



Waiting List Reduction Strategy

Report from the
SURGICAL ACCESS TEAM
for the month of

January 1999

PROJECT MANAGEMENT

Consultation

- **Visits to District Health Services** will commence in February. A presentation has been developed that will address management and clinical staff on the elements of the *Waiting List Reduction Strategy* and the priorities of the Government in this area. Under-performing hospitals will be targeted in the first instance.

Communications

- An article highlighting the success of the Royal Brisbane Hospital Orthopaedic Transitional Care Project was submitted for the February edition of *Healthmatters*. The project, funded under the Elective Surgery strategy, was awarded the Australian Council for Healthcare Standards National Quality Award for 1998. The project was selected from 38 entries from across Australia and focussed on improvement in service delivery to people undergoing total hip and knee replacement surgery at Royal Brisbane Hospital.

FUNDING & INCENTIVES

Performance against Funded Targets

On 19 January 1999, the Deputy Director-General (Health Services) wrote to ten District Managers identifying an indicated underexpenditure in elective surgery funding. The hospitals involved were Bundaberg Hospital, Cairns Hospital, Gold Coast Hospital, Mater Children's Hospital, Mt. Isa Hospital, Royal Brisbane Hospital, The Prince Charles Hospital, Toowoomba Hospital; and Ipswich Hospital. District Managers were requested to compare elective surgery activity against their own data and provide a guarantee that elective surgery activity targets can be achieved by 30 June 1999 or alternatively to provide an estimate of under-expenditure in elective surgery for 1998/99. **All responses received to date indicate that activity targets will be achieved.**

Transfer of Patients

The *Transfer of Patients* element of the *Waiting List Reduction Strategy* was progressed by the identification of facilities with underutilized capacity in elective surgery and identification of facilities with 'long wait' patients in a matching specialty. This issue will be progressed through discussions between the Director-General and the General Manager, Health Services.

Funding Brief

Feedback on a detailed Brief regarding funding of elective surgery has been received with a commitment that the General Manager, Health Services will review elective surgery funding arrangements for 1999/2000 by 30 June 1999.

Funding for Emergency Departments

Post budget adjustments have been finalised for the funding allocation for the medical staffing component of the Emergency Services Strategy.

WORKFORCE STRATEGIES

The project officer for the Medical Workforce Project commenced in mid-January. A meeting is planned for February to identify Medical Workforce needs related to the *Waiting List Reduction Strategy*.

INFORMATION MANAGEMENT

- The Surgical Access Team in conjunction with the Data Services Unit and Corporate Information Systems Unit (CISU) have finalised changes to the Elective Admissions Module within the Queensland Hospital Admitted Patient Data Collection (QHAPDC) for 1 July 1999. The additional field for 1999/00 will be the 'planned procedure date' providing an estimate of 'day of surgery admission rates'.
- Preliminary analysis has been undertaken on interim QHAPDC data supplied by the Data Services Unit. This analysis provides elective surgery activity in reporting hospitals for July, August and September of 1998.
- The Elective Surgery Waiting List Report has been produced for the December quarter. This report was published on the Queensland Health Intranet and Internet sites on 28 January 1999. It is expected that the hardcopy publication will be printed and distributed by 15 February 1999.
- Representatives from the Surgical Access Team and the Data Services Unit are working together to develop a methodology for a data quality audit of the Elective Admissions Module within the QHAPDC.

PERFORMANCE REPORTING

- The **total number** of patients on the waiting lists of the 33 hospitals increased from 37,220 to 38,209 (989) from 1 January 1999 to 1 February 1999.
- The **number of 'long wait' Category 2s** increased by 138 from 1 January to 1 February 1999. The number of 'long wait' Category 3s decreased by 35 from 1 January to 1 February 1999.

	Category 1		Category 2		Category 3		Total
	Total	% 'long waits	Total	% 'long waits	Total	% 'long waits	
1 Feb 1998	1,207	1.6%	11,868	38.9%	24,958	30.6%	38,033
1 Mar 1998	1,270	1.8%	11,481	36.0%	24,988	30.2%	37,739
1 Apr 1998	1,265	0.9%	10,653	28.7%	25,323	30.4%	37,247
1 May 1998	1,200	1.3%	10,157	21.4%	25,702	29.8%	37,059
1 Jun 1998	1,273	1.5%	9,499	16.1%	25,997	29.5%	36,769
1 Jul 1998	1,285	0.9%	9,243	10.7%	25,732	28.9%	36,260
1 Aug 1998	1,316	1.4%	9,511	11.3%	25,379	28.8%	36,206
1 Sept 1998	1,368	3.1%	9,621	14.2%	25,356	28.1%	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

Note: Hervey Bay Hospital is now included as one of the reporting hospitals.

Category 1

- At 1 February 1999, the proportion of Category 1 patients waiting longer than 30 days for surgery was 2% (cf. 2.3% at 1 January 1998). Four hospitals reported more than 5% - Kirwan Hospital for Women (5.3% - 2 patients), Mater Children's (11.1% - 2 patients), Redland (11.1% - 1 patient) and the Royal Children's (6.1% - 3 patients).

Category 2

- At 1 February 1999, the proportion of Category 2 patients waiting longer than 90 days for surgery was 19.4% (cf. 18.4% at 1 January 1999). A number of hospitals reported significant increases in the number of 'long wait' Category 2 patients and consequent increases in the proportion of 'long wait' patients - Bundaberg (increase of 40 'long waits', 33.5%) Caboolture (increase of 22 'long waits', 12.3%), Gold Coast (increase of 23 'long waits', 48.6%), the Princess Alexandra (increase of 37 'long waits', 22.6%) and The Prince Charles (decrease of 39 'long waits', 33.8%).

Category 3

- At 1 February 1999, the proportion of Category 3 patients waiting longer than 1 year for surgery was 27.7% (cf. 28.1% at 1 January 1999).

Throughput

- Total throughput in January 1999 was 7,154 elective surgery admissions, a decrease (-1,067) from the 8,221 admissions reported for December 1998. There were 7 less admissions in January 1999 compared to January 1998 (7,161).

Note: Admissions reported through the Elective Admissions System should be considered preliminary. Final activity levels will be determined by the Queensland Hospital Admitted Patient Data Collection.

CLINICAL BEST PRACTICE

There was no Clinical Advisory Committee (CAC) meeting in January.

Specialist Outpatient Services

- Feedback has been received regarding the draft *Guidelines for the Management of Specialty Outpatient Clinic Waiting Lists* that were distributed for comment in December. Responses have been very positive from hospitals and general practitioners. These responses are being collated for discussion by the Clinical Best Practice Outpatients Working Party.
- The Clinical Best Practice Outpatients Working Party will meet in February to review the feedback received and to discuss any final changes to the *Guidelines* prior to publication. The Working Party will also establish a implementation strategy for the *Guidelines* and a framework for the initiation of quality enhancement activities in specialty outpatient clinics.

Bed Management

- As part of the funding submission for Emergency Departments, approval was received for 2 bed management projects at Toowoomba Hospital (in conjunction with the University of Southern Queensland) and the Royal Brisbane Hospital. The performance measures, outcomes and reporting requirements have been developed and funds will be released once these are approved. It is anticipated that these projects will develop a computerised simulation model for hospital resource management and an bed management algorithm respectively.

General Practitioners Briefings

- To promote distribution of information and improved communication with General Practitioners briefings have been distributed in the form of an insert in the monthly newsletters of the Divisions of General Practice. The briefings include waiting list information for the hospitals relevant to each Division and are based on the quarterly *Elective Surgery Waiting List Report*. It is anticipated that they will also be used to highlight other aspects of the *Waiting List Reduction Strategy* such as the development of the *Guidelines for the Management of Outpatient Waiting Lists*.

Clinical Benchmarking

- A member of the Surgical Access Team attended a two day workshop on 13 / 14 January 1999 conducted by the Allegiance Group. The aim of the workshop was to discuss elements of benchmarking and the data items required / currently available through the information systems in use in Queensland Public Hospitals. The quality of the data collected was also discussed in some depth. The data items collected by Surgical Access Team regarding the elective surgery waiting list, emergency department waiting times and outpatients waiting times were considered.

HEALTH SYSTEM DEVELOPMENT

Specialist Outpatient Services

- The monthly collection of outpatient waiting list information is continuing. This process has been enhanced by the development of a standard data collection form, including clinic groupings and definitions based on National and Queensland data definitions. The collection for January is due to be received by the Surgical Access Team by 3 February 1999.
- Hospitals have provided details of projected specialty OPD clinic sessions for 1999. This will allow further analysis of the demand and supply of outpatient services.

Emergency Services

1. Information systems implementation

- The General Manager, Health Services has approved the implementation of the HAS EDIS system into Cairns, Toowoomba and Redcliffe Hospitals. Staff from the Queensland Injury Surveillance Unit (QISU) have been seconded to project manage the implementation of EDIS into these three sites. In consultation with a project management plan will be delivered in early February.

- The monthly collection of attendances and waiting times per triage category has commenced and the returns for January 1999 are currently being analysed. The performance indicators established for use in New South Wales and Victoria are being reviewed as part of the identification of suitable measures for Queensland hospitals.

2. Clinical Best Practice

- A working party is being established consisting of Emergency Department - Clinical Nurse Consultants from hospitals with a role delineation of 4 or greater. The purpose of the group is to examine existing triage processes across the State. A major outcome of the group is to develop a consistent approach to the application of the National Triage Scale including training and development.
- The working party will also make recommendations for the development and implementation of a quality improvement program to address data quality issues within emergency departments. Primarily the focus of the group will be to review performance indicators such as access block for emergency departments and identify processes to ensure data is valid and reliable.

HOSPITAL SUPPORT AND LIAISON

Medical Superintendents Advisory Committee

- The meeting on January 15th focussed on the challenge of meeting performance targets and maintaining budget integrity.
- Issues discussed included medical staffing levels, costs of staff relocation, holiday theatre activity and information technology requirements.

Elective Surgery Coordinators did not meet in January.

ORMIS SUPPORT and THEATRE UTILISATION

Software Issues

- Acceptance testing of ORMIS V.5 has been delayed until mid-March 1999. This delay has resulted due to the inability of CSC Australia to meet the following criteria by 18 January 1999:
 - failure to deliver agreed software requirements which were to ensure data integrity between ORMIS V.5 and EAM
 - successful installation of the test environment at Mater Adults Hospital on 18 January 1999.
- In the interim, project activities have continued in a limited capacity. Activities conducted to date include:
 - developing test scenarios
 - identifying software changes and developing preliminary notes for future training in an effort to minimise training course development closer to the rollout date
 - establishing reference files
 - developing a test data set.
- The delay has necessitated the planned dual deployment of EAM and ORMIS V.5 to be extended from March 1999 to April 1999.

Corporate Reporting

- A draft report comprising State information on theatre utilisation performance indicators for the period 1 January 1999 to 31 December 1998 will be forwarded to Health Service District Managers by mid-February for comment. Responses will be required within two weeks of receipt, when the Corporate report will be finalised.

System Management and Year 2000 Compliance

- The Surgical Access Team is responsible for ensuring ORMIS V.5 is Y2K compliant and ensuring business readiness at 1 January 2000. To meet this responsibility a high level project plan has been developed which identifies key project areas to be pursued. It is expected that much of the testing of the product will be conducted in conjunction with the Corporate Information Systems Unit's project schedule and within an established Y2K test environment.

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