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surgical access team

WAITING LIST REDUCTION STRATEGY

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

November 2001

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

MANAGEMENT ISSUES

COMMUNICATIONS

- The Surgical Access Team has undertaken a number of emergency department visits throughout November 2001. Hospitals visited include Ipswich, QEII, Redcliffe, Caboolture and Nambour. A brief report on the outcomes of these visits can be viewed in the Clinical Best Practice section of this report.
- A combined Elective Surgery Coordinators (ESC's) and Elective Surgery Liaison Officers (ESLO's) workshop was held on the 8th and 9th of November 2001. Details are included in the Hospital Coordination section of this report.

CONSULTATION

- The **Medical Superintendent's Advisory Committee** did not meet in November.
- The **Operating Theatre Review Working Party** did not meet in November.
- The **Specialist Outpatient Advisory Committee** met on 12 November 2001.

STAFFING

- An Emergency Department Consultant from the Princess Alexandra Hospital is currently working with the Surgical Access Team and providing excellent clinical and operational advice on strategies to improve waiting times in Emergency Departments.

FUNDING & INCENTIVES

- The Surgical Access Team has conducted a significant data quality audit of the Monthly Surgical Inpatient Activity Snapshot Report. A total of 33 facilities were included in the audit which focussed mainly on accuracy of targets, methodology for estimating activity and report completeness. The audit will continue during December 2001, with the focus shifting to data and forecast accuracy.
- The Surgical Access Team has completed the modifications to the SAT Website and is currently awaiting approval to publish by the Office of the Director-General. The web site contains useful information for the public and General Practitioners regarding Access to Surgery initiatives in addition to an application to search Elective Surgery waiting times by facility.
- The General Manager Health Services has approved the final adjustments of activity performed against target for the 2000/01 financial year. A net positive adjustment of \$338,000 will be made to Districts across the State.

PERFORMANCE REPORTING

WAITING LIST

The **total number** of patients on the waiting lists at the reporting hospitals decreased from 38,357 at 1 November 2001 to 38,157 at 1 December 2001 (-200 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 1999	1,498	29	1.9%	9,780	837	8.6%	27,363	7,534	27.5%	38,641
1 Aug 1999	1,419	28	2.0%	9,929	1,053	10.6%	27,418	7,604	27.7%	38,766
1 Sep 1999	1,408	44	3.1%	9,870	1,123	11.4%	27,534	7,689	27.9%	38,812
1 Oct 1999	1,468	42	2.9%	9,604	946	9.9%	27,520	7,864	28.6%	38,592
1 Nov 1999	1,445	50	3.5%	9,614	843	8.8%	27,621	7,936	28.7%	38,680
1 Dec 1999	1,439	35	2.4%	9,856	857	8.7%	27,905	8,248	29.6%	39,200
1 Jul 2000	1,838	49	2.7%	10,179	847	8.3%	28,593	9,252	32.4%	40,610
1 Aug 2000	1,971	91	4.6%	10,313	1,125	10.9%	28,479	9,317	32.7%	40,763
1 Sep 2000	1,838	82	4.5%	10,458	1,118	10.7%	27,822	9,187	33.0%	40,118
1 Oct 2000	1,749	83	4.7%	10,615	1,250	11.8%	27,650	9,316	33.7%	40,014
1 Nov 2000	2,037	70	3.4%	10,706	1,371	12.8%	27,296	9,410	34.5%	40,039
1 Dec 2000	1,858	73	3.9%	10,310	1,148	11.1%	27,206	9,431	34.7%	39,374
1 Jul 2001	2,023	91	4.5%	11,022	1,551	14.1%	26,258	10,044	38.3%	39,303
1 Aug 2001	2,037	104	5.1%	10,732	1,532	14.3%	25,728	9,768	38.0%	38,497
1 Sep 2001	2,017	121	6.0%	10,762	1,518	14.1%	26,028	9,761	37.5%	38,807
1 Oct 2001	1,979	90	4.5%	10,783	1,363	12.6%	25,593	9,522	37.2%	38,355
1 Nov 2001	2,136	81	3.8%	10,842	1,257	11.6%	25,379	9,489	37.4%	38,357
1 Dec 2001	2,080	83	4.0%	10,883	1,367	12.6%	25,194	9,412	37.4%	38,157

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

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

Category 1

- As at 1 December 2001, the number of 'long wait' Category 1 patients on elective surgery waiting lists was 83 (4.0%). This figure was an increase of 2 patients from the 81 'long wait' cases (3.8%) reported at 1 November 2001. A total of six (6) hospitals reported in excess of 5% 'long waits'.

Hospital	Category 1	
	Number of 'long waits'	Percent 'long waits'
Gladstone Hospital	1	25.0%
Gold Coast Hospital	10	5.9%
Logan Hospital	2	8.0%
Mt Isa Hospital	14	33.3%
Nambour Hospital	26	12.7%
Royal Brisbane Hospital	19	5.1%

Category 2

- At 1 December 2001, the number of 'long wait' Category 2 patients on elective surgery waiting lists was 1,367 (12.6%). This is an increase of 110 patients from that reported at 1 November 2001 – 1,257 (11.6%). This compares with 11.1% 'long wait' Category 2 patients at 1 December 2000. A total of fourteen (14) facilities reported 'long wait' patients in excess of the 5% benchmark.

Hospital	Category 2 – 1 December 2001		Category 2 – 1 December 2000	
	Percent 'long waits'	Number of 'long waits'	Percent 'long waits'	Number of 'long waits'
Bundaberg Hospital	5.3%	10	4.9%	9
Caloundra Hospital	14.4%	14	N/A	N/A
Gold Coast Hospital	25.9%	248	15.2%	140
Hervey Bay Hospital	7.0%	8	1.9%	1
Innisfail Hospital	75.0%	3	11.1%	1
Mackay Base Hospital	11.0%	26	23.0%	50
Maryborough Hospital	6.8%	6	0.0%	0
Mater Childrens Hospital	5.5%	6	3.6%	5
Mt Isa Hospital	36.8%	50	0.0%	0
Nambour Hospital	13.2%	104	15.8%	132
Noosa Hospital	7.2%	20	6.4%	21
Princess Alexandra Hospital	21.1%	272	11.6%	127
Royal Brisbane Hospital	25.8%	353	24.5%	344
The Townsville Hospital	15.5%	127	12.0%	75

- The largest increases in the number of 'long wait' Category 2 patients from 1 November 2001 to 1 December 2001 was reported by Nambour Hospital (+35) and The Townsville Hospital (+68).

Category 3

- At 1 December 2001, the proportion of Category 3 patients waiting longer than one year for surgery was 37.4% (9,412 patients). This compares with 9,489 patients (37.4%) waiting longer than one year at 1 November 2001 and 9,431 patients (34.7%) waiting longer than one year at 1 December 2000.

THROUGHPUT

Overall **elective surgery throughput** (Category One, Two and Three) has increased from 10,001 elective surgery admissions in October 2001 to 11,015 in November 2001 (cf. 10,552 in November 2000). 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 2.1%** (1,044 admissions) on the throughput recorded for the same period of 2000/2001 and **down by 1.4%** (-712) on the throughput recorded for 1999/2000.

1998/1999	1999/2000	2000/2001	2001/2002
52,332	51,094	49,338	50,382

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.

CLINICAL BEST PRACTICE

Emergency Services Strategy

Emergency Department Site Visits

As approved in the Emergency Services Strategy Plan of Action 2001-2002 (SB013367), site visits were conducted in the emergency departments of Ipswich, QEII, Redcliffe, Caboolture and Nambour Hospitals.

- **Ipswich** Emergency Department's poor performance with respect to waiting times, particularly in Triage Categories 2 and 3 was discussed.
 - No formal audit of emergency department waiting times data is conducted at Ipswich Hospital. This impacts adversely on apparent waiting times performance.
 - The lack of adequate administrative support to assist in effective data quality audits was identified as a contributing factor to this situation.
 - Information about effective data audit processes in other Queensland Health facilities has been provided to the Director of the Emergency Department.
- **QEII** Emergency Department's improving performance with respect to waiting times in Triage Categories 1 and 2 were discussed.
 - A project to improve achievement of waiting times for Category 3 patients has been commenced.
- **Redcliffe** Emergency Department's continuing excellent performance with respect to waiting times in Triage Categories 1, 2 and 3 were discussed.
 - Although waiting times performance has been essentially maintained, Emergency Department staff are under considerable pressure due to the departure of four senior staff, from a total of six senior staff positions. The department has lost accreditation for Registrar Training position as a result of the loss of senior staff.
 - Senior staff vacancies have been filled using junior staff.
 - Recruitment of replacement staff is being undertaken.
- **Caboolture** Emergency Department's poor performance with respect to waiting times, particularly in Triage Categories 2 and 3 were discussed.
 - Waiting times have been affected adversely due to operating with one full-time staff specialist vacancy for the year.
 - Closure of 3 GP Clinics in the Caboolture area since August has contributed additional workload.
 - The lack of adequate administrative support to assist in management of enquiries, effective data input and data quality audits was also identified as a contributing factor to waiting times performance.
- **Nambour** Emergency Department's continuing poor performance with respect to waiting times in all Triage Categories was discussed.
 - The District Executive is addressing staffing issues identified as part of the recent Emergency Department Review.
 - Issues relating to the physical environment of the Emergency Department are being addressed as part of the Nambour Hospital redevelopment.

Emergency Department Nursing Education

- The Project Officer appointed to coordinate roll-out of the Queensland Health Emergency Nursing Transition Program commenced duties on 12 November 2001.
- A formal Project Plan has been developed and work has commenced for the implementation of the Emergency Nursing Transition Program in 20 emergency departments across the State.

Elective Surgery

State-wide Purchasing and Standardisation of Surgical Prostheses

- 1st round of Clinical Advisory Panel (4 Specialties) Meetings have been completed;
- AOA National Joint Registry supported the Clinical Advisory Panel's request for prosthetic trends and this has been presented to the Panel for consideration;
- State-wide survey of vascular prosthetics has been circulated to all Queensland Vascular Surgeons and will be collated and tabled at the next Vascular Clinical Advisory Panel Meeting;
- Negotiations completed (regarding best State-wide price/prosthetic device) with Orthopaedic suppliers.
- Currently examining various districts' standing offer arrangements to identify possible translation to the State-wide agreements.

Admitted Patient Activity

- A Parliamentary Question Time Brief was prepared to provide information relating to the perceived drop in Queensland Health admitted patient activity.

Benchmarking

Emergency Department 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 2001 compared to November 2000. Preliminary performance data shows an overall improvement from the previous month.

Percentage of patients seen within ACEM recommended times -				
	November 2001 (preliminary)	October 2001	November 2000	Target
NTS 1	100%	99%	98%	100%
NTS 2	67%	71%	69%	80%
NTS 3	58%	55%	60%	75%
NTS 4	62%	60%	68%	70%
NTS 5	81%	74%	88%	70%

Note:

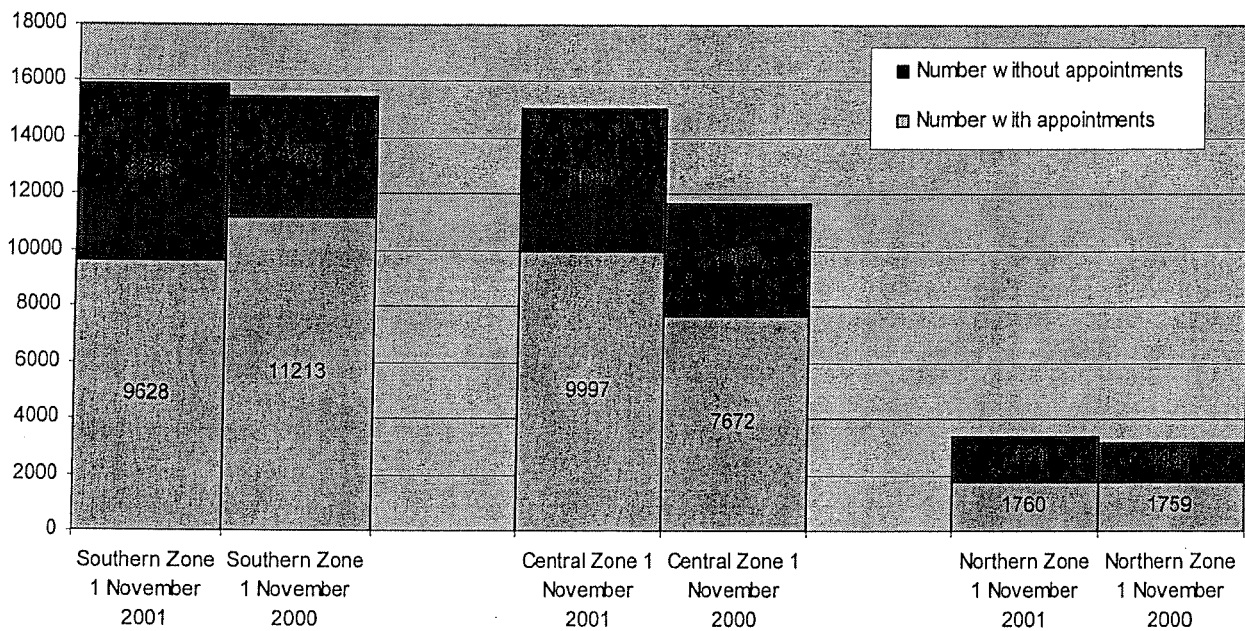
-Red indicates below target

-Rockhampton Hospital and Royal Brisbane Hospital's data has not been received.

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.

**Patients Waiting for a Surgical Outpatient Appointment as at
1 November 2001 in comparison to 1 November 2000.**



The data shows a significant increase in patients waiting for a surgical outpatient appointment in the Central Zone compared with the same date last year. This increase has been apparent since August 2001 and appears to be concentrated at Royal Brisbane Hospital. Investigations are currently being undertaken to reveal the cause of this increase.

HEALTH SYSTEM DEVELOPMENT

Emergency Departments

EDIS Implementation – Gold Coast, Townsville, Princess Alexandra, Rockhampton Hospitals

- The Surgical Access Team met with Louise Savrda, Project Manager, Clinical Information Systems Project, to gain insight into how the CIS project will impact upon the systems currently used to monitor hospital performance. It was identified at this meeting that an implementation of the MedTrack emergency department module was planned for the Gold Coast Hospital in early to mid 2002. This implementation was in direct conflict with the Surgical Access Team's plan to implement HASS EDIS into the Gold Coast emergency department.
- After extensive consultation with all key stakeholders, including the District Manager (Gold Coast Hospital) and Director of Emergency Medicine (Gold Coast Hospital) a decision was reached to proceed with the planned implementation of the HASS EDIS system into the Gold Coast emergency department. Representatives from the Gold Coast hospital had serious concerns about the feasibility of implementing an emergency department system whose performance is untested in Australia.

- The Surgical Access Team is still awaiting for the approval from the Manager, Business Application Services to proceed with the project to implement HASS EDIS into Gold Coast, Townsville, Princess Alexandra and Rockhampton Hospitals. The General Manager, Health Services approved the expenditure for this project in July 2001, and despite numerous attempts at communication, the reasons for the considerable delay are still unknown.

SAT Reporting Database

- The Surgical Access Team met with key stakeholders from Information Services to finalise the rollout plan for the Surgical Access Team Executive Information System (EIS). The EIS has been successfully deployed into three hospitals (Royal Brisbane, Princess Alexandra and Prince Charles Hospitals) where extensive testing and report development will continue through to January 2002. At the conclusion of the testing phase of the project, the EIS will be deployed all to the 12 largest Elective Surgery Reporting Hospitals.

Operating Room Management Information System (ORMIS)

- The Surgical Access Team via the ORMIS User Group and Business Application Services (BAS) has initiated the development of a generic reference file for prosthetics. The reference file will contain a list of all product codes utilised across ORMIS hospitals. The purpose of developing the file is to enable reporting of prosthetics utilisation in the first instance. It is intended to link this information to FAMMIS data to enable identification of prosthetic cost at the patient level.

Outpatient Departments

The **Specialist Outpatient Advisory Committee** met on 12 November 2001. The major outcomes from this meeting included:

- The Surgical Access Team presented to the Committee a draft minimum data set for outpatient departments, which aligns with the Commonwealth's requirement for state-wide reporting by 2003. The committee agreed that the minimum data set presented captured all relevant outpatient information, however the committee advised that mechanisms to collect all the items presented are currently unavailable. This minimum data set will be further progressed in early 2002.
- The Committee has provided advice in relation to the development of a draft policy document outlining specific statewide guidelines and policies pertaining to the management of specialist outpatient clinics. It is anticipated that this document will be completed by April 2002, at which time a draft policy document will be forwarded to Districts for wider consultation and input.
- The automatic transfer of outpatient waiting times data was successfully received from sites utilising the HBCIS Appointment Scheduling Module in November. This is the first successful automatic transfer of outpatient data, however, the quality of the data received from the sites is extremely variable. Extensive testing and refining of this data collection will occur in early 2002.

HOSPITAL SUPPORT AND LIAISON

Elective Surgery Coordinators/Liaison Officers Workshop

- A combined two-day workshop in Brisbane for Elective Surgery Coordinators and Elective Surgery Liaison Officers was held on 8th and 9th November 2001. A Briefing on the outcomes of the workshop is being prepared for the General Manager, Health Services and a full report on the workshop will be distributed to all participants. The workshop was extremely successful in :
 - establishing/strengthening the network systems between Elective Surgery Coordinators and Liaison Officers and with members of the Surgical Access Team.
 - sharing information on processes implemented within hospitals that have contribute to achievement of performance measures set within *The Waiting List Reduction Strategy*.
 - identifying significant issues that are currently impacting on elective surgery service delivery.
 - the development of strategies to address elective surgery activity and throughput.
- One outcome from the workshop has been the planning of a HBCIS Theatre Management System (TMS) workshop that will convene on Friday 7th December 2001. Representatives from all TMS sites and the Elective Surgery Coordinators from 13 hospitals will participate to progress the development of standard reference files and business rules that will facilitate TMS sites to improve the reporting of operating theatre utilisation through TMS.

Site visits undertaken during November included:

- To **Royal Womens Hospital** to meet with the newly appointed Elective Surgery Liaison Officer. The Elective Surgery Liaison Officer for this position is currently on secondment to The Prince Charles Hospital to facilitate the implementation of the HBCIS Theatre Management System into the Operating Theatre Suite.
- To **Royal Brisbane Hospital** to assist in establishing a process that will enable the placement of a relief person until the Elective Surgery Coordinator returns from maternity leave.

Other

- Princess Alexandra Hospital has extended the appointment of a Level 3 Clinical Nurse to assist the Elective Surgery Coordinator for a further 6 months until May 2002. This appointment will provide continuing support and direction for all elective surgery management programs initiated during October 2001.
- Planned closures/reduction to elective surgery activity will occur between 20 December 2001 and 7 January 2002 across the 35 reporting hospitals. Areas that will be affected include Operating Theatres, Specialist Outpatient Department Clinics and in-patient beds. Operating theatre services will be available for all emergency surgical cases and urgent Category 1 patients. Electives Surgery Coordinators and Liaison Officers have taken the opportunity to request annual leave during this time.
- The **Medical Superintendents Advisory Committee** did not meet in November.

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 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	1,504	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	1,497	3.0%	10,140	11.0%	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
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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
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Note: Noosa Hospital reported separately from 1 March 2000 and Robina Hospital reported separately from 1 May 2000.