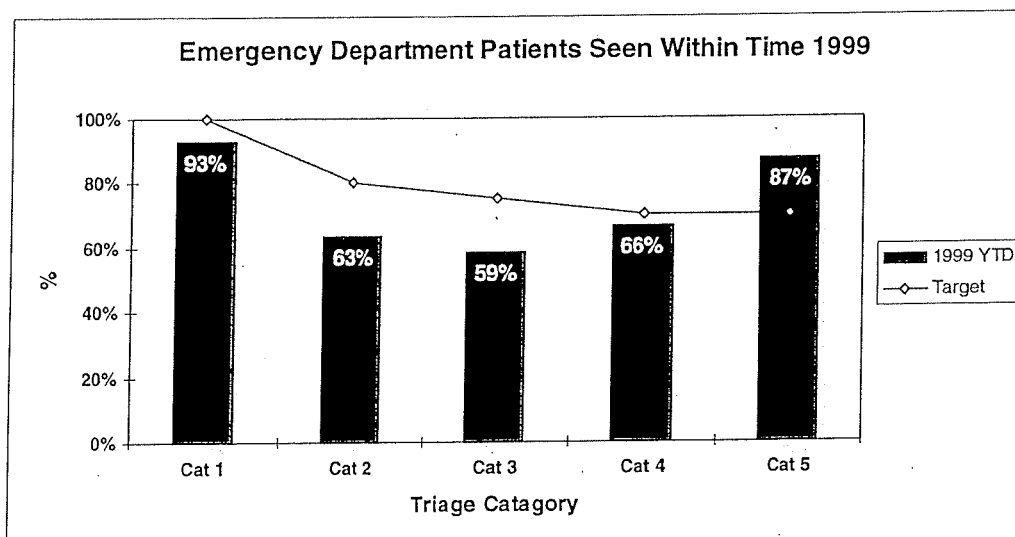

Figure 1: Emergency Department patients seen within recommended times.

- The Surgical Access Team has initiated the collection of access block data from the 20 participating hospitals. Two measures of access block are being collected to allow comparison with other States. Firstly the total time in the emergency department from presentation to admission/transfer is being measured and secondly the time from being seen by a doctor to admission/transfer.

- The cumulative proportion of patients waiting given times from presentation and from time seen by doctor until admission/transfer (Access block) for July 1999 is presented in Table 2.

Waiting time	<1hr	<2hr	<3hr	<4hr	<5hr	<6hr	<7hr	<8hr	<9hr	<10hr	<11hr	<12hr	>12hr
Presentation to admit/transfer	22%	49%	69%	81%	89%	93%	96%	97%	98%	99%	99%	99%	100%
'Seen by doctor' to admit/transfer	11%	32%	53%	70%	81%	89%	92%	95%	97%	97%	98%	98%	100%

Table 2: Access block data July 1999.

- Comparative data from New South Wales and Victoria is provided in Table 3.

	Proportion of patients admitted/transferred within 8 hours of being seen by a doctor	Proportion of patients admitted/transferred within 12 hours of presentation
Qld July 99	95%	99.16%
NSW June 99	78%	----
Victoria Dec 98	----	98.83%

Table 3: Comparative access block data.

Specialist Outpatient Services

- As at 1 August 1999, a total of 46,365 people were waiting to see a specialist in an outpatient department (Table 4).
- Of these patients, approximately 36,387 had a formal appointment to see a specialist, the remaining 9,978 had not yet been designated an appointment time.
- It is estimated that some 28,022 patients were waiting for a surgical appointment of which 21,043 had an appointment and 6,979 did not.

	1 July 1999			1 August 1999		
	With Appointment	Without Appointment	Total	With Appointment	Without Appointment	Total
Surgical	21,777	6,948	28,725	21,043	6,979	28,022
Medical	7,981	1,294	9,275	8,690	1,357	10,047
Obstetrics/Gynaecology	5,504	314	5,818	4,313	444	4,757
Paediatric	2,156	1,238	3,394	2,319	1,174	3,493
Psychiatric	15	0	15	22	24	46
Total	37,433	9,794	47,227	36,387	9,978	46,365

Table 4: Specialist Outpatient Clinic Waiting Lists

- At 1 August, large numbers of patients, both with and without appointments, were waiting in the following specialties:
  - Orthopaedics: 9,440
  - General Surgery 5,483
  - ENT 5,420
  - Ophthalmology 3,665
  - Gynaecology 3,524

H⊕SPITAL SUPPORT AND LIAISON

Medical Superintendents Advisory Committee Meeting August 1999

- The medical superintendents discussed the new zonal arrangements within Queensland Health. Members requested clarification regarding the role of the Surgical Access Team within the new structure.

- Ms Vicenzino advised the Committee that the Surgical Access Team would continue to function in terms of managing statewide initiatives with a primary focus on elective surgery. However the Surgical Access Team will be consulting and liaising closely with zonal units in relation to determining elective surgery targets.

- The Committee was advised that Zonal Mangers are aware of the positive results achieved in elective surgery in 98/99 including 8.3% "Long Wait" Category 2 patients across the state as at 1 July 1999 and an increase in elective surgery throughput of approximately 3820 admissions compared to 97/98. It was suggested that a considerable risk would be placed on Zonal Units to maintain the positive results achieved in elective surgery if the initiative did not maintain a statewide approach.

Elective Surgery Coordinators (ESCs)

- The next meeting of the ESCs is scheduled for 13 October 1999. It is planned at this stage to invite Elective Surgery Liaison Officers from the remaining elective surgery reporting hospitals. This forum will provide an opportunity to outline key components of the *Waiting List Reduction Strategy* for 99/2000 and individual responsibilities for those attending. Additionally new staff in the role will be given an opportunity to meet members of the Surgical Access Team and their Elective Surgery Coordinator "buddy" thus maintaining links to the Corporate Office.

ORMIS SUPPORT and THEATRE UTILISATION

System Management and Y2K

- Y2K testing of ORMIS Version 5.03.002 and associated interface applications will be successfully completed by 9 September 1999 for the following dates:

9 September 1999
1 January 2000
1 March 2000
1 January 2001
1 March 2001
1 March 2004

- The quality assurance review will be undertaken on 10 September 1999

Corporate Reporting

- The following projects that have been initiated to progress Corporate reporting on Theatre Utilisation:

PROJECT	OUTCOMES
1. Standardisation of key code sets	**FINALISED** – This project was completed for implementation at all ORMIS and TMS sites as at 1 July 1999.
2. The development of a standard suite of reports	**ONGOING** – A review of the long term strategic direction of Corporate Reporting from the Surgical Access Team has resulted in the delivery of Corporate reporting being included in this direction. As an interim arrangement ORMIS sites are being consulted for the purposes of providing raw numbers from the system. Reporting from TMS has been deferred until the conclusion of the long term strategic direction of the Team.
3. The clarification and reinforcement of business rules	**FINALISED** – This project was completed for implementation at all ORMIS and TMS sites as at 1 July 1999. An ongoing review of the impact for sites is planned via the Combined ORMIS/TMS/OTHER Group, which meets monthly.