



# Waiting List Reduction Strategy

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

**November 1998**

## PROJECT MANAGEMENT

### Consultation

- The **Clinical Advisory Committee**, made up of representatives from the major medical and nursing colleges and associations, continues to meet monthly and provide strategic clinical direction to the Surgical Access Team.
- **Emergency Services**
  - The Surgical Access Team met with the **Emergency Services Specialist Advisory Panel** to brief the Panel of the Emergency Services Strategy and to seek feedback on progressing the strategy.
  - The Surgical Access Team met with the **Queensland Emergency Nurses Association (QENA)** to establish a process to determine education needs of Emergency Departments nurses.
  - **Emergency Services Staffing Working Party** was convened to review the Emergency Services Staffing Profile and make recommendations on staffing of Emergency Departments.
- The **Clinical Best Practice Outpatients Working Party** met two times in November to develop *Guidelines for the Management for Outpatient Waiting Lists*.
- A **schedule of visits to District Health Services** has been planned to address management and clinical staff on the elements of the *Waiting List Reduction Strategy* and the priorities of the Government in this area. These visits will commence in December 1998.

### Communications

The Royal Brisbane Hospital Orthopaedic Transitional Care Project was awarded the Australian Council for Healthcare Standards National Quality Award for 1998. This project was funded from the Elective Surgery Team's Transitional Care program. An article providing details of the project and the award has been submitted for consideration for publication in the Queensland Health journal, *Healthmatters*.

## FUNDING & INCENTIVES

### Funding for Extra Elective Surgery

Memorandums detailing elective surgery funding for 1998/99 and associated reporting arrangements, have been sent to relevant District Managers. The Memorandums included information on elective surgery activity targets associated with the new funding.

Analysis of the first quarter of elective surgery activity has commenced through the *Queensland Hospital Admitted Patient Data Collection*. It is anticipated that this information will be available before the end of December and will provide an accurate assessment of the performance of hospitals.

### Funding for Emergency Departments

A submission has been prepared for the Deputy Director-General (Health Services) recommending the funding of medical staff and capital requirements. The submission recommends a total of 17 medical positions (2 positions included are with the *Royal Flying Doctor Service* at Rockhampton).

### Funding for Enhanced Day Surgery

Funding of \$0.5 million has been allocated to increase day surgery rates to 50% across reporting hospitals. This target has been identified in the memorandums to Districts and in the Elective Surgery Funding Arrangements.

## WORKFORCE STRATEGIES

A major staffing review of Emergency Services was done as part of the profiling of Emergency Departments. The *Australasian College for Emergency Medicine* has advised that training positions for Emergency Specialists are not dictated by the *College* but is determined by the hospital once the Department is accredited.

## INFORMATION MANAGEMENT

- The Surgical Access Team has provided input to the Queensland Health Data Dictionary. Representatives of the Surgical Access Team worked with the Data Services Unit to produce descriptions of current waiting list data items collected by the Surgical Access Team for inclusion in the next edition of the Queensland Health Data Dictionary.
- On 1 July 1998, changes in the *Queensland Hospital Admitted Patient Data Collection* came into effect. These changes resulted in a new extract for the Surgical Access Team. An interim 'Access' database has been constructed to enable analysis of this data. This database will eventually move across to the 'ORACLE' platform, being the departmental standard. Negotiations are continuing with Corporate Office Systems Unit to facilitate this process.
- The Surgical Access Team has begun negotiations with the Data Services Unit concerning required changes to the *Queensland Hospital Admitted Patient Data Collection* for 1 July 1999. Possible additions to the collection that are being investigated, are an indicator of whether or not the patient attended a pre-admission clinic as well as the date of surgery.
- Representatives of the Surgical Access Team visited Royal Brisbane and Ipswich Hospitals to discuss data quality and work processes with the Elective Surgery Coordinators. Data quality is an ongoing topic for discussion at the Elective Surgery Coordinator's Meetings.
- Ad hoc reports were provided to the Minister's Office concerning waiting times and admission data for a number of elective surgery reporting hospitals to be used in conjunction with Ministerial visits.

# PERFORMANCE REPORTING

The **total number** of patients on the waiting lists of the 33 hospitals increased from 37,287 to 37,418 (131) from 1 November 1998 to 1 December 1998.

Date	Category 1		Category 2		Category 3		All Categories	
	'long waits'	Total	'long waits'	Total	'long waits'	Total	'long waits'	Total
1 Jul 98	12	1285	981	9243	7399	25732	8392	36260
1 Aug 98	18	1316	1069	9511	7261	25379	8348	36206
1 Sep 98	42	1368	1355	9621	7099	25356	8496	36345
1 Oct 98	29	1441	1462	9960	7164	25538	8622	36939
1 Nov 98	44	1621	1594	10109	7196	25557	8834	37287
1 Dec 98	42	1502	1682	10119	7354	25797	9078	37418

The number of "long wait" Category 2s increased by 88 from 1 November to 1 December 1998. The number of "long wait" Category 3s increased by 158 from 1 November to 1 December 1998.

## Category 1

At 1 December 1998, the proportion of Category 1 patients waiting longer than 30 days for surgery was **2.8%** (cf. 2.7% at 1 November 1998). Three hospitals reported more than 5% - Mackay Base Hospital (5.6% - 2 patients), Mater Children's (23.5% - 4 patients) and Royal Brisbane (16.6% - 24 patients).

## Category 2

At 1 December 1998, the proportion of Category 2 patients waiting longer than 90 days for surgery was **16.6%** (cf. 15.8% at 1 November 1998). A number of hospitals reported significant increases in the number of "long wait" Category 2s and consequent increases in the proportion of "long waits" - Bundaberg (increase of 19 "long waits" - 17.6%) Gold Coast (increase of 46 "long waits" - 40.5%), Mater Adults (increase of 17 "long waits" - 15.1%), and The Royal Brisbane (increase of 14 "long Waits" - 8.9%).

## Category 3

At 1 December 1998, the proportion of Category 3 patients waiting longer than 1 year for surgery was **28.5%** (cf. 28.2% at 1 October 1998).

## Throughput

Total throughput in November 1998 was 10,504 elective surgery admissions, a increase (+406) from the 10,098 admissions reported for October 1998 (cf. 9,884 admissions in November 1997).

## Summary Information for 1997

A spreadsheet has been prepared for quick reference of percent 'long waits' compared with the same month last year for each hospital. A similar spreadsheet has been prepared for admissions by urgency Category by hospital (See Attachments).

## CLINICAL BEST PRACTICE

### **The Clinical Advisory Committee (CAC) met on 8 November 1998.**

The CAC discussed appropriate communication strategies for the *Outpatients Waiting Times* element of the *Waiting List Reduction Strategy* including statewide consultation, national reporting arrangements, inclusion of GPs, specialists, and information systems personnel. In view of key stakeholders such as General Practitioners and consulting medical officers being members of the CAC, the committee recommended that a member of the *Clinical Best Practice Outpatient Working Party* be invited to join the CAC. It was also recommended that the *Guidelines for the Management of Outpatient Waiting Times* be reviewed by the Clinical Advisory Committee.

A letter has been sent to the Queensland Division of General Practice Association (Inc.), requesting a nomination for a representative on the CAC. The CAC has also provided recommendations on information for the quarterly briefings of General Practitioners.

### **Out-of-Hospital Acute Care Services**

The *Credentiailling Committee for Acute Services Provided Out of Hospital* met on 18 November 1998. The committee discussed the issues related to "Complex Outpatients Services". It was recommended that these services be renamed – "Inpatient to Outpatient Conversion Services". It was also recommended that facilities need to demonstrate that these services were provided as an admitted inpatient service in 1996/97 and are currently coordinated as an outpatient service. A detailed brief is being prepared regarding these services.

### **Quarterly Briefings to General Practitioners.**

The October *Elective Surgery Waiting List Report* was distributed to General Practitioners throughout Queensland. It is planned to include a briefing for general practitioners in the February edition of the various monthly newsletters of the Divisions. The briefing will include a summary of the major components of the January *Elective Surgery Waiting List Report* with special attention to issues relevant to the particular Division, together with an update on other initiatives such as the *Guidelines for Management of Outpatient Waiting Lists*.

## HEALTH SYSTEM DEVELOPMENT

### **Specialist Outpatient Services**

In response to the Clinical Advisory Committee (CAC) recommendation, a working party was established to develop *Guidelines for the Management of Outpatient Waiting Lists*. In line with the CAC recommendation, the working party membership consists mainly of outpatient department Clinical Nurse Consultants. The group, representing 12 hospitals in Southeast Queensland, met twice in November. The working party has developed draft definitions for Specialty Outpatient Clinic reporting. The definitions are seen as an integral step in ensuring that the waiting list data collection is consistent and comparable between each site.

The first draft of the *Guidelines for the Management of Outpatient Waiting Lists* is currently being reviewed by the working party. The draft document will be revised and distributed to the reporting hospitals and other relevant stakeholders in December.

It is recognized that the collection of quality data is reliant on, among other things, the availability of information systems. Currently, there are systems of varying degrees of sophistication in use. A review of information systems requirements in this area is a necessary step in developing a quality data collection.

## Emergency Services

- The Surgical Access Team has collated information provided by 20 hospital Emergency Departments with a role delineation of 4 or greater. Data collected includes medical and nursing staffing levels; attendances per triage category; percentage admissions per triage category; waiting times per triage category and numbers of retrievals and critical care transfers. This information has been summarized in the "Emergency Department Profiles" document (see attached). This document has been utilized as a tool to assist in the distribution of the \$1.5m allocated for staffing in Emergency Departments for 1998/99.
- A meeting of the *Emergency Services Staffing Working Party* was held on 27 November 1998. The purpose of the meeting was to obtain advice regarding the analysis of the information in the "Emergency Department Profiles" document, and to assist the Surgical Access Team in finalizing a submission for the Deputy Director-General (Health Services) regarding the allocation of resources.
- The Surgical Access Team met with a number of key staff from Information Management Branch (IMB) on 11 November 1998 to progress the implementation of an emergency system in Cairns, Redcliffe and Toowoomba hospitals. The Surgical Access Team is developing a "sketch proposal" outlining the system requirements.
- Meetings were conducted with members of the Queensland Emergency Nurses Association (QENA) on 9 November 1998 and on 16 November 1998. The group will continue to meet to progress the development of training and educational requirements for effective triage practice. This will facilitate the standard application of the National Triage Scale within Emergency Departments throughout the State.
- The Surgical Access Team has received project outlines for funding to support Bed Simulation Studies from both RBH and Toowoomba. These proposals are being considered as part of the overall strategy to reduce waiting times and access block within emergency departments.

## HOSPITAL SUPPORT AND LIAISON

**Medical Superintendents Advisory Committee** met on 13 November 1998. Outcomes include:

- The Manager, Surgical Access Team (SAT) gave a presentation to the committee regarding the methodology used to determine the elective surgery funding process and activity reporting requirements for 1998/99 financial year.
- The issue of maintaining the 5% target for Category 1 and 2 patients was reinforced to the committee. Data was presented to the committee identifying those hospitals that are not making progress towards targets.
- The committee reported that there has been minimal contact with hospitals following the second publication of the Elective Surgery Waiting List Report, either from GPs or the public.
- The committee was advised that a briefing had been forwarded to the Minister regarding the transfer of elective surgery patients on waiting lists between hospitals.

## **Elective Surgery Coordinators Meeting**

- The ESCs are due to meet on the 4<sup>th</sup> of December 1998. The Director-General has requested that he attend the meeting to address the group.
- In relation to those hospitals which are exceeding the 5% targets for "long wait" Category 1 and Category 2 patients, ESCs have been investigating and providing feedback to the Surgical Access Team. This issue will be discussed at the next meeting.
- ESCs have been implementing procedures and protocols to improve data quality and integrity. The group is working towards standardisation of work practices across hospitals to ensure that data entered onto the Elective Admission System becomes consistent with that collected via the *Queensland Hospital Admitted Patient Data Collection*.

## **ORMIS SUPPORT and THEATRE UTILISATION**

### **Implementation Issues**

The Post Implementation Review Survey has been received from a number of sites. This information is now being collated into a Corporate Post Implementation Review document. It is intended that the information obtained from the survey will greatly assist in the development of an ORMIS Strategic System Management Plan.

### **Software Issues**

A Year 2000 Project plan is being developed in accordance with the Corporate Y2K project requirements. This is being done in conjunction with the Corporate Information Systems Unit in an effort to meet the corporate requirements to have Year 2000 testing completed by June 1999.

Testing of the ORMIS Version 5 has been scheduled to commence 18 January 1999. Testing will take place at the Mater Adults Hospital. All efforts are being exhausted to ensure the test environment simulates a live environment. In order to achieve this, discussions are taking place between CSC Australia, Corporate Information Systems Unit and Mater Adult's Hospital.

### **Corporate Reporting**

The Theatre Utilisation Working Party met on 2 December 1998. The purpose of the meeting was to consider and review recommendations of the Theatre Utilisation Working Party. The recommendations were passed with minor amendments. The outcome of this meeting will be discussed at the next meeting of the Clinical Advisory Committee set down for 8 December 1998.

Reporting on Theatre Utilisation has become dependent on the outcome of this meeting as the changes recommended by the Workshop significantly impact upon the formulae and analysis of the data. In the meantime, Theatre Utilisation data has continued to be collected, validated, and tested.