

Queensland Government

Queensland Health

Waiting List Reduction Strategy

Report from the
SURGICAL ACCESS TEAM
for the month of

December 2000

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

MANAGEMENT ISSUES

Communications

- The **Medical Superintendent's Advisory Committee** convened on 14 December 2000.
- The **Clinical Advisory Committee** met with the Minister in December at a dinner meeting at Parliament House hosted by the Director-General.
- The **Elective Surgery Coordinators** did not convene in December

Consultation

- The Surgical Access Team briefed the Procurement Council on the application of Elective Surgery activity and 'long wait' adjustments for the final quarter of 1999/2000 and the 1st and 2nd quarters of 2000/01.
- The Surgical Access Team provided comments on the draft elective surgery data definitions distributed by the Australian Institute of Health and Welfare. The National Health Data Committee will meet in February to finalise the data definitions.
- Members of the Surgical Access Team have consulted with officers of the Health Departments of New South Wales, Victoria and Western Australia. Information regarding the management of waiting lists, performance reporting and measurement and the strategies in place in each of these States to manage elective surgery patients has been received and reviewed.
- Extensive consultation with Medical Superintendents, Elective Surgery Coordinators and Elective Surgery Liaison Officers occurred in December to ensure strategies were in place to effectively manage Elective Surgery waiting lists activity during the Christmas/New Year period.

FUNDING & INCENTIVES

- The Procurement Council met in December and elected not to apply any activity or 'long wait' budget adjustments against the 1st and 2nd quarter payments in 2000/01 for failure to meet elective surgery targets in 1999/2000. Those hospitals that struggled to meet elective surgery activity targets despite budget pressures will be understandably concerned that Elective Surgery Business Rules have not been consistently applied across Districts.
- Post Budget Adjustments for Surgical Incentive Funds for this period were processed during December. Payment of Surgical Incentive Funds for the 3rd Quarter is due for processing in January 2001.
- The General Manager Health Services approved an additional \$1.95M (non-recurrent) for the purposes of reducing the Category 2 elective surgery backlog by 30 June 2001. The funding is to be directed exclusively at 'long wait' Category 2 patients. Post Budget adjustments and notification of the adjustments were processed during the month.

- The Surgical Access Team assisted several Districts in identifying elective surgery activity that had not been included in monthly reporting to Corporate Office during 1999/2000. Significant additional activity was identified at Toowoomba, Ipswich, Fraser Coast and QEII Hospital.
- The Surgical Access Team prepared an Output Investment Proposal for the mid-year Budget review by the Cabinet Budget Review Committee. A total of \$11.0M was identified in the proposal for the purpose of reducing the number of 'Long Wait' patients on Elective Surgery waiting lists across the State. Negotiations regarding the proposal are continuing with the Department of the Premier and Queensland Treasury.

INFORMATION MANAGEMENT

Information and Systems

- Day of Surgery Admission (DOSA) rates have been calculated for all EAM reporting hospitals. Analysis of DOSA rates and associated indicators such as Day Surgery rates will be presented to the Clinical Advisory Committee in February for their consideration.
- Testing has been finalised on the extraction of hospital morbidity data for inclusion in the Surgical Access Team data warehouse. Hospital morbidity data will now be available from this extract to both the Surgical Access Team and the Pricing Policy Team.

PERFORMANCE REPORTING

Waiting list

- The **total number** of patients on the waiting lists of the reporting hospitals increased from 39,374 at 1 December 2000 to 39,488 at 1 January 2001 (114patients).

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
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

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

Category 1

- At 1 January 2001, the number of 'long wait' Category 1 patients on elective surgery waiting lists was 70 (4.6%). This was a slight decrease from that reported at 1 December 2000 – 73 cases or 3.9%.
- A total of 8 hospitals reported in excess of 5% 'long waits'.

Hospital	Category 1	
	Percent 'long waits'	Number of 'long waits'
Gladstone Hospital	7.7%	1
Gold Coast Hospital	11.2%	22
Mater Adults Hospital	8.3%	3
Mater Childrens Hospital	20.0%	1
Mt Isa Hospital	14.3%	1
Nambour Hospital	5.2%	6
Royal Childrens Hospital	11.5%	3
Townsville General	9.6%	13

Category 2

- At 1 January 2001, the number of 'long wait' Category 2 patients on elective surgery waiting lists was 1,275 (11.9%). This is an increase from that reported at 1 December 2000 - 1,148 patients (11.1%). This compares with 987 (9.9%) 'long wait' Category 2 patients at 1 January 2000.
- A total of 15 facilities reported a 'long wait' in excess of the 5% benchmark.

Hospital	Category 2 – 1 January 2001		Category 2 – 1 December 2000	
	Percent 'long waits'	Number of 'long waits'	Percent 'long waits'	Number of 'long waits'
Gladstone Hospital	15.4%	2	5.3%	1
Gold Coast Hospital	14.4%	132	15.2%	140
Kingaroy Hospital	25.0%	3	6.3%	1
Kirwan Hospital	15.4%	20	13.7%	18
Mackay Hospital	25.0%	57	23.0%	50
Maryborough Hospital	5.3%	5	0%	0
Mater Childrens Hospital	6.7%	8	3.6%	5
Nambour Hospital	17.6%	144	15.8%	132
Noosa Hospital	10.5%	40	6.4%	21
Princess Alexandra	13.2%	164	11.6%	127
Rockhampton Hospital	7.5%	14	7.8%	14
Royal Brisbane Hospital	24.6%	369	24.5%	344
Royal Childrens Hospital	7.1%	15	3.7%	8
Toowoomba Base	22.5%	94	20.8%	85
Townsville General	12.9%	83	12.0%	75

- The largest increases in the number of 'long wait' Category 2 patients was reported by Princess Alexandra Hospital (37) patients and Royal Brisbane Hospital (25).
- Royal Brisbane Hospital (RBH) contributes almost 30% of the 'long wait' Category 2 patients to the Statewide result. If RBH had performed as well as Princess Alexandra Hospital regarding the number of 'long wait' Category 2 patients recorded (ie. 164 cases), the Statewide figure would reduce to 10%.
Note: At 1 July 1999, RBH reported a mere 41 'long wait' Category 2 patients.

- Considerable consultation has occurred with Medical Superintendents and Elective Surgery Coordinators in November and December regarding the need to treat 'long wait' patients as a priority over 'in time' patients. A report has been developed and distributed monthly since October 2000 that identifies the number of 'long wait' patients that must be treated each month for each hospital to meet 'long wait' targets at 30 June 2001. In addition, the General Manager, Health Services has written to a number of District Managers reaffirming this point. The Director-General also highlighted this issue at the Statewide Strategic Forum in November 2000. A number of hospitals still continue to treat a majority of 'in time' patients before 'long wait' patients despite recording a large backlog of 'long wait' Category 2 patients.

Hospital	Category 2 Waiting List			Category 2 Throughput		
	Total Cat 2	'long waits'	% 'long waits'	Total Admitted	'long waits' admitted	% 'long waits' admitted
Gold Coast	914	132	14.4%	189	6	3.1%
Princess Alexandra	1,238	164	13.2%	329	12	3.6%
Toowoomba	418	94	22.5%	93	20	21.5%
Nambour	820	144	17.6%	170	33	19.4%
Royal Brisbane	1,499	369	24.6%	459	67	14.6%
Mackay	228	57	25.0%	51	22	43.1%

Category 3

- At 1 January 2001, the proportion of Category 3 patients waiting longer than one year for surgery was **35.4%** (9,650 patients). This compares with 9,431 patients (34.7%) waiting longer than one year at 1 December 2000 and with 8,477 patients (29.6%) waiting longer than one year at 1 January 2000.

Throughput

Overall **elective surgery throughput** (Category One, Two and Three) has decreased from 10,552 elective surgery admissions in November 2000 to 7,142 in December 2000 (cf. 7,826 in December 1999). Overall elective surgery throughput for the first six months of 2000/2001 compared with the first six months of 1999/2000 and 1998/1999 is included in the following table. Throughput for July-December 2000/01 is down by **4.1%** (2,440 cases) on the throughput recorded for July-December 1999/2000 and down by **6.8%** (4,107 cases) on the throughput recorded for July-December 1998/99.

July-December 1998/1999	July-December 1999/2000	July-December 2000/01
60,587	58,920	56,480

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.

CLINICAL BEST PRACTICE

Clinical Advisory Committee

- There was no formal meeting held during December 2000. The Director General hosted a dinner meeting for the members of the Clinical Advisory Committee on 6 December 2000 at Parliament House. The Minister for Health, General Manager, Health Services and the Zonal Manager, Southern Zone were also in attendance at this meeting.

Emergency Services Strategy

Nurse Initiated X-Ray Program

- Meetings were held with Mrs Colleen Conway, A/Principal Policy Officer, Health Services Division to discuss issues pertaining to the Nurse Initiated X-Ray Program, more specifically in relation to the signing of an Instrument of Delegation of the Chief Executive's Authority to approve protocols for District Managers.
- The Surgical Access Team has received five (5) final reports from Project Officers responsible for the implementation of this program. A request has been made to the remaining hospitals for an update on their current implementation status as at 31 December 2000.
- It is envisaged that the outline developed by the Emergency Department personnel at Mackay Base, Redcliffe and Royal Brisbane Hospital will be reviewed in early 2001. Contact details will be incorporated into the outline to assist those Queensland Hospitals interested in adopting this program.

Emergency Services Enhancement Projects

- A request has been made to those Project Officers coordinating the emergency department enhancement projects who have not submitted their final report to provide a status report as at 31 December 2000. Workforce issues and emergency department patient workloads have been identified as factors impacting on the progress of a number of projects.

Professional development of emergency department nursing staff

- Funding was approved in December 2000 to appoint a Project Officer who will review emergency nurse education in Queensland public hospitals. It is envisaged that an outcome will be the development of a training protocol providing the outline of a transition program for registered nurses wishing to work in emergency departments.

Research into current trends - Elective Surgery strategies

- Negotiations have occurred between the Surgical Access Team, the Health Departments of New South Wales, Victoria and Western Australia in relation to key elective surgery issues. "*Booked Patient and Waiting Time Management Operating Guidelines*" from New South Wales has is being reviewed by the Surgical Access Team for its applicability in Queensland. A recent addition to the NSW Guidelines provided to the Surgical Access Team was the "*Guidelines for the Management of Extended Wait Patients*". Information gathered will be collated and presented at the next meeting of the Clinical Advisory Committee, Medical Superintendents Advisory Committee and the Elective Surgery Coordinators.

Ms Lorraine Matthews, Elective Surgery Coordinator, Cairns Base Hospital will be visiting Somerset Hospital, United Kingdom to investigate the 'Checklist' information system, which is currently being adopted in the United Kingdom to manage waiting lists and times. Mr Rob Findlay visited Queensland Health last year to demonstrate and discuss 'Checklist'.

BENCHMARKING

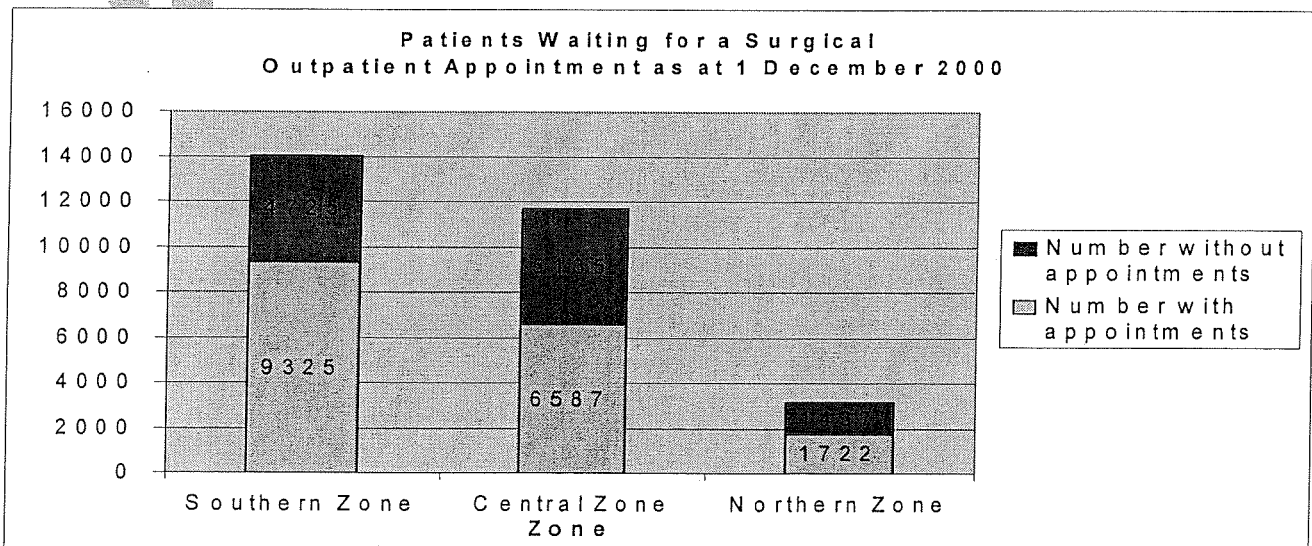
Emergency Medicine Waiting Times

- Preliminary waiting time performance data indicates an improved performance in NTS Category 1, no change in Category 2 and a decline in performance in Categories 3, 4 and 5 in December 2000 compared to December 1999. Performance is generally slightly improved from the previous month.

	December 2000 (preliminary)	November 2000	December 1999	Target
NTS 1	98%	96%	96%	100%
NTS 2	73%	67%	73%	80%
NTS 3	60%	59%	67%	75%
NTS 4	67%	68%	74%	70%
NTS 5	84%	88%	90%	70%

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.



HEALTH SYSTEM DEVELOPMENT

Database Development

- The Surgical Access Team has been developing a data warehouse based on data collected via the Elective Admissions Management module (EAM) and Emergency module (EMG). It will facilitate more timely reporting at both Corporate Office and District level. The statewide rollout has been delayed due to software 'bug' in the HBCIS Reports Manager module. The Surgical Access Team in consultation with Business Application Services have developed a 'fix' for this problem and iSoft have promised a state-wide deployment by the end of January 2001. ISoft are currently experiencing some resourcing problems, with a major version release occurring in April 2001, and this has led to these unplanned delays for the Surgical Access Team.
- Prior to the statewide rollout of the EAM/EMG data warehouse, the Surgical Access Team are planning to hold a workshop with the Elective Surgery Coordinators to assist in the establishment of a set of standardised management reports that will be deployed across the State. These workshops are due to take place in March 2001.

Clinical Co-ordination

- Consultation has occurred between the three (3) Principal Clinical Co-ordinators, the Emergency Services Coordinator (Qld Health) and the Surgical Access Team in relation to the deployment of the Retrievals and Transfers Database. This database has been developed and tested by the major tertiary hospitals in each zone (Townsville Hospital, Royal Brisbane Hospital and the Princess Alexandra Hospital) and will allow for the state-wide collection of the minimum data set formulated by the Queensland Emergency Medical Services Advisory Committee (QEMSAC).
- The Surgical Access Team will develop a sketch proposal for sign-off by the General Manager, Health Services and The Director, Information Services in early 2001. Once the Retrieval and Transfers database is recognised as a 'Corporate System', a project plan will be developed for a statewide rollout.

HBCIS Appointment Scheduling

- In December, the Surgical Access Team finalised the Specification Document, which details the proposed enhancement to the Appointment Scheduling Module. Business Application Services have advised that a statewide deployment of these enhancements is scheduled to take place between March 2001 and April 2001. These system enhancements will be piloted at the Gold Coast Hospital for a one-week period in March 2001. The Surgical Access Team and Business Application Services are planning to carry out a series of site visits for the purpose of training and informing staff of the benefits associated with these enhancements.

Prosthetic Reporting Database

- The Surgical Access Team is reviewing the outcomes of the pilot of the Prosthetic Reporting database that has been developed and piloted by the Townsville Hospital over the past three months. It is envisaged that the database will be tested at a larger metropolitan hospital early in 2001. The Royal Brisbane Hospital has expressed an interest in participating in this pilot study pending the outcomes of the review.

HOSPITAL SUPPORT AND LIAISON

Medical Superintendents Advisory Committee

The Medical Superintendents Advisory Committee convened on 14 December 2000.

- Following an overview of the current status of the *Waiting List Reduction Strategy* by the manager, Surgical Access Team, further discussions took place in relation to management strategies of 'long wait' Category 1 and 2 patients. Issues raised included:
 - 7 Impact on elective surgery activity during the Christmas/New Year period;
 - 7 Recruitment and retention of specialist staff (Medical and Nursing) to maintain current services as well as increased services to meet community demands;
 - 7 Changes to clinical practice due to advances in technology and management of the surgical patient.
 - 7 Management of hospital budgets to ensure effective and efficient resources are available within each of the specialties to treat patients within appropriate clinical timeframes. Specialties identified as a concern were Vascular, Urology and Orthopaedics.
- Dr Danielle Stowasser, Program Area Manager, Quality Improvement and Enhancement Program, presented to the Committee the objectives and anticipated outcomes of the Drugs and Pharmacy Project (Quality use of Medicines).
- Ms Ainslie Kirkegaard, Ms Leanne Robertson from the Justice Department, Associate Professor Charles Naylor, Forensic Pathologist and Deputy Director of the John Tonge Centre attended the meeting to discuss the draft Coroners Bill and to receive feedback from the Medical Superintendents.

Elective Surgery Coordinators

- There was no meeting held in December 2000. Contact was made with all Elective Surgery Coordinators and Elective Surgery Liaison Officers to ensure that consistent strategies were in place to effectively manage elective surgery activity during the Christmas/New Year period and into January 2001. The closure of surgical services involving Specialist Outpatient Department Clinics, Operating Theatre Suite Sessions and surgical beds was planned for all hospitals. A number of hospitals will not resume routine services until 15 January 2001.