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surgical access team

WAITING LIST REDUCTION STRATEGY

*Report from the Surgical Access Team
for the month of*

December 2001

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

MANAGEMENT ISSUES

COMMUNICATIONS

- The Elective Surgery Coordinators and representatives from all HBCIS Theatre Management System (TMS) sites attended a workshop, conducted by the Surgical Access Team on 7th December 2001. The purpose of the workshop was to progress the development of Business Rules that will enable Queensland Health to provide a State-wide profile on operating theatre utilisation.
- The Surgical Access Team has contacted several districts during the month to provide assistance and advice regarding the reporting and monitoring of Elective Surgery Activity and the payment arrangements. These sites include Logan, Redcliffe/Caboolture, Innisfail, Mater, RBH and Cairns.
- The Surgical Access Team has undertaken a number of emergency department visits throughout December 2001. Hospitals visited include Mater Adults, Mater Children's and Royal Children's. A brief report on the outcomes of these visits can be viewed in the Clinical Best Practice section of this report.

CONSULTATION

- The **Medical Superintendent's Advisory Committee** met on 14 December 2001.
- The **Specialist Outpatient Advisory Committee** did not meet in December.
- The **Elective Surgery Coordinators** met in a combined meeting with the TMS User Group on 7 December 2001.
- The **EDIS Strategic Management Group** met on 14 December 2001.

FUNDING & INCENTIVES

- The Surgical Access Team developed a database to assist facilities using DRG Master to report surgical activity through the monthly-snapshot report. The database was initially deployed at Logan and Innisfail hospitals, and is now available for deployment to any facility indicating that they require assistance with elective surgery reporting.
- Post Budget Adjustments (PBA) for final performance against activity for the 2000/01 financial year were distributed to Districts in December. A total of \$1.13M was provided to six (6) facilities that had exceeded their forecasts. \$0.77M was withdrawn from four (4) facilities that did not meet their activity targets for the 2000/01 reporting year.
- \$870,000 was provided to Business Application Services (BAS) to progress the implementation of the HASS Emergency Department Information System (EDIS) into the Princess Alexandra, Gold Coast, Townsville and Rockhampton Hospitals.

PERFORMANCE REPORTING

WAITING LIST

The total number of patients on the waiting lists at the reporting hospitals decreased from 38,157 at 1 December 2001 to 37,624 at 1 January 2002 (-533 patients).

Reporting Date	Category 1			Category 2			Category 3			Total
	Total	No. 'long waits'	% 'long waits'	Total	No. 'long waits'	% 'long waits'	Total	No. 'long waits'	% 'long waits'	
I Jul 1999	1,498	29	1.9%	9,780	837	8.6%	27,363	7,534	27.5%	38,641
1 Aug 1999	1,419	28	2.0%	9,929	1,053	10.6%	27,418	7,604	27.7%	38,766
1 Sep 1999	1,408	44	3.1%	9,870	1,123	11.4%	27,534	7,689	27.9%	38,812
1 Oct 1999	1,468	42	2.9%	9,604	946	9.9%	27,520	7,864	28.6%	38,592
1 Nov 1999	1,445	50	3.5%	9,614	843	8.8%	27,621	7,936	28.7%	38,680
1 Dec 1999	1,439	35	2.4%	9,856	857	8.7%	27,905	8,248	29.6%	39,200
1 Jan 2000	1,165	47	4.0%	9,967	987	9.9%	28,591	8,477	29.6%	39,723
1 Jul 2000	1,838	49	2.7%	10,179	847	8.3%	28,593	9,252	32.4%	40,610
1 Aug 2000	1,971	91	4.6%	10,313	1,125	10.9%	28,479	9,317	32.7%	40,763
1 Sep 2000	1,838	82	4.5%	10,458	1,118	10.7%	27,822	9,187	33.0%	40,118
1 Oct 2000	1,749	83	4.7%	10,615	1,250	11.8%	27,650	9,316	33.7%	40,014
1 Nov 2000	2,037	70	3.4%	10,706	1,371	12.8%	27,296	9,410	34.5%	40,039
1 Dec 2000	1,858	73	3.9%	10,310	1,148	11.1%	27,206	9,431	34.7%	39,374
1 Jan 2001	1,522	70	4.6%	10,675	1,275	11.9%	27,291	9,650	35.4%	39,488
1 Jul 2001	2,023	91	4.5%	11,022	1,551	14.1%	26,258	10,044	38.3%	39,303
1 Aug 2001	2,037	104	5.1%	10,732	1,532	14.3%	25,728	9,768	38.0%	38,497
1 Sep 2001	2,017	121	6.0%	10,762	1,518	14.1%	26,028	9,761	37.5%	38,807
1 Oct 2001	1,979	90	4.5%	10,783	1,363	12.6%	25,593	9,522	37.2%	38,355
1 Nov 2001	2,136	81	3.8%	10,842	1,257	11.6%	25,379	9,489	37.4%	38,357
1 Dec 2001	2,080	83	4.0%	10,883	1,367	12.6%	25,194	9,412	37.4%	38,157
1 Jan 2002	1,557	68	4.4%	10,961	1,445	13.2%	25,106	9,518	37.9%	37,624

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

Category 1

- As at 1 January 2002, the number of 'long wait' Category 1 patients on elective surgery waiting lists was 68 (4.4%). This figure was a decrease of 15 patients from the 83 'long wait' cases (4.0%) reported at 1 December 2001. A total of two (2) hospitals reported in excess of 5% 'long waits'.

Hospital	Category 1	
	Number of 'long waits'	Percent 'long waits'
Gold Coast Hospital	19	10.7%
Mt Isa Hospital	13	48.1%

Category 2

- At 1 January 2002, the number of 'long wait' Category 2 patients on elective surgery waiting lists was 1,445 (13.2%). This is an increase of 78 patients from the 1,367 (12.6%) reported at 1 December 2001. This compares with 11.9% 'long wait' Category 2 patients at 1 January 2001. A total of twelve (12) facilities reported 'long wait' patients in excess of the 5% benchmark.

Hospital	Category 2 – 1 January 2002		Category 2 – 1 January 2001	
	Percent 'long waits'	Number of 'long waits'	Percent 'long waits'	Number of 'long waits'
Bundaberg Hospital	5.9%	12	4.3%	10
Caloundra Hospital	16.9%	15	-	-
Gold Coast Hospital	28.7%	273	14.4%	132
Innisfail Hospital	100.0%	1	-	-
Mackay Base Hospital	18.7%	42	25.0%	57
Mt Isa Hospital	38.5%	62	0.8%	1
Nambour Hospital	17.2%	136	17.6%	144
Noosa Hospital	6.2%	19	10.5%	40
Princess Alexandra Hospital	23.3%	282	13.2%	164
Royal Brisbane Hospital	22.7%	330	24.6%	369
Royal Children's Hospital	5.2%	15	7.1%	15
The Townsville Hospital	14.5%	126	13.4%	103

- The largest increases in the number of 'long wait' Category 2 patients from 1 December 2001 to 1 January 2002 were reported by Nambour Hospital (+32) and Gold Coast Hospital (+25).

Category 3

- At 1 January 2002, the proportion of Category 3 patients waiting longer than one year for surgery was 37.9% (9,518 patients). This compares with 9,412 patients (37.4%) waiting longer than one year at 1 December 2001 and 9,650 patients (35.4%) waiting longer than one year at 1 January 2001.

THROUGHPUT

Overall **elective surgery throughput** (Category 1, 2 and 3) has decreased from 11,015 elective surgery admissions in November 2001 to 7,534 in December 2001 (cf. 7,134 in December 2000). 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 2.6%** (1,444 admissions) on the throughput recorded for the same period of 2000/2001 and **down by 1.7%** (-1,004 admissions) on the throughput recorded for 1999/2000.

1998/1999	1999/2000	2000/2001	2001/2002
60,587	58,920	56,472	57,916

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

Emergency Services Strategy

- As approved in the Emergency Services Strategy Plan of Action 2001-2002, site visits were conducted in the emergency departments of Mater Adults, Mater Children's and the Royal Children's Hospitals.
- **Mater Adult's** Emergency Department's problems with access block and deteriorating performance with respect to waiting times in Triage Categories 2 and 3 were discussed.
 - Reduction in inpatient beds and difficulties with recruitment of nursing staff for in-patient services were noted to be a major contributor to access block.
 - Access block problems had caused substantial overcrowding problems within the emergency department and had contributed to the deterioration in waiting times performance.
 - The director of the emergency department indicated that the Mater Hospitals Executive was working to resolve these issues.
- **Mater Children's** Emergency Department's continuing excellent performance with respect to waiting times in all categories was recognised.
 - The director of the emergency department noted that staff were under considerable strain to provide optimum care and meet waiting times benchmarks during peak activity periods.
 - The director considered that further improvement in efficiency and effectiveness could be expected if funding were provided to staff the existing short-stay/observation facility, which is currently unstaffed.
- **Royal Children's** Emergency Department's continuing excellent performance with respect to waiting times in all categories was recognised.
 - Senior medical staff noted that the major issue with respect to the service was the lack of sufficient senior staff to provide adequate supervision in this major teaching department.
 - The director also made note of the 20% increase in emergency department attendances experienced by the Royal Children's Hospital, with no increase in staffing. This increase in workload has placed considerable strain on staff.

Emergency Department Nursing Education

- The roll-out of the Queensland Health Emergency Nursing Transition Program continued with final review and modification of the education program modules and broad consultation with key stakeholders around the State.

Elective Surgery

State-wide Purchasing and Standardisation of Surgical Prostheses

- State-wide survey of vascular prosthetics has been completed, collated and tabled at the last Vascular Clinical Advisory Panel Meeting.
- Provisional decisions regarding prostheses have been reached by Clinical Advisory Panels.
- Clinical Advisory Panels will meet in February to finalise guidelines for the management of State-wide contracts and 'Invitations to Offer' documentation.
- Commenced negotiations (regarding best State-wide price/prosthetic device) with Ophthalmic suppliers.
- Existing Queensland Health standing offer arrangements documents have been collated for use in drafting State-wide agreements.

Benchmarking

Emergency Department Waiting Times

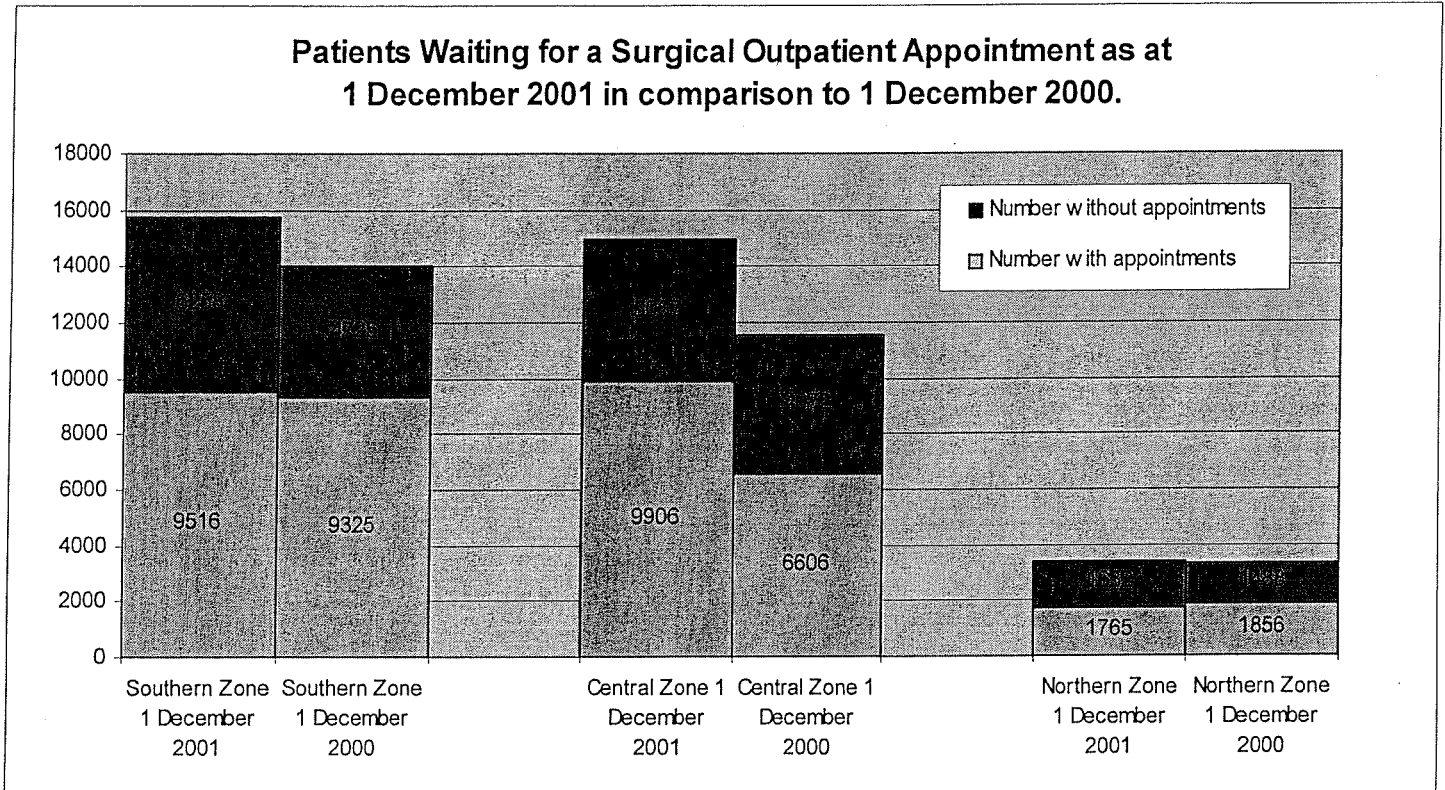
- Preliminary waiting time performance data indicates an improved performance in NTS Category 1, no change in Category 2, and a decline in performance against benchmarks in Categories 3, 4 and 5 for December 2001 compared to December 2000.
- The apparent decline in performance against benchmarks in Categories 3, 4 and 5 is in the context of an 8% increase in emergency department attendances for December 2001 compared with 2000.
- The actual number of patients seen within time in emergency departments has not decreased when December 2001 is compared with December 2000, indicating that the apparent deterioration in performance is due to the increase in attendances.
- Preliminary data also shows an apparent overall decline in performance from the previous month. Again, this is in the context of increased attendances in December 2001 compared with November 2001.

Percentage of patients seen within ACEM recommended times -				
	December 2001 (preliminary)	November 2001	December 2000	Target
NTS 1	99%	100%	98%	100%
NTS 2	73%	72%	73%	80%
NTS 3	57%	58%	60%	75%
NTS 4	61%	62%	67%	70%
NTS 5	81%	82%	87%	70%

Note: -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.



- It has been identified that the increase in the number of patients waiting for an initial surgical appointment within the Central Zone is predominantly due to an increase at the Royal Brisbane Hospital. The Surgical Access Team is working with staff from the Royal Brisbane Hospital to identify the cause of this increase.

HEALTH SYSTEM DEVELOPMENT

Emergency Departments

EDIS Implementation

- The Surgical Access Team received final approval from the Manager, Information Services to proceed with the planned implementation of the HASS Emergency Department Information System (EDIS) into the Princess Alexandra, Gold Coast, Townsville and Rockhampton Hospitals.
- Business Application Services (BAS) has been tasked with managing the implementation of the Oracle/SQL version of EDIS into these 4 sites in collaboration with the Surgical Access Team. This version of EDIS operates from a centralised server located in Brisbane. Phase 2 of this project includes migrating current EDIS sites onto the central server facility. The planned time frame for the completion of this project is:
 - *Phase 1 – 30 June 2002*
 - *Phase 2 - 31 December 2002*

EDIS Strategic Management Group (SMG)

The EDIS Strategic Management Group met on 14 December 2001.

- Major outcomes from this meeting included:
 - The committee agreed to establish a working party to finalise an agreed set of State-wide ICD-10-AM diagnosis codes for emergency departments to access through EDIS. The group will meet in early February 2002, prior to the next SMG meeting.
 - The committee requested Queensland Health provide a position as to what criteria can be used to define an appropriate “emergency admission”. The committee advised that, until such time as there is a standardised definition for an “emergency admission”, limited analysis can be conducted to compare the performance of ED’s across Queensland.

SAT Reporting Database

- The Surgical Access Team successfully received daily loads of unit-record-level data into the centralised data warehouse from each of the thirty-three reporting hospitals in December 2001. This effectively completes Phase 1 of this project allowing Queensland Health even greater access to timely and accurate waiting list information.
- Phase 2 of this project includes:
 - Continued testing of the data with the three test sites;
 - Development of standardised reports and queries;
 - Training Elective Surgery Coordinators (ESC’s) in the use of the database;
 - Deployment of the database to the 12 major reporting hospitals.
- It is envisaged that phase 2 of this project will be completed by 30 June 2002.

Outpatient Departments

- The **Specialist Outpatient Advisory Committee** did not meet in December 2001.
- The Surgical Access Team received advice from Queensland Health's Data Services Unit (DSU) that a business case had been developed, which outlines plans for the development and implementation of a non-admitted patient morbidity data set in Queensland Public Hospitals. This business case has been developed to ensure that Queensland Health is able to meet the requirements stated in Part 10, section 72 of the Australian Health Care Agreement.
- The Surgical Access Team has planned to meet with representatives from DSU in January 2002 to provide relevant input into this process.

**Deputy Director-General
(Policy & Outcomes)**

HOSPITAL SUPPORT AND LIAISON

Medical Superintendents Advisory Committee

The Medical Superintendents Advisory Committee meeting was held on 14 December 2002. Major outcomes from this meeting included:

- Dr Brian Bell resigned as Chair of the Committee following the completion of his 2-year term. The Committee thanked Dr Bell for his commitment and contributions as chair to the Committee.
- Dr Mark Mattiussi accepted the nomination for Chair of the Committee for 2002.
- The committee discussed issues surrounding non-recurrent funding available for additional elective surgery activity in 2002. Issues identified that are impacting on elective surgery activity included:
 - Current bed occupancy rates – it is essential to review the whole picture of medical and surgical flow. Historically, establishment is based around 85% occupancy however current bed occupancy rates run at 90 - 95%. Members identified numbers of NH5 nursing type patients occupying acute beds.
 - Impact of current medical and nursing staffing levels and future demands.
 - Redevelopment programs (completed and current).
- A report on the Elective Surgery Coordinators and Liaison Officer Workshop 2001 was tabled at the meeting. Following discussion it was recommended that the Surgical Access Team conduct a combined workshop for Medical Superintendents, Elective Surgery Coordinators and Liaison Officers. The purpose of the workshop is to progress the development of Business Rules under a Policy Development Program for the management of elective surgery services. The workshop is planned for March 2002.

Elective Surgery Coordinators

The Elective Surgery Coordinators and representatives for all HBCIS Theatre Management System (TMS) sites attended a workshop on 7th December 2001.

- The purpose of the workshop was to progress the development of Business Rules that will enable TMS to capture a state-wide profile on operating theatre utilisation. Outcomes from the workshop included:
 - The establishment of a TMS User Group. This group will be responsible for the development of the Business Rules. The first meeting is planned for February 2002.
 - Consultations will take place with the HASS Operating Theatre Management Information System User Group to ensure a consistent approach is taken in the development of Business Rules for both TMS and ORMIS systems.

ATTACHMENT 1 - Census Data by Category and Month

Reporting Date	Category 1		Category 2		Category 3		Total
	Total	% 'long waits'	Total	% 'long waits'	Total	% 'long waits'	
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
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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	1,497	3.0%	10,140	11.0%	28,667	30.0%	40,304
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	8.4%	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
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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
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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

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