Queensland Government

Queensland **Health**

Waiting List

Reduction

Strategy

Report from the
SURGICAL ACCESS TEAM
for the month of

November 2000

MANAGEMENT ISSUES

Communications

- The **Medical Superintendents Advisory Committee** met on 17 November 2000.

- The **Elective Surgery Coordinators** met on 24 November 2000.

Consultation

- The Surgical Access Team met with the Queensland Emergency Nurses Association (QENA) and the Principal Nursing Advisor to discuss the need for a standardised and dedicated training program for emergency nurses across the State.

- The Surgical Access Team met with members of Health System Strategy Branch and representatives from Queensland Treasury to discuss the Output Investment Proposal for maintaining elective surgery services across the State.

- Meetings between the Surgical Access Team, Business Application Services and iSoft have continued throughout November to resolve the ongoing issues in relation to the enhancements of the Appointment Scheduling Module. These issues have now been resolved and the Surgical Access Team is currently developing an implementation plan.

- The Surgical Access Team met with representatives from the General Practice Integration Project to provide input into the development of a General Practitioner register in Queensland.

- The Surgical Access Team was represented on the Australian College of Health Service Executives (ACHSE) satellite broadcast entitled "Benchmarking Emergency Services – Implications for Health Service Managers and Health Service Delivery"

FUNDING & INCENTIVES

- The Data Services Unit has finalized activity for the 1999/2000 Financial Year. Districts reporting underachievement of elective surgery targets have been contacted and requested to confirm activity achieved. A paper has been developed for the Procurement Council's December meeting that makes recommendations regarding the distribution of Surgical Incentive Funds for the first half of this financial year and the application of performance adjustments for last year.

- Negotiations with the Finance Department have continued during the month to finalize the total level of funding available for the 2000/01 Financial Year. A commitment regarding the Elective Surgery Superannuation contribution has been finalised and this amount totaling $2.132M will be permanently removed from the available funds.

- Because of the savings in superannuation commitment, together with a transfer from the Emergency Services Strategy, some $1.95M has been allocated to treating 'long wait' category 2 patients before 30 June 2001. The actual allocations by facility are included in the following table:

Northern Zone

FACILITY	SPECIALTY	RECOMMENDED 2000/01 FUNDING
Cairns	ENT, Orthopaedics	$220,000
Townsville	Cardiothoracic, General	$70,000
	Vascular, Neurosurgery	$100,000
Mackay	General, Orthopaedics	$160,000
	TOTAL	$550,000

Central Zone

FACILITY	SPECIALTY	RECOMMENDED 2000/01 FUNDING
Bundaberg	Various	$100,000
Nambour	Orthopaedics	$200,000
Prince Charles	Orthopaedics	$250,000
RBH	ENT	$100,000
	General Surgery	$200,000
	TOTAL	$850,000

Southern Zone

FACILITY	SPECIALTY	RECOMMENDED 2000/01 FUNDING
Gold Coast	Orthopaedics	No new funding
Logan	General Surgery	$200,000
Mater Adults	Urology (Toowoomba Patients)	$150,000
Princess Alexandra	Orthopaedics	$200,000
	TOTAL	$550,000

GRAND TOTAL	$1,950,000

INFORMATION MANAGEMENT

Information and systems

- The Surgical Access Team and selected Elective Surgery Coordinators attended training in ORACLE Discoverer. This software will be used to access the data warehouse being developed by the Surgical Access Team. The Surgical Access Team will develop a training strategy for the Elective Surgery Coordinators for early 2001.

- The Data Quality Sub-Committee of the Elective Surgery Coordinators agreed on the final list of elective surgery data items to be collected via the *Queensland Hospital Admitted Patients Data Collection* from 1 July 2001. The collection of data from 1 July 2001 will include improvements to the collection to meet Australian Institute of Health and Welfare (AIHW) data definitions and the functionality of EAM for the Elective Surgery Coordinators.

- Ann Maguire from the Surgical Access Team provided comments on the draft AIHW National Health Data Dictionary and attended a teleconference to further discuss related issues. The impact of the draft elective surgery definitions on future elective surgery collection in Queensland Health is being reviewed.

PERFORMANCE REPORTING

Waiting list

- The **total number** of patients on the waiting lists of the reporting hospitals decreased from 40,039 at 1 November 2000 to 39,374 at 1 December 2000 (-665patients).

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	1,512	3.1%	10,287	11.0%	28,768	29.9%	40,567
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

Note: Noosa Hospital reported separately from 1 December 1999 and Robina Hospital reported separately from 1 May 2000.

Category 1

- The number of **'long wait'** Category 1 patients increased from 70 cases (3.4%) at 1 November 2000 to 73 (**3.9%**) at 1 December 2000. This compares with 35 (2.4%) 'long wait' Category 1 patients at 1 December 1999.

- A total of 5 hospitals reported a 'long wait' in excess of 5%:

Hospital	Category 1	
	Percent 'long waits'	Number of 'long waits'
Gold Coast Hospital	12.3%	24
Kirwan Hospital	18.8%	3
Maryborough Hospital	5.3%	1
Nambour Hospital	9.5%	13
Townsville General	6.2%	8

Category 2

- The number of **'long wait'** Category 2 patients decreased from 1,371 cases (12.8%) at 1 November 2000 to 1,148 (**11.1%**) [-223 patients] as at 1 December 2000. This compares with 857 (8.7%) 'long wait' Category 2 patients at 1 December 1999.

- A total of 14 facilities reported a 'long wait' in excess of the 5% benchmark.

Hospital	Category 2	
	Percent 'long waits'	Number of 'long waits'
Gladstone Hospital	5.3%	1
Gold Coast Hospital	15.2%	140
Innisfail Hospital	11.1%	1
Kingaroy Hospital	6.3%	1
Kirwan Hospital	13.7%	18
Mackay Hospital	23.0%	50
Nambour Hospital	15.8%	132
Noosa Hospital	6.4%	21
Princess Alexandra	11.6%	127
QEII Hospital	5.7%	28
Rockhampton Hospital	7.8%	14
Royal Brisbane Hospital	24.5%	344
Toowoomba Base	20.8%	85
Townsville General	12.0%	75

- The largest increases in the number of 'long wait' Category 2 patients was reported by Gold Coast (10) and QEII Hospitals (10).)

Category 3

- The number of Category 3 patients waiting longer than a year increased from 9,410 cases (34.5%) at 1 November 2000 to 9,431 (**34.7%**) [22 patients] at 1 December 2000. This compares with 8,248 (29.6%) 'long wait' Category 3 patients at 1 December 1999.

Throughput

- Overall **elective surgery throughput** (Category One, Two and Three) has increased from 10,093 elective surgery admissions in October 2000 to 10,552 in November 2000 (cf. 10,732 in November 1999).

- Overall elective surgery throughput for the first five months of 2000/2001 compared with the first five months of 1999/2000 and 1998/99 is included in the following table. Throughput for July-November 2000/01 is down by **3.4%** on the throughput recorded for July-November 1999/2000 and down by **5.7%** on the throughput recorded for July-November 1998/99.

Jul-Nov 1998/99	Jul-Nov 1999/2000	Jul-Nov 2000/01
52,332	51,094	49,338

Note: Elective admissions data reported via the Elective Admissions Module (EAM) should be onsidered preliminary data. EAM can not provide weighted separations. The Queensland Hospital Admitted Patient Data Collection (QHAPDC) provides final weighted separation data.

CLINICAL BEST PRACTICE

The Australian College of Health Service Executives (Qld) held a state-wide satellite broadcast on 29 November 2000 entitled *"Benchmarking Emergency Services - Implications for Health Service Managers and Health Service Delivery"*. The Surgical Access Team was invited to represent Queensland Health on the panel. Issues raised during the broadcast related to the Emergency Services Strategy, Best Practice initiatives including Nurse-initiated X-Rays, implications for clinical practice in relation to accurate triaging and interaction and relationships between service providers in Queensland.

EMERGENCY SERVICES STRATEGY

Enhancement Project Reports

The final report was received from Princess Alexandra Hospital on three (3) performance enhancement projects. Major outcomes of these projects include:

- Establishment of a Medical Assessment, Intervention and Planning Unit. The ward has been operational for 11 weeks and achievements to date have been better medical services as demonstrated by consultant review within 24 hours, more frequent registrar interaction and supervision and more opportunities for intern teaching.

- Development and dissemination of a clinically focused coding manual – ICD-10-AM for Queensland Emergency Departments. The final version of the manual is still to be published. The document will exist in hard copy as well as electronically on QHIN.

- Establishment of an Administrative Command and Control Coordinator within the Emergency Department. Feedback and survey data during the evaluation phase indicated that medical and nursing staff had more time to perform their clinical duties and the position provided a central reference point for the physical and communications traffic passing through the Emergency Department.

PROFESSIONAL DEVELOPMENT

- Meetings have been held with Ms Sue Norrie, Principal Nursing Advisor and members of Queensland Emergency Nurses Association (QENA) to discuss the feasibility of developing a statewide strategy that will improve the coordination and standardisation of emergency nurse education.

BENCHMARKING

Emergency Medicine Waiting Times

- Preliminary waiting time performance data indicates an improved performance in NTS category 1 and a decline in performance in categories 2, 3, 4 and 5 in November 2000 compared to November 1999. Performance is also generally slightly declined from the previous month.

	November 2000 (preliminary)	October 2000	November 1999	Target
NTS 1	96%	98%	94%	100%
NTS 2	67%	71%	70%	80%
NTS 3	59%	64%	65%	75%
NTS 4	68%	67%	74%	70%
NTS 5	88%	87%	90%	70%

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 Surgical Access Team continued the development of the Elective Admissions Module (EAM) and Emergency Module (EMG) data warehouse in November. Twenty-five (25) reporting hospitals are now sending data through to the Surgical Access Team on a daily basis via an automated File Transfer Process (FTP). The remaining sites are experiencing difficulties in sending their data due to a 'bug' in the HBCIS Report Monitoring Software. This software 'bug' has been notified to the vendor and a fix is expected to be in place by mid December 2000.

HAS Solutions Emergency Department Information System (EDIS)

- The Surgical Access Team provided input into the development of a standard and condensed set of ICD-10-AM codes for use in emergency departments in Queensland. Once finalised, these codes will provide a solid basis for future emergency department benchmarking undertaken in Queensland, allowing for improved data integrity. Further to this, the Surgical Access Team, in consultation with Business Application Services continued the process of establishing a set of emergency department definitions in the form of an Emergency Department Data Dictionary.

HBCIS Appointment Scheduling

- The General Manager, Health Services approved the proposed enhancements to the Appointment Scheduling Module in HBCIS in November 2000. These enhancements will be included in the March 2001 Version 4.5 release and will be piloted at the Gold Coast Hospital for two weeks beginning on 1 April 2001. It is anticipated that a state-wide rollout will occur between 9 – 27 April 2001.

- The Surgical Access Team, in consultation with Business Application Services have negotiated with iSoft to include support for the Wordmate component of the Appointment Scheduling system as part of the enhancement specifications.

Prosthetics Reporting

- The Surgical Access Team received the final report detailing the outcomes of the Townsville Hospital trial of the prosthetics reporting databases. A number of issues have been identified within this report that will have a direct impact on the rollout of this database across all ORMIS sites. These issues will be discussed at the next ORMIS Strategic Management Group meeting in December. It is envisaged that the database will be trialed at a larger metropolitan hospital early in 2001. The Royal Brisbane Hospital has indicated their interest in trialing the prosthetic reporting database.

HOSPITAL SUPPORT AND LIAISON

Medical Superintendents Advisory Committee

The Medical Superintendents Advisory Committee met on 17 November 2000. Issues discussed/addressed are as follows:

- Mr Walker provided the forum with feedback regarding the current status of the *Waiting List Reduction Strategy* and the outcomes of recent meetings held with the Director-General, General Manager, Health Services and with Zonal Managers including:
  - Management Strategies to address the number of "long wait" Category 2 patients across specialties
  - Funding Strategies relating to elective surgery activity and 'long wait' targets of less than 5% for Category 1 and Category 2 patients for 99/2000.

- Mr Walker provided a specialised report detailing the number of "long wait" Category 2 patients across specialties in each of the reporting hospitals and the number of 'in time' category 3 and category 2 patients treated compared to 'long wait' category 2 patients treated. The report also detailed the number of 'long wait' patients each hospital will need to treat on average each month until the end of the financial year to achieve the 5% benchmark. The report will be provided to each reporting hospital up until 30 June 2001.

- Committee members identified a number of issues relating to the categorisation process and the impact on the number of 'long wait' patients as a result. The committee was advised that the allocation of a clinical urgency category should be considered as a top down assessment process based on clinical need. If all criteria for Category 2 are not met then the patient should be allocated Category 3 status. Mr. Walker corrected a misconception held by Medical Superintendent, Nambour that all Orthopaedic joint replacement patients were automatically categorised as Category 2.

- Mr. Walker advised the committee that the Office of the Director-General had reaffirmed the responsibility of Medical Superintendents for the elective surgery performance of individual hospitals. Mr Walker indicated that, in some cases, such responsibility had been abrogated to the Elective Surgery Coordinator who has limited influence with surgeons. On the Director-General's advice, ESCs are to report elective surgery issues/opportunities monthly to the Medical Superintendent/Director of Surgery with a copy to the Surgical Access Team.

- A discussion on the difficulties associated with the transfer of patients ensued. Strategies in place at individual hospitals were discussed, which could be used to improve the waiting times for 'long wait' patients. The committee agreed that where problems exist at an individual specialty level then the transfer of patients or employment of locums should be explored further.

Elective Surgery Coordinators Committee

The **Elective Surgery Coordinators** met on 24 November 2000. The Elective Surgery Coordinators discussed current issues in relation to the *Waiting List Reduction Strategy*, with particular reference to the management of 'long wait' Category 1 and Category 2 patients. These issues included:

- Establishment of a significant issues report for the Medical Superintendent and the Surgical Access Team to assist in the identification of site issues that may impact on the provision of elective surgery services;
- Identification of opportunities to enhance elective surgery throughput across the State and the formulation of strategies to ensure that elective surgery targets are met in 2000/2001.
- Ensuring that appropriate audit processes are in place to ensure patients are actively managed on the while on the waiting list.
- Development of strategies at each site to facilitate the transfer of 'long wait' patients across sites;
- Development of processes to ensure that categorisation guidelines are being adhered to uniformly across the State. The ESC's developed a set of criteria that must be met when allocating a clinical urgency status.

- Mr Col Roberts, Pricing Strategy Team, presented an overview on Transition II and the benefits to be gained from this system in the management of patients placed on the elective surgery waiting list.

- Ms Tahnee Maker, Project Manager, Quality Improvement and Enhancement Program, attended the meeting and provided the group with an update on the establishment of a clinical network within the Southern Zones Hospital's Intensive Care Units. A request was made for the Elective Surgery Coordinators within the Southern Zone to provide information on numbers of elective patients cancelled due to unavailability of intensive care beds.