



Queensland  
Government  
Queensland Health

surgical access team

# WAITING LIST REDUCTION STRATEGY

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

***March 2002***

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

# MANAGEMENT ISSUES

## COMMUNICATION

- The Surgical Access Team provided Briefings to the Minister regarding elective surgery services and waiting lists for hospitals in the following Districts:
  - Central Highlands
  - Mount Isa
- The Surgical Access Team submitted a number of submissions to the General Manager (Health Services) including:
  - Request for the approval of the non-recurrent funding of \$323,000 in funding for additional ophthalmology services at the Mater Adults Hospital;
  - Consultancy agreement for external review of Emergency Departments;
  - Service Agreement for external review of Cairns, Townsville and Mackay Emergency Departments;
  - Request for approval of funding for maintenance of Surgical Access Team Reporting Database.

## CONSULTATION

- Members of the Surgical Access Team undertook site visits to the Bundaberg and Hervey Bay Hospital emergency departments to review performance issues. A brief report on the outcomes of these visits can be viewed in the Clinical Best Practice section of this report.
- The Surgical Access Team facilitated a workshop with key Operating Room Management Information System (ORMIS) users from around the State on 20 March 2002. The major outcome from this workshop was the development of a set of standardised business rules for operating room systems in Queensland Health. A similar workshop is planned for hospitals using the HBCIS Theatre Management System (TMS) in April 2002.
- A combined meeting of the **Medical Superintendent's Advisory Committee** and the **Elective Surgery Coordinators** was held on 15 March 2002. A brief report on the outcomes of this meeting can be viewed in the Hospital Coordination section of this report.
- The **Specialist Outpatient Advisory Committee** did not meet in March.

## FUNDING & INCENTIVES

- The Surgical Access Team has sent memorandums reinforcing the 'Elective Surgery Business Rules 2001/02' to all District and Zonal Managers. The main messages were that elective surgery funding must continue to buy elective surgery activity and that both elective surgery and total surgery targets should be achieved. In 2001/02.
- The General Manager, Health Services approved roll-over elective surgery funds for the Redcliffe/Caboolture District to treat ophthalmology patients at the Mater Adults Hospital. It is estimate that 40 patients who have been waiting longer than 12 months on the Redcliffe-Caboolture waiting list, will be treated per month. Total funding allocated to this project is \$323,000.
- The Surgical Access Team completed post-budget adjustments totalling \$397,000 for:
  - Enhancements to HBCIS Emergency Department Module
  - Continued corporate management of EDIS (Business Application Services)
  - Royal Flying Doctor Service positions shared with Rockhampton emergency department
  - Redlands Hospital for minor capital works in the emergency department.

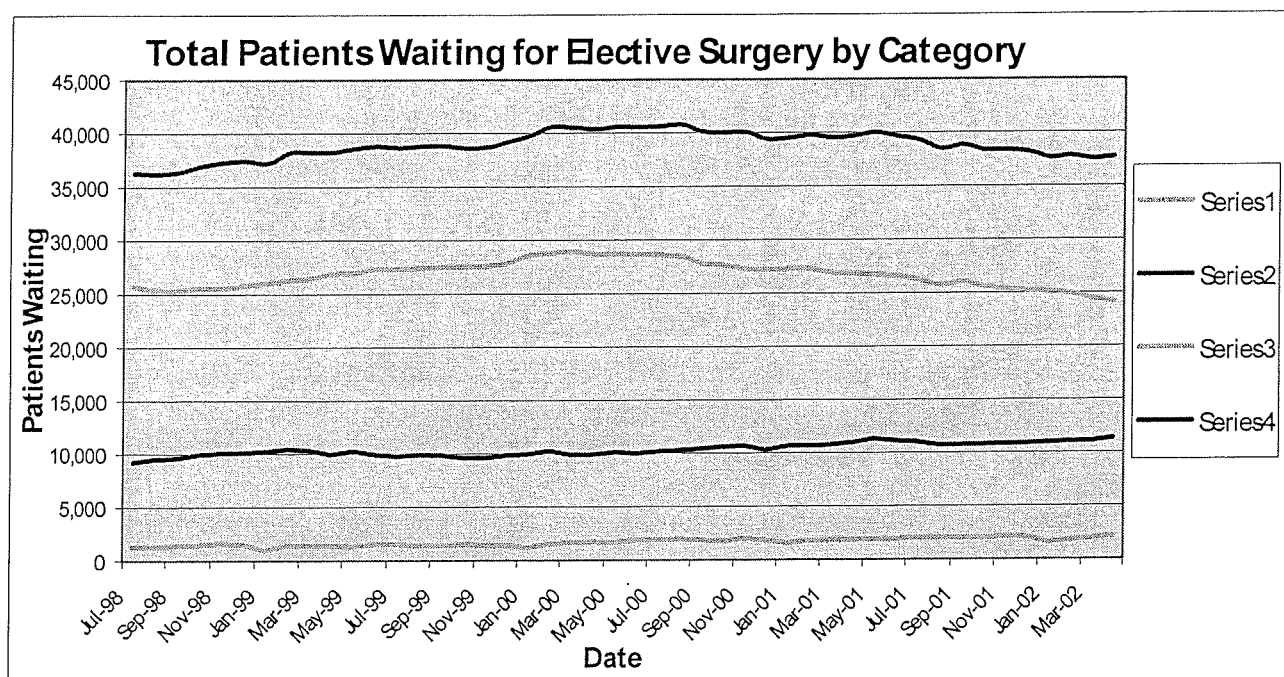
# PERFORMANCE REPORTING

## WAITING LIST

The **total number** of patients on the waiting lists at the reporting hospitals increased from 37,495 at 1 March 2002 to 37,673 at 1 April 2002 (178 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 1998	1,285	12	0.9%	9,243	981	10.6%	25,732	7,399	28.8%	36,260
1 Oct 1998	1,441	29	2.0%	9,960	1,462	14.7%	25,538	7,164	28.1%	36,939
1 Jan 1999	964	22	2.3%	10,244	1,887	18.4%	26,012	7,312	28.1%	37,220
1 Apr 1999	1,392	27	1.9%	9,953	1,583	15.9%	26,895	7,409	27.5%	38,240
1 Jul 1999	1,498	29	1.9%	9,780	837	8.6%	27,363	7,534	27.5%	38,641
1 Oct 1999	1,468	42	2.9%	9,604	946	9.9%	27,520	7,864	28.6%	38,592
1 Jan 2000	1,165	47	4.0%	9,967	987	9.9%	28,591	8,477	29.6%	39,723
1 Apr 2000	1,721	34	2.0%	9,927	949	9.6%	28,719	8,817	30.7%	40,367
1 Jul 2000	1,838	49	2.7%	10,179	847	8.3%	28,593	9,252	32.4%	40,610
1 Oct 2000	1,749	83	4.7%	10,615	1,250	11.8%	27,650	9,316	33.7%	40,014
1 Jan 2001	1,522	70	4.6%	10,675	1,275	11.9%	27,291	9,650	35.4%	39,488
1 Apr 2001	1,833	82	4.5%	11,003	1,244	11.3%	26,847	9,918	36.9%	39,683
1 Jul 2001	2,023	91	4.5%	11,022	1,551	14.1%	26,258	10,044	38.3%	39,303
1 Oct 2001	1,979	90	4.5%	10,783	1,363	12.6%	25,593	9,522	37.2%	38,355
1 Jan 2002	1,557	68	4.4%	10,961	1,445	13.2%	25,106	9,518	37.9%	37,624
1 Apr 2002	2,151	72	3.3%	11,343	1,527	13.5%	24,179	9,378	38.8%	37,673

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



### Category 1

- As at 1 April 2002, the number of 'long wait' Category 1 patients on elective surgery waiting lists was 72 (3.3%). This figure was an increase of 21 patients from the 51 'long wait' cases (2.6%) reported at 1 March 2002. A total of four (4) hospitals reported in excess of 5% 'long waits'.

Hospital	Category 1	
	Number of 'long waits'	Percent 'long waits'
Bundaberg Hospital	3	7.9%
Mt Isa Hospital	15	41.7%
Princess Alexandra Hospital	17	6.4%
Rockhampton Hospital	7	16.7%

### Category 2

- At 1 April 2002, the number of 'long wait' Category 2 patients on elective surgery waiting lists was 1,527 (13.5%). This is a decrease of 66 patients from that reported at 1 March 2002 – 1,593 (14.4%). This compares with 11.3% 'long wait' Category 2 patients at 1 April 2001. A total of twelve (12) facilities reported 'long wait' patients in excess of the 5% benchmark.

Hospital	Category 2 – 1 April 2002		Category 2 – 1 April 2001	
	Percent 'long waits'	Number of 'long waits'	Percent 'long waits'	Number of 'long waits'
Bundaberg Hospital	10.0%	25	0.0%	0
Gold Coast Hospital	23.0%	214	18.0%	170
Hervey Bay Hospital	9.8%	12	9.3%	9
Mackay Base Hospital	23.4%	44	14.2%	32
Mt Isa Hospital	56.2%	82	0.0%	0
Nambour Hospital	18.5%	144	14.2%	100
Princess Alexandra Hospital	19.3%	231	17.7%	265
Rockhampton Hospital	21.2%	62	3.9%	8
Royal Brisbane Hospital	27.8%	406	19.2%	263
The Prince Charles Hospital	7.7%	55	4.9%	19
The Townsville Hospital	15.3%	119	13.2%	108
Toowoomba Hospital	6.7%	19	15.9%	64

- The largest increases in the number of 'long wait' Category 2 patients from 1 March 2002 to 1 April 2002 was reported by the Rockhampton Hospital (+35).

### Category 3

- At 1 April 2002, the proportion of Category 3 patients waiting longer than one year for surgery was 38.8% (9,378 patients). This compares with 9,337 patients (38.2%) waiting longer than one year at 1 March 2002 and 9,918 patients (36.9%) waiting longer than one year at 1 April 2001.

## THROUGHPUT

Overall **elective surgery throughput** (Category One, Two and Three) has increased from 9,694 elective surgery admissions in February 2002 to 10,030 in March 2002 (cf. 9,711 in March 2001). Overall elective surgery throughput for the 2001/2002 financial year to date compared with the same period of 2000/2001, 1999/2000 and 1998/1999 is included in the following table. Throughput for the 2001/2002 financial year to date is **up by 3.0%** (2,444 admissions) on the throughput recorded for the same period of 2000/2001 and **down by 2.6%** (-2,252 admissions) on the throughput recorded for 1999/2000.

1998/1999	1999/2000	2000/2001	2001/2002
88,659	87,396	82,700	85,144

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.

### Note:

Current throughput performance indicates an additional **3,260** additional elective admissions (on a pro-rata basis) will be performed in 2001/02 over and above the total recorded for 2000/01. This compares with an estimated additional throughput of **3,500 per annum** included in the Cabinet Budget Review Committee submission for the additional \$20 million over 2 years for additional elective surgery activity.

## CLINICAL BEST PRACTICE

### 1. Emergency Services Strategy

#### *Inclusion of Redlands Hospital in the Queensland Emergency Department Data Collection*

- The General Manager, Health Services approved the inclusion of Redlands Hospital in the Queensland data collection, with inclusion of Redlands Hospital data in Emergency Department Performance Reports from June 2002.
- Allocation of \$40,000 was approved for capital works to the Redlands Hospital Emergency Department to improve patient flows, privacy and safety.

#### *Emergency Department Site Visits*

As approved in the Emergency Services Strategy Plan of Action 2001-2002, a site visit was conducted in the emergency departments of Bundaberg and Hervey Bay Hospitals.

**Bundaberg Hospital** Emergency Department's recent deterioration in performance with respect to waiting times in Categories 2 and 4 were discussed. A number of factors were identified as contributors to the deterioration in performance, and are also thought to be having effects in other hospital areas:

- There is a lack of senior medical staff cover in the emergency department
  - ♦ Emergency Department Director fills the position on a part-time and is currently acting Executive Director of Medical Services.
  - ♦ Attempts to recruit senior staff have been unsuccessful over a number of years.
- Junior medical staff are mainly overseas recruits, with language difficulties and insufficient skills to work with the current level of supervision.
  - ♦ Junior staff have significant knowledge deficits in terms of management of clinical conditions in the Australian context.
  - ♦ These factors result in increased admission rates, and reduced throughput and timeliness of emergency department treatments.
- Emergency admissions (particularly medical) are now causing postponement of elective surgery.
- Physical capacity exists to increase bed numbers but funding for staffing does not.

- De facto ambulance bypass is occurring – QAS are advised that North Burnett area patients should go to Hervey Bay/Maryborough – typically when ICU beds full.
- A significant proportion of transfers to RBH originate from Bundaberg.
- Nursing staff morale is low and industrial action has been threatened as a result of concerns for patient safety in the emergency department.
- The Central Zone Management Unit is aware of these issues.

**Hervey Bay Hospital** Emergency Department's continuing excellent performance with respect to waiting times in all Categories was acknowledged and discussed. Despite the excellent performance with respect to timeliness of initiating treatment, concerns were expressed that quality of care in the emergency department is sub-optimal:

- There is a lack of senior medical staff coverage in emergency department (Hervey Bay emergency department has no Emergency Department Director).
- There is a reliance on overseas recruits to fill junior staff positions.
  - ♦ Junior staff have significant knowledge deficits in terms of management of higher acuity patients.
  - ♦ Nursing staff are being placed in situations where they provide direction to junior medical officers due to the absence of senior medical cover.
  - ♦ This impacts on admission rates, and results in reduced throughput in the emergency department.
- The NPC of the Emergency Department has identified a need to increase nursing skills to better address the needs of higher acuity patients within the department.

#### *Emergency Department Nursing Education*

- The implementation of the Transition Program continued in Redland's, QEII, Bundaberg, Gold Coast, Ipswich and Mackay Hospitals during March 2002.
- Implementation of the Queensland Health Emergency Nursing Transition Program has been formalised in 14 of the 21 target emergency departments.

#### *Emergency Department External Reviews*

- As approved in the Emergency Services Strategy Plan of Action 2001-2002, arrangements were made for the external review of Cairns, Townsville and Mackay Hospitals.
- Terms of Reference were established for the Queensland Health Emergency Department Reviews and expressions of interest were sought from suitably qualified personnel.
- Dr Chris Baggoley (FACEM) was selected as an appropriate reviewer.
- The General Manager, Health Services has approved a Supply Services Agreement, which has been finalised on behalf of Queensland Health and Dr Chris Baggoley.
- Reviews will be conducted during April.

## **2. Elective Surgery**

### *State-wide Purchasing and Standardisation of Surgical Prostheses*

- Policies relating to the management of state-wide standing offer arrangements for prosthetics have now been completed.
- "Orthopaedic information packs" have been prepared for Clinical Advisory Panel members which will be distributed to the Orthopaedic panel during April 2002.
- Further negotiations were held with company representatives in regards to gaining state-wide prices for intraocular lenses.
- Discussions have continued with Purchasing and Logistics to ensure Invitations to Offer go to the marketplace by June 2002.

**Day Only (DS) & Day of Surgery Admissions (DOSA) Project**

- Day Surgery/Day Of Surgery Admission Benchmarking reports have now been distributed to District Managers.

**3. Benchmarking**

**Emergency Department Waiting Times**

- Preliminary waiting time performance data indicates an improved performance in NTS Categories 1, 2 and 3, and a decline in performance in Categories 4 and 5 in March 2002 compared to March 2001. Preliminary data shows an overall slight improvement in performance from the previous month.

Percentage of patients seen within ACEM recommended times -				
	March 2002 <sup>1</sup> (preliminary)	February 2002	March 2001	Target <sup>2</sup>
NTS 1	99%	99%	98%	100%
NTS 2	72%	72%	69%	80%
NTS 3	59%	57%	58%	75%
NTS 4	58%	60%	62%	70%
NTS 5	80%	79%	86%	70%

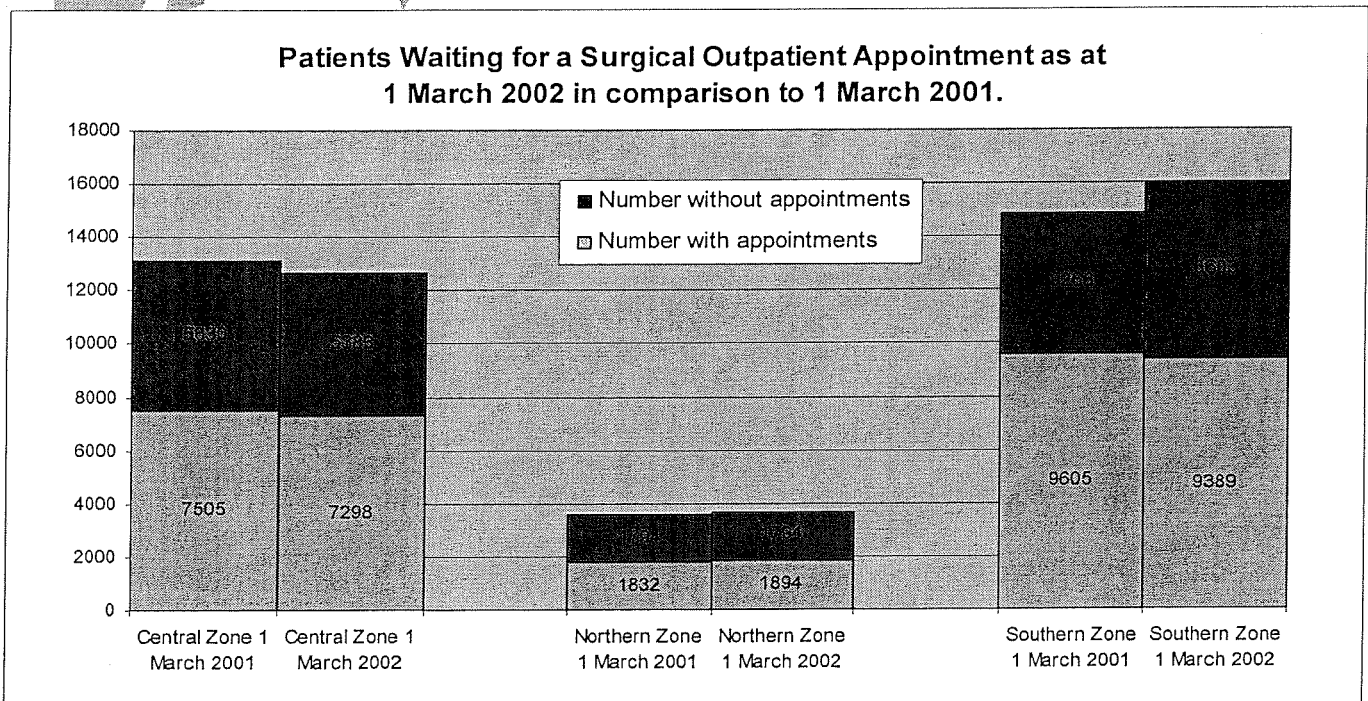
Notes:

<sup>1</sup> The preliminary data for March 2002 does not include Princess Alexandra Hospital

<sup>2</sup> 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

## 1. Emergency Departments

### *Commonwealth Reporting Requirements (AHCA)*

- The Surgical Access Team met with representatives from the Commonwealth Department of Health and Aged Care and representatives from Data Services Unit (DSU) to establish Queensland Health's commitments in relation the development of nationally consistent data for non-admitted patient care, as defined in the Australian Health Care Agreement. Major outcomes from this meeting included:
  - Agreement that Queensland Health will continue to develop the collection of unit record-level data relating to emergency department services in line with National Minimum Data Set (NMDS) requirements.
  - Agreement that the collection of unit level-record data pertaining to outpatient services will not be progressed at this stage.

### *Clinical Coordination*

- The Surgical Access Team met with the 3 Principal Clinical Coordinators (PCC) to progress the state-wide collection of the Aero-retrieval/Clinical Coordination minimum data set.
- The Surgical Access Team advised that data provided to Queensland Health by participating hospitals was incomplete and that the development of more appropriate collection mechanisms should be progressed by the PCCs.
- The Surgical Access Team agreed to support the PCCs in the development of such a collection system

### *Emergency Department Information System (EDIS) Implementation*

- The Surgical Access Team coordinated a presentation by HASS to key emergency department personnel to demonstrate the increased functionality associated with the SQL/Oracle version of EDIS currently being implemented into 4 new sites across the State (Townsville, Rockhampton, PAH, Gold Coast).
- A key feature is the inclusion of 150 emergency department clinical protocols, developed in the United Kingdom, which will be used as an aid in the training of resident and registrar medical staff.

## 2. SAT Reporting Database

### *Executive Information System (EIS)*

- The General Manager, Health Services approved funding to support the ongoing maintenance of the Surgical Access Team Executive Information System (EIS).
- This database system is a key component of the Government's pre-election commitment to strengthen the central coordination role of the Surgical Access Team.
- The SAT EIS will provide Queensland Health with timely and accurately waiting list information and is currently operational in the 12 major elective surgery reporting hospitals across the State.



# HOSPITAL SUPPORT AND LIAISON

## 1. Combined Medical Superintendents Advisory Committee/Elective Surgery Coordinators Meeting.

- A combined meeting of the **Medical Superintendents Advisory Committee** and the **Elective Surgery Coordinators** was held on 15<sup>th</sup> March 2002. This meeting replaced the March meeting for both groups.
- The General Manager (Health Services) addressed the meeting and feedback to date has been very positive. The workshop provided both the Medical Superintendents and the Elective Surgery Coordinator's with a key opportunity for networking and sharing ideas and also to provide input into future directions for the *Waiting List Reduction Strategy*. Key areas addressed at the workshop included:
  - ♦ Role of the Medical Superintendents and the ESC's in the enhanced coordination role of the Surgical Access Team.
  - ♦ The development of the future elective surgery funding model.
  - ♦ The progression of policy development initiatives relating to elective surgery, emergency department and specialist outpatient services.
  - ♦ Communication issues at the local, zonal and corporate level.

## 2. Policy Development

- A pre-election commitment of the Government was to "*Strengthen clinical protocols to ensure appropriate and timely treatment of patients based on clinical need*". The Surgical Access Team is progressing the development and implementation of state-wide policy frameworks that will provide a consistent approach to managing elective surgery, specialist outpatient and emergency department services. Drafts of each of the policy frameworks are due to be completed by 30 June 2002.

**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 Sep 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	1,504	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 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	8.4%	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
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
1 Sep 2001	2,017	6.0%	10,762	14.1%	26,028	37.5%	38,807
1 Oct 2001	1,979	4.5%	10,783	12.6%	25,593	37.2%	38,355
1 Nov 2001	2,136	3.8%	10,842	11.6%	25,379	37.4%	38,357
1 Dec 2001	2,080	4.0%	10,883	12.6%	25,194	37.4%	38,157
1 Jan 2002	1,557	4.4%	10,961	13.2%	25,106	37.9%	37,624
1 Feb 2002	1,785	3.7%	11,065	13.5%	24,951	38.3%	37,801
1 Mar 2002	1,938	2.6%	11,096	14.4%	24,461	38.2%	37,495
1 Apr 2002	2,151	3.3%	11,343	13.5%	24,179	38.8%	37,673

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