



Queensland Government

Queensland Health

Waiting List Reduction Strategy

Report from the
SURGICAL ACCESS TEAM
for the month of

January 2001

Distribution: Director-General
Minister for Health
General Manager (Health Services)

MANAGEMENT ISSUES

Communications

- The *Elective Surgery Waiting List Report as at 1 January 2001* was released on the Queensland Health internet site on 31 January 2001 and was also released in hard copy on 1 February 2001. Because of the release of the quarterly report, the standard monthly report was not distributed during January.
- A significant number of **briefings** were prepared during January for both the Director-General and Minister:
 - 7 Briefings on Elective Surgery Waiting Lists for the following Districts: Gladstone, Banana, The Prince Charles, Toowoomba, Redcliffe/Caboolture, Gold Coast, Fraser Coast, Rockhampton, Southern Downs, Bundaberg, Sunshine Coast, Princess Alexandra;
 - 7 Comparison of census and throughput data for 33 reporting hospitals for 4 years to 30 June 2000.
 - 7 Strategies employed by NSW Health to increase elective surgery throughput;
 - 7 Comparison of 1 January 2001 quarterly report with 1 January 2000 quarterly report;
 - 7 Comparison of number of 'long long wait' patients for 4 years to 30 June 2000.
 - 7 History of elective surgery strategy including initiatives and current programs

Consultation

- The **Medical Superintendent's Advisory Committee** did not convene during January.
- The **Clinical Advisory Committee** did not convene during January.
- The **Elective Surgery Coordinators** did not convene during January.
- Extensive consultation with Medical Superintendents, Elective Surgery Coordinators and Elective Surgery Liaison Officers occurred in December and January to ensure strategies were in place to effectively manage Elective Surgery waiting lists activity during the Christmas/New Year period.
- Contact was made with officers of the Health Departments of New South Wales and Western Australia during the month. 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. Consultation with these Departments is continuing. It is planned to broaden this contact to other States.
- The Surgical Access Team was invited by the District Manager, Sunshine Coast Health Service to participate in a review of the Nambour Hospital Emergency Department. Following an initial meeting between key stakeholders, the Surgical Access Team has agreed to obtain additional information required to progress with the review process.
- Townsville General Hospital requested assistance from the Surgical Access Team in relation to assessing the impact of the closure of the emergency department at the Mater Hospital. Confidential information has been provided which will assist with analysing the situation.
- The Surgical Access Team has provided assistance to the Gold Coast and Robina Hospitals in relation to streamlining elective surgery booking and admission processes between the two sites. Two members of the Surgical Access Team undertook site visits to review systems in place and to provide assistance with implementing improved processes.

FUNDING & INCENTIVES

- The Surgical Access Team met with representatives of the Health Funding Unit and the Departments of the Premiers and Treasury regarding the Output Investment Proposal submitted to the Cabinet Budget Review Committee. Additional input was requested and provided.
- The Surgical Access Team provided information to the Minister regarding the impact of an additional \$20M investment in Elective Surgery over a two-year period.
- A significant briefing on funding for elective surgery versus activity reported over the period 1996/97 – 1999/2000 was prepared for the Director-General. The strong indication is that changes to coding practices has resulted in elective surgery funding being directed to other hospital activity.
- The Surgical Access Team has commenced a review of funding models for Elective Surgery for the 2001/02 financial year. The Pricing Strategy Team will provide information on the estimated marginal cost of providing Elective Surgery using Transition II data for selected facilities. It is envisaged that a proposal will be developed by mid March.
- The Pricing Strategy Team has distributed the converted Elective Surgery Targets (from Phase 6 to Phase 7 of the Hospital Funding Model) to Districts. The Surgical Access Team has contacted several Districts to provide assistance in identifying Elective Surgery Activity and to ensure accurate reporting processes are in place.
- The Surgical Access Team contacted the NSW Health Department regarding Funding and Incentive initiatives in place for Elective Surgery in New South Wales.
- The Mackay Base Hospital requested additional funding of \$85k for the replacement of sterilising equipment that had failed. The General Manager Health Services did not support the request requesting that reasoning should be provided as to why essential equipment should not be purchased out of the District budget.
- Hospital Morbidity data used for the production of weighted separation activity data is now being retrieved from the Oracle database developed by the Surgical Access Team.

INFORMATION MANAGEMENT

Information and Systems

- Alison Kelly and Sean Conway from the Surgical Access Team attended a training course covering database administration for Oracle Discoverer. This course is part of the strategy to develop skills within the Surgical Access Team necessary to maximise benefits realised by the Surgical Access Team's data warehouse.

PERFORMANCE REPORTING

WAITING LIST

- The total number of patients on the waiting lists of the reporting hospitals increased from 39,488 at 1 January 2001 to 39,761 at 1 February 2001 (273 patients).

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	1,496	3.0%	10,141	11.1%	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	8.5%	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
1 Feb 2001	1,803	3.9%	10,669	12.7%	27,289	35.7%	39,761

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

Category 1

- As at 1 February 2001, the number of 'long wait' Category 1 patients on elective surgery waiting lists was 70 (3.9%). This figure was maintained from the 70 'long wait' cases (4.6%) reported at 1 January 2001. A total of five (5) hospitals reported in excess of 5% 'long waits'.

Hospital	Category 1	
	Percent 'long waits'	Number of 'long waits'
Gladstone Hospital	6.7%	1
Gold Coast Hospital	11.6%	26
Kirwan Hospital for Women	25.0%	2
Royal Childrens Hospital	6.7%	2
Townsville General Hospital	8.0%	11

Category 2

- As at 1 February 2001, the number of 'long wait' Category 2 patients on elective surgery waiting lists was 1,352 (12.7%). This is an increase of 77 patients from that reported at 1 January 2001 - 1,275 (11.9%). This compares with 1,121 (11.1%) 'long wait' Category 2 patients at 1 February 2000.
- A total of 16 facilities reported 'long wait' patients in excess of the 5% benchmark.

Hospital	Category 2 - 1 February 2001		Category 2 - 1 February 2000	
	Percent 'long waits'	Number of 'long waits'	Percent 'long waits'	Number of 'long waits'
Gold Coast Hospital	14.5%	132	10.3%	96
Kirwan Hospital for Women	34.1%	47	0.0%	0
Mackay Base Hospital	28.0%	69	15.1%	35
Mater Adults Hospital	7.5%	31	3.6%	11
Mater Children's Hospital	12.8%	14	0.0%	0
Nambour Hospital	16.9%	145	12.7%	124
Noosa Hospital	20.1%	83	N/A	N/A
Princess Alexandra Hospital	13.8%	195	8.8%	108
QEI Hospital	5.1%	19	0.0%	0
Redland Hospital	9.3%	11	4.5%	5
Rockhampton Hospital	6.6%	12	6.0%	12
Royal Brisbane Hospital	24.0%	315	24.3%	194
Royal Children's Hospital	5.8%	15	27.1%	103
The Prince Charles Hospital	5.7%	23	22.2%	116
Toowoomba Hospital	21.5%	86	20.4%	102
Townsville General	12.5%	86	7.5%	38

- The largest increases in the number of 'long wait' Category 2 patients was reported by Noosa Hospital (43), Princess Alexandra Hospital (31) and Kirwan Hospital for Women (27).

Category 3

- As at 1 February 2001, the proportion of Category 3 patients waiting longer than one year for surgery was 35.7% (9,755 patients). This compares with 9,650 patients (35.4%) waiting longer than one year at 1 January 2001 and 8,589 patients (30.0%) waiting longer than one year at 1 February 2000.

THROUGHPUT

Overall **elective surgery throughput** (Category One, Two and Three) has decreased from 7,134 elective surgery admissions in December 2000 to 7,097 in January 2001 (cf. 6,362 in January 2000). Overall elective surgery throughput for the first seven months of 2000/2001 compared with the first seven months of 1999/2000 and 1998/1999 is included in the following table. Throughput for July-January 2000/01 is down by **2.6%** (1,713 cases) on the throughput recorded for July-January 1999/2000 and down by **6.2%** (4,172 cases) on the throughput recorded for July-January 1998/99.

July-January 1998/1999	July-January 1999/2000	July-January 2000/01
67,741	65,282	63,569

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

1. CLINICAL ADVISORY COMMITTEE

- There was no formal meeting held during January 2001.
- The 'Orthopaedic Continuum of Care' program was discussed at a meeting between the Queensland Division of General Practice and Queensland Health representatives. The focus of this meeting was to identify links between this program and the concept proposal tabled at the Clinical Advisory Committee Meeting in November 2000 to actively manage Orthopaedic patients placed on waiting list for elective surgery. The program is based at the Enoggera Community Health Centre and involves The Prince Charles Hospital.
- The Surgical Access Team met with Ms Ellen Hawes - Quality Improvement and Enhancement Program 1999/2004, to discuss the Hospital Clinical Indicators Project. Ms Hawes will deliver a presentation to the Clinical Advisory Committee during the February meeting.

2. EMERGENCY SERVICES STRATEGY

Nurse Initiated X-Ray Program

- A memorandum signed by Dr J Youngman, A/Director-General was distributed to Zonal and District Managers delegating authority to approve Nurse-Initiated X-ray protocols to District Managers through the signing of an Instrument of Delegation. Fifteen hospitals have contacted the Surgical Access Team and requested a copy of the Nurse Initiated X-Ray Program Outline. Project officers from Toowoomba, Gold Coast and Ipswich, who were part of the 20 pilot hospitals responsible for implementing this program, agreed to assist the additional 15 hospitals with the development and implementation of protocols and educational programs.

Professional development of emergency department nursing staff

- Meetings were held with representatives of the Queensland Emergency Nurses' Association and the Principal Nursing Advisor (Qld. Health) to facilitate commencement of the Emergency Nurses Project to review education for emergency nurses in Queensland Health. An expert Reference Committee, chaired by the Principal Nursing Adviser was established to oversee and provide clinical leadership for the project.

Research into current trends - Elective Surgery strategies

- Contact was made with the Central Wait List Bureau of WA Health in order to exchange information on elective surgery waiting lists, specialist outpatient department waiting lists and strategies used to manage these areas.

3. BENCHMARKING

Emergency Medicine Waiting Times

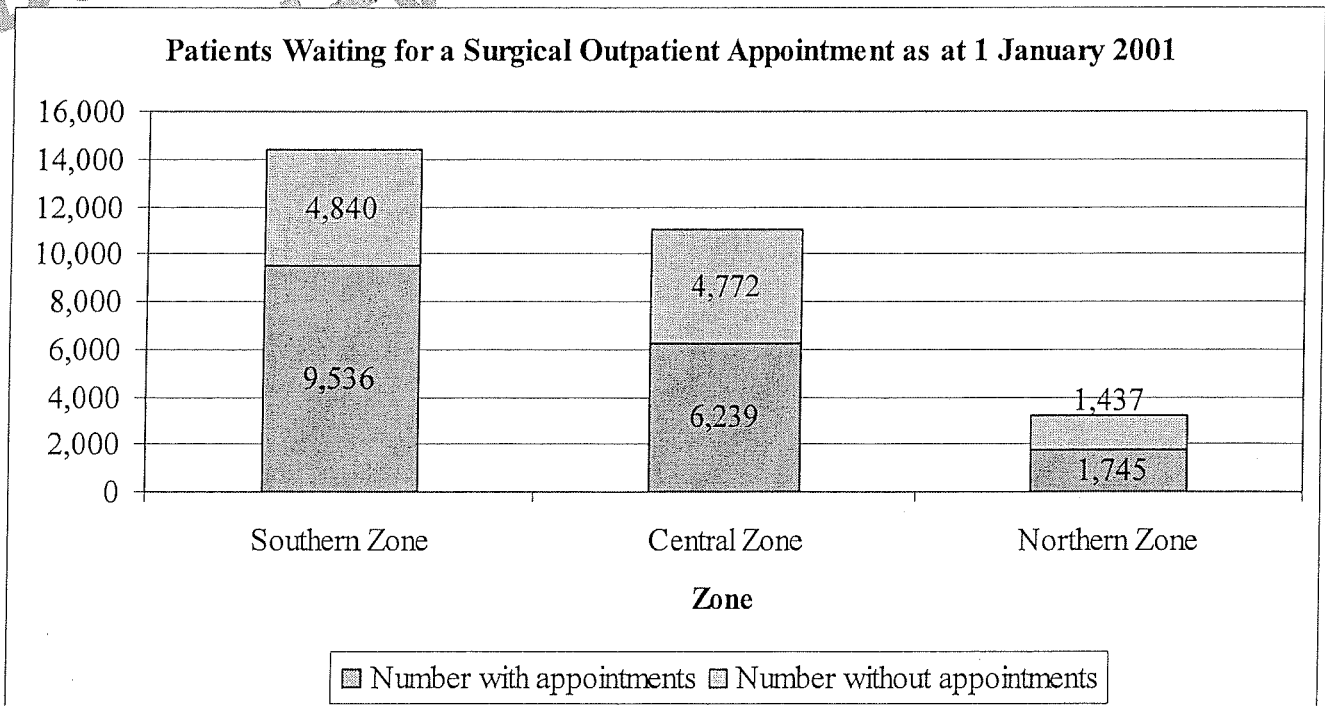
- Preliminary waiting time performance data indicates an improved performance in NTS Category 1, 2 and 3, a decline in performance in Category 4 and no change in category 5 in January 2001 compared to January 2000. Performance is generally slightly reduced from the previous month.

	January 2001 (preliminary)	December 2000	January 2000	Target
NTS 1	98%	98%	95%	100%
NTS 2	70%	73%	62%	80%
NTS 3	59%	60%	57%	75%
NTS 4	64%	67%	66%	70%
NTS 5	86%	84%	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.



HEALTH SYSTEM DEVELOPMENT

Database Development

- Business Application Services have advised that the 'fix' required from iSoft to progress the statewide rollout of the Elective Admissions Module (EAM) and Emergency Module (EMG) data warehouse, may not be available until April 2001 as apposed to the end of January 2001 as initially indicated. iSoft have advised that work priority will not be given to this task as the problem exists within a non-propriety HBCIS product. All available iSoft resources are being deployed to work on the 1 April software release. Business Application Services have requested a quotation from iSoft for dedicated resources to work on the 'fix'. It is anticipated that dedicated resources will result in an operational solution within a two-week period.

Clinical Co-ordination

- The Surgical Access Team met with the Emergency Services Coordinator (Qld Health) and the three (3) Principal Clinical Co-ordinators, in relation to progressing the state-wide collection of the minimum data set for retrieval services formulated by the Queensland Emergency Medical Services Advisory Committee (QEMSAC).
- A database has been developed by staff from the Princess Alexandra Hospital Emergency Department and is being utilised by the three Clinical Coordinators in their respective hospitals. However the remaining hospitals utilise varying methods and data sets to capture retrieval information.
- It was agreed that an information session with key staff from selected emergency departments be coordinated in February 2001 to provide an overview of the Corporate data requirements and reporting process to be implemented. It was also agreed that the initial data collection should be limited to those hospitals, which provide aero-retrieval services. It is anticipated that if no major difficulties are identified at the information session, the data collection process could commence by 1 April 2001.

HBCIS Emergency Module

- The focus on improving waiting times in Emergency Departments has prompted a number of requests for changes to the HBCIS Emergency Department Module (EMG). Subsequently, Business Application Services has invited sites to provide input into the process of identifying and refining functional changes to the HBCIS EMG Module. Business Application Services have advised that some of the requested changes will significantly improve the user friendliness of the application. Enhancement requests will be discussed during a workshop to be convened in late March - early April.

Prosthetics Standardisation Project

- The General Manager, Health Services has requested that the use of high cost prosthetics be standardised in Queensland Health facilities and statewide purchasing arrangements be availed of to generate savings. An attempt by the Surgical Access team to collect usage and cost data for the major high cost prosthetics revealed an inability of hospitals to supply such data. As a result, a data base linking FAMMIS cost codes and ORMIS was developed and successfully piloted at Townsville Hospital (see below). The GMHS has asked that the project be fast tracked by contacting the Australian Orthopaedic Association, in the first instance, and requesting input to the standardisation of major joint replacement prosthetics.

Prosthetic Reporting Database

- Following the successful implementation of the prosthetic database at the Townsville General Hospital, the Surgical Access Team has explored the possibility of installing the database at other ORMIS sites. A number of benefits have been achieved with the implementation of this system. For example, enhanced reporting of prosthetic and consumable costs and usage, improved revenue retrieval and patient billing, and improved purchasing on suppliers and reduction of operating room staff time in terms of recording manual records and duplication of paperwork.
- The Townsville experience has confirmed that it is possible to capture prosthetic usage and cost including consignment stock at the unit level. The installation of the system at other ORMIS sites will promote benchmarking and support cost analysis of new operating techniques, for example keyhole surgery.
- A number of sites have expressed interest in implementing the database and associated changes in work practices within the operating room environment. The Surgical Access Team is developing a project plan to facilitate a limited roll out of the system in conjunction with staff from the Townsville hospital.

HOSPITAL SUPPORT AND LIAISON

Medical Superintendents Advisory Committee

The Medical Superintendents Advisory Committee did not meet during January 2001.

- Following the presentation at the December 2000 meeting, Ms Ainslie Kirkegaard, Department of Justice forwarded a copy of the *Coroners Bill 2000 – Public Consultation Draft Queensland Health Response* for distribution to the members of the Medical Superintendent Advisory Committee.
- Dr Andrew Johnson, Executive Director of Medical Services, Townsville General Hospital, requested an invitation be sent to A/Prof Rod McClure and Dr Desley Kassulke from the Queensland Trauma Registry to present at the February meeting. The Queensland Trauma Registry is established in the main referral hospitals of South-East Queensland and will soon expand data collections to include additional regional hospitals across the State. The proposed additional hospitals are Townsville, Mater Misericordia, Cairns, Mt Isa, Mackay, Rockhampton, Nambour, Gold Coast and Toowoomba.

Elective Surgery Coordinators

- There was no formal meeting held in January 2001. The Surgical Access Team contacted each of the Elective Surgery Coordinators and Liaison Officers to ensure strategies to address 'long wait' Category 1 and Category 2 were being investigated and implemented. The holiday period through Christmas and New Year and annual leave during January has impacted on elective surgery activity.
- Discussions have taken place with Ms Sue Howley, St Vincent's Hospital, Robina, Ms Ethelann Low, Gold Coast Hospital and Ms Diana Novy, Nambour Hospital. Preparations for the meeting to be held during February at Robina to discuss the management of public patients waiting for elective surgery at St Vincent's Hospital, Robina is continuing.