



Queensland Government

Queensland Health

Waiting List Reduction Strategy

Report from the
SURGICAL ACCESS TEAM
for the month of

July 2000

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

PROJECT MANAGEMENT

Communications

- The Medical Superintendent's Advisory Committee met on 14 July 2000.
- The Elective Surgery Coordinators met on 17 July 2000.
- The EDIS Strategic Management Group held its inaugural meeting on 24 July 2000.

Consultation

- The Surgical Access Team met with the Queensland Emergency Nurses Association (QENA) to discuss elements of the Emergency Services Strategy in 2000/2001. QENA are particularly keen to participate in the emergency nurses education program and are currently developing a paper which will outline a plan for a statewide emergency nurse education program.
- Extensive consultation occurred in July between the Surgical Access Team and the zonal management units regarding the allocation of elective surgery funding and targets in 2000/2001. A summary of these outcomes is detailed below.
- The Surgical Access Team met with key staff from Redland, Wynnum and Gympie hospitals in relation to the implementation of the HBCIS emergency department module (EMG).

FUNDING & INCENTIVES

- Negotiations concerning elective surgery targets and associated funding for the 2000/01 financial year are continuing with zonal representatives. Initial feedback from Service Agreement negotiations between Zonal and District Managers has revealed a concern with the increase in Elective Surgery Base Targets due to the implementation of the 'Option 3' elective surgery funding model.
- Initial funding negotiations did not include \$4.02M identified as recurrent Targeted Elective Surgery Incentive Funds in 1999/2000 to enable the Royal Brisbane Hospital to re-enter the *Waiting List Reduction Strategy*. Negotiations between the Surgical Access Team, zonal representatives and the General Manager, Health Services to resolve this issue are being progressed.
- The following funding allocations have been approved:
 - Mount Isa Base Hospital: \$50,000 for the purchase of ENT equipment
 - Townsville General Hospital: \$77,100 for an increased FTE allocation, Principal Clinical Coordinator, Northern Zone

INFORMATION MANAGEMENT

Information and Systems

- Following changes to HBCIS at 1 July 2000, the Surgical Access Team is now trialing the collection of waiting list statistics in a new uniform format from all reporting hospitals. The Surgical Access Team is continuing to work with Business Application Services to ensure accuracy within the waiting list database. Input will also be sought from the Elective Surgery Coordinators, as users of the data at the sites.
- The Surgical Access Team has had discussions with the Australian Institute of Health and Welfare to clarify a number of elective surgery data definitions. Issues raised will have an impact on the type of elective surgery data collected via the Queensland Hospital Admitted Patient Data Collection.
- The Surgical Access Team has produced the quarterly Elective Surgery Waiting List Report for 1 July 2000. This report has been published on QHIN and has been distributed to general practitioners and optometrists in hardcopy.
- The Royal Brisbane and the Royal Women's Hospitals are reporting as one facility from 1 August 2000. Surgical Access Team databases have been adjusted to allow comparative timeseries data.

**General Manager,
Health Services**

PERFORMANCE REPORTING

Waiting list

- The **total number** of patients on the waiting lists of the reporting hospitals increased from 40,610 at 1 July 2000 to 40,763 at 1 August 2000 (153 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	1,512	3.1%	10,287	11.0%	28,768	29.9%	40,567
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

Note: Noosa Hospital reported separately from 1 December 1999 and Robina Hospital reported separately from 1 May 2000.

Category 1

- As at 1 August 2000, the number of 'long wait' Category 1 patients increased from 49 cases (2.7%) last month to 91 (4.6%).
- A total of 5 hospitals reported a 'long wait' in excess of 5%:

Hospital	Category 1	
	Percent 'long waits'	Number of 'long waits'
Gold Coast Hospital	10.3%	20
Nambour Hospital	10.2%	14
Robina Hospital	20.0%	1
Rockhampton Hospital	18.5%	10
Townsville General	16.5%	18

Category 2

- The number of **'long wait'** Category 2 patients increased from 847 (8.3%) to 1,125 (**10.9%**) [278 cases or 32.8%] as at 1 August 2000. This compares with 1,053 (10.6%) 'long wait' Category 2 patients at 1 August 1999.
- A total of 11 facilities reported a 'long wait' in excess of the 5% benchmark.

Hospital	Category 2	
	Percent 'long waits'	Number of 'long waits'
Gold Coast	15.8%	135
Mackay	7.1%	15
Nambour	19.0%	143
Noosa	11.7%	24
Princess Alexandra	13.1%	150
Robina	24.2%	44
Rockhampton	9.5%	19
Royal Brisbane	19.3%	267
Royal Children's	9.3%	23
Toowoomba Base	23.9%	107
Townsville General	15.5%	90

- The Royal Brisbane Hospital reported the largest number of 'long wait' Category 2 patients (267 cases – 19.3%). Note that the Royal Brisbane and the Royal Women's Hospitals are reporting as one facility as of 1 August 2000.
- The largest increases in the number of 'long wait' Category 2 patients were reported by The Royal Brisbane (71) and Gold Coast Hospitals (46).

Category 3

- At 1 August 2000, the proportion of Category 3 patients waiting longer than one year for surgery was **32.7%** (9,317 patients).

Throughput

- Overall **elective surgery throughput** (Category 1, 2 and 3) as reported through the Elective Admissions Module has decreased from 9,614 elective surgery admissions in June 2000 to 8,746 in July 2000 (cf. 10,243 in July 1999).
- Elective admissions data reported via the Elective Admissions Module (EAM) should be considered preliminary data. EAM does not provide weighted separations. The Queensland Hospital Admitted Patient Data Collection (QHAPDC) provides final weighted separation data.

CLINICAL BEST PRACTICE

Emergency Department Service Enhancement Projects

Ipswich Hospital and Royal Children’s Hospital have submitted their final report detailing the outcomes of their projects.

- At Ipswich Hospital, minimum data sets and protocols for the efficient management of Category 3 and 4 patients presenting at the emergency department have been developed and implemented. The Triage Committee established for this project will continue to meet to ensure that the optimal standards of nursing practice with the Emergency Department established is sustained.
- Royal Children’s Hospital’s project focussed on reviewing the waiting times, access block, admission criteria and discharge processes. Areas addressed to meet these objectives included triage practices and waiting times; discharge practices; short stay facility; staffing issues – medical and nursing; data systems management; patient satisfaction survey and external review. At the conclusion of the report it was stated that “*The project has addressed barriers to efficient treatment and processing of patients, improved resource utilisation and addressed waiting times*”.

Nurse Initiated X-ray Projects – Department of Emergency Medicine

Toowoomba Health Service and Gold Coast Hospital have submitted a copy of the Nurse Initiated X-ray program introduced at both hospitals.

Clinical Advisory Committee did not meet during the month of July. Meetings were held with members of the Committee and representatives from the Elective Surgery Coordinators Committee to prepare a paper for discussion on models of care to actively manage patients placed on waiting lists for Specialist Outpatients Department Clinic appointments.

BENCHMARKING

Emergency Medicine Waiting Times

- Preliminary waiting time performance data indicates an improvement in all NTS categories in July 2000 compared to July 1999. Performance is consistent with previous month, suggesting that the winter decline observed in 1999 may not have a significant impact on waiting times in 2000.

	July 2000 (preliminary)	June 2000	July 1999	Target
NTS 1	98%	97%	88%	100%
NTS 2	74%	73%	62%	80%
NTS 3	63%	61%	53%	75%
NTS 4	68%	68%	63%	70%
NTS 5	89%	88%	88%	70%

Specialist Outpatient Services

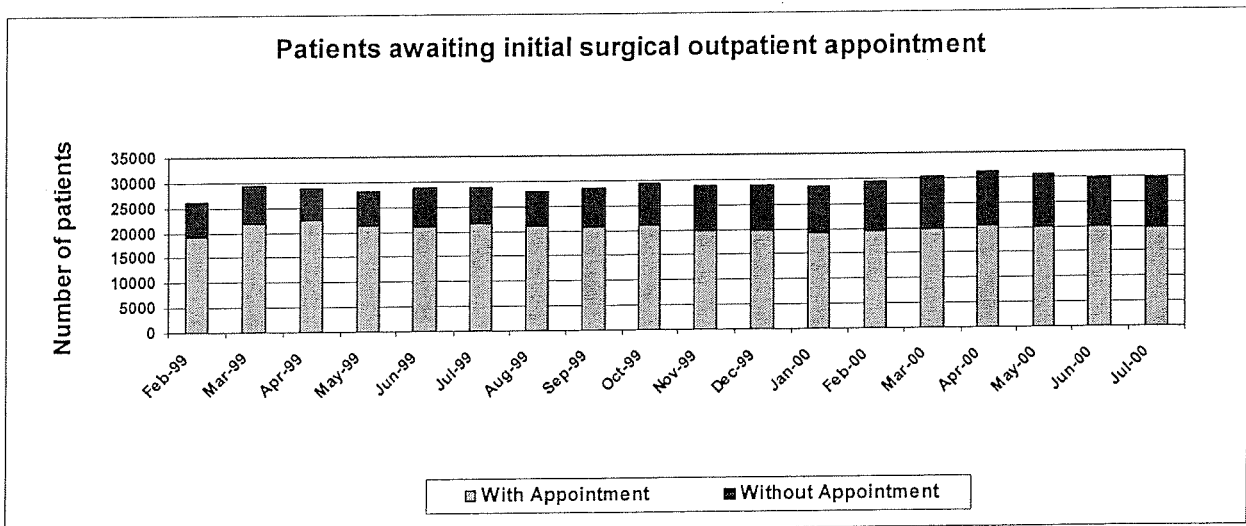
- As at 1 July 2000, a total of 49,342 people were awaiting their initial outpatient appointment.
- Of these patients, approximately 35,955 had a formal appointment to see a specialist, the remaining 13,387 had not yet been designated an appointment time.
- It is estimated that some 29,695 patients were waiting for a surgical appointment of which 19,818 had an appointment and 9,877 did not.

	1 July 2000		
	With Appointment	Without Appointment	Total
Surgical	19,818	9,877	29,695
Medical	7,778	1,696	9,474
Obstetrics/Gynaecology	5,988	682	6,670
Paediatric	2,342	1,132	3,474
Psychiatric	29	0	29
Total	35,955	13,387	49,342

- At 1 July, large numbers of patients, both with and without appointments, were waiting in the following specialties:

Orthopaedics:	9,574
General Surgery	6,400
ENT	5,342
Gynecology	4,547
Ophthalmology	4,088

- The number of patients awaiting an initial surgical outpatient appointment as at 1 July 2000 has fallen compared to 1 June 2000. The decrease was in the number of patients without appointments.



HEALTH SYSTEM DEVELOPMENT

Database Development

- The EAM EMG Data warehouse has now been migrated to the production box following successful testing of data from the pilot site. Infrastructure services are communicating with sites in regards to bringing each site online. It is anticipated that it will take approximately 3-4 weeks to load each of the site's historical data and commence the automated FTP at each of the 38 sites.

HASS EDIS

- The draft Memorandum of Understanding (MOU) between Business Application Services and Surgical Access Team has been completed and signed off by both parties. This MOU will act as a service agreement for the continued management of the HASS products, namely ORMIS and EDIS.
- The EDIS Strategic Management Group met for the first time on 24 July 2000. The purpose of the EDIS Strategic Management Group as outlined in the Terms of Reference is:
 - The promotion of an awareness amongst clinicians regarding the opportunities information management presents in enhancing emergency department services.
 - The development of system management protocols and processes in relation to further developments of Emergency Department Information Systems.
 - Acquisition and implementation of system enhancements/version releases.
 - Involvement in the formulation of specifications for new systems.
 - To review current and future directions of the software.
 - To provide advice to the Surgical Access Team on the development of Corporate Reporting and data sets.
- Outcomes from this meeting included:
 - Dr Paul Cullen, Cairns Base Hospital was elected as the Chairperson for the EDIS Strategic Management Group.
 - Eight (8) system modifications were ratified by the group for inclusion in the next version release in October 2000. These modifications relate primarily to increased functionality in the production of waiting times reports.
- Negotiations have continued between the Surgical Access Team and Information Services regarding the development of an EDIS test-bed in Corporate Office. This would allow for a more timely rollout of future enhancements and modifications to the EDIS system. This development will be progressed throughout August.

HBCIS Appointment Scheduling

- The specification for the proposed enhancements to the Appointment Scheduling System has been sent to the iSoft office in Melbourne for technical review. iSoft informed the Surgical Access Team that the system enhancements as detailed in the June 2000 report need re quoting due to some changes to the original user requirements following discussion between the Surgical Access Team and Information Services in early July.
- iSoft have indicated that these quoted will be finalised by the end of August 2000.

HBCIS Emergency Department Module (EMG)

- As part of the Emergency Services Strategy, the Surgical Access Team have moved to include a wider coverage of emergency departments that report waiting times and access block data. Subsequently, approval was granted for the implementation of the HBCIS EMG module into Wynnum, Redlands and Gympie emergency departments.
- The implementation of an electronic system at these sites will enable them to improve their performance through the accurate monitoring of patient management and outcomes. These sites will also be able to actively participate in the emergency department benchmarking programme.
- The Surgical Access Team, in conjunction with Information Services and iSoft, has developed a project plan for the implementation of the EMG module into the three sites. At this stage the implementation and training phases should be completed by the end of September 2000. It is envisaged that these sites will be able to provide data to the Surgical Access Team by November 2000.

**General Manager,
Health Services**

HOSPITAL SUPPORT AND LIAISON

Medical Superintendents Advisory Committee

The Medical Superintendents Advisory Committee met on 14 July 2000.

- The General manager, Health Services has approved the distribution of emergency department performance data in a similar format to the Elective Surgery Performance Data. The first report will be tabled in August 2000.
- The committee discussed workforce issues including the placement of interns in 2000/2001. It was agreed that Queensland applicants would have two options for placement within Queensland Public Hospitals. One option is to enter the Ballot Option and accept the placement on offer. Second option is to not enter the ballot option and apply directly to a hospital and be appointed on merit.
- The committee further discussed Option A and Option B rights of private practice. Dr Jeanette Young, Princess Alexandra Hospital is a member of a committee that has been set up to document a clear direction for Queensland Public Hospitals to take with the establishment of private practice clinics and to publish relevant guidelines. Dr Young will report on the progress of the work carried out in this committee.
- The committee discussed the management of SMO (CI-1 GP/Specialist) returning for further clinical training. At the request of Lis Piper-Cruikshank, Senior Employment Relations Officer, Queensland Health, the committee agreed that when a medical officer embarks on further clinical training, each hospital must negotiate clinical arrangements and HRM issues with the medical officer and Queensland Health.

Elective Surgery Coordinators

The Elective Surgery Coordinators met on 17 July 2000.

- Representatives from Elective Surgery Coordinators, Surgical Access Team, Data Services Unit and Business Application Services are reviewing current elective surgery data collection and functionality. At the meeting it was agreed that the EAM module must meet the needs of sites in managing the elective surgery waiting list and to ensure data integrity is maintained for audit purposes.
- Duties and responsibilities of the Elective Surgery Coordinator have been received and documented from 8 sites. All 12 sites will submit this information and once circulated, this information will become a working document to ensure that each site utilises this position to its fullest potential in the management of the *Waiting List Reduction Strategy*. It was acknowledged that there are 3 components integrated within the duty statement of Elective Surgery Coordinators:
 - Corporate Responsibilities
 - Core Responsibilities across sites
 - Discrete responsibilities at each site.
- A *Significant Issues* file is being established at each site that will hold current information on issues that are impacting on elective surgery activity. All Elective Surgery Coordinators, Liaison Officers and Contact Officers will be able to supply a timely and complete information package on issues impacting on elective surgery and strategies being explored to address these issues.

ORMIS SUPPORT

System Management

- The Surgical Access Team, in conjunction with Business Application Services has progressed the Prosthetic Cost Reporting Project. This project is currently being trialed at Townsville Hospital for a three-month period. It is envisaged that this project will be rolled out to all ORMIS sites at the completion of its trial in Townsville. The Surgical Access Team is currently preparing a project plan for its implementation.
- Business Application Services finalised the specifications for “Existing Report Enhancements” and commenced the specifications for “New Report Enhancements” for inclusion in the next version roll out in October 2000.
- Work commenced in July on the development of a preliminary communication plan and detailed instructions to accompany the ORMIS System Management Plan.
- The ORMIS Product Officer initiated a process to facilitate the hand over of the ORMIS system management function to the newly created HASS Product Officer position, to be situated in Business Application Services. This new position will have system management responsibilities for both the EDIS and ORMIS systems.
- In consultation with HASS, Business Application Services finalised the license purchasing process for new ORMIS products in July. This will provide a uniform process across the State for the purchasing of additional licenses for HASS products.

General Manager,
Health Services