



# Waiting List Reduction Strategy

Report from the  
**SURGICAL ACCESS TEAM**  
for the month of

**May 1999**

**Distribution:** Director-General  
Minister for Health  
General Manager (Health Services)  
Deputy Director-General (Planning and Systems)

## **PROJECT MANAGEMENT**

### **Consultation**

Memorandums were sent to District Managers of those hospitals that had recorded a significant under-performance of elective surgery activity compared with target on a pro-rata basis as reported by the *Queensland Hospital Admitted Patient Data Collection*. The District Managers were requested to identify what elective surgery activity would be performed by 30 June 1999. It is anticipated that site visits will be conducted in June to determine elective surgery capacity for 1999/2000.

### **Communication Strategy - Emergency Departments**

- An Emergency Medicine Benchmarking and Best Practice Workshop was conducted on Friday 14 May 1999
- Site visits have commenced with the majority of sites being visited in the first 3 weeks of June 1999. These visits are part of the follow-up communication strategy, and provide an opportunity to discuss data issues.

### **Communications**

An article regarding the Emergency Department Workshop has been submitted to *Healthmatters* for consideration.

## **FUNDING & INCENTIVES**

### **Additional Funding**

Additional funding of \$300,000 has been approved for the Princess Alexandra Hospital to maintain elective surgery throughput and to reduce the proportion of Category 2 'long wait' patients.

### **Transfer of Patients**

- Funding of up to \$100,000 has been approved for Maryborough Hospital for additional orthopaedic surgical sessions for orthopaedic patients from Bundaberg Hospital. The District Managers of Maryborough Hospital and Bundaberg Hospital are progressing the transfer of patients with relevant clinical staff at each site.
- Toowoomba Hospital is progressing the transfer of urology patients to Mater Adults Hospital.

### **Funding for Emergency Departments**

\$42,000 has been allocated to Ipswich Hospital to pilot a reporting program to allow a more detailed analysis of emergency data from HBCIS.

## INFORMATION MANAGEMENT

- Representatives from the Surgical Access Team met with the Data Services Unit and Zonal Units to evaluate the impact of Noosa Private Hospital on Nambour Hospital's elective surgery waiting list. The treatment of public waiting list patients effects the current collection of elective surgery patients via the *Queensland Hospital Admitted Patient Data Collection* (QHAPDC) and the monthly *Waiting List Data Collection*. Negotiations will continue until final agreement has been reached concerning the collection of this data and how Corporate Office will 'reconcile' the number of public patients treated at Noosa Private Hospital.
- The Surgical Access Team has commenced the tender process for a new waiting list reporting system. Following advice from the Corporate Office Systems Unit (COSU), a number of contractors will have the opportunity to provide a new reporting system for elective surgery including patient level census data. This new system represents an opportunity to expand the current reporting options of elective surgery waiting lists data.
- The Data Services Unit has provided the Surgical Access Team with an update of elective surgery activity to March 1999, from the QHAPDC. This data is being analysed by the Surgical Access Team and compared to hospital activity targets.

# PERFORMANCE REPORTING

The **total number** of patients on the waiting lists of the 33 hospitals remained stable at 38,768 at 1 June 1999.

Date	Category 1		Category 2		Category 3		Total
	Total	% 'long wait'	Total	% 'long wait'	Total	% 'long wait'	
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	1336	1.6%	10275	14.7%	26953	27.9%	38564
1 June 99	1504	2.1%	9922	12.3%	27342	27.3	38768

The number of 'long wait' Category 2s decreased by 272 from 1 May to 1 June 1999. The number of 'long wait' Category 3s decreased by 58 from 1 May to 1 June 1999.

## Category 1

At 1 June 1999, the proportion of Category 1 patients waiting longer than 30 days for surgery was **2.1%** (cf. 1.6% at 1 May 1999). Three hospitals reported more than 5% - Mater Children's (5.3% - 1 patient), Redland Hospital (19.4% - 6 patients) and The Prince Charles Hospital (10.8% - 7 patients).

## Category 2

At 1 June 1999, the proportion of Category 2 patients waiting longer than 90 days for surgery was **12.3%** (cf. 14.7% at 1 May 1999). Five hospitals reported substantial reductions in the number of 'long wait' Category 2 patients - Gold Coast Hospital (-64), Mater Adults (-32), Princess Alexandra (-141), Nambour (-31) and Royal Brisbane Hospital (-25).

## Category 3

At 1 June 1999, the proportion of Category 3 patients waiting longer than 1 year for surgery was **27.3%** (cf. 27.9% at 1 May 1999).

## Throughput

Total number of elective admissions in May 1999 was 9,689, an increase (825) from the 8,864 admissions reported for April 1999. There were 137 more admissions in May 1999 compared to May 1998 (9,552).

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 *Guidelines for the Management of Specialist Outpatient Waiting Lists* has been approved for printing and distribution. It is anticipated that this document will be distributed in June.

- The Outpatient Clinical Best Practice Working Party met on 27 April and reviewed the Working Party's terms of reference. The terms of reference were modified to reflect a stronger focus on the best practice aspect of service delivery. The Working Party identified the following areas for review:
  - Public/private ratio of outpatient sessions and prioritisation of patients
  - The ratio of new patient appointments and review patient appointments
  - Non-attendance rates
  - Benchmarking of the number of patients seen per outpatient clinic session
  - Facilitation of the implementation of the *Guidelines for the Management of Specialist Outpatient Waiting List*. The working party would act as a resource for the implementation and assist in the development of a communication strategy to ensure the success of this initiative.
- Liaison with the Brisbane South Collaboration continued in May. This collaboration includes representatives from the Brisbane South-side Central Division of General Practice, Centre for General Practice, University of Queensland, Mater and PAH Hospitals. This group has developed a draft standardised referral form that will be used by General Practitioners when referring patients to Outpatient Departments. This form has been included in the *Guidelines for the Management of Specialist Outpatients* as an example.
- Discussions have been held with CISU regarding enhancements to the HBCIS, Appointment Scheduling Module. The proposed enhancements will allow the measurement of average waiting times for outpatient appointments, together with subspecialty level information. A new suite of reports will also be required to support local resource management decisions and to reduce the administrative load associated with reporting requirements.

## Clinical Advisory Committee

The meeting on 11 May 1999 included:

- A plan of the Emergency Medicine Benchmarking and Best Practice Workshop.
- Extensive discussion regarding the development of a protocol for the management of 'long wait' Category 2 patients. The importance of providing both administrative and clinical management guidelines was highlighted.

# HEALTH SYSTEM DEVELOPMENT

## Specialist Outpatient Services *Benchmarking and Information Systems*

### Data

- As at 1 May 1999, a total of 47,932 people were waiting to see a specialist in an outpatient department.
- Of these patients, approximately 38,176 had a formal appointment to see a specialist; the remaining 9,757 had not yet been designated an appointment time.
- It is estimated that some 28,132 patients were waiting for a surgical appointment of which 21,874 had an appointment and 6,258 did not.

	1 April 1999			1 May 1999		
	With Appointment	Without Appointment	Total	With Appointment	Without Appointment	Total
<b>Surgical</b>	23134	6363	29497	21874	6258	28132
Medical	7739	947	8686	8111	1166	9277
Obstetrics/Gynaecology	6014	616	6630	6004	615	6619
Paediatric	2145	1141	3286	2158	1715	3873
Psychiatric	51	0	51	29	3	31
Total	39083	9067	48150	38176	9757	47932

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

Orthopaedics:	9,963
General Surgery	5,509
ENT	5,338
Gynaecology	4,765
- The interpretation of the data provided in this report, needs to be undertaken with caution. The limitations in interpreting the data are due to potential problems with data reliability and validity as a result of manual data collection.

## Emergency Services *Benchmarking and Information Systems*

### INFORMATION SYSTEMS

- The implementation of the HAS Emergency Department Information System (EDIS) into Cairns, Toowoomba and Redcliffe Districts is progressing as per the project plan. Redcliffe and Caboolture went "live" on the 17 May 1999. Toowoomba Hospital has ordered the required hardware. The project is scheduled to be completed by late June 1999.
- Ipswich Hospital will pilot Structured Query Language / Open DataBase Connectivity (SQL/ODBC) to allow a more detailed analysis of emergency data from HBCIS. Implementation of SQL/ODBC into further sites may be conducted once the Ipswich pilot has been reviewed.
- RBH are developing a mathematical algorithm for bed utilisation, capable of defining and predicting emergency admission needs. This project is currently under way and a project report is due in June. The project is expected to be completed by the end of the 1999 calendar year.

## **DATA COLLECTION**

- A program is currently being written to extract data on 'access block' from HBCIS EMG module. It is planned that the collection of 'access block' data will commence on 1 July in all 20 hospitals.
- Waiting time data continues to be collected. There has been a slight improvement in the percentage of patients seen within time for triage category 2 and 3. Data for the first quarter of 1999 was distributed to each site as part of the preparation for the Emergency Medicine Benchmarking and Best Practice Workshop

## **COMMUNICATION**

- An Emergency Medicine Benchmarking and Best Practice Workshop was conducted on Friday 14 May 1999 at the Bardon Conference Centre. Responses regarding the benefits of the workshop have been positive with a number of emergency medicine specialists and District Managers welcoming the opportunity to enhance communication between emergency departments and Corporate Office. Outcomes from the workshop are:
  - Increased level of communication between Queensland Emergency Departments and Corporate Office;
  - Agreement on the publication and internal distribution of emergency department performance data; and
  - A wider understanding of the underlying principles of the Emergency Services Strategy.

## **WORKFORCE ISSUES**

- Recruitment of medical positions has been progressing well (Mt Isa and Rockhampton Hospitals have been unable to recruit FACEM/SMOs at this stage.)
- A review of emergency nursing staff is currently being assessed in regards to local issues and available resources. It is anticipated that a recommendation on possible funding allocations for emergency nurse staffing will be made in the near future.

## **CLINICAL COORDINATION (AEROMEDICAL SERVICES)**

The Surgical Access Team met with the 3 Principle Clinical Coordinators (from the Royal Brisbane Hospital, the Princess Alexandra Hospital and Townsville Hospital), Dr Geoff King (Medical Director of the Royal Flying Doctor Service) and Trevor Barnes to progress the development of a Clinical Coordination Database. The main outcomes of this meeting included the following:

- It was identified that the Aero-Health Services Advisory Committee has developed a corporate minimum data set for aero retrievals in Queensland.
- The Principle Clinical Coordinators have requested the inclusion of additional data items for the purpose of identifying clinical outcomes. The coordinators require that the database include the collection of road, rotary wing and fixed wing retrievals.
- It was agreed that a market analysis would be undertaken to identify if existing databases capture the relevant data items. Alternatively a new system will need to be developed that meets Corporate requirements as well as operational needs of the Clinical Coordinators.

# HOSPITAL SUPPORT AND LIAISON

## Medical Superintendents Advisory Committee

- The Committee was advised that a number of hospitals had increased their proportion of 'long wait' Category 2 patients comparing 1 May 1999 to 1 April 1999. There was also a decrease in the number of elective surgery admissions for April 1999 compared with the previous month and with the same month in 1998. The Committee identified that there was no reduction in operating days due to the Easter break when comparing April 1998 to April 1999 and that there were no specific reasons identified for the decrease in elective cases.
- Members requested that emergency surgical work must be included in any analysis to determine the impact on elective surgery throughput. Surgical Access Team agreed that this information would be reviewed when the data becomes available.
- The Committee discussed the protocol for the management of 'long wait' patients.
- The committee was advised that the General Manager, Health Services has reaffirmed that money unspent on elective surgery will be reclaimed.

## Elective Surgery Coordinators meeting

- Following feedback from the Clinical Advisory Committee and the Medical Superintendents Advisory Committee on the draft protocol for the management of 'long wait' patients, the Elective Surgery Coordinators participated in a workshop to develop a number of options in relation to the management of elective surgery waiting lists. The purpose of the options is to provide the Clinical Advisory Committee and Medical Superintendents Advisory Committee a number of alternatives that can be adopted to improve the existing booking processes and management of 'long wait' cases. These options will be presented at the meetings in June.
- The issues relating to categorisation are also reviewed. Coordinators are currently developing a new booking form. They have recommended that the form:
  - Does not include urgency categories and their definitions;
  - Requests the time frame in which the patient's surgery is to be performed;
  - Requests if an outpatient review is required prior to surgery.

It is anticipated that this will promote more effective utilisation of the "Not Ready for Care" status. Once finalised the booking form will be provided to clinicians for their input.

- Members of the Surgical Access Team have undertaken site visits to the Princess Alexandra Hospital and the Gold Coast Hospitals. The purpose of these site visits is to provide assistance in relation to implementing processes to reduce the number of 'long wait' Category two patients. Further visits to Bundaberg, Nambour and Prince Charles Hospitals are planned for June 1999.



# ORMIS SUPPORT and THEATRE UTILISATION

## Software

- The following ORMIS installation software was "signed-off" for rollout to 12 sites:
  1. HASS ORMIS Version 5.01.1
  2. HASS HL7 Server 1.003.03
  3. HASS Conversion Routine 1.1
  4. CSC HIC 2.8 with Qpatch up to number 64
- Due to continuing delays by vendors in delivery of the required "fixes" Gold Coast Hospital chose in consultation with the Business Application Support Unit to "go-live" on Monday 31 May 1999 with the following software versions installed:
  1. HASS ORMIS Version 5.0
  2. HASS Conversion Routine 1.0
  3. CSC HIC 2.8 with Qpatch up to number 63
- Ipswich Hospital has since gone "live" with the preferred installation software on Friday 9:00 a.m., 4 June 1999, with a satisfactory outcome reported to the Surgical Access Team at 4:30 p.m. that day.
- Princess Alexandra Hospital and the three Mater sites are going "live" Sunday 6 June 1999.
- The remaining sites have installed the preferred software into their training accounts and are continuing satisfactorily with the task of training end-users in time for "go-live".
- All sites will be "live" by 11 June 1999 with the exception of Nambour and Townsville Hospital's which have negotiated with the Business Application Support Unit and CSC to extend their installation dates to 17 June 1999.
- Due to the limited testing time afforded to Queensland Health to fully test the product, coupled with the non-testing by Queensland of certain modules that are not used by Queensland, and the serious delays in the delivery of "fixes" by both vendors, the Surgical Access Team and HAS Solutions have agreed that any further issues identified in the "live" environment that significantly impact upon operating room business will be closed-off by close of business 10 June 1999.
- HAS Solutions have committed to resolving the issues identified in Version 5.02 by close of business 18 June 1999. This version will then be tested and once "signed-off" forwarded to sites for installation. This process requires minimal resources compared to a full installation under the current upgrade installation requirements.
- Further to this, CSC and the Business Support Application Unit have agreed to resolve an outstanding "fix" with the CSC interface in time to be installed at sites with the next HBCIS roll-out commencing 23 June 1999.
- In summary, from 1 July 1999 all sites will have the same "final" production level (non-beta) product(s) for which no further development work will be endorsed inside of the Y2K policy requirements and a version control policy will commence across the state from this date forward.

## **System Management and Y2K**

- Y2K confirmation testing will commence in August 1999 conjointly with the Business Application Support Unit.
- A Dec Alpha Server will be purchased by the Business Support Application Unit for this test period.
- In consultation with the Business Application Support Unit discussion have commenced to establish a corporate test bed for any further testing of the product(s).

## **Corporate Reporting**

- The following projects initiated last month are progressing according to plan. Discussions regarding item 2 are occurring in relation to Y2K and a quote has been received from one preferred vendor. This quote will be submitted to the Queensland Health Contract Panel, where further quotes will be received within a two-week period.
  - Standardisation of key code sets
  - The development of a standard suite of reports
  - The clarification and reinforcement of business rules