



# Waiting List Reduction Strategy

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

**December 1999**

**Distribution:** Director-General  
Minister for Health  
General Manager (Health Services)  
Deputy Director-General (Policy and Outcomes)

# PROJECT MANAGEMENT

## Communications

- The Surgical Access Team was represented in a site visit to Bundaberg along with Central Zonal Management to address issues pertaining to Elective Surgery within the District. Specific issues addressed included the allocation of additional Surgical Incentive Funding for the employment of an orthopaedic surgeon within the District, revised District targets and the Elective Surgery Business Rules for 1999/2000.
- The Surgical Access Team conducted site visits to Royal Women's, Redlands, Mackay and Townsville Hospitals in relation to theatre utilisation reporting and elective surgery throughput reporting. A further visit was had to Cairns Hospital to review their elective surgery performance and to discuss the additional funding requirements associated with the provision of their ENT service.

## FUNDING & INCENTIVES

### Surgical Incentive Fund Payments

- The General Manager, Health Services approved submissions outlining the recommended payments for the 1st Quarter Surgical Incentive Funding in December 1999. Surgical Incentive Funds are allocated quarterly to Districts on a retrospective basis for work performed as reported in the monthly-snapshot provided to the Finance Unit by the Districts. Allocated funds will be adjusted quarterly for actual activity achieved as reported by the Queensland Hospital Admitted Patient Data Collection, when this data is received.
- The total Surgical Incentive Funding approved for payment for activity reported via the Monthly District Snapshot for the 1<sup>st</sup> quarter 1999/2000 is **\$3,267,797** and includes the following hospitals:

Hospital	\$	Hospital	\$
Gold Coast	\$169,442	Redcliffe/Caboolture	\$541,147
Logan	\$120,933	Rockhampton	\$23,952
Princess Alexandra	\$812,823	Toowoomba	\$35,885
QEII	\$436,862	West Moreton	\$98,851
Townsville/Kirwan	\$719,088	Nambour/Caloundra	\$60,030
Cairns	\$150,092	Gympie	\$33,491
Mackay	\$65,201	<b>Total</b>	<b>\$3,267,797</b>

Table 1

- Three (3) hospitals reported that they did not achieve their base elective surgery target for the 1<sup>st</sup> quarter of the 1999/2000 financial year and therefore were not eligible for Surgical Incentive Funding. These hospital's include:

Bundaberg Hospital	The Prince Charles Hospital
Royal Children's Hospital	

Table 2

- The Surgical Access Team will closely monitor the performance of these hospital over the coming months to ensure that they achieve their surgical targets in 1999/2000.
- In applying the funding adjustment rule for 'long wait' patients in the 1<sup>st</sup> quarter 1999/2000, adjustments totaling \$213,135 would be made and would affect the following hospitals:

Hospital	1 <sup>st</sup> Quarter SIF Allocation (\$)	Excess 'Long Waits' (%)	Adjustment (\$)
Princess Alexandra	\$812,823	18.2%	\$147,934
QEII	\$436,862	13.3%	\$58,103
Rockhampton	\$23,952	0.7%	\$168
Nambour/Caloundra	\$60,030	7.3%	\$4,382
Toowoomba	\$35,885	7.1%	\$2,548

- The extent of these negative adjustments will be made when actual activity data is received and the General Manager, Health Services, reviews extenuating circumstances submitted by hospitals.
- The General Manager, Health Services has approved a request for \$15,000 for the purchase of additional surgical equipment at The Prince Charles Hospital (TPCH). This equipment will facilitate additional elective surgery in the Day Procedure Unit.
- Recurrent funding (\$54,000) for the employment of an Elective Surgery Coordinator at the Redcliffe-Caboolture District Health Service was approved by the General Manager, Health Services in December 1999.

### Emergency Services Funding

- In December 1999, the Surgical Access Team forwarded a submission to the General Manager, Health Services outlining a funding proposal (\$100,000) for the conduction of a Bed Management Project within the Toowoomba District Health Service. Approval for this project was not granted. A total of \$365,000 remains unallocated from the Emergency Services Strategy Fund in 1999/2000. The Surgical Access Team will progress the allocation of these funds in consultation with the Zonal Health Units.

# INFORMATION MANAGEMENT

## INFORMATION AND SYSTEMS

- The Surgical Access Team has developed the Executive Information System (EIS) for elective surgery reporting so that the system can be run in parallel in January 2000. An Oracle database located at CITEC has been created and populated with waiting list data.
- The Surgical Access Team met with representatives from Business Application Services (BAS) to negotiate and formalise a Memorandum of Understanding (MOU) in relation to ORMIS product support and system management.
- To progress the collection of Theatre Utilization information, discussions were held with Business Application Services to progress the inclusion of IN OR (in operating room) as a captured milestone in the HBCIS Theatre Management System (TMS).
- Information relating to the elective surgery waiting times was provided for the 1998-99 financial year to the Australian Institute of Health and Welfare (AIHW) in conjunction with the Data Services Unit. This information was also provided to the Commonwealth Department of Health and Aged Care.
- A forum to discuss ORMIS report enhancements for both local and corporate needs, was conducted in association with Business Application Services and representatives from HAS Solutions. Favorable outcomes were achieved with a high level of input from appropriate personnel from the sites involved.

**COPY - Surgical Access Team**

# PERFORMANCE REPORTING

The **total number** of patients on the waiting lists of the 33 hospitals increased from 39,200 at 1 December 1999 to 39,723 at 1 January 2000 (523 patients).

	Category 1		Category 2		Category 3		Total
	Total	% 'long waits'	Total	% 'long waits'	Total	% 'long waits'	
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

Table 3

## Category 1

As at 1 January 2000, the number of **'long wait'** Category One's increased from 35 cases (2.4%) at 1 December 1999 to 47 (4.0%). Seven hospitals reported a long wait in excess of 5% - Gladstone Hospital (83.3% - 5 of 6 patients), Kingaroy Hospital (50.0% - 1 of 2 patients), Mackay Base Hospital (5.3% - 1 of 19 patients), QEII Hospital (36.0% - 9 of 25 patients), Royal Womens Hospital (6.1% - 2 of 33 patients), Townsville General Hospital (11.8% - 14 of 119 patients)

## Category 2

The number of **'long wait'** Category Two's increased from 857 (8.7%) at 1 December 1999 to 987 (9.9%) [130] or [15.2%] as at 1 January 2000. This compares favorably with 1,887 (18.4%) 'long wait' Category Two's at 1 January 1999. A total of twelve facilities reported a 'long wait' in excess of the 5% benchmark. The Royal Brisbane Hospital reported the largest number of 'long wait' Category Two patients (208 cases - 24.1%). The number and proportion of 'long wait' Category Two patients reported by Royal Brisbane Hospital has consistently increased since the 1 July 1999 when the amount reported was 5.2% (39 cases). The largest decrease in 'long wait' Category Two cases was reported by the Gold Coast (34 cases) and Princess Alexandra Hospitals (38 cases) reducing to 6.7% (56 cases) and 8.7% (94 cases) respectively.

## Category 3

At 1 January 2000, the proportion of Category 3 patients waiting longer than 1 year for surgery was 29.6% (8,477 patients).

## Throughput

Overall **elective surgery throughput** (Category 1, 2 and 3) [see note 2] has decreased from 10,732 elective surgery admissions in November 1999 to 7,826 in December 1999 (cf. 8,255 in December 1998). For the year to date 1999/2000, elective surgery throughput has decreased by some 1,667 (-2.8%) elective surgery admissions compared with that reported for same period in 1998/99. However it should be noted that the total number of elective surgery admissions in these hospital for the first 6 months of the financial year 1998/99 and 1999/2000 was 3,788 (6.7%) and 2,121 (3.7%) cases higher respectively than that reported for 1997/98.



# CLINICAL BEST PRACTICE

## Emergency Medicine

### Service Enhancement Projects

- Service agreements have been established with Districts that received funding for service enhancement projects. All projects will be commenced before mid-January for completion prior to 30 June 2000.

### Best Practice Workshop

- A second Emergency Department Benchmarking and Best Practice Workshop is planned for February. The workshop will be held over two days and will provide the opportunity to review the outcomes of the Emergency Services Strategy in 1999 and develop strategies to progress the program in 2000. Issues to be addressed will include the standardisation of emergency department business rules, development of a statewide framework for admission policies and review of emergency department information systems. Progress reports regarding the emergency department performance enhancement projects will also be provided.

## Specialist Outpatient Services

### Non-attendance

- A workshop was conducted on 13 December at the Mater Hospital involving representatives from hospitals throughout Queensland, Divisions of General Practice and the University of Queensland. The workshop considered the results of the literate review and informant interviews undertaken by the Failure to Attend project staff and generated options to address the current non-attendance situation. Participants considered the impact of a series of elements on non-attendance and identified preferred outcomes and strategies to achieve better performance. The elements included patient management, clinic management, information management and general practitioner liaison.
- The final report from the Failure to Attend project will be tabled at the Clinical Advisory Committee meeting in February 2000.

## Clinical Advisory Committee

- The Clinical Advisory Committee met on 14 December 1999. Issues discussed included status of the elective surgery funds for 1999/2000, the trends in Category 2 and 3 'long wait' patients and outpatient non-attendance. The Committee raised concerns regarding the increase in Category 3 'long wait' patients and considered that a major role for the Committee in 2000 would be addressing issues associated with Category 2 and 3 'long waits' especially as a result of the reduced activity at the Royal Brisbane Hospital.
- The Clinical Advisory Committee raised some concerns in relation to the retrospective payment of elective surgery funding. The Committee agreed that delays in the payment of Surgical Incentive Funding as a result of the data cleansing process, make it difficult for hospitals to forecast budget and activity deficits/surpluses.



# HEALTH SYSTEM DEVELOPMENT

## Information Systems

- The Surgical Access Team is currently undertaking a Post Implementation Review of the Emergency Department Information System (EDIS) following its introduction into Cairns, Redcliffe, Toowoomba and Caboolture Emergency Departments. A report into this review will be forwarded to the General Manager, Health Services in February 2000.
- The Surgical Access Team undertook a review, in conjunction with Business Application Services (BAS) to compare the major features of both the OSIM and ASIM appointment scheduling systems and their appropriateness for use within Queensland Hospitals. This report has been forwarded to the General Manager, Health Services.

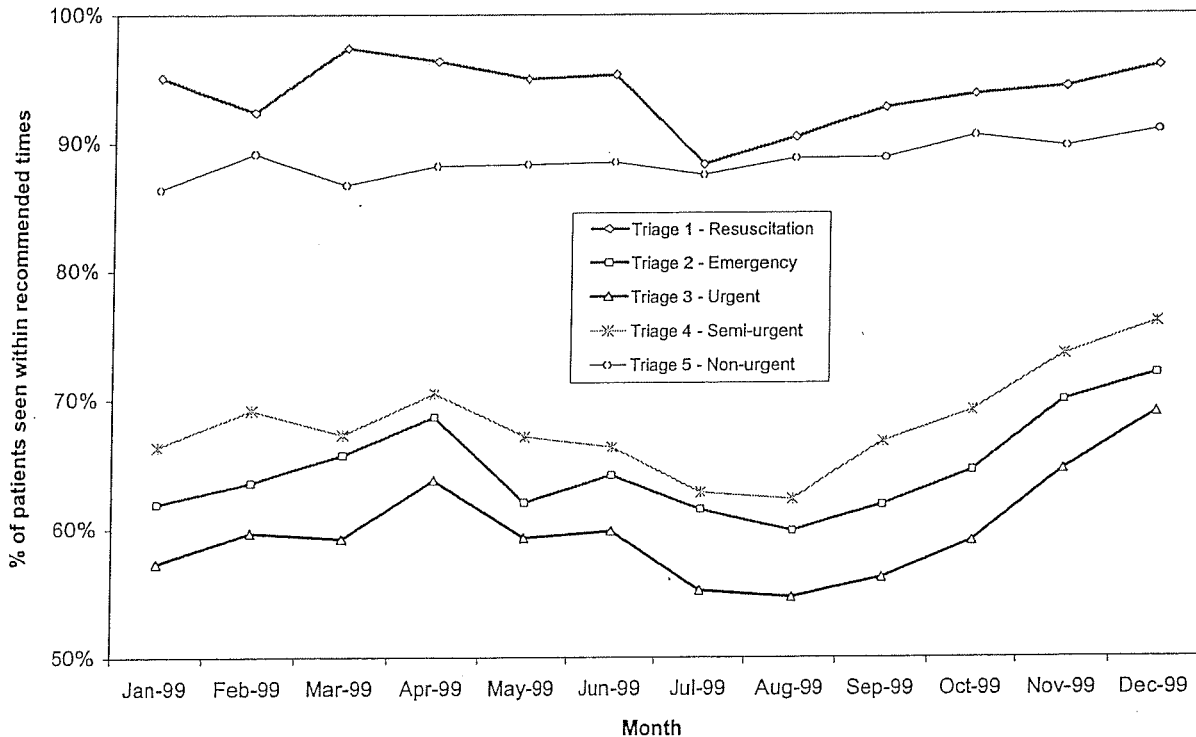
## Emergency Medicine

### Benchmarking

#### Waiting Times

- The Emergency Department Performance Report for the December 1999 quarter is being collated. Overall performance for the December 1999 quarter with respect to patients seen within the recommended times has improved in comparison to the September 1999 quarter.
- December waiting time performance was the best monthly result in 1999 with new highs reported in Categories 2, 3, 4, and 5. Category 1 performance was the second highest monthly result for 1999.

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Graph 1

# Specialist Outpatient Services

- As at 1 December 1999, a total of 47,607 people were waiting to see a specialist in an outpatient department.
- Of these patients, approximately 35,540 had a formal appointment to see a specialist, the remaining 12,067 had not yet been designated an appointment time.
- It is estimated that some 28,890 patients were waiting for a surgical appointment of which 19,946 had an appointment and 8,944 did not.

	1 December 1999		
	With Appointment	Without Appointment	Total
Surgical	19,946	8,944	28,890
Medical	7,970	1,593	9,563
Obstetrics/Gynaecology	5,561	378	5,939
Paediatric	2,059	1,152	3,211
Psychiatric	4	0	4
<b>Total</b>	<b>35,540</b>	<b>12,067</b>	<b>47,607</b>

Table 4

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

- Orthopaedics:	10,294
- General Surgery	5,275
- ENT	5,764
- Ophthalmology	3,881
- Gynaecology	3,507

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- The number of patients awaiting an initial surgical outpatient clinic appointment has been stable over the previous 10 months.

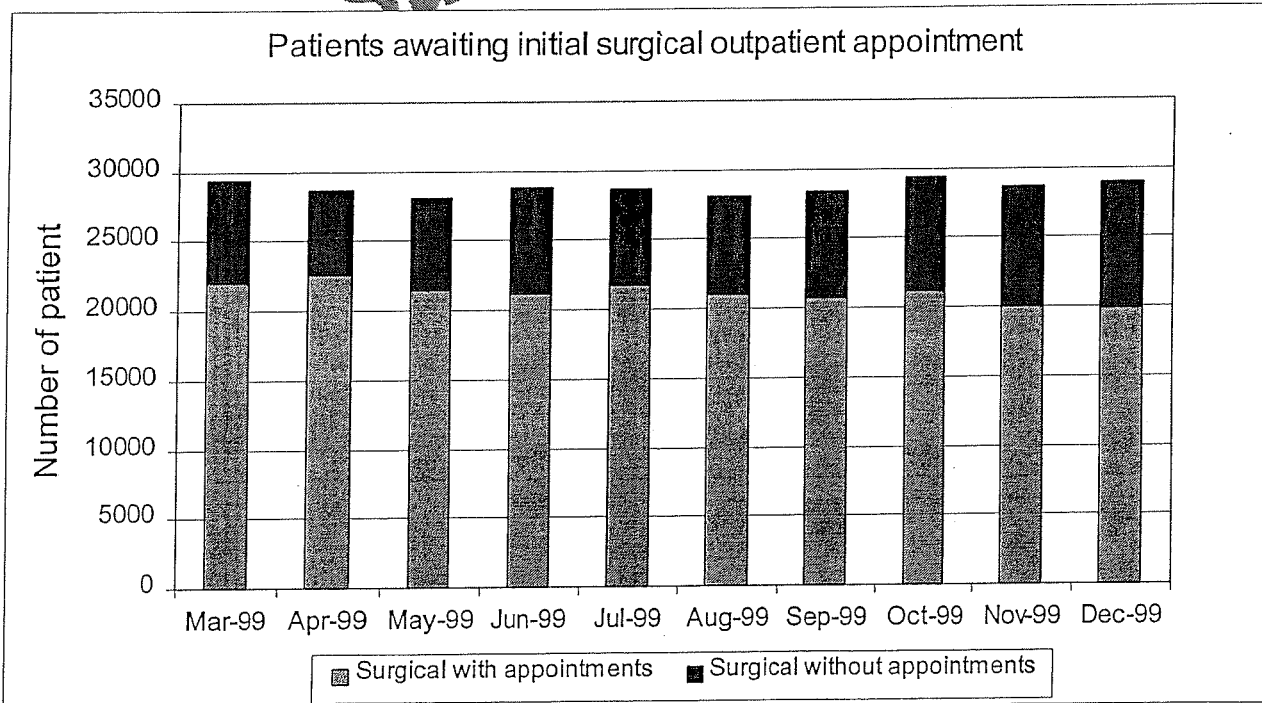


Table 5





# HOSPITAL SUPPORT AND LIAISON

## Medical Superintendents Advisory Committee

- The Surgical Access Team provided the Committee with an overview of the additional Surgical Incentive Funding approved for hospitals that were identified as having spare capacity. The Committee were advised that elective surgery funding for 2000/2001 will be finalised by March/April 2000.
- The Medical Superintendents requested feedback regarding the payment of 1<sup>st</sup> Quarter Surgical Incentive Payments. The committee was advised that 1<sup>st</sup> Quarter allocations had been approved, post budget adjustments had been issued and that Districts will be notified accordingly.
- Medical Superintendents again questioned whether negative adjustments would be applied to hospitals that have achieved overall activity targets but are over the 5% 'long wait' Category 2 benchmark. The committee was further advised that the 5% benchmark remained a priority of the Director-General and the Minister, and that the General Manager, Health Services will decide the final outcome in terms of applying the adjustments.
- The Medical Superintendents discussed the future role of the committee in response to the Zonal Model being implemented by the Queensland Health. Dr Rogers (Chair) assured the committee that their function was a valuable one and maintained the support of the General Manager, Health Services. Some discussion was held in relation to changing roles of the current Chairperson and the appropriateness of a change in Chairperson.

## Elective Surgery Coordinators

- Approval was granted for employment of an Elective Surgery Coordinator (ESC) within the Redcliffe-Caboolture District Health Service in December 1999. This role will facilitate a more comprehensive and consistent approach to streamlining processes and reducing duplication of services within the District.
- The Bundaberg District Health Service has recently appointed a new Elective Surgery Liaison Officer (ESLO). The Surgical Access Team provided this person with an overview of the Waiting List Reduction Strategy and the provided an insight into the role of the ESLO's.

## ORMIS SUPPORT and THEATRE UTILISATION

### System Management

- Gold Coast Hospital have been experiencing frequent library file corruption since mid-September 1999 without either vendors or site ISUs being able to determine the reasons for this occurring. HAS in conjunction with CSC performed on site analysis on the 13th and 14th December 1999. The report concludes that data corruption would more than likely be a direct result of network integrity issues which were to be resolved at the local level.

### Corporate Reporting

The following issues have been initiated to progress corporate reporting on theatre utilisation:

- A memorandum was sent to ORMIS District Managers requesting raw theatre activity data to be provided on a monthly basis. This request replaces the previous interim request forwarded on 29 July 1999 and formalises the reporting items and reporting timeframes. As at the end of December 1999, eleven sites had responded to the request.
- A draft Theatre Activity Report was produced with the available data, which revealed that not all sites had implemented corporate definitions. Negotiations with sites are continuing.
- Site visits were conducted at Redland Hospital to progress the provision of theatre information and to provide assistance with the development of a local database to provide site reports. Similar discussions have been held with staff from the Royal Womens Hospital to develop an interim database for internal reporting until their implementation of the ORMIS product.
- Planning for the inclusion of theatre utilisation information in the Surgical Access Team's Executive Information System has commenced.