

surgical access team

WAITING LIST REDUCTION STRATEGY

Report from the Surgical Access Team for the month of

February 2002

Distribution: Director-General

Minister for Health

General Manager (Health Services)

Deputy Director-General, Policy and Outcomes

MANAGEMENT ISSUES

COMMUNICATIONS

- The Surgical Access Team provided a number of Ministerial responses to requests from individuals and organisations, including:
 - Australian Pensioners and Superannuants League Qld Inc Increased funding for elective surgery
 - Fiona Simpson Management of specialist outpatient waiting lists.
- The Surgical Access Team wrote to District Managers from each site participating in the State-wide emergency department benchmarking program to provide feedback on their current emergency department performance. The purpose of these letters was to provide sites with an opportunity to detail site specific issues impacting upon their performance.
- The *Emergency Department Performance Reports* for the December Quarter 2001 were released to all hospitals participating in the state-wide emergency department benchmarking program.

CONSULTATION

- Members of the Surgical Access Team visited Redland Hospital emergency department on 11 February 2002 to assess facilities, staffing levels and processes within the department and to assist in their transition into the State-wide benchmarking program planned for mid 2002.
- Members of the Surgical Access Team undertook a site visit to Princess Alexandra Hospital emergency department to review performance issues. A brief report on the outcomes of this visit can be viewed in the Clinical Best Practice section of this report.
- Representatives from the EDIS Strategic Management Group (SMG) met in February to develop a standardised subset of emergency department ICD-10-AM codes. A brief report on the outcomes of this workshop can be viewed in the Health Systems Development section of this report.
- The Medical Superintendent's Advisory Committee met on 15 February 2002.
- The Specialist Outpatient Advisory Committee did not meet in February.
- The Elective Surgery Coordinators met on 22 February 2002.

FUNDING & INCENTIVES

- A total of \$12,970,000 was allocated to Health Service Districts in February for planned elective surgery activity over the six months period 1 January 2002 30 June 2002. Post budget adjustments have been processed.
- A submission was prepared for the General Manager, Health Services, requesting approval for the distribution of \$3,387,000 in roll-over elective surgery funds from 2000/01 to be directed at additional elective surgery in 2001/02.
- The General Manager, Health Services approved the reduction of elective surgery targets at Rockhampton Hospital for 2001/02 from 5,142 to 4,394 with a corresponding adjustment of \$386,000 due to a forced reduction of surgical throughput associated with an over-run of the operating theatre redevelopment.

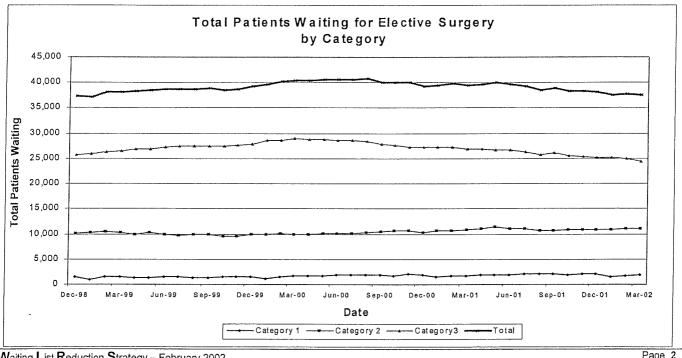
PERFORMANCE REPORTING

WAITING LIST

The total number of patients on the waiting lists at the reporting hospitals decreased from 39,528 at 1 March 2001 to 37,495 at 1 March 2002 (-2,033 patients).

Reporting Date	Category 1			Category 2			Category 3			Total
Date	Total	No. 'long waits'	% 'long waits'	Total	No. 'long waits'	% 'long waits'	Total	No. 'long waits'	% 'long waits'	
	보고 말다.			MARKET AND			100000000000000000000000000000000000000	17.5		
1 Jul 1998	1,285	12	0.9%	9,243	981	10.6%	25,732	7,399	28.8%	36,260
1 Oct 1998	1,441	29	2.0%	9,960	1,462	14.7%	25,538	7,164	28.1%	36,939
1 Jan 1999	964	22	2.3%	10,244	1,887	18.4%	26,012	7,312	28.1%	37,220
1 Mar 2000	1,658	30	1.8%	9,904	1,157	11.7%	28,939	8,726	30.2%	40,501
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I Jul 1999	1,498	29	1.9%	9,780	837	8.6%	27,363	7,534	27.5%	38,641
1 Oct 1999	1,468	42	2.9%	9,604	946	9.9%	27,520	7,864	28.6%	38,592
1 Jan 2000	1,165	47	4.0%	9,967	987	9,9%	28,591	8,477	29.6%	39,723
1 Mar 2000	1,658	30	1.8%	9,904	1,157	11.7%	-28,939	8,726	30.2%	40,501
				and the second						
1 Jul 2000	1,838	49	2.7%	10,179	847	8.3% /	28,593	9,252	32.4%	40,610
1 Oct 2000	1,749	83	4.7%	10,615	1,250	11.8%	27,650	9,316	33.7%	40,014
1 Jan 2001	1,522	70	4.6%	10,675	1,275	11.9%	27,291	9,650	35.4%	39,488
1 Mar 2001	1,810	62	3.4%	10,804	1,289"	11.9%	26,914	9,768	36.3%	39,528
1 Jul 2001	2,023	91	4.5%	11,022	1,551	14.1%	26,258	10,044	38.3%	39,303
1 Oct 2001	1,979	90	4.5%	10,783	1,363	12.6%	25,593	9,522	37.2%	38,355
1 Jan 2002	1,557	68 /	4.4%	10,961	1,445	13.2%	25,106	9,518	37.9%	37,624
1 Mar 2002	1,938	51	2.6%	11,096	1,593	14.4%	24,461	9,337	38.2%	37,495

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



Category 1

• As at 1 March 2002, the number of 'long wait' Category 1 patients on elective surgery waiting lists was 51 (2.6%). This figure was a decrease of 15 patients from the 66 'long wait' cases (3.7%) reported at 1 February 2002. A total of two (2) hospitals reported in excess of 5% 'long waits'.

	Category 1			
Hospital	Number of	Percent 'long waits'		
	'long waits'			
Mt Isa Hospital	3	13.0%		
Royal Childrens Hospital	3	6.3%		

Category 2

• At 1 March 2002, the number of 'long wait' Category 2 patients on elective surgery waiting lists was 1,593 (14.4%). This is an increase of 104 patients from that reported at 1 February 2002 – 1,489 (13.5%). This compares with 11.9% 'long wait' Category 2 patients at 1 March 2001. A total of sixteen (16) facilities reported 'long wait' patients in excess of the 5% benchmark.

	Category 2.	–1 March 2002 🧢 🦯		-1 March 2001
Hospital	Percent	Number of 'long		// Number of
	'long waits'	waits'	long waits'	ong waits'
Bundaberg Hospital	5.7%		0.6%	1
Caloundra Hospital	5.6%	6		0
Gold Coast Hospital	24.8%	/ / 232	17.5%	162
Hervey Bay Hospital	6.4%		5.3%	4
Mackay Base Hospital	22.3%	45	18.2%	40
Mater Adults Hospital	5.3%	20	6.0%	23
Mt Isa Hospital	49.4%	79	0.0%	0
Nambour Hospital	19.7%	152	15.1%	130
Noosa Hospital	11.8%	34	17.0%	76
Princess Alexandra Hospital	20.5%	240	15.1%	206
Rockhampton Hospital	10.6%	27	5.8%	11
Royal Brisbane Hospital	29.6%	416	21.9%	285
Royal Childrens Hospital	7.0%	20	2.5%	7
The Prince Charles Hospital	8.3%	49	6.7%	26
The Townsville Hospital	19.8%	161	16.9%	145
Toowoomba Hospital	5.9%	16	20.4%	82

• The largest increases in the number of 'long wait' Category 2 patients from 1 February 2002 to 1 March 2002 was reported by Royal Brisbane Hospital (+65) and Nambour Hospital (+36).

Category 3

• At 1 March 2002, the proportion of Category 3 patients waiting longer than one year for surgery was 38.2% (9,337 patients). This compares with 9,556 patients (38.3%) waiting longer than one year at 1 February 2002 and 9,768 patients (36.3%) waiting longer than one year at 1 March 2001.

THROUGHPUT

Overall elective surgery throughput (Category One, Two and Three) has increased from 7,504 elective surgery admissions in January 2002 to 9,694 in February 2002 (cf. 9,420 in February 2001). 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 2.9% (2,125 admissions) on the throughput recorded for the same period of 2000/2001 and down by 1.0% (-797 admissions) on the throughput recorded for 1999/2000.

1998/1999	1999/2000	2000/2001	2001/2002
77,609	75,911	72,989	75,114

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.

Note:

Current throughput performance indicates an additional 3,200 additional elective admissions (on a pro-rata basis) will be performed in 2001/02 over and above the total recorded for 2000/01. This compares with an estimated additional throughput of 3,500 per annum included in the Cabinet Budget Review Committee submission for the additional \$20 million over 2 years for additional elective surgery activity.

CLINICAL BEST PRACTICE

1. Emergency Services Strategy

Inclusion of Redlands Hospital in the Queensland Emergency Department Data Collection

- Following a submission by the Surgical Access Team, the Queensland Emergency Services Specialist Advisory Panel supported a proposal to include Redlands Hospital Emergency Department in the Queensland Emergency Department Data Collection.
- A submission was prepared for the General Manager, Health Services, requesting approval for the inclusion of Redlands Hospital in the Queensland data collection.
- A site visit was conducted in the emergency department of the Redlands Hospital to assess facilities, staffing levels and processes within the department.

Emergency Department Site Visits

- Princess Alexandra Hospital as approved in the Emergency Services Strategy Plan of Action 2001-2002, a site visit was conducted to the emergency department of the Princess Alexandra Hospital. The Emergency Department's deteriorating performance with respect to waiting times in Categories 2, 3 and 4 was discussed.
 - A reduction in attendances can be noted over the past two years (July to December 1999 compared with 2001 Queensland Emergency Department Data Collection) an overall decrease of approximately 8% over two years.
 - Fewer patients were seen 'in time' during July to December 2001 compared with the same period in 1999, despite the reduction in attendances.
 - The Director of the Emergency Department indicated that the deterioration in performance is related to access block.
 - A project, funded from the Emergency Services Strategy, is being undertaken in the department to improve processes relating to patients in categories 2-4.

Emergency Department Nursing Education

- Printing of the Queensland Health Emergency Nursing Transition Program was achieved and delivery of the program documents to 20 emergency departments across the State was completed.
- As per the approved project plan, the tendering process and subsequent purchase of textbooks to support implementation of the program was finalised.
- The implementation of the Transition Program continued with site visits to Toowoomba, Cairns, Nambour and Mt Isa Hospitals.

2. Elective Surgery

State-wide Purchasing and Standardisation of Surgical Prostheses

- Clinical Advisory Panel meetings have now been completed.
 - Policies relating to the management of state-wide standing offer arrangements for prosthetics have been accepted by the Clinical Advisory Panels with minor amendments.
 - The Surgical Access Team has prepared final tender documents. These Invitations to Offer will go to the marketplace by June 2002.

Day Only (DS) & Day of Surgery Admissions (DOSA) Project

- DS/DOSA benchmarking reports have been prepared by the Surgical Access Team and will be distributed to District Managers by March 2002.
- Profile questionnaires requesting site specific information relating to DS and DOSA will be included with the first distribution of the report.

3. Benchmarking

Emergency Department Waiting Times

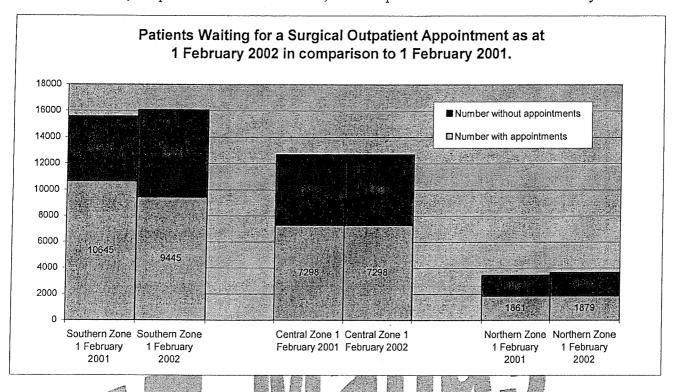
• Preliminary waiting time performance data indicates an improved performance in NTS Categories 1 and 2, and a decline in performance in Categories 3, 4 and 5 in February 2002 compared to February 2001. Preliminary data shows an overall decline in performance from the previous month.

Percentage of patients seen within ACEM recommended times -						
	February 2002 (preliminary)	January 2002	February 2001	Target		
NTS 1	99%	100%	98%	100%		
NTS 2	72%	73%	70%	80%		
NTS 3	57%	56%	58%	75%		
NTS 4	60%	59%	65%	70%		
NTS 5	79%	79%	86%	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.



HEALTH SYSTEM DEVELOPMENT

1. Emergency Departments

Emergency Department Information System (EDIS) Implementation

- Preliminary site visits for each of the 4 new EDIS sites were completed in February 2002. The purpose of these visits was to establish the requirements of each of the sites in relation to hardware, training, implementation schedules and systems maintenance.
- Mr Adrian Horth, Project Manager, has confirmed the EDIS rollout schedule in consultation with the requirements of individual sites. The first site to Go-Live with the Oracle/SQL version of EDIS is Gold Coast Hospital with a planned go live date in May 2002. This will be followed by Rockhampton Hospital, Townsville Hospital and finally Princess Alexandra Hospital with a go live date planned for October/November 2002.

ICD-10-AM subset for emergency Departments

- Representatives from the EDIS Strategic Management Group (SMG) met in February 2002 to develop a standardised set of ICD-10-AM codes specifically designed for use within Queensland emergency departments. This process was initiated by the Surgical Access Team in response to a data quality audit undertaken that revealed extremely poor quality of diagnosis data in Queensland emergency departments.
- In two days, the working group successfully worked through 16,000 individual ICD-10-AM codes and reduced the number of codes relevant to emergency departments to approximately 3,500. The working group will meet again in April 2002 to continue working through the remaining ICD-10-AM codes and develop a set of workable key-words to enable the easy input of diagnosis codes into the EDIS system.

2. SAT Reporting Database

Executive Information System (EIS)

• The Surgical Access Team Executive Information System (EIS) has been successfully deployed to 12 major elective surgery reporting hospitals utilising the Thin Client (Citrix) deployment method. The Surgical Access Team are currently negotiating timeframes and costs with Infrastructure Services for the rollout of the SAT EIS to the remaining 21 elective surgery reporting hospitals. Advice provided by Infrastructure Services indicates that all elective surgery reporting hospitals will be live with the database by June 2002.

HOSPITAL SUPPORT AND LIAISON

1. Medical Superintendents Advisory Committee

The outcomes from the *Medical Superintendent's Advisory Committee* meeting held on the 15 February 2002 are as follows:

- The Surgical Access Team advised the committee that payments for the second half of the financial year (approx. \$13M) had been finalised and arrangements for the distribution of one-off funding (approx.\$3.5M) were nearing completion. The Medical Superintendents discussed the payment methodology and operational issues currently impacting on maintaining elective surgery activity, which included the increased demand on emergency services and bed management.
- The Surgical Access Team provided the Committee with an update on the progress of the Prosthetic Project and tabled a draft copy of the Queensland Health Procedure Document and Queensland Health Policy operational was tabled for discussion.
- The Medical Superintendents provided feedback and advice on the format of the Day Surgery Rates and Day of Surgery Admission Rate Benchmarking Reports currently being prepared by the Surgical Access Team.
- Ms Jennifer Young, Coordinator, AMC Projects, Mayne Medical School provided an overview of courses established to provide assistance to overseas trained doctors and in particular to discuss the "Preparation of Employment Course". A number of issues were tabled for consideration and comments will be forwarded to Ms Young.
- The Medical Superintendents are reviewing the Terms of Reference for the Committee, as there was a general consensus that the current terms do not reflect the role of the Committee. A revised document will be tabled at April's meeting.

2. Elective Surgery Coordinators

The outcomes from the *Elective Surgery Coordinators* meeting held on the 22nd February 2002 are as follows:

- The Surgical Access Team facilitated a discussion to address issues impacting on:
 - > achieving the current elective surgery activity targets;
 - > achieving the activity associated with the \$10M provided for 2001/2002 and 2002/2003; and
 - > negotiations for the distribution of \$3.5M non-recurrent funding in 2001/02.

- Major issues identified by the ESC's that may impact on statewide elective surgery activity included:
 - > the effects of the statewide implementation of the new Australian Sterilising Standards,
 - > advances in technology resulting in an increase in equipment and instrumentation costs; and
 - > ongoing workforce issues.
- Further discussions will be progressed through the combined meeting of Medical Superintendents and Elective Surgery Coordinators planned for 15th March 2002.
- The Elective Surgery Coordinators were asked to consider professional development strategies that would assist them in the development of their strengthened role as Elective Surgery Coordinator.



ATTACHMENT 1 - Census Data by Category and Month

Reporting		Category 1		Category 2		Category 3	
Date	Total	% 'long waits'	Total	% 'long waits'		% 'long waits'	- Total
1 Jul 1998	1,285	0.9%	9,243	3 10.6%	25,732		36,260
1 Aug 1998	1,316	1.4%	9,511	11.2%	25,379		36,206
1 Sept 1998	1,368	3.1%	9,621		25,356		36,345
1 Oct 1998	1,441	2.0%	9,960	14.7%	25,538		36,939
1 Nov 1998	1,621	2.7%	10,109		25,557		37,287
1 Dec 1998	1,502	2.8%	10,119		25,797		37,418
1 Jan 1999	964	2.3%	10,244		26,012		37,220
1 Feb 1999	1,432	2.0%	10,462		26,315		38,209
1 Mar 1999	1,432	2.0%	10,337	and the second s	26,440		38,209
1 Apr 1999	1,392	1.9%	9,953	15.9%	26,895		38,240
1 May 1999	1,336	1.6%	10,275		26,953		38,564
1 Jun 1999	1,504	2.1%	9,922		27,342		38,768
1 Jul 1999	1,498	1.9%	9,780		27,363		38,641
1 Aug 1999	1,419	2.0%	9,929	10.6%	27,418		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		38,592
1 Nov 1999	1,445	3.5%	9,614	8.8%	27,621		38,680
1 Dec 1999	1,439	2.4%	9,856	8.7%	27,905		39,200
1 Jan 2000	1,165	4.0%	9,967	9.9%/	28,591	29.6%	39,723
1 Feb 2000	1,496	3.0%	10,141	11.1%	28,667		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 Máy 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
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
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
1 Sep 2001	2,017	6.0%	10,762	14.1%	26;028	37.5%	38,807
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
l Feb 2002	1,785	3.7%	11,065	13.5%	24,951	38.3%	37,801
Mar 2002	1,938	2.6%	11,096	14.4%	24,461	38.2%	37,495

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