



# Waiting List Reduction Strategy

Report from the  
**SURGICAL ACCESS TEAM**  
for the month of

**July 1999**

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

# PROJECT MANAGEMENT

## Consultation

- Site visits have commenced to Districts who have received Surgical Incentives Funds in 1999/2000. The purpose of these visits is to discuss with District Managers the Business Rules for Elective Surgery in 1999/2000. This includes:
  - Forecasting elective surgery activity trends;
  - Reporting requirements for elective surgery;
  - Retrospective payment details;
  - Adjustments of payments for non-achievement of waiting list targets.

It is anticipated that all site visits will be completed by the end of August.

- Meetings are also planned in August, with the Zonal Managers to discuss issues related to the *Waiting List Reduction Strategy* for each of the zones.
- A request has also been received to assist in the planning of a dinner meeting hosted by the Director-General with representatives from the major medical colleges and associations for August / September 1999.
- The Surgical Access Team met with the Principle Nurse Advisor and delegates from the Queensland Emergency Nurses Association (QENA) regarding the allocation of funding to support emergency departments that have the highest need for increased numbers of Registered Nurses.

## Communications

- As part of the release of the quarterly *Elective Surgery Waiting List Report*, the Surgical Access Team identified issues and prepared draft press releases in conjunction with the Office of the Minister for Health.

# FUNDING & INCENTIVES

## Elective Surgery Funding – 1999/2000

Elective surgery funding allocations have been made for 1999/2000. Districts have been notified of the funding allocations and the Business Rules associated with this funding. Allocations are as follows:

ADDITIONAL ELECTIVE SURGERY FUNDING BY DISTRICT					
District	HOSPITAL	Surgical Incentives Fund (Total)	Waiting List Incentive + 1998/99 New Initiative +Day Surgery	Complex Procedures 1998/99 New Initiative	One off (Non Recurrent) funding
		\$	\$	\$	\$
Bundaberg	Bundaberg	425,000	300,000	125,000	
Cairns	Cairns	300,000	150,000	50,000	100,000
Central Highlands		62,000	62,000		
Gympie	Gympie	120,000	120,000		
Gold Coast	Gold Coast	500,000	450,000	50,000	
Logan/ Beaudesert	Logan/ Beaudesert	500,000	325,000		175,000
Mackay	Mackay	725,000	500,000	25,000	200,000
Mater	Mater Adults	1,900,000	1,200,000	200,000	500,000
	Mater Children's	350,000	350,000		
Princess Alexandra	Princess Alexandra	2,500,000	1,300,000	1,200,000	
Queen Elizabeth II	Queen Elizabeth II	1,500,000	1,400,000	100,000	
Redcliffe/ Caboolture	Redcliffe	1,300,000	500,000	700,000	100,000
	Caboolture	700,000	700,000		
Rockhampton	Rockhampton	431,000	431,000		
Royal Brisbane	Royal Brisbane	2,000,000	600,000	1,100,000	300,000
Royal Children's	Royal Children's	110,000	110,000		
Sunshine Coast	Nambour/Caloundra	500,000	200,000	200,000	100,000
The Prince Charles	The Prince Charles	2,000,000	1,000,000	1,000,000	
Toowoomba	Toowoomba	500,000	300,000	200,000	
Townsville	Townsville	2,700,000	2,300,000	300,000	100,000
	Kirwan	100,000	100,000		
West Moreton	Ipswich	850,000	600,000	250,000	
Total		20,073,000	12,998,000	5,500,000	1,575,000

## Transfer of Patients

Currently, the transfer of patients is being explored between Bundaberg Hospital and Maryborough Hospital. This may involve not only the direct referral of patients to Maryborough Hospital from General Practitioners in Bundaberg, but the Orthopaedic Surgeon from Maryborough Hospital reviewing 'long wait' Category 2 patients for surgery.

# INFORMATION MANAGEMENT

## INFORMATION AND REPORTING

- Surgical Access Team has met with staff from the Information Services Unit to discuss options to progress the development of the Executive Information Reporting System for elective surgery. Information Services Unit has agreed to work with the Surgical Access Team in a pilot arrangement utilising Oracle as the development tool, which is the Corporate standard.
- Representatives from Oracle Corporation provided a demonstration of their products and their reporting capabilities to members of the information services area and the Surgical Access Team. Oracle Corporation are now in the process of demonstrating their ability to deliver a reporting tool that will satisfy the needs of the Surgical Access Team in terms of provision of timely elective surgery executive information.
- The Surgical Access Team has had an extract developed which will be provided to selected sites to facilitate the generation of a report that will enable analysis of patients that are on one or more elective surgery waiting lists. It is anticipated that the results of this analysis will be completed by 31 August 1999.
- The Surgical Access Team is continuing discussions with members of the Collocation Unit and the Data Services Unit to ensure elective surgery reporting is not jeopardised by the introduction of a District wide waiting list for the Sunshine Coast Area.
- The Access database utilised within the Surgical Access Team to provide waiting list information has not been able to undergo the Y2K compliance test. The information services area has arranged for a consultant from Royal Brisbane Hospital and District Health Service to work on the database. At this stage it is anticipated that the database will be repaired and will meet Y2K compliance.

## PERFORMANCE REPORTING

The **total number** of patients on the waiting lists of the 33 hospitals increased from 38,768 at 1 June 1999 to 38,641 at 1 July 1999 (+125).

Date	Category 1		Category 2		Category 3		Total
	Total	% 'long wait'	Total	% 'long wait'	Total	% 'long wait'	
1 Jul 98	1,285	0.9%	9,243	10.6%	25,732	28.8%	36,260
1 Aug 98	1,316	1.4%	9,511	11.2%	25,379	28.6%	36,206
1 Sep 98	1,368	3.1%	9,621	14.1%	25,356	28.0%	36,345
1 Oct 98	1,441	2.0%	9,960	14.7%	25,538	28.1%	36,939
1 Nov 98	1,621	2.7%	10,109	15.8%	25,557	28.2%	37,287
1 Dec 98	1,502	2.8%	10,119	16.6%	25,797	28.5%	37,418
1 Jan 99	964	2.3%	10,244	18.4%	26,012	28.1%	37,220
1 Feb 99	1,432	2.0%	10,462	19.4%	26,315	27.7%	38,209
1 Mar 99	1,432	2.0%	10,337	18.4%	26,440	27.9%	38,209
1 Apr 99	1,392	1.9%	9,953	15.9%	26,895	27.5%	38,2400
1 May 99	1,336	1.6%	10,275	14.7%	26,953	27.9%	38,564
1 Jun 99	1,504	2.1%	9,922	12.3%	27,342	27.3%	38,768
1 Jul 99	1,493	1.9%	9,762	8.6%	27,326	27.6%	38,641
1 Aug 99	1,419	2.0%	9,929	10.6%	27,418	27.7%	38,766

The number of 'long wait' Category 1s decreased slightly from 29 to 28. The number of 'long wait' Category 2s increased from 837 (8.6%) to 1,053 (10.6%) [+216]. This compares with 1,069 (11.2%) 'long wait' Category 2s at 1 August 1998.

### Category 1

At 1 August 1999, the proportion of Category 1 patients waiting longer than 30 days for surgery was **2.0%** (cf. 1.9% at 1 July 1999). This compares with the proportion of Category 1 patients waiting longer than 30 days for surgery at 1 August 1998 of 1.4%. Two hospitals reported more than 5% - Redland Hospital (16.7% or 3 of 18 Category 1 patients) and Townsville General Hospital (7.9% or 9 of 114 Category 1 patients).

### Category 2

At 1 August 1999, the proportion of Category 2 patients waiting longer than 90 days for surgery was **10.6%** (cf. 8.6% at 1 July 1999). This compares with the proportion of Category 2 patients waiting longer than 90 days for surgery at 1 August 1998 of 11.2%. The Nambour Hospital reported the largest increase in the number of 'long wait' Category 2 patients (71), with a consequent increase in the proportion of 'long wait' patients to 18.2% (cf. 10.3% at 1 July 1999). The QEII Hospital reported an increase of 34 'long wait' Category 2 patients and a consequent increase in the proportion of 'long wait' patients to 9.8% (cf. 2.7% at 1 July 1999).

### Category 3

At 1 August 1999, the proportion of Category 3 patients waiting longer than 1 year for surgery was **27.7%** (cf. 27.6% at 1 July 1999). This compares with the proportion of Category 3 patients waiting longer than 1 year for surgery at 1 August 1998 of 28.6%.

### Throughput

The number of elective surgery admissions in July 1999 was 10,243 an increase of 116 from the 10,127 admissions reported for June 1999. There were 920 less admissions in July 1999 compared to July 1998 (11,163).

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

### Specialist Outpatient Services

- The Outpatient Clinical Best Practice Working Party met on 20 July 1999. Data was provided for April, May, June 1999 in regards to non-attendances at OPDs. This data is being collated to identify areas that may require specific focus to improve service provision.
- The Surgical Access Team is pursuing the feasibility of the implementation of a backend extract database from the HBCIS OPD module to optimise the accessibility of the data from within the system.

### National Demonstration Hospitals Program

- The Surgical Access Team has met with the Ipswich and Rockhampton Managers and further meetings are expected to take place in regards to the National Demonstration Hospitals Program.

### Clinical Advisory Committee

The Clinical Advisory Committee met on 13 July 1999. Items discussed included the following.

- The funding arrangements for elective surgery 1999/2000 will be based on monthly retrospective payment. The process will include estimating elective surgery activity monthly, which will be paid at the casemix price. Adjustments will be undertaken at the end of each quarter.

# HEALTH SYSTEM DEVELOPMENT

## Emergency Services Strategy

### INFORMATION SYSTEMS

- All four (4) sites that have implemented the HASS EDIS product have gone live and are now using the information system to provide data to the Surgical Access Team.
- All 20 emergency departments that have a role delineation of four (4) or greater now have a functioning information system in their emergency department, either HASS EDIS or HBCIS EMG.
- The EDIS / HBCIS interface is being tested for Y2K compliance in August.

### DATA COLLECTION

- Access block data extracts for the month of July have now commenced and the first run of data is expected to be forwarded to the Surgical Access Team in early August. Once the data has been received, it will be analysed and formatted to produce the first access block report for Queensland public hospital emergency departments.
- The waiting times data collection (Table-1) shows that there has been little change in the figures for the year to date.

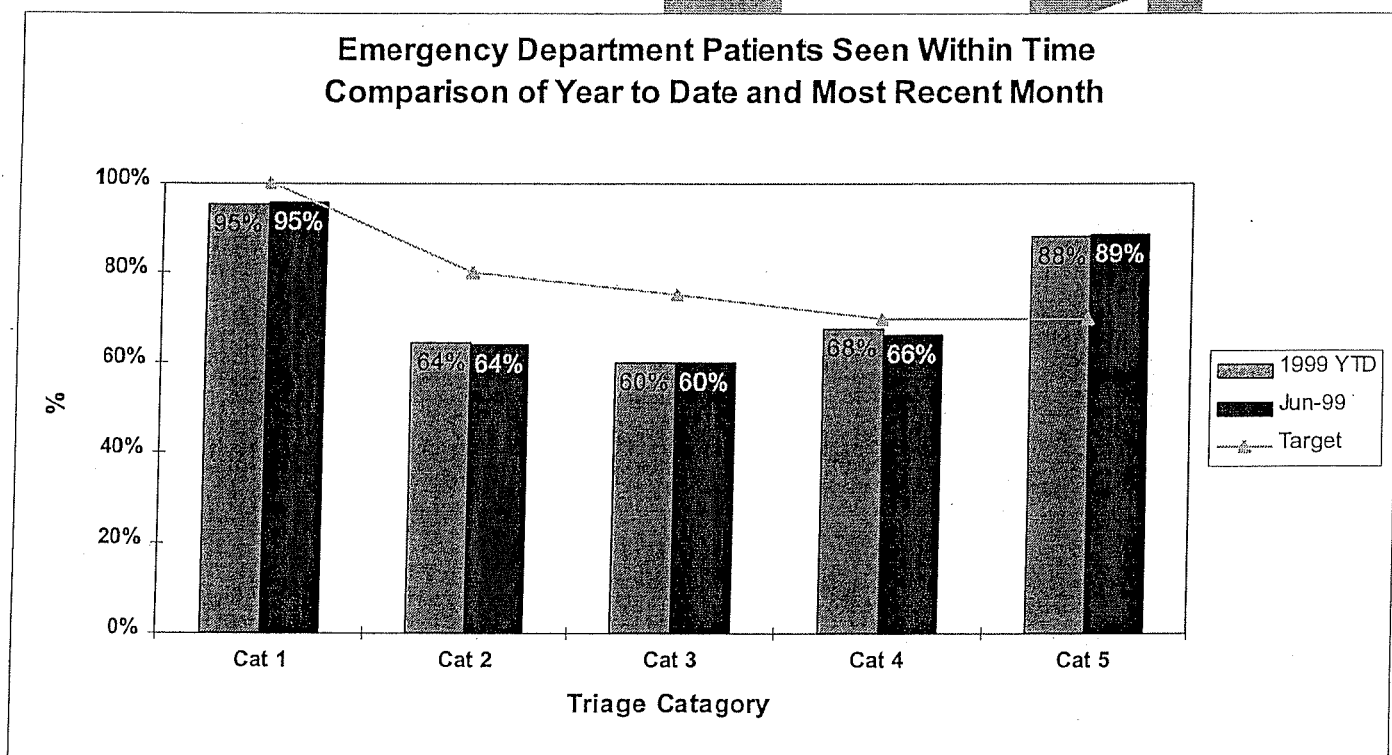
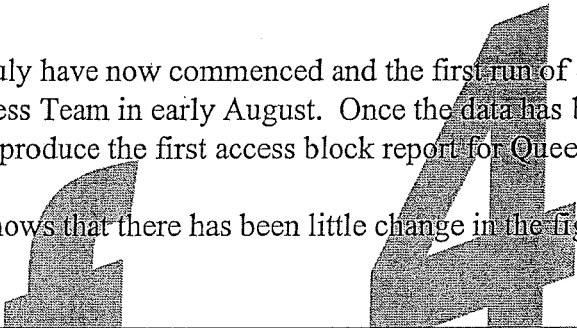


Table-1

### COMMUNICATION

- The General Manager, Health Services has not approved the State-wide circulation of a quarterly report addressing comparative emergency department performance data to participating sites as part of the benchmarking exercise. The document has been attached to the next Cabinet Submission (Attached is a copy of the report)

## WORKFORCE ISSUES

- The General Manager, Health Services, has approved the allocation of funds to support increased number of emergency department Registered Nurses. Recurrent funding for eleven (11) Registered Nurse positions will be provided to Mt Isa, Bundaberg, Ipswich, Logan, Redcliffe and Mackay emergency departments. Sites are currently being notified of approved positions, reporting requirements and funding allocations.
- The report on the Review of the Emergency Department, Mt Isa Hospital, has been approved by the General Manager, Health Services and forwarded to the District Manager Mt Isa. The General Manager, Health Services requested a report within two (2) months regarding the recommendations within the report. Funding was also provided to support work practice changes to enhance service provision.

## RE-PROFILING OF EMERGENCY DEPARTMENTS

- The 20 emergency departments with a role delineation of four (4) and greater were re-profiled in July.
- It was agreed at the Emergency Services Benchmarking and Best Practice Workshop in May 1999 that a re-profiling should be undertaken to update emergency department information currently held by the Surgical Access Team. The purpose of the profile is to provide information on the current services provided by emergency departments and to provide an indication of current available staffing resources.
- Results of the analysis of this information will be forwarded to the General Manager, Health Services in the near future.

## CLINICAL CO-ORDINATION DATABASE

- The Surgical Access Team met with Linda Dawson, A/Chairperson, Aero-medical Services Advisory Committee to progress the development of a Clinical Coordination database for Aero-medical services. It was agreed at this meeting that the Surgical Access Team review the RFDS database that currently collects pertinent aero-medical information and provide advice as to its ability to collect the required minimum data set as defined by the Aero-medical services Advisory Committee. The Surgical Access Team will have this assessment completed prior to the next meeting of the Aero-Medical Services Advisory Committee in September 1999.

## HOSPITAL SUPPORT AND LIAISON

### MEDICAL SUPERINTENDENTS ADVISORY COMMITTEE

The outcomes of the Medical Superintendents Advisory Committee meeting held on 16 July 1999 are as follows:

- An overview of the outcomes in terms of elective surgery achievements for the 1998/1999 financial year was provided. The committee was advised that the Minister was pleased with the achievement of 8.6% 'Long Wait' Category 2 Patients and her desire to work towards achieving the 5% target. The Medical Superintendents discussed the achievement of 8.6% 'Long Wait' Category 2 target in depth. There was concern that maintenance of the target at this level would be a high expectation and that any further reduction would be extremely difficult.
- An overview of the elective surgery funding for 1999/2000 was provided. The retrospective payment model was discussed including the possibility of penalty adjustments for those hospitals not achieving the 5% target for Category 1 and Category 2 patients. The committee advocated that they did not support the introduction of penalty adjustments and that this would have a negative impact on

achieving targets. Members of the committee were concerned that increased attention on achieving Category 1 and Category 2 targets would only contribute to increasing the difficulty in managing the Category 3 waiting list situation.

- The Medical Superintendents were advised that the High Level Action Team and members of the SAT would be visiting sites this financial year to offer assistance in terms of achieving positive results within elective surgery. However it was agreed that continued improvement in communication was vital to the success of elective surgery strategies.

### **ELECTIVE SURGERY COORDINATORS**

- The elective surgery coordinators meeting for July 1999 was cancelled, however a number of issues were progressed during the month. In relation to this the coordinators are keen to continue to develop strategies that will assist in improving elective surgery services.
- The Coordinators are interested in improving their ability to generate reports from the various systems that will enable them to work more pro actively in terms of managing elective surgery. Members of the Surgical Access Team will be assisting with this process during the coming months.
- The Elective Surgery Coordinators advised that site visits from members of the Surgical Access Team were appreciated and more effective in terms of reviewing their hospital processes and facilitating improvements in relation to the management of elective surgery.

## **ORMIS SUPPORT and THEATRE UTILISATION**

### **Software**

The following issues have been identified with the new review of ORMIS since implementation:

- ICD10 AM Clinical Benchmarking extract, and
- Performance

1. The ICD10AM extract has been rectified in version 5.03.1b1
2. The ORMIS Developments and Theatre Utilisation Project Officer convened a meeting on 30 July 1999 to discuss the performance of the software in the live environment. The meeting comprised representation by QH District Information Systems, Business Application and Support, CSC, and HASS. It was resolved at this meeting that 3 sites (Princess Alexandra Hospital, Cairns Base Hospital, Toowoomba Base Hospital) would participate in performance testing of version 5.03.1b1 during the period 2 to 6 August 1999. If at the end of this time performance continued to test ineffectually HASS would provide on-site support and apply analysis tools in an attempt to isolate the cause of the issues.

### **System Management and Y2K**

- Y2K testing stand-alone: Ipswich Hospital has agreed to participate and provide resources to the testing of ORMIS and associated products in a stand-alone environment.
- Y2K interface testing: RBH have been selected by the Business Applications Support Unit to house and manage the DEC ALPHA Server environment and the Y2K test environment in conjunction with The Prince Charles Hospital.
- Y2K interface testing has been scheduled to begin on 16 August 1999 and conclude 10 September 1999. This is being coordinated in conjunction with the Business Application Support Unit.



## Corporate Reporting

- The following projects that have been initiated to progress Corporate reporting on Theatre Utilisation:

PROJECT	OUTCOMES
1. Standardisation of key code sets	<b>FINALISED</b> – This project was completed for implementation at all ORMIS and TMS sites as at 1 July 1999.
2. The development of a standard suite of reports	<b>ONGOING</b> – The preferred Suppliers have provided quotes of which are under review by the Business Application Supports Unit.
3. The clarification and reinforcement of business rules	<b>FINALISED</b> – This project was completed for implementation at all ORMIS and TMS sites as at 1 July 1999. An ongoing review of the impact for sites is planned via the Combined ORMIS/TMS/OTHER Group, which meets monthly.

1 of 4