



Queensland  
Government  
Queensland Health

surgical access team

# WAITING LIST REDUCTION STRATEGY

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

***March 2001***

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

# MANAGEMENT ISSUES

## COMMUNICATIONS

- Briefings were prepared during March for the Minister, the Director-General and the General Manager, Health Services:
  - 7 Briefings on Elective Surgery Waiting Lists for the following Districts: Tablelands, QEII, West Moreton and Sunshine Coast.

## CONSULTATION

- The **Medical Superintendent's Advisory Committee** convened on March 16.
- The **Elective Surgery Coordinators** convened on March 23.
- Consultation with officers of the Health Departments of New South Wales and Western Australia continued 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.
- The Surgical Access Team undertook a site visit to Toowoomba Hospital to discuss issues impacting on elective surgery services, in particular, the transfer of Urology cases to the Mater Adults and progress towards activity targets. The Toowoomba Hospital Executive advised that the transfer of Urology patients was progressing well. However, it was highly unlikely that Toowoomba Hospital would achieve its elective surgery activity target.
- The Surgical Access Team participated at a meeting of Emergency Department staff at the Gold Coast Hospital. The purpose of the meeting was to establish the reasons for ongoing poor data quality and to identify strategies to improve the situation. The Gold Coast Emergency Department staff advised that poor data quality is attributed to the poor functionality of the HBCIS Emergency Module. Gold Coast staff are convinced that changing to the HASS EDIS product will provide the catalyst to implement work practice changes necessary to improve emergency department performance. As well, the system functionality is better suited to its use as a management tool.

## FUNDING & INCENTIVES

- The Surgical Access Team prepared an Output Investment Proposal for the Governments \$20M over 2 years elective surgery commitment for 2001/02 and 2002/03. The funding will specifically target increased elective surgery throughput in certain specialities and reducing the proportion of 'long wait' patients.
- The distribution of third quarter elective surgery payments occurred during the month. A total of \$4,001,750 was distributed for activity to be achieved during the January to March 2001 period. A total of four (4) facilities had funds withheld amounting to \$519,000 for not achieving agreed elective surgery activity targets. These include Gold Coast, Mackay, Toowoomba and Townsville.
- The Surgical Access Team continued with the development and consultation for the Elective Surgery Business Rules for 2001/02 that will form the basis of future funding arrangements. It is anticipated that a detailed submission will be prepared during April 2001 for consideration by the Queensland Health Executive.

- The General Manager Health Services approved the development of a Category 1 and Category 2 'long wait' patient reduction target. To ensure the focus is on treating the 'long waits', the GMHS approved that facilities recording greater than 5% 'long wait' Category 1s and greater than 10% 'long wait' Category 2s, be required to reduce the 'long wait' numbers by 25% each month. It is envisaged that these requirements will be implemented with the new arrangements associated with the \$20M in new funding.
- The General Manager Health Services approved the distribution of \$64,500 to the Townsville General Hospital for two projects being the Integration of the Surgical High Dependency Unit and also the Implementation of a Care Co-ordinator Model for the Hospital in the home Unit. Both projects are aimed at increased surgical throughput.
- The General Manager Health Services requested the distribution of \$75,000 recurrently for the increase to 0.5 FTE's for the Central and Southern Zone Principal Clinical Co-ordinator positions.
- The Surgical Access Team has contacted several Districts during the month to provide assistance and advice regarding the reporting of Elective Surgery Activity and the monitoring the Elective Surgery Targets. These include Townsville General, Toowoomba, Gold Coast, Mackay and Ipswich Hospitals.

## PERFORMANCE REPORTING

### WAITING LIST

- The total number of patients on the waiting lists of the reporting hospitals increased from 39,528 at 1 March 2001 to 39,683 at 1 April 2001 (155 patients).

Reporting Date	Category 1			Category 2			Category 3			Total
	Total	No. 'long waits'	% 'long waits'	Total	No. 'long waits'	% 'long waits'	Total	No. 'long waits'	% 'long waits'	
1 Jul 2001	1,285	12	0.9%	9,243	981	2.6%	25,732	7,399	28.8%	36,260
1 Jan 1999	964	22	2.3%	10,244	1,887	18.4%	26,012	7,312	28.1%	37,220
1 Feb 1999	1,432	28	2.0%	10,462	2,025	19.4%	26,315	7,277	27.7%	38,209
1 Mar 1999	1,432	29	2.0%	10,337	1,897	18.4%	26,440	7,369	27.9%	38,209
1 Apr 1999	1,392	27	1.9%	9,953	1,583	15.9%	26,895	7,409	27.5%	38,240
1 Jan 2000	1,165	47	4.0%	9,967	987	9.9%	28,591	8,477	29.6%	39,723
1 Feb 2000	1,496	47	3.0%	10,141	1,134	11.1%	28,667	8,615	30.0%	40,304
1 Mar 2000	1,658	30	1.8%	9,904	1,157	11.7%	28,939	8,726	30.2%	40,501
1 Apr 2000	1,721	34	2.0%	9,927	949	9.6%	28,719	8,817	30.7%	40,367
1 Jan 2001	1,522	70	4.6%	10,675	1,275	11.9%	27,291	9,650	35.4%	39,488
1 Feb 2001	1,803	70	3.9%	10,669	1,352	12.7%	27,289	9,755	35.7%	39,761
1 Mar 2001	1,810	62	3.4%	10,804	1,289	11.9%	26,914	9,768	36.3%	39,528
1 Apr 2001	1,833	82	4.5%	11,003	1,244	11.3%	26,847	9,918	36.9%	39,683

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

The full list of monthly census data since 1 July 1998 is included at Attachment 1.

### Category 1

- As at 1 April 2001, the number of 'long wait' Category 1 patients on elective surgery waiting lists was 82 (4.5%). This figure was an increase of 20 patients over the 62 'long wait' cases (3.4%) reported at 1 March 2001. A total of four (4) hospitals reported in excess of 5% 'long waits'.

Hospital	Category 1	
	Percent 'long waits'	Number of 'long waits'
Gold Coast Hospital	11.5%	22
Kirwan Hospital for Women	18.2%	4
Princess Alexandra Hospital	8.8%	28
Royal Childrens Hospital	7.4%	2

The number of 'long wait' vascular patients at Gold Coast Hospital has reduced from 15 patients (3 greater than 90 days) at 1 March 2001 to 11 patients (4 greater than 90 days) at 1 April 2001.

### Category 2

- At 1 April 2001, the number of 'long wait' Category 2 patients on elective surgery waiting lists was 1,244 (11.3%). This is a decrease of 45 patients from that reported at 1 March 2001 - 1,289 (11.9%). This compares with 949 (9.6%) 'long wait' Category 2 patients at 1 April 2000.
- A total of 15 facilities reported 'long wait' patients in excess of the 5% benchmark.

Hospital	Category 2 – 1 April 2001		Category 2 – 1 April 2000	
	Percent 'long waits'	Number of 'long waits'	Percent 'long waits'	Number of 'long waits'
Caloundra Hospital	6.5%	8	0.0%	0
Gladstone Hospital	14.3%	1	4.3%	1
Gold Coast Hospital	18.0%	170	10.7%	111
Gympie Hospital	5.7%	2	0.0%	0
Hervey Bay Hospital	9.3%	9	0.0%	0
Kirwan Hospital for Women	32.4%	35	0.0%	0
Mackay Base Hospital	14.2%	32	7.2%	12
Mater Adults Hospital	6.0%	22	3.5%	11
Nambour Hospital	14.2%	100	11.3%	90
Noosa Hospital	17.6%	94	13.3%	28
Princess Alexandra Hospital	17.7%	265	11.6%	126
QEII Hospital	5.4%	21	1.1%	6
Royal Brisbane Hospital	19.2%	263	22.8%	230
Toowoomba Hospital	15.9%	64	21.0%	73
Townsville General	10.3%	73	9.1%	45

- The largest increases in the number of 'long wait' Category 2 patients from 1 March 2001 to 1 April 2001 was reported by Princess Alexandra Hospital (+59) mainly due to a reduction of operating theatre activity during the shift into the new hospital.

### Category 3

- At 1 April 2001, the proportion of Category 3 patients waiting longer than one year for surgery was **36.9%** (9,918 patients). This compares with 9,768 patients (36.3%) waiting longer than one year at 1 March 2001 and 8,816 patients (30.7%) waiting longer than one year at 1 April 2000.

### THROUGHPUT

Overall **elective surgery throughput** (Category One, Two and Three) has increased from 9,420 elective surgery admissions in February 2001 to 9,711 in March 2001 (cf. 11,485 in March 2000). Overall elective surgery throughput for the first nine months of 2000/2001 compared with the first nine months of 1999/2000 and 1998/1999 is included in the following table. Throughput for July-March 2000/01 is down by **5.4%** (-4,695 cases) on the throughput recorded for July-March 1999/2000 and down by **6.7%** (-5,959 cases) on the throughput recorded for July-March 1998/99.

July-March 1998/1999	July-March 1999/2000	July-March 2000/01
88,659	87,396	82,700

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

### Clinical Advisory Committee

The Clinical Advisory Committee did not convene in March 2001.

### Emergency Services Strategy

- The Surgical Access Team began preparation for the Emergency Services Benchmarking and Best Practice Workshop to be held on the 10<sup>th</sup> and 11<sup>th</sup> May 2001. A draft program has been developed outlining the workshop events. Keynote speakers have been arranged to address the workshop from within Queensland and Interstate.

### Statewide Purchasing and Standardisation of Surgical Prostheses

- Members of the Surgical Access Team met with the Health Purchasing and Logistics Group which includes representatives from a number of hospitals to discuss strategies for progressing towards centralising purchasing and standardisation of surgical implants.
- Meetings were also conducted between the Surgical Access Team and the Health Systems Funding Branch regarding the gradual removal of the Medicare Schedule 5 Benefits for implants for private cases. The Surgical Access Team communicated with sites regarding the new rules for recovery of costs of surgically implanted devices for privately insured patients.
- A briefing was provided to the Director-General regarding the current status of standardisation of prostheses. The Director-General requested that a detailed Business Case be developed outlining the key elements that need to be undertaken to complete this process. The Surgical Access Team began development of the Business Case which is expected to be completed in early April 2001.

**BENCHMARKING***Emergency Department Waiting Times*

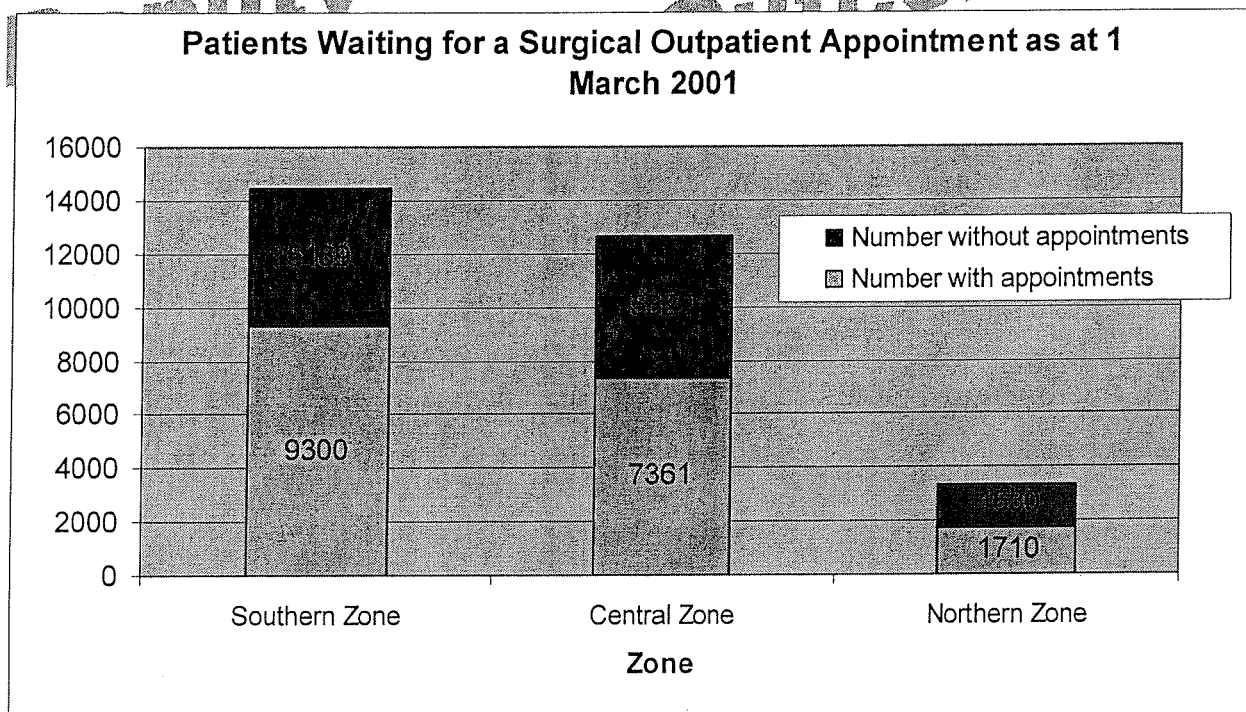
- Preliminary waiting time performance data indicates an improved performance in NTS Category 1 and a decline in performance in all other categories in March 2001 compared to March 2000. Performance is generally steady from the previous month.

	March 2001 (preliminary)	February 2001	March 2000	Target
NTS 1	98%	98%	97%	100%
NTS 2	69%	69%	72%	80%
NTS 3	58%	58%	63%	75%
NTS 4	63%	66%	68%	70%
NTS 5	85%	83%	88%	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

- The process for the automatic transfer of data to the Elective Admissions Module (EAM) and Emergency Module (EMG) data warehouse is almost complete. A fully functioning "warehouse" will enable sites to access their own waiting list data via the Queensland Health Intranet service.

## Clinical Co-ordination

- The Surgical Access Team has received a number of calls from emergency department staff regarding issues relating to elements of the Corporate Minimum Data Set and data collection processes related to retrievals and inter hospital transfers. The main concern relates to how staff will collect and collate the information required. A possible solution of using an existing database developed and in use at the Nambour Hospital is being investigated. Only minor modification will be required to meet the criteria of the minimum data set.
- Members of the Surgical Access Team met with the Central Zone Principal Clinical Coordinator to discuss data collection issues and the possible standardization of forms utilized by sites undertaking retrievals and inter hospital transfers. It was agreed that this issue should be raised and discussed at the Emergency Department Best Practice Workshop to be held in May.

## HBCIS Appointment Scheduling Module

- The Surgical Access Team in conjunction with Business Application Services began the "roll out" of the Appointment Scheduling Module upgrade. Information and training sessions are being provided as part of this process. It is anticipated that the training schedule will be completed by mid-May 2001.
- Funding of \$10,500 has been approved to provide administrative support for data entry of referral information currently kept in manual systems as part of the enhancement process. This will enable the automated reporting process to proceed within a reasonable time frame and improve the quality of the information received.

## Prosthetic Reporting Database

- Representatives from the RBH and PAH participated in a site visit to Townsville Hospital to view the operational aspects associated with implementing the Prosthetics database into their respective sites. Feedback from the participants was favourable with both sites advising they wish to implement the system.
- The Royal Brisbane Hospital held an information session regarding the Townsville System on 22 March 2001. Interested parties from other sites were invited to attend and provide input as to whether they would consider implementing the system. The outcome of the session resulted in the Gold Coast, Nambour and Redcliffe hospitals also expressing an interest in implementing the system.
- The Surgical Access Team will coordinate the implementation process.

# HOSPITAL SUPPORT AND LIAISON

## Consultation

### Medical Superintendents Advisory Committee

The Medical Superintendents Advisory Committee met on 16<sup>th</sup> March 2001.

- The Surgical Access Team presented strategies being explored to address the key areas targeted for elective surgery services within the Government's election promises.
- Ms Sue Mahon, Manager, Organisational Improvement Unit, tabled the work to date being carried out on the Visiting Medical Officer Agreement. The Committee discussed the proposed performance management and development process.
- Members of the Committee are currently pursuing clarification on the Memorandum received on 'Working hours for specialists in Emergency Department and Intensive Care Units'.
- Ms Avis MacDonald, Program Areas Manager for the Quality Improvement Enhancement Project – Informed Consent and based at Ipswich Hospital, delivered a presentation on the current status of the project. Draft 6 of the Consent for Laparoscopic Cholecystectomy was tabled for discussion and comment.

### Elective Surgery Coordinators

The Elective Surgery Coordinators met on 23 March 2001.

- An update on current centralised processes in place in New South Wales and Western Australia to assist and inform General Practitioners and the public on waiting times for access to surgery were tabled for discussion.
- Management strategies for 'long wait' Category 1 and 2 patients were also discussed including the 25% reduction target for "long waits" approved by the GMHS.
- Strategies were discussed to review current publications of guidelines for management of patients on elective surgery waiting list and to develop policy frameworks that will provide a consistent state-wide approach in the delivery of elective surgical services. This is a pre-election commitment of the Government.
- 8 Elective Surgery Coordinators are to be sponsored by their respective hospitals to attend *Weighting the Wait – Managing Access to Elective Surgery* conference being held in Melbourne on 5 & 6 April 2001.



## ATTACHMENT 1 - Census Data by Category and Month

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