



Waiting List Reduction Strategy

Report from the
SURGICAL ACCESS TEAM
for the month of

November 1999

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

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.
- The **Clinical Best Practice Outpatients Working Party** met in November to discuss the non-attendance of patients in Specialist Outpatient Clinics.
- The **ORMIS Strategic Management Group** met in November to discuss issues relating to the reporting functionality.
- Members of the Surgical Access Team had meetings with representatives of the NSW and Victorian Health Departments. Issues discussed included emergency department performance and funding programs and the future direction for information systems.

Communications

- Draft Press Releases were prepared regarding the allocation of funding for the emergency department enhancement and capital works projects.

FUNDING & INCENTIVES

- The re-allocation of *Drawback Funds* was finalised in November 1999 and funds were distributed back to the appropriate Districts. Table 1 provides a summary of the drawback funds, actual activity reported and subsequent reimbursement.

Hospital	Drawback funds (\$)	Target (Wt Seps)	Achieved (Wt Seps)	Difference (Wt Seps)	Reimbursement (\$)	Total Funds withdrawn (\$)
Bundaberg	700,000	3,226	2,673	-553	117,000	583,000
Cairns	160,000	5,537	5,643	106	160,000	0
Gold Coast	800,000	9,949	9,601	-348	452,000	348,000
Gympie	30,000	665	643	-22	8,000	22,000
Mater Adults	400,000	7,871	7,723	-148	252,000	148,000
Mater Childrens	200,000	3,524	3,301	-223	0	200,000
RBH	650,000	20,168	19,684	-484	166,000	484,000
Nambour	850,000	7,092	6,454	-638	212,000	638,000
TPCH	800,000	19,780	19,150	-630	170,000	630,000
Toowoomba	500,000	6,890	6,400	-490	10,000	490,000
Townsville	600,000	10,364	10,679	315	600,000	0
Kirwan	50,000	863	852	-11	50,000	0
Ipswich	150,000	5,105	5,102	-3	147,000	3,000
Totals	5,890,000				2,344,000	3,546,000

Table 1

- The General Manager – Health Services approved the allocation of remaining Surgical Incentives Funds in November 1999. These funds total \$6,497,000 available in 1999/2000 and \$4,096,000 available recurrently. Allocation of these funds leaves \$387,000 for allocation in 1999/2000. The Zonal Manager, Central Zone has indicated that these funds will be needed in the Central Zone for the transfer of surgeons from Royal Brisbane Hospital.

- Preliminary work-up of 1st Quarter Surgical Incentive Funding payments to Districts has been completed. These payments have been calculated through the monthly snap-shot reports provided by the Districts to the Finance Unit. It is envisaged that post budget adjustments will be processed in December 1999.

Emergency Department Funding

- The General Manager, Health Services approved the allocation of funding and payments have been subsequently been made to support the emergency department quality enhancement projects. Additional funding was also approved for some minor capital works in emergency departments. Details of these payments are outlined under the 'Clinical Best Practice' section of this report.

INFORMATION MANAGEMENT

INFORMATION AND SYSTEMS

- The Surgical Access Team met with staff from the Information Services Unit and Oracle Corporation representatives to progress the development of the Executive Information System for elective surgery reporting. An Oracle database located at Citec has been created and populated with Elective Admissions data. Testing of the new database is due for completion on 10th December 1999.
- The Surgical Access Team has removed all non-Y2K compliant databases from the Corporate Office Network. All business critical excel spreadsheets have undergone testing and rectification as necessary.
- The Surgical Access Team met with representatives from Business Application Services to negotiate and formalise a memorandum of understanding with relation to ORMIS product support.
- The ORMIS Strategic Management Group meeting was convened. A review of the membership of the group was undertaken. Nominations were requested from senior surgical managers and clinicians to form a more strategically focused group. Issues relating to contract status, future capabilities and reporting were discussed.
- The Surgical Access Team reviewed the capability of the SIMS system (formally BOB 20) with relation to bar coding and tracking of prosthetic and consumable costs in theatres.
- Discussions were held with Business Application Services to progress the inclusion of 'In OR' as a captured milestone in the HBCIS Theatre Management System.
- Site visits were conducted at Ipswich, Redland and Royal Womens Hospital's with regards to Theatre Utilisation reporting and elective surgery throughput reporting.

PERFORMANCE REPORTING

The **total number** of patients on the waiting lists of the 33 reporting hospitals increased from 38,680 at 1 November 1999 to 39,200 at 1 December 1999 (520 patients).

	Category 1		Category 2		Category 3		Total
	Total	% 'long waits'	Total	% 'long waits'	Total	% 'long waits'	
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

Table 2

Category 1

At 1 December 1999, the proportion of Category 1 patients waiting longer than 30 days for surgery was **2.4%** (cf. 3.5% at 1 November 1999). Seven hospitals reported more than 5% - QEII Hospital (13.3% or 6 of 45 patients), Redland Hospital (5.6% or 1 of 18 patients), Kingaroy Hospital (100.0% or 1 of 1 patient), Mater Children's Hospital (7.7% or 1 of 13 patients), Royal Brisbane Hospital (5.4% or 6 of 111), Kirwan Hospital for Women (7.1% or 1 of 14) and Royal Children's Hospital (6.9% or 1 of 29).

Category 2

At 1 December 1999, the proportion of Category 2 patients waiting longer than 90 days for surgery was **8.7%** (cf. 8.8% at 1 November 1999). Royal Brisbane Hospital reported the largest increase in the number of 'long wait' Category 2 patients (24), while the Princess Alexandra Hospital reported the largest reduction (-34 patients).

Category 3

At 1 December 1999, the proportion of Category 3 patients waiting longer than 1 year for surgery was **29.6%** (cf. 28.7% at 1 November 1999).

Throughput

Total number of elective admissions in November 1999 was 10,732, an increase (1,165) from the 9,567 admissions reported for October 1999. There were 103 more admissions in November 1999 compared to November 1998 (10,629). For the year to date 1999/2000, elective surgery throughput has decreased by some 1,238 (-2.4%) elective surgery admissions compared with that reported for the same period in 1998/99.

CLINICAL BEST PRACTICE

Emergency Medicine

Service Enhancement Projects

- Funds from the Emergency Services Strategy have been allocated for the Emergency Department Service Enhancement Projects as detailed below.

Hospital	Project	Outcome
Townsville	Triage Training Programme	Development of a standardised training programme for triage staff (in conjunction with Bundaberg)
Bundaberg	Triage Training Programme	Development of a standardised training programme for triage staff (in conjunction with Townsville)
Mt Isa	Protocol and Competency Development	Development of patient management protocols and staff competency assessment protocols in the emergency department
Hervey Bay	Category 4 and 5 review	Review of attendance profile of lower acuity patients attending the emergency department
Hervey Bay	Mobile communications	Streamlining and coordination of incoming calls through use of handsfree telephone equipment
RCH	Process Review	Review of waiting times, access block, admission criteria and discharge processes
Ipswich	Nurse interventions	Establishment of nurse-initiated treatment protocols for Category 3 and 4 patients
PAH	Administrative Coordination	Trial of an administrative support officer to coordinate administrative aspects of service delivery in the emergency department
PAH	ICD-10	Development of a clinician focussed ICD-10 coding manual for the emergency department environment
PAH	Medical Assessment/care unit	Development of a discrete medical assessment, intervention and planning unit
QE2	Triage staff development and Administrative coding development	Review and enhancement of triage process and skills. Introduction of clinical coding by emergency department administration staff
Toowoomba	Automated clinical notes production	Trial of assessment templates and voice recognition software for the production of clinical notes

Table 3

- The projects are to be completed prior to 31 May 1999 to allow review of the outcomes prior to the end of the financial year. This will enable the allocation of funds from the 2000/01 budget to rollout successful services models throughout the state.
- It is anticipated that the successful completion of these projects will contribute to decreased waiting times and access block in emergency departments.

Capital Works / Equipment Purchase

- Funds have also been allocated to allow minor capital works and equipment purchases as detailed below.

Hospital	Equipment/Works	Purpose
Mount Isa	Minor works to sub-acute area	Modifications will increase the number of treatment cubicles available through development of a corridor area
Townsville	Trolley purchase	The Townsville Hospital Emergency Department is establishing a short-stay unit. The provision of 6 trolleys will ensure appropriate levels of patient safety and comfort and will enable rapid transfer of patients between the ED and the SSU.
Bundaberg	Signage/Patient video	A patient education video and signs require updating. This will provide patients with details of services available in the department and the triage process enabling patients to more efficiently provide relevant information on presentation.

Table 4

Waiting Times

- A brief is being prepared addressing the use of financial incentives to promote improved services in emergency departments. The resources required to fund a program similar to the Victorian model are being assessed. Concerns regarding the manipulation of data to meet targets and earn incentive payments will be addressed. The position of relevant professional bodies, such as the Australasian College for Emergency Medicine, will be ascertained.
- The Emergency Department Performance Report for the September 1999 quarter has been distributed to participants in the benchmarking process. Overall performance for the September 1999 quarter with respect to patients seen within the recommended times has declined in comparison to the June 1999 quarter. This is a recognised seasonal phenomenon resulting from increased demand during the winter months. Preliminary data for October indicates improvements in waiting times across all categories.

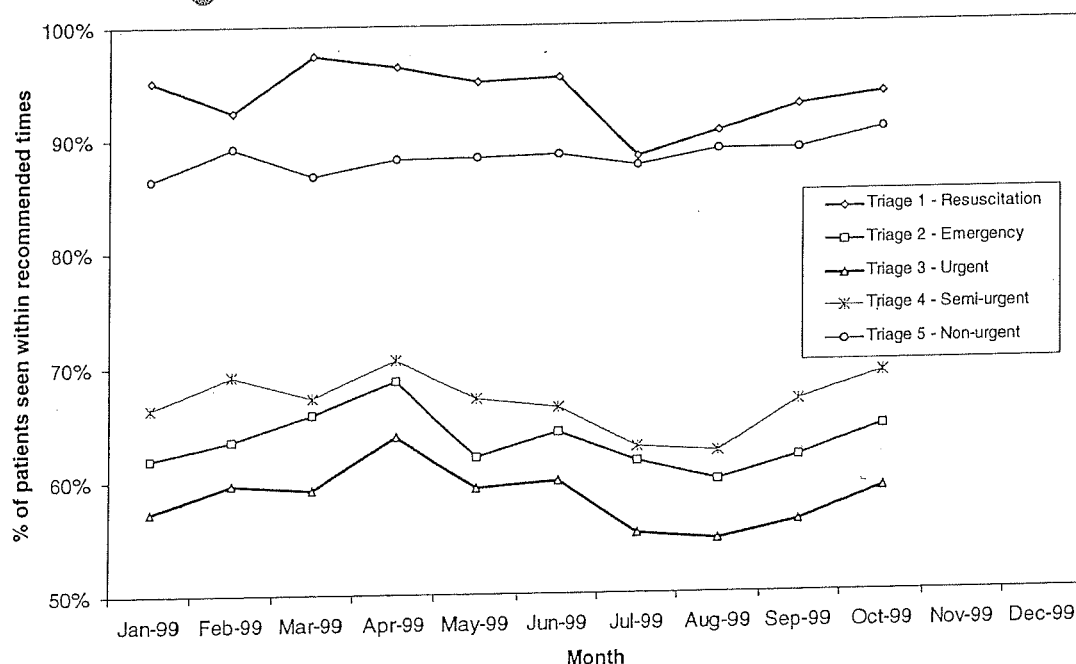


Figure 1

- Admission rates across the State were generally steady over the June and September quarters indicating that triage practice is consistent despite increasing waiting times and workload.
- Access block data is now available for the participating hospitals and is included in the September report. The data indicates that Queensland is performing well in comparison to Victorian and NSW access block data.

	% Admitted/transferred within 8 hours of attendance by Doctor	% Admitted/transferred within 12 hours of presentation
Queensland (September Quarter)	95%	98%
NSW (August 99)	77%	----
Victoria (December 98)	----	99%

Table 5

Specialist Outpatient Services

Guidelines for the Management Specialist Outpatient Clinic Waiting Lists

- The *Guidelines for the Management Specialist Outpatient Clinic Waiting Lists* have been distributed to all Health Service Districts, Divisions of General Practice and General Practitioners in Queensland. The feedback from General Practitioners has been positive with all comments welcoming the steps towards standardization of administrative processes associated with outpatient services.

Non-attendance

- The issue of non-attendance is currently the focus of the Outpatient Clinical Best Practice Working Party. The preliminary work by the Mater Hospital/University of Queensland project has been reviewed and further discussions and strategy development will follow the Non-Attendance workshop to be held at the Mater Hospital in early December.

Clinical Advisory Committee

- The Clinical Advisory Committee met on 9 November 1999. Issues discussed included the distribution of the *Guidelines for the Management of Specialist Outpatient Clinic Waiting Lists* and the benefits expected to be achieved from the publication.
- The issue of the Royal Brisbane Hospital not participating in the elective surgery program was debated. The CAC questioned the impact of this action on the elective surgery program if other hospitals were to follow suite, especially the effect on the number of "long wait" Category 2 patients.
- The issue of flow reversals was also discussed. Mr Walker advised new money had been allocated in 99/2000 to support flows to new centres. Mr Walker advised the committee that decisions regarding the allocation of recurrent funds would be decided in consultation with the General Manager, Health Services and the Zonal Managers.

HEALTH SYSTEM DEVELOPMENT

Benchmarking

Specialist Outpatient Services

- As at 1 November 1999, a total of 47,931 people were waiting to see a specialist in an outpatient department (Table 6).
- Of these patients, approximately 36,014 had a formal appointment to see a specialist, the remaining 11,917 had not yet been designated an appointment time.
- It is estimated that some 28,722 patients were waiting for a surgical appointment of which 19,960 had an appointment and 8,762 did not.

	1 November 1999		
	With Appointment	Without Appointment	Total
Surgical	19,960	8,762	28,722
Medical	9,155	1,657	10,812
Obstetrics/Gynaecology	4,731	385	5,116
Paediatric	2,160	1,113	3,273
Psychiatric	8	10	18
Total	36,014	11,917	47,931

Table 6

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

- Orthopaedics	9,498
- General Surgery	5,066
- ENT	5,699
- Ophthalmology	4,413
- Gynaecology	3,395

- The number of patients awaiting an initial surgical outpatient clinic appointment has been stable over the previous 8 months.
- A submission has been forwarded to the General Manager, Health Services regarding the enhancements to HBCIS Appointment Scheduling Module, which would allow the collection of date referral received and standardised data sets. The collection of this field would facilitate the collection of data to calculate total waiting time for an OPD appointment. The General Manager, Health Services has supported the costing of enhancements to this HBCIS module. Once costings have been obtained the costs verse benefit feasibility of progressing will be explored.

Emergency Departments

- Emergency Department waiting time data has been improving of the last 3 months (Figure 2) with November 1999 data in triage categories 1 to 4 moving closer to the State targets. Following meetings between Gold Coast Hospital Executive and Emergency Department staff, Zonal Manager, Southern Zone and the Surgical Access Team, there has been significant improvement in the data from Gold Coast Hospital due to the implementation of improved triage processes in November 1999. This along with an overall improvement in triage categories 1 to 4 has seen the data for November as one of the best performing months since the introduction of the Emergency Services Strategy and the benchmarking program.

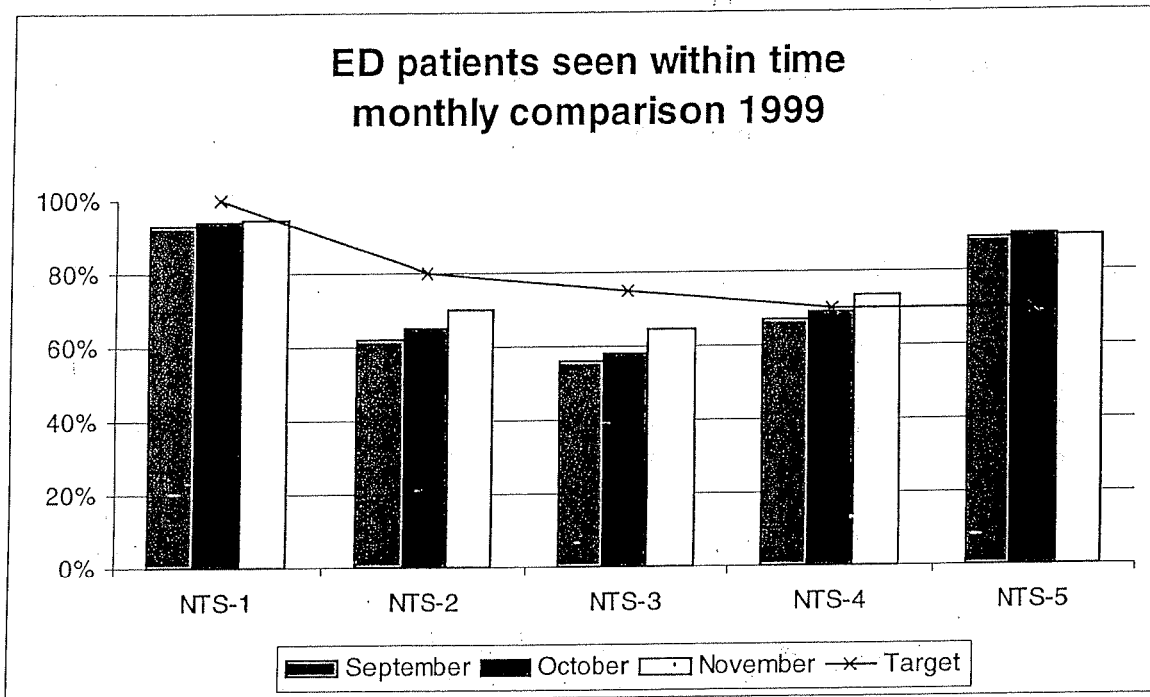


Figure 2

- Potential enhancements to the HBCIS EMG module reports, which are used by nine of the twenty reporting emergency departments, have been discussed with Business Applications Services (BAS). It is envisaged that these enhancements would provide each site with standard reports for waiting times, admissions/transfers and access block, thereby decreasing the current 'data crunching' at each site. BAS will provide the Surgical Access Team with costing and implementation timeframes. Site will be involved in the planning of the reporting enhancements.
- Similar enhancements as described for HBCIS EMG are also being scoped for the HASS EDIS product. Enhanced reporting functionality will ensure that all twenty reporting sites will be able to produce standard reports using the same business rules.
- The current access block data extractions are being scoped in regards to the feasibility of using Oracle database products enhance the production of reports.

HOSPITAL SUPPORT AND LIAISON

Medical Superintendents Advisory Committee

- The Medical Superintendents requested feedback regarding finalisation of draw back funds from 98/99 and payment for 99/2000 elective surgery activity. The committee was advised that post budget adjustments for \$2.4m in draw back funds has been issued and that Districts have been notified accordingly. The first payment to Districts for elective surgery activity for 99/2000 will be finalised by 6 December 1999.
- Medical superintendents questioned the logic of applying negative adjustments for hospitals that have achieved overall activity targets but are over the 5% "long wait" Category 2 benchmark. It was suggested that in this scenario the negative adjustment would be far less compared to the expenditure required to achieve the benchmark. The committee was advised that the 5% benchmark remained a priority of the Director-General and the Minister, and that the General Manager, Health Services will decide the final outcome in terms of applying the penalty adjustments.

Elective Surgery Coordinators

- Members of the Surgical Access Team have undertaken site visits to the Mater Adult Hospital and the Nambour Hospital. The site visits provided an opportunity for members of the Surgical Access Team to follow up on issues discussed at the combined Elective Surgery Coordinator/Liaison Officers workshop held in October 1999. The Surgical Access Team is planning to visit remaining sites in the future.

ORMIS SUPPORT and THEATRE UTILISATION

- The **ORMIS Strategic Management Group** met in November to discuss issues relating to the reporting functionality of the product. Subsequently, a quality review of the reporting functionality will be progressed in December involving all key stakeholders. Outcomes of this review will be tabled at the February meeting of the ORMIS Strategic Management Group where recommendations for the ORMIS reporting functionality will be determined.

System Management and Y2K

- The impact of the ERIC Project on ORMIS Version 5.03.003 was escalated within Business Application Services. Discussions with HASS and the Project Manager for ERIC will be continuing.
- Gold Coast Hospital have been experiencing frequent library file corruption since mid-September 1999 with neither vendors nor site ISUs able to determine why. HASS in conjunction with CSC will perform on-site analysis, currently scheduled for the 13th and 14th December 1999.

Corporate Reporting

- The following issues have been initiated to progress Corporate reporting on Theatre Utilisation:
- A request to ORMIS District Managers was forwarded for raw information regarding theatre activity to be provided on a monthly basis. This request replaces the previous interim request forwarded on 29 July 1999 and formalises the reporting items and reporting timeframes. As at the end of November, only half of the ORMIS sites had responded to the request.
- Site visits were conducted at Redland Hospital to progress the provision of theatre information and to provide assistance with the development of a local database to provide site reports. Similar discussions have been held with staff from the Royal Women's Hospital to develop an interim database for internal reporting until their implementation of the ORMIS product.
- Planning for the inclusion of Theatre Utilisation information in the Surgical Access Team's Executive Information System has commenced.

General Manager, Health Services