Queensland Government

Queensland **Health**

Waiting List

Reduction

Strategy

Report from the
SURGICAL ACCESS TEAM
for the month of

August 2000

Distribution: Director-General
Minister for Health

PROJECT MANAGEMENT

Communications

- The Medical Superintendent's Advisory Committee met on 11 August 2000.

- The Clinical Advisory Committee met on the 8 August 2000.

- The Elective Surgery Coordinators met on the 18 August 2000

- The ORMIS Strategic Management Group met on the 23 August 2000

Consultation

- Members of the Surgical Access Team and Business Application Services met with representatives from iSoft to review the Appointment Scheduling specification document prepared in August.

- The Surgical Access Team signed off on the EDIS System Management Manual, this was developed by Business Application Services in consultation with the Surgical Access Team.

- Extensive consultation occurred between The Surgical Access Team and the Zonal Management Units in finalising elective surgery targets and funding for 2000/2001. The three Zonal Managers have endorsed the elective surgery funding model proposed by the Surgical Access Team.

- Members of the Surgical Access Team met with staff from the Redland Hospital emergency department to review the implementation of the HBCIS Emergency Module (EMG) and provide background to the Emergency Services Strategy.

FUNDING & INCENTIVES

- Following the identification of a possible over commitment of funding in the 2000/01 financial year, the Procurement Council has endorsed a strategy to allocate elective surgery funding. Both the Southern and Northern Zones will receive a full allocation as committed to in the 1999/2000 financial year. The Central Zone will make allocations of remaining funds as deemed appropriate by the Zonal Management team based on recommendations endorsed by the Procurement Council.

- Negotiations concerning elective surgery targets and associated funding for the 2000/01 financial year are continuing with zonal representatives. It is envisaged that elective surgery allocations will be made during September 2000, following endorsement by the General Manager, Health Services.

- The following funding allocations were approved during the month of August 2000.

  - Critical Care Nurse Educator – Mt Isa Hospital $70,000
  - Specialist Outpatient Clinic Review – Townsville General Hospital $9,725
  - Chemical, Biological and Radiation awareness training - $20,000

INFORMATION MANAGEMENT

Information and Systems

- An example of the type of information that will be available to reporting hospitals when the ODBC database is functioning was presented to the Elective Surgery Coordinators. The Coordinators eagerly await implementation of the database and required training.

- The EAM/QHAPDC working party made further progress towards the next implementation of HBCIS. The Data Services Unit is providing their expertise and advice concerning the current validations in QHAPDC. The working party members were satisfied that the recommended changes will make EAM easier to use in 2001.

- Dalby and Warwick successfully sent an EAM Waiting List Report via UNIX. These two hospitals have recently had EAM installed and it is expected that they will commence monthly reporting by the end of this year.

- A site visit of the Redlands Hospital Emergency Department was undertaken to review the implementation of the emergency module of HBCIS. It was identified that two ad hoc reports (previously provided to other emergency departments using the EMG module) will need to be included in the Redlands implementation to meet corporate reporting requirements. The Surgical Access Team will coordinate the required work in conjunction with information services staff at the Princess Alexandra hospital.

PERFORMANCE REPORTING

Waiting list

- The **total number** of patients on the waiting lists of the reporting hospitals decreased from 40,763 at 1 August 2000 to 40,118 at 1 September 2000 (-645 patients).

Reporting Date	Category 1		Category 2		Category 3		Total
	Total	% 'long waits'	Total	% 'long waits'	Total	% 'long waits'	
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	1,502	2.1%	9,931	12.3%	27,392	27.3%	38,830
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	9.9%	28,591	29.6%	39,723
1 Feb 2000	1,512	3.1%	10,287	11.0%	28,768	29.9%	40,567
1 Mar 2000	1,658	1.8%	9,904	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	8.5%	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

Note: Noosa Hospital reported separately from 1 December 1999 and Robina Hospital reported separately from 1 May 2000.

Category 1

- As at 1 September 2000, the number of **'long wait'** Category 1 patients decreased from 91 cases (4.6%) last month to 82 (**4.5%**).

- A total of 6 hospitals reported a 'long wait' in excess of 5%:

Hospital	Category 1	
	Percent 'long waits'	Number of 'long waits'
Gladstone Hospital	20.0%	1
Gold Coast Hospital	10.0%	19
Nambour Hospital	8.0%	11
Redland Hospital	17.6%	3
Robina Hospital	16.7%	2
Townsville General	14.0%	17

Category 2

- The number of **'long wait'** Category 2 patients decreased from 1,125 (10.9%) to 1,118 (**10.7%**) [7 cases] as at 1 September 2000. This compares with 1,123 (11.4%) 'long wait' Category 2 patients at 1 September 1999.

- A total of 10 facilities reported a 'long wait' in excess of the 5% benchmark.

Hospital	Category 2	
	Percent 'long waits'	Number of 'long waits'
Gold Coast	11.7%	95
Mackay	12.8%	28
Nambour	18.1%	142
Noosa	10.6%	20
Princess Alexandra	14.7%	165
Robina	7.9%	22
Rockhamtpon	13.5%	27
Royal Brisbane	22.7%	333
Toowoomba Base	24.1%	113
Townsville General	12.3%	79

- The Royal Brisbane Hospital reported the largest number of 'long wait' Category 2 patients (333 cases – 22.7%). Note that the Royal Brisbane and the Royal Women's Hospitals are reporting as one facility as of 1 August 2000.

- The largest increases in the number of 'long wait' Category 2 patients was reported by The Royal Brisbane (66). The Gold Coast Hospital reported a decrease of 40 'long wait' Category 2 patients.

Category 3

- At 1 September 2000, the proportion of Category 3 patients waiting longer than one year for surgery was **33.0%** (9,187 patients).

Throughput

- Overall **elective surgery throughput** (Category 1, 2 and 3) as reported through the Elective Admissions Module has increased from 8,746 elective surgery admissions in July 2000 to 10,721 in August 2000 (cf. 10,449 in August 1999).

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

CLINICAL BEST PRACTICE

Emergency Department Service Enhancement Projects

- Toowoomba Health Service District has submitted their final report. Voice recognition computer software has been introduced and is currently being used by medical officers within the emergency department to produce reports, general correspondence and memorandums. It is envisaged that the system will be progressively introduced into work practices to include computer generated patient record documentation. Through this initiative, work practices by the department's administration coordinator now include auditing of data input into the Emergency Department Information System (EDIS).

- Queen Elizabeth II Jubilee Hospital has completed the development of administrative coding practices within the emergency department. The result has been that the waiting time data and coding data is timely and accurate. An ongoing audit review has been established. The review of the triage model including staffing, training and triage protocols is underway and expected to be completed at the end of August 2000.

- Mt Isa District Health Service's project is underway with the appointment of the project officer on 26 June 2000. Issues that will be addressed include high staff turnover, widely varying degrees of baseline emergency skills amongst new nursing staff and lack of regular and accessible in-service educational opportunities.

The **Clinical Advisory Committee** met on 8 August 2000.

- Format for presentation of data depicting Day of Surgery Admission Rates, Day Surgery patients and admissions day prior to surgery date is under review. It is envisaged that this information will reflect on how efficient the processes in place manage the elective surgery patient.

- Access Block has been identified as a complex problem occurring within Emergency Departments. A request has been made for data to be presented identifying waiting times from arrival to placement in ward/unit and time seen by doctor to placement in ward/unit.

- Christine McAuliffe presented a framework to develop Models of Care to actively manage patients waiting for specialist outpatient appointments and patients placed on waiting list for surgery. The two clinical patient areas identified in the discussion paper were major joint disease and minor surgical procedures. The potential outcomes once the models of care are established would be improved communication between districts and general practice and the establishment of a collaborative approach in management of the health needs of the community.

- Following discussion, the Clinical Advisory Committee agreed to hold meetings on a bi-monthly basis.

BENCHMARKING

Emergency Medicine Waiting Times

- Preliminary waiting time performance data indicates an improvement in all NTS categories except category 5 (2% increase) in August 2000 compared to August 1999. Performance is consistent with previous month.

	August 2000 (preliminary)	July 2000	August 1999	Target
NTS 1	97%	98%	90%	100%
NTS 2	71%	74%	60%	80%
NTS 3	62%	63%	55%	75%
NTS 4	65%	68%	62%	70%
NTS 5	87%	89%	89%	70%

## Specialist Outpatient Services

- As at 1 August 2000, a total of 51,192 people were awaiting their initial outpatient appointment.

- Of these patients, approximately 37,069 had a formal appointment to see a specialist, the remaining 15,188 had not yet been designated an appointment time.

- It is estimated that some 31,545 patients were waiting for a surgical appointment of which 20,289 had an appointment and 11,256 did not.

	1 August 2000		
	With Appointment	Without Appointment	Total
Surgical	20,289	11,256	31,545
Medical	7,982	1,692	9,674
Obstetrics/Gynaecology	6,352	703	7,055
Paediatric	2,417	1,537	3,954
Psychiatric	29	0	29
Total	37,069	15,188	52,257

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

Orthopaedics:	9,255
General Surgery	6,462
ENT	5,266
Gynecology	4,861
Ophthalmology	4,060

- The number of patients awaiting an initial surgical outpatient appointment as at 1 August 2000 has risen compared to 1 July 2000. The increase was in the number of patients without appointments.

Patients awaiting initial surgical outpatient appointment
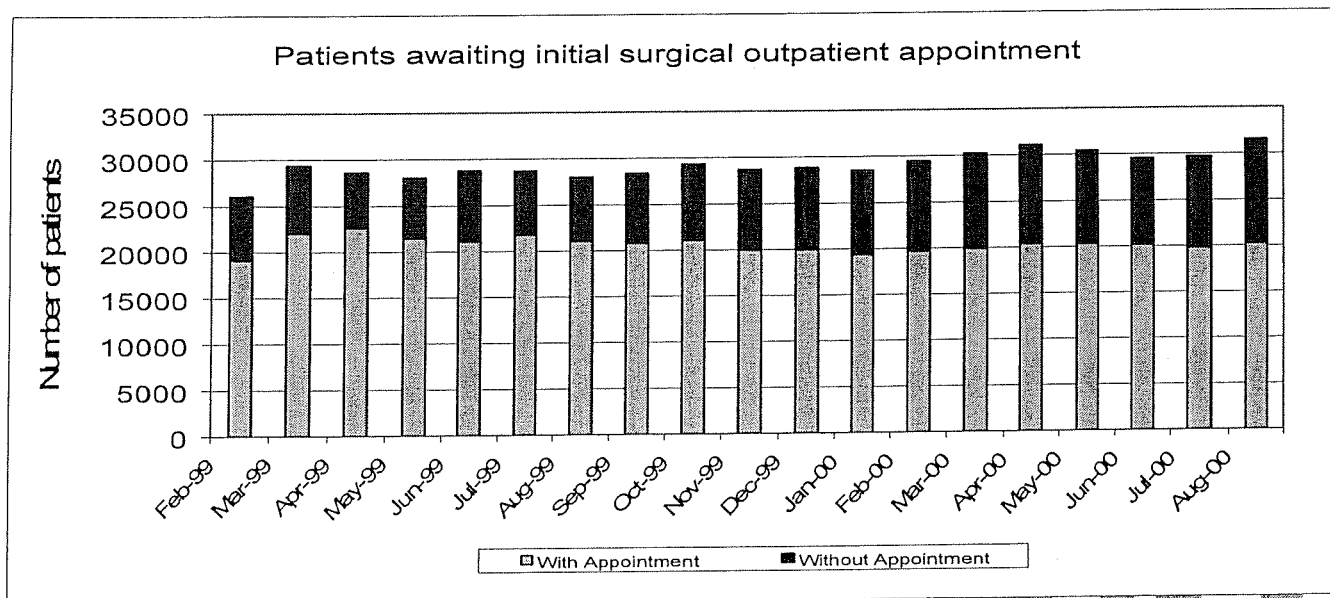
HEALTH SYSTEM DEVELOPMENT

Database Development

- The final phase of the EAM/EMG data warehouse project was initiated in August. As part of this phase of the project, the Surgical Access Team contacted all IMSU Managers across the State to gain their approval to get access to the HBCIS Sun boxes. SQL queries are currently being written which will extract the required EAM and EMG data fields from the HBCIS Sun boxes and populate the Oracle Database, located at CITEC, through an automated File Transfer Process (FTP). This process is estimated to take approximately 3 weeks. Once this process is complete, the data from the warehouse will need to be tested. It is envisaged that the project will be completed by the end of October 2000.

- The Surgical Access Team, in consultation with Business Application Services (BAS), began developing a Systems Management Manual for the EAM/EMG data warehouse. This manual will outline responsibilities in relation to user training, systems maintenance and management of ongoing data integrity issues. This manual will be completed by the end of October 2000.

HASS EDIS

- The Surgical Access Team signed off on the EDIS System Management Manual. This manual, developed by Business Application Services in consultation with the Surgical Access Team outlines the resources, procedures and responsibilities required to ensure the smooth operation, maintenance, support, growth and future direction of the EDIS System.

- The EDIS test-bed was installed into corporate office in August. This test-bed facility will allow for a more timely rollout of future enhancements and modifications to the EDIS system.

HBCIS Appointment Scheduling

- Members of the Surgical Access Team and Business Application Services met with representatives from iSoft to review the Appointment Scheduling specification document prepared in August. While the outcomes of this day were positive, there has been a significant increase in the scope of the enhancements. A revised specification was provided by iSoft in late August. This document has been distributed to Appointment Scheduling users for their input.

HBCIS Emergency Department Module (EMG)

- Members of the Surgical Access Team met with staff from the Redland Hospital emergency department, following their implementation of the HBCIS emergency department module in August. The Surgical Access Team provided the staff with an overview of the Emergency Services Strategy and the state-wide benchmarking program, currently operating within the top twenty emergency departments in Queensland. While the outcomes of this meeting were very positive, staff at the Redland Hospital are keen to escalate their case for being upgraded from a level 3 to a level 4 emergency department. The Surgical Access Team are following this up in consultation with the Clinical Strategy Team.

- The Surgical Access Team is managing further implementations of the HBCIS Emergency Department Module into Wynnum and Gympie Hospitals. These implementations are scheduled to take place throughout September 2000.

HOSPITAL SUPPORT AND LIAISON

Medical Superintendents Advisory Committee

The **Medical Superintendents Advisory Committee** met on 11 August 2000.

- The Surgical Access Team provided the Medical Superintendents with an overview of the Emergency Services Strategy. A report detailing the proportion of patients seen within recommended time was tabled at the meeting. Following lengthy discussions on the data presented, the Medical Superintendents requested that further data be tabled identifying admission rates and access block data.

Elective Surgery Coordinators Committee

The **Elective Surgery Coordinators** met on 18 August 2000.

- A review of the *Elective Surgery Waiting List Information Pamphlet* was undertaken at this meeting. Similarly, the Elective Surgery Coordinators reviewed the content of *Guidelines for Management of Waiting List*. The required amendments to these documents will be forthcoming.

- The Elective Surgery Coordinators identified the need for the development of a statewide policy on the management of cancellations. A draft policy is being developed by a small sub-committee and will be tabled at the next Elective Surgery Coordinators Meeting.

- A draft copy of the *Surgical Services Profile* was tabled at this meeting and issues were raised to ensure that accurate and appropriate data is captured on this profile. This profile will be finalised at the next meeting of the Elective Surgery Coordinators.

- The professional and functional responsibilities of the Elective Surgery Coordinators were discussed at this meeting. A document is being developed detailing the core responsibilities of these positions. Furthermore, the ESC's have begun developing guidelines that identify the appropriate EAM reports required to effectively manage elective surgery waiting lists. The formulation of these documents will provide a solid base for the future training and development of Elective Surgery Coordinators and Elective Surgery Liaison Officers throughout the State.

ORMIS SUPPORT

System Management

- The final phases of the prosthetic cost capturing and reporting project currently being trialed through the Townsville General Hospital began throughout August. Business Application Services in conjunction with the Surgical Access Team has developed an Access database that will assist in the reporting of prosthetic costs. The Surgical Access Team has requested that a detailed project report be delivered by the end of October. The project is due to be completed by 4 October 2000.

- The specifications for "Existing Report Enhancements" were finalised with HASS in August. These enhancements will be included in the 1 December Version 4.1 ORMIS rollout.

- The ongoing development of documentation to support the ORMIS System Management Plan was conducted throughout August. The ORMIS System Management Plan will be finalised in September.

- Negotiations continued with HASS in relation to the feasibility of shifting the HAS products, namely ORMIS and EDIS into an Oracle platform. Infrastructure Services are supportive of this initiative, however, both the ORMIS Strategic Management Group and the ORMIS State User Group have identified the lack of appropriate Oracle skills and resources available within Queensland Health as a major project risk.

- Members of both the ORMIS Strategic Management Group and the ORMIS State User Group attended the ORMIS National User Group forum held in Sydney in August. The Surgical Access Team has requested a detailed report of the outcomes of this forum.