



Queensland  
Government  
Queensland Health

surgical access team

# WAITING LIST REDUCTION STRATEGY

*Report from the Surgical Access Team  
for the month of*

*July 2001*

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

# MANAGEMENT ISSUES

## COMMUNICATIONS

- A draft model for the implementation of the Centralised Coordination Role of the Surgical Access Team has been developed. The intention is to have the model ratified by the Office of the Director General and Office of the Minister for Health in August 2001.
- Members of the Surgical Access Team were invited to participate in an internal review of the Nambour Emergency Department. The Surgical Access Team provided relevant data and information to assist in the review. A copy of the final report has been requested, and it is anticipated that the report will inform the review process at other Emergency Departments.
- The Surgical Access Team has contacted several Districts during the month to provide assistance and advice regarding the reporting and monitoring of elective surgery activity and the payment arrangements. Districts include Townsville, Bundaberg, Toowoomba, Redcliffe-Caboolture and Sunshine Coast. The most significant of these was Townsville where an additional 1,700 elective surgery weighted separations were identified after the end of the financial year.

## CONSULTATION

- The **Medical Superintendent's Advisory Committee** convened on 13 July 2001.
- The **Elective Surgery Coordinators** met on 20 July 2001.
- The **Operating Theatre Review Working Party** did not meet in July.

## FUNDING & INCENTIVES

- The General Manager Health Services approved the elective surgery funding allocations for 2001/02 including the distribution of *Elective Surgery Enhancement Initiative* funds (\$10M election commitment). Significant consultation occurred between members of the Surgical Access Team and Zonal Managers and their support staff regarding these negotiations throughout the month.
- Preliminary discussions regarding activity target allocations have commenced. An analysis is envisaged that total surgery targets will be negotiated by the end of August 2001 for inclusion in District Service Agreements.
- The Operating Theatre Review Working Party did not convene during July. The Surgical Access Team has continued to progress reporting and standardisation issues regarding the operating room information systems. Additionally, the Surgical Access Team has arranged for Dr Buckland (Committee Chairperson) to attend Theatre Management meetings at several facilities to specifically discuss barriers to operating theatre efficiency.

# PERFORMANCE REPORTING

## WAITING LIST

The **total number** of patients on the waiting lists at the reporting hospitals decreased from 39,303 at 1 July 2001 to 38,497 at 1 August 2001 (-806 patients).

Reporting Date	Category One		Category Two		Category Three		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%	25,399	28.6%	36,206
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	1,504	2.1%	9,922	12.3%	27,342	27.3%	38,768
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 Jan 2000	1,165	4.0%	9,967	9.9%	28,591	29.6%	39,723
1 Feb 2000	1,497	3.0%	10,140	11.0%	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	8.4%	26,680	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 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

Note: Noosa Hospital reported separately from 1 July 2000.

**Attachment 1** shows the full list of monthly census data since 1 July 1998.

**Attachment 2** shows graphically the changes in the total patients on the waiting list over time as well as by urgency category.

**Category 1**

- At 1 August 2001, the number of 'long wait' Category 1 patients on elective surgery waiting lists was 104 (5.1%). This is an increase of 13 patients from the 91 'long wait' cases (4.5%) reported at 1 July 2001. This compares with 91 'long wait' Category 1 patients (4.6%) at 1 August 2000.
- A total of six (6) hospitals reported in excess of 5% 'long waits' although in 3 of the 6 cases, the number of 'long wait' patients waiting was 1 or 2 only.

Hospital	Category 1	
	Number of 'long waits'	Percent 'long waits'
Gladstone Hospital	1	16.7%
Gold Coast Hospital	25	15.1%
Kirwan Hospital for Women	1	7.1%
Nambour Hospital	14	8.3%
Princess Alexandra Hospital	33	9.4%
Redland Hospital	2	9.5%

- The largest increases in the number of 'long wait' Category patients from 1 July 2001 to 1 August 2001 were reported by Nambour (+7) and the Redcliffe Hospital (+3).

**Category 2**

- At 1 August 2001, the number of 'long wait' Category 2 patients on elective surgery waiting lists was 1,532 (14.3%). This is a decrease of 19 'long wait' patients from that reported at 1 July 2001 (1,551 at 14.1%). This compares with 1,125 'long wait' Category 2 patients (10.9%) at 1 August 2000.
- A total of 18 (eighteen) facilities reported 'long wait' patients in excess of the 5% benchmark.

Hospital	Category 2 – 1 August 2001		Category 2 – 1 August 2000	
	Percent 'long waits'	Number of 'long waits'	Percent 'long waits'	Number of 'long waits'
Beauesert Hospital	7.7%	1	N/A	
Caloundra Hospital	6.2%	8	N/A	N/A
Gladstone Hospital	16.7%	2	0.0%	0
Gold Coast Hospital	26.5%	254	15.8%	135
Hervey Bay Hospital	13.3%	12	0.0%	0
Kirwan Hospital for Women	11.2%	13	0.0%	0
Mackay Base Hospital	12.3%	24	7.1%	15
Maryborough Hospital	12.4%	11	0.0%	0
Mater Childrens Hospital	8.9%	9	0.0%	0
Nambour Hospital	20.1%	146	19.0%	143
Noosa Hospital	32.0%	153	11.7%	24
Princess Alexandra Hospital	20.5%	291	13.1%	150
Redland Hospital	8.3%	14	3.9%	5
Rockhampton Hospital	5.0%	11	9.5%	19
Royal Brisbane Hospital	28.5%	356	19.3%	267
Royal Childrens Hospital	6.9%	21	9.3%	23
Toowoomba Hospital	10.4%	10.4	23.9%	107
Townsville General Hospital	10.8%	70	15.5%	90

- The largest increases in the number of 'long wait' Category 2 patients from 1 July 2001 to 1 August 2001 were reported by Gold Coast (+17) and the Royal Brisbane Hospital (+26).

**Category 3**

- At 1 August 2001, the proportion of Category 3 patients waiting longer than one year for surgery was 38.0% (9,768 patients). This compares with 10,044 patients (38.3%) waiting longer than one year at 1 July 2001 and 9,317 patients (32.7%) waiting longer than one year at 1 August 2000.

**THROUGHPUT**

Overall **elective surgery throughput** (Category One, Two and Three) has increased from 9,436 elective surgery admissions in June 2001 to 9,993 in July 2001 (cf. 8,746 in July 2000). Elective surgery throughput for the 2001/2002 financial year to date compared with the same period of the 2000/2001 and 1999/2000 financial years is included in the following table. Throughput for July 2001 was up by 14.3% (1,247) on the throughput recorded for July 2000 and down by 2.4% (-250) on the throughput recorded for July 2000.

July 1999/2000	July 2000/2001	July 2001/2002
10,243	8,746	9,993

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****Emergency Services Strategy***Plan of Action for 2001/2002*

- A *Plan of Action* for improving performance in emergency departments was prepared and approved by the General Manager, Health Services.

*Emergency Department Data Collection*

- Contact was established with Data Services Unit and Business Applications Services to address data quality issues and new Commonwealth emergency department reporting requirements.

*Emergency Nursing Education Project*

- The Emergency Nursing Education Project final report was submitted to the project Reference Committee and feedback received. The report will be submitted to the General Manager, Health Services after recommended changes have been made.
- The plan for implementation of the Emergency Nursing Education Program in 20 hospitals across the State was submitted as part of the Emergency Services Strategy Plan and was approved by the General Manager Health Services.

*Access Block in Queensland Hospitals*

- A release was prepared for the General Manager, Health Services, to inform the Australian Medical Association of Queensland hospitals' current performance with respect to access block and initiatives in place to address this.

*Emergency Department Review - Nambour Hospital*

- Data and information were provided to assist the Nambour Emergency Department review.

## Elective Surgery

### Statewide Purchasing and Standardisation of Surgical Prostheses

- Consultation was arranged between the Health Purchasing and Logistics Group and senior orthopaedic consultants to inform the process for negotiating a discounted price for hip and knee prostheses.

## Benchmarking

### Emergency Department Waiting Times

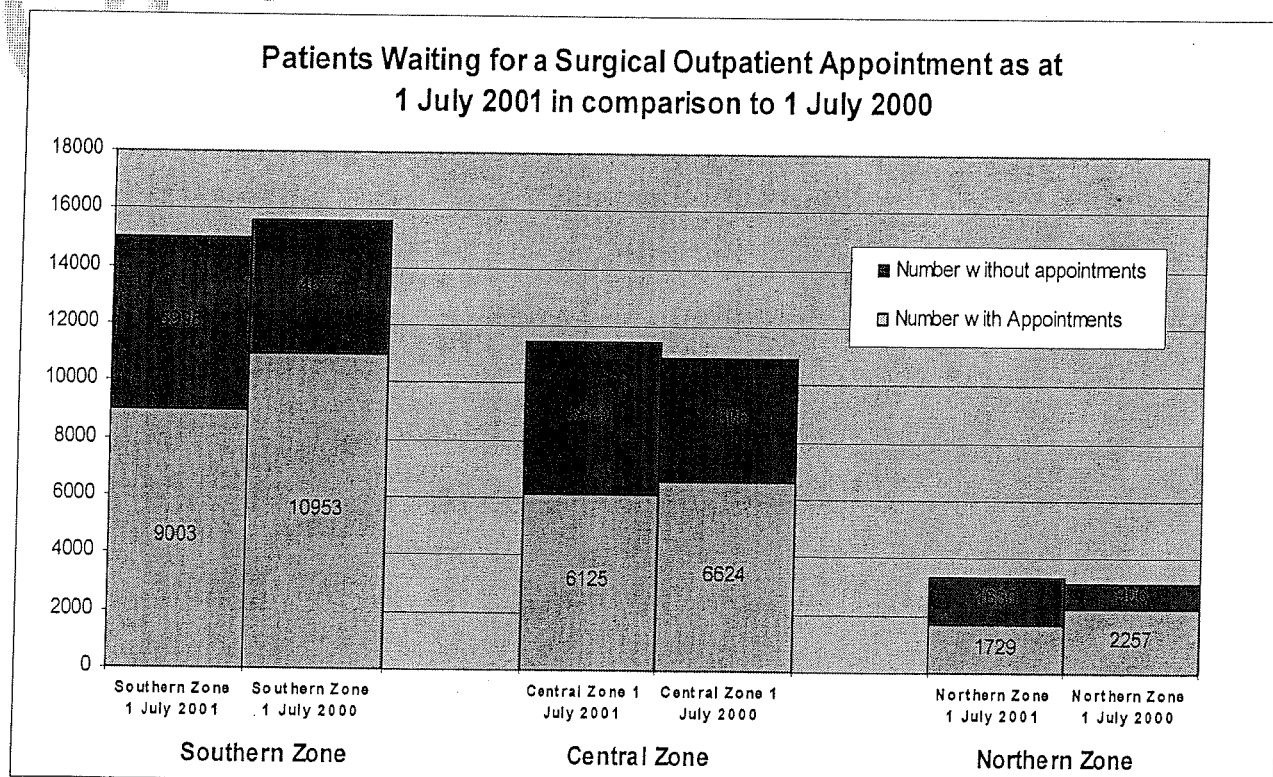
- Preliminary waiting time performance data indicates an improved performance in NTS Categories 1 and 4 and a decline in performance in Categories 2, 3 and 5 in July 2001 compared to July 2000. Performance is generally slightly declined from the previous month.

Percentage of patients seen within ACEM recommended times -				
	July 2001 (preliminary)	June 2001	July 2000	Target
NTS 1	100%	100%	98%	100%
NTS 2	69%	69%	75%	80%
NTS 3	56%	60%	62%	75%
NTS 4	75%	63%	68%	70%
NTS 5	81%	86%	87%	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

## Emergency Department Information System (EDIS)

- Following approval from the General Manager, Health Services, the Surgical Access Team has developed a business case for the implementation of HASS Emergency Department Information System (EDIS) at Townsville, Gold Coast, Princess Alexandra and Rockhampton Hospitals. This business case is currently being reviewed by Business Application Services (BAS). The implementation will be funded from roll-over funds from 2000/01. Following approval from the Manager, Business Application Services, the Surgical Access Team will prepare a detailed project plan for the EDIS implementations. It is envisaged that the 4 sites will be fully operational with the new systems by the end of January 2002.
- Members of the Surgical Access Team participated in a site visit to the QEII hospital to review the usage of the HBCIS Theatre Management System (TMS). QEII Hospital has implemented effective processes for opening and closing of sessions on the system and it was considered that such processes could be adopted by other TMS sites. The Surgical Access Team will develop a standard process for all TMS sites to adopt in terms of system administration, which will improve theatre utilisation rates across these sites.

## Outpatient Departments

- The Surgical Access Team has reconvened the Outpatient Best Practice Working Party to assist in the development of statewide Outpatient policies. The Working Party, composed of senior nursing staff from OPDs from hospitals in south-east Queensland, will provide advice on:
  - current practices relating to specialist outpatient services;
  - strategies to improve equitable access to specialist outpatient services, based on clinical need;
  - strategies to improve referral processes and communication with General Practitioners;
  - strategies to improve management of specialist outpatient services at an operational level;
  - strategies to improve the quality of data collections from specialist outpatient services.
- The Working Party will meet on a monthly basis beginning on 22 August 2001.
- The Surgical Access Team met with a number of sites to discuss the development of a set of Corporate Business Rules relating to the collection of OPD data.

## Surgical Access Team Reporting Database

- The General Manager, Health Services approved funding to support the development of automatic daily extracts of unit-record level data from the Elective Admissions Module (EAM) and Emergency Department Modules (EMG) within HBCIS. Once established these extracts will provide the Surgical Access Team (SAT) with a robust reporting tool that can be utilised for timely and accurate management reporting.
- The Vendor has indicated that the daily extracts will be developed by the end of August and deployed to all elective surgery hospitals in early September 2001.

## HOSPITAL SUPPORT AND LIAISON

- A request was made by the General Manager, Health services at the Medical Superintendents Advisory Meeting held on 13 July 2001 for the Medical Superintendents to identify:
  - Available capacity within a specialty where additional surgery may be performed if funding were made available;
  - Specialities where available resources are unable to met current patient demand.
- Information on planned reduction of elective surgery activity for 2001/2002 across all elective surgery reporting hospitals is currently being collected and collated. A Briefing to the Minister detailing this information will be completed during August 2001.
- During the July meeting, the Elective Surgery Coordinators identified the need for a number of hospitals to employ agency nurses for Operating Theatres and Intensive Care Units due to staff shortages. Recruitment processes were being implemented to reach establishment levels. Information is being collected across 12 reporting hospitals that identifies perioperative nursing staff shortages and a report will be finalised during August 2001.
- Elective Surgery Coordinators are currently reviewing the statewide guidelines and policies in place governing the management of elective surgery waiting lists. Working parties are working through a review process to develop relevant policies to ensure there is equity of access for placement onto a surgical waiting list and that patients receive hospital services within a clinical appropriate timeframe.
- Consultations with Glenda Viner, Marketing and Communication Unit, Elective Surgery Coordinators and members of the Surgical Access Team has progressed with the development of a *draft* statewide template for 2 letters; one to inform patients they have been placed onto an elective surgery waiting list and one to inform patients their surgery has been postponed. A submission to the General Manager, Health Services to approve the letter templates will be prepared and submitted during August. The patient information brochure is currently under review and all other letters sent to patients will be examined to ensure they conform to a standard template.



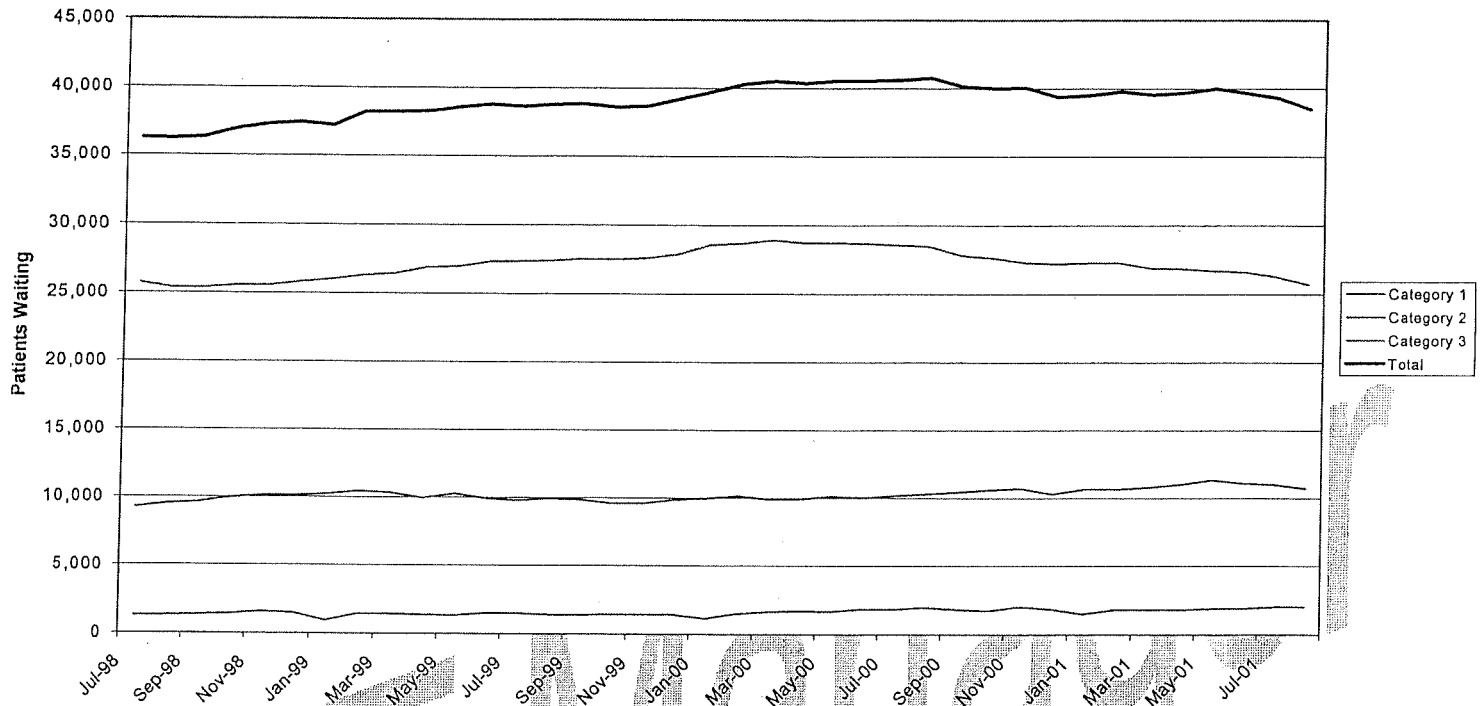
**ATTACHMENT 1 - Census Data by Category and Month**

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	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
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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	1,497	3.0%	10,140	11.0%	28,667	30.0%	40,304
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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
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1 Aug 2001	2,037	5.1%	10,732	14.3%	25,728	38.0%	38,497

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

## ATTACHMENT 2 - Size of Elective Surgery Waiting List by Category

### Size of Elective Surgery Waiting List by Category



#### Total Patients Waiting

Total patients increased from 36,260 patients waiting at 1 July 1998 to a maximum of 40,763 patients waiting at 1 August 2000 and has steadily decreased to 38,497 at 1 August 2001.

#### Category 3 Patients

Total patients increased from 25,732 patients waiting at 1 July 1998 to a maximum of 28,939 patients waiting at 1 March 2000 and has steadily decreased to 25,728 at 1 August 2001.

#### Category 2 Patients

Total patients increased from 9,243 patients waiting at 1 July 1998 to a maximum of 10,804 patients waiting at 1 March 2001. Total Category 2 patients waiting has remained relatively stable over a period of 3 years.

#### Category 1 Patients

Total patients increased from 1,285 patients waiting at 1 July 1998 to a maximum of 2,037 patients waiting at 1 November 2000 and at 1 August 2001. Although the increase of some 750 patients over three years is relative minor in terms of the total size of the waiting list, further analyses are being undertaken to determine the underlying reasons for the increase. Eg.

- A sustainable change in categorisation procedures;
- Increased numbers of patients being booked onto the waiting list through emergency departments.