QUEENSLAND HEALTH

Waiting List

Reduction

Strategy

Report from the
SURGICAL ACCESS TEAM
for the month of

| June 1999 |

PROJECT MANAGEMENT

Consultation

Memorandums have been sent to District Mangers of those hospitals that have recorded a significant under-performance of elective surgery activity against targets. The District Managers were requested to forecast the elective surgery activity that will be performed by 30 June 1999. Site visits are planned in June 1999 to investigate factors affecting elective surgery capacity for 1999/2000.

Communication Strategy - Emergency Departments

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FUNDING & INCENTIVES

Additional Funding

Transfer of Patients

Funding for Emergency Departments

INFORMATION MANAGEMENT
Information and Reporting

- The Surgical Access Team has participated in further discussions with representatives from the Data Services Unit, Collocation Unit, Nambour and Noosa Hospitals to establish the data collection processes for recording public waiting list patients treated in Noosa Private Hospital. A draft methodology has been developed and will be examined by all parties to ensure the process will work effectively.

- The tender process for a new waiting list reporting system has received a positive response from companies participating in the preferred supplier arrangements. A selection process will take place in early July. It is expected that the new reporting system will significantly enhance the elective surgery reporting capabilities of the Surgical Access Team.

- Members of the Surgical Access Team participated in a number of site visits to assist hospitals in improving information and reporting in relation to monitoring elective surgery activity. Sites visited include the Mater, Princess Alexandra and Gold Coast hospitals.

- The role out of the latest version of the Elective Admission System began in June. The latest version has a number of functional of enhancements that will deliver operational improvements at both the user and corporate level. It is expected that all sites will have the upgraded version installed by end of July.

PERFORMANCE REPORTING

The **total number** of patients on the waiting lists of the 33 hospitals remained stable at 38,581 at 1 July 1999.

Date	Category 1		Category 2		Category 3		Total
	Total	% 'long wait'	Total	% 'long wait'	Total	% 'long wait'	
1 Apr 98	1265	0.9%	10653	28.7%	25329	30.4%	37247
1 May 98	1200	1.3%	10157	21.4%	25702	29.8%	37059
1 Jun 98	1273	1.5%	9499	16.1%	25997	29.5%	36769
1 Jul 98	1285	0.9%	9243	10.6%	25732	28.8%	36260
1 Aug 98	1316	1.4%	9511	11.2%	25379	28.6%	36206
1 Sep 98	1368	3.1%	9621	14.1%	25356	28.0%	36345
1 Oct 98	1441	2.0%	9960	14.7%	25538	28.1%	36939
1 Nov 98	1621	2.7%	10109	15.8%	25557	28.2%	37287
1 Dec 98	1502	2.8%	10119	16.6%	25797	28.5%	37418
1 Jan 99	964	2.3%	10244	18.4%	26012	28.1%	37220
1 Feb 99	1432	2.0%	10462	19.4%	26315	27.7%	38209
1 Mar 99	1432	2.0%	10337	18.4%	26440	27.9%	38209
1 Apr 99	1392	1.9%	9953	15.9%	26895	27.5%	38240
1 May 99	13336	1.6%	10275	14.7%	26953	27.9%	38564
1 Jun 99	1504	2.1%	9922	12.3%	27342	27.3%	38768
1 Jul 99	1493	1.9%	9762	8.6%	27326	27.6%	38581

The number of 'long wait' Category 2s decreased by 385 from 1 June to 1 July 1999. The number of 'long wait' Category 3s increased by 68 from 1 June to 1 July 1999.

Category 1

At 1 July 1999, the proportion of Category 1 patients waiting longer than 30 days for surgery was 1.9% (cf. 2.1% at 1 June 1999). Three hospitals reported more than 5% - Kingaroy Hospital (50% or 1 of 2 Category 1 patients), Mackay Base Hospital (12.5% or 2 of 14 patients) and Mater Children's Hospital (50.0% or 7 of 14 patients).

Category 2

At 1 July 1999, the proportion of Category 2 patients waiting longer than 90 days for surgery was 8.6% (cf. 12.3% at 1 June 1999). The Princess Alexandra hospital reported the largest decrease in the number of 'long wait' Category 2 patients (112), consequently the proportion of 'long wait' patients decreased to 10.4% (cf. 18.8% at 1 June 1999). The Gold Coast Hospital reported a decrease of 72 'long wait' Category 2 patients and a reduction in the proportion of 'long wait' patients to 19.4% (cf. 25.9% at 1 June 1999).

Category 3

At 1 July 1999, the proportion of Category 3 patients waiting longer than 1 year for surgery was 27.6% (cf. 27.3% at 1 June 1999).

Throughput

Total number of elective admissions in June 1999 was 10,127 an increase (438) from the 9,689 admissions reported for May 1999. There were 315 less admissions in June 1999 compared to June 1998 (10,442).

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 22 June 1999. The Working Party is focussing on issues relating to non-attendance by patients to specialist outpatient clinics. Working Party members will undertake a preliminary audit of non-attendance data for April, May, June 1999.

- The Working Party will be examining the development of outpatient performance indicators to target and benchmark issues such as; clearance rates, utilisation, non-attendance, new/review split and total/average waiting time.

- A combined Mater Adults Hospital/University of Queensland project to 'develop customer focussed guidelines for management and reduction of non-attendances at specialist outpatient clinics' has been supported by the Surgical Access Team. The Outpatient Clinical Best Practice Working Party will liaise closely with the Project Staff providing advice as requested.

- A draft standardized referral developed in conjunction with the Brisbane South Collaboration (including representatives from the Brisbane Southside Central Division of General Practice, Centre for General Practice, UQ, Mater and PAH Hospitals) has been completed. It will be included as a guide in the Guidelines for the Management of Specialist Outpatient Waiting Lists.

National Demonstration Hospitals Program

- The Mater Hospital Project (Phase 3 Lead) is progressing. The trial of the respiratory disease management program has commenced. The appointment of additional staff in the near future will allow further progression of the data management component of the project. The project management have welcomed ongoing liaison with the SAT as the link with Queensland Health and are agreeable to a member of the Surgical Access Team sitting on the project steering committee.

Clinical Advisory Committee

- Extensive discussion regarding the management of long wait surgical patients took place at the meeting on 8 June 1999. The SAT requested feedback from members of the CAC regarding various options developed in conjunction with the Elective Surgery Coordinators.

- Option one included clinical review of patients at designated time frames either by returning the patients to their General Practitioner or to the specialist outpatient's clinic. The purpose of the review is to ensure that long wait patients are clinically monitored to ensure that their condition has not deteriorated. It was anticipated that this process would also enhance GP communication with the hospitals in terms of patient management.

- Option two suggested that a protocol for the booking of patients could be established. Under this option patients would be booked in priority according to their clinical category as designated by the specialist. The main focal point of this option is that in the first instance patients would be scheduled for surgery by staff in the booking office. This model has proved to be successful in a number of specialties at specific hospitals.

- Option three included booking patients within a time frame designated by the surgeon irrespective of the category assigned. Under this proposal specialist staff would have to nominate a time in which surgery should be booked. For those patients nominated a time in the distant future a process for clinically monitoring/auditing would be implemented at the time of placement on the waiting list. This may include a return letter to their General Practitioner that includes instruction for monitoring the patient's condition. This is similar to the process suggested in option one.

- Members of the CAC agreed that patients should not be placed on the waiting list and not clinically managed. However advice from the CAC was that the responsibility for ensuring patients are treated within clinically appropriate time frames should remain the responsibility of individual hospitals and their respective management teams. Further discussion was deferred until the next meeting.

HEALTH SYSTEM DEVELOPMENT

Emergency Services

INFORMATION SYSTEMS

- The implementation of HASS-EDIS has proceeded as per the project plan, with the remaining sites, Toowoomba and Cairns, going live on 1 July 1999.
- Comments from Redcliffe and Caboolture, who went live in May, have been positive. The data from these sites for June 1999 will be the first full month collected and reported utilising the HASS-EDIS product.

DATA COLLECTION

- The collection of access block data will commence from 1 July 1999. The outcome of this data collection will be the first measurement in Queensland of the time patients spend in emergency departments before admission/transfer. The collection of access block data will allow us to compare this measure with comparative data from NSW and Victorian emergency departments.
- The waiting times data collection (Table-1) shows that Queensland is performing well in triage categories one (1), Four (4) and five (5). The targets are the percentage of patients seen by doctor within time by triage catagory. These findings are based on data collected for the first five (5) calendar months of 1999 and represent all emergency departments with a role delineation of four (4) or greater.

Table-1

Emergency Department Patients Seen Within Time 1999
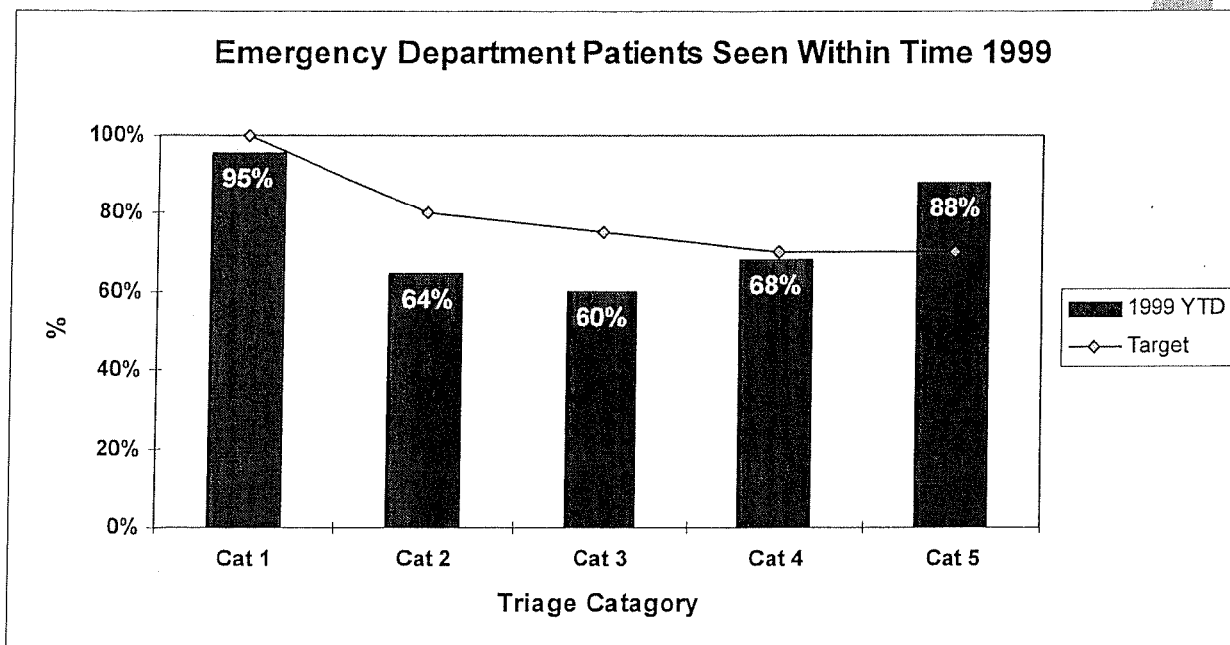
COMMUNICATION

- The remaining packages targeting best practice initiatives from the Emergency Medicine Benchmarking and Best Practice workshop were distributed to participants. As an outcome of this workshop, a number of sites are exploring the feasibility of trialing or introducing work practice changes to improve service provision.
- A submission has be forwarded to the Office of the Director-General for the distribution of a quarterly report addressing comparative emergency department performance data to participating sites.

SITE VISITS

- 17 of the 20 reporting emergency departments were visited by end June 1999. The remaining visits will be conducted by mid July 1999.
- Site specific issues and potential system enhancements were also addressed during the visits. The feasibility of developing system enhancements is being assessed to .
- The sites visited to date were eager to access the data from all the participating sites to be able to begin benchmarking.

WORKFORCE ISSUES

- A submission is being prepared in regards to funding emergency nursing positions. Consultation is taking place with the

Principle Nurse Advisor regarding the allocation of these   positions. The allocation of funding of these positions will be attached to reportable improvements within the emergency department.

- A submission and report has been forwarded to the General Manager, Health services regarding the review of the emergency department at Mt Isa Hospital. The report targets work practice changes to enhance service provision, attached to this is the allocation of funding for medical, nursing and aboriginal liaison positions.

HOSPITAL SUPPORT AND LIAISON

Medical Superintendents Advisory Committee

The outcomes of the Medical Superintendents Advisory Committee meeting held 11 June 1999 are as follows:

- The Medical Superintendents were advised of the elective surgery position for the State for the first nine months of the year. Particular attention was given to the amount of elective surgery funds that will be available for the 1999/2000 financial year. Mr Walker advised the members that there would be approximately two thirds less funding available in total for elective surgery.

- The committee was advised that the percentage of Long Wait Category 2 patients had reduced at June 1 compared to May 1. However only five hospitals were performing considerably poor compared to the remainder of the elective surgery reporting hospitals.

- Members of the committee advocated that the achievement of the 5% target is a leadership issue that must be addressed at a local level. In contrast some members questioned the categorisation process and how the system has been implemented differently across sites. Finally members agreed that medical administration must provide appropriate clinical advice in relation to categorisation and achievement of the targets.

- Concern was raised in relation to the increase in Long Wait Category 3 patients. Members expressed interest in developing a protocol for the monitoring of Category 3 patients and recognised the need to establish a formal system to refer these patients back to their general practitioners for ongoing care.

Elective Surgery Coordinators meeting

The outcomes of the Elective Surgery Coordinators meeting held 25 June are as follows.

- The Elective Surgery Coordinators discussed the need to improve their ability to produce ad-hoc reports from the Elective Admission System. An enhanced reporting functionality would assist coordinators in monitoring waiting list activity in a more pro active way for example organising review or booking for those patients who will become ready for care in the future. The Surgical Access Team is investigating the possibilities for improved reporting functionality.

- Elective Coordinators have been concentrating on maintaining/reducing the percentage of long wait patients. With the end of financial year drawing near the coordinators are endeavouring to achieve positive results.

- The management of Long Wait Category 2 and 3 patients remains current on the Elective Surgery Coordinators agenda. The management of Category 3 patients is of concern to coordinators as this group of patients is on the increase. Administrative processes are in place to manage these patients, however Members believe there is a need to enhance communication with General Practitioners in terms of clinically monitoring these patients while they wait for hospital services.

ORMIS SUPPORT and THEATRE UTILISATION

Software

- ORMIS Version 5.02 was provided to sites for installation from 1 July 1999. All sites except for the three Mater Sites and Gold Coast Hospital have implemented the latest version into live environment.

- Results of full implementation of Version 5.02 and all interfacing software is at present less than satisfactory. The cause of dissatisfaction is poor performance. This matter is being intensively analysed by sites in conjunction with both CSC and HASS Solutions. The purpose of the analysis is in the first instance to determine possible cause as either application or network setup or both. The Princess Alexandra Hospital's IMSU is contributing significantly to the analysis of this problem in conjunction with vendors, as this site has recently upgraded their network environment and yet performance remains less than satisfactory at this site.

System Management and Y2K

- A Dec Alpha Server was purchased recently by the Business Application Services Unit from CSC.

- Discussions are continuing with the Business Application Support Unit and CSC for the purposes of establishing a corporate test bed for Y2K testing and other testing purposes of the product(s).

- All associated software will be provided by HASS at not cost to Queensland Health.

- All Y2K project milestones have been achieved except for the actual testing of the product(s) that is planned for the month of August 1999 in conjunction with Business Application Services Y2K testing, and the Corporate Risk Assessment. As this assessment requires financial risks, sites have been requested to provide this information to the Surgical Access Team in order that a corporate response can be consolidated. This information was requested to be provided to the Surgical Access Team by 30 June 1999. However, 50% of sites are yet to report. This is due to the fact that sites have not completed this level of assessment on the ORMIS product(s) to date.

Corporate Reporting

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

PROJECT	OUTCOMES
1. Standardisation of key code sets	**FINALISED** - 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	**ONGOING** - The service request was completed and forwarded to the Preferred Suppliers Panel. Quotes are to be received by Queensland Health by close of business 17 July 1999.
3. The clarification and reinforcement of business rules	**FINALISED** - 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.