



Waiting List Reduction Strategy

Report from the
SURGICAL ACCESS TEAM
for the month of

October 1999

Distribution:

Director-General
Minister for Health
General Manager (Health Services)
Deputy Director-General (Policy & Outcomes)

PROJECT MANAGEMENT

Communications

The Surgical Access Team conducted site visits to Mt Isa, Townsville and Cairns emergency departments to discuss progress with the *Emergency Services Strategy* and to assess submissions for quality enhancement projects. Discussions were held with Emergency Department Directors and CNC's/NPC's.

- A primary focus of the Mt Isa visit was to discuss the proposal submitted by the Emergency Department for funding from the Emergency Service Enhancement Projects. The submission requested funding to support the development of patient management protocols and staff competency assessment protocols. The linkages between emergency departments and the critical care areas will be established.
- Discussions were held in Townsville regarding the development of a State-wide Triage Education Package as detailed in their proposal. Bundaberg submitted a similar proposal and, following discussion with staff in Bundaberg, this project will be conducted as a cooperative venture between Townsville and Bundaberg District Health Services.
- The Cairns District Health Service has experienced some inaccuracies in their data since the implementation of the HASS EDIS system. The Surgical Access Team undertook a Post Implementation Review (PIR) of this system to assess the benefits gained through the implementation of this system. Results from this PIR will be available in the near future. Discussions were also held with the Senior Health Information Manager in Cairns to identify discrepancies between emergency data reported through the Monthly Activity Statistics (MAS) Collection and that reported to the Surgical Access Team.

FUNDING & INCENTIVES

Elective Surgery Funding

- Hospital Morbidity data for 1998/99 has now been provided by Data Services Unit and elective surgery activity achieved against targets has now been finalised. The General Manager, Health Services has approved reimbursements of \$2.344 million of the \$6.0M withdrawn in June 1999.
- Hospital Morbidity data for 1999/2000 is still unavailable. However, hospitals have begun reporting elective surgery activity through the monthly financial snapshot report. As a result, payments from the Surgical Incentives Fund for elective surgery activity achieved for the first 4 months of 1999/2000 will be able to be made in early December.
- Allocation of the remaining unallocated elective surgery funding is being progressed with the General Manger, Health Services. This will be finalised in November.

INFORMATION MANAGEMENT

- The Surgical Access Team participated in several discussions with representatives from the Computer Sciences Corporation (CSC), Data Services Unit and Business Application Services to rectify problems encountered with the upgrade of the Elective Admission System to the Elective Admission Module. Outcomes of the consultation process include the identification of required amendments to the Elective Admissions Module and an accurate reflection of elective surgery activity within the hospital morbidity data set. This has resulted in the finalisation of elective surgery activity for 1998/1999.

- Representatives from the Surgical Access Team met with staff from the Health Information Management Unit and Information Services Department at the Logan Hospital. Assistance was provided to develop site specific reports to facilitate the monitoring and reporting of elective surgery activity.
- The Surgical Access Team is responding to requests for elective surgery information for Queensland public hospitals from the Australian Institute of Health and Welfare and the Department of Health and Aged Care. The information is required for the National Waiting Times Data Collection for 1998-99.
- Surgical Access Team in partnership with the Pricing Policy Team have started the process of developing specifications for the extraction of patient level data from HBCIS and the casemix extract in order to provide automated activity reports. The outcome of this development will be to assist those sites who are experiencing difficulties in managing the DRG Master software and who will not be implementing the Transition 2 Information System.
- Development of the Executive Information System for Elective Surgery Reporting continues to be progressed. The Information Systems Unit is in the process of contracting technical support staff to the Oracle project team. This will facilitate the project moving forward into the development stage.

PERFORMANCE REPORTING

The total number of patients on the waiting lists of the 33 hospitals increased slightly to 38,680 at 1 November 1999.

Date	Category 1		Category 2		Category 3		Total
	Total	% 'long wait'	Total	% 'long wait'	Total	% 'long wait'	
1 Apr 98	1265	0.9%	10653	28.7%	25329	30.4%	37247
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 Jun 99	1504	2.1%	9922	12.3%	27342	27.3%	38768
1 Jul 99	1498	1.9%	9780	8.6%	27363	27.5%	38641
1 Aug 99	1419	2.0%	9929	10.6%	27418	27.7%	38766
1 Sep 99	1408	3.1%	9870	11.4%	27534	27.9%	38812
1 Oct 99	1468	2.9%	9604	9.9%	27520	28.6%	38592
1 Nov 99	1445	3.5%	9614	8.8%	27621	28.7%	38680

The number of 'long wait' Category 2s decreased by 103 from 1 October to 1 November 1999. The number of 'long wait' Category 3s increased by 101 from 1 October to 1 November 1999.

Category 1

At 1 November 1999, the proportion of Category 1 patients waiting longer than 30 days for surgery was **3.5%** (cf. 2.9% at 1 October 1999). Six hospitals reported more than 5% - Bundaberg Hospital (6.7% or 2 of 30 Category 1 patients), Gladstone Hospital (20.0% or 2 of 10 patients), Kirwan Hospital for Women (5.6% or 1 of 18 patients), Redland Hospital (10.0% or 2 of 20 patients), Royal Brisbane Hospital (6.3% or 9 of 142 patients) and Royal Children's Hospital (15.1% or 8 of 53 patients).

Category 2

At 1 November 1999, the proportion of Category 2 patients waiting longer than 90 days for surgery was **8.8%** (cf. 9.9% at 1 October 1999). The Royal Brisbane hospital reported the largest increase in the number of 'long wait' Category 2 patients (39), consequently the proportion of 'long wait' patients increased to 18.8% (cf. 13.3% at 1 October 1999).

Category 3

At 1 November 1999, the proportion of Category 3 patients waiting longer than 1 year for surgery was **28.7%** (cf. 28.6% at 1 October 1999).

Throughput

Total number of elective admissions in October 1999 was 9,567 a decrease (536) from the 10,103 admissions reported for September 1999. There were 583 less admissions in October 1999 compared to October 1998 (10,150).

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

Emergency Medicine

Service Enhancement Projects

- A total of 30 project proposals were received from 18 hospitals. A submission detailing the projects recommended for funding has been prepared for discussions with the Zonal Managers.
- A number of submissions addressed capital works and equipment purchases. These proposals have been recommended for funding via the capital expenditure allocation within the Emergency Services Strategy.

Triage Initiated X-rays

- The Surgical Access Team is coordinating a meeting between the Principal Nursing Advisor, the Chief Health Officer, the Australasian College for Emergency Medicine and the Queensland Emergency Nurses Association to progress this issue.

Northern Zone Nurse Educator

- The Surgical Access Team, in conjunction with the Principal Nursing Advisor, has facilitated an initial training needs assessment within the Intensive Care Unit and the Emergency Department. The Level 3 Nurse Educator position, to be based initially at Mount Isa Hospital, will be advertised in November. It is anticipated that the position will be filled by a person with primarily ICU experience and skills. A contingency plan to establish a support role from staff within the emergency department is being developed.

Clinical Benchmarking Operating Theatre Standards Advisory Group

- Member of the Surgical Access Team is chairing the Clinical Benchmarking Operating Theatre Standards Advisory Group (OTSAG). The advisory group is a forum to assist the Clinical Benchmarking Information System with the development and maintenance of operating theatre standards.
- The OTSAG's role includes:
 - ⇒ Provision of expert advice, actively review and progress modifications to the current corporate standards.
 - ⇒ Establishment of standards in applying operating theatre practices in Transition II.
 - ⇒ Provision of expert advice on operating theatre issues affecting comparability between sites.

Specialist Outpatient Services

- The Mater Hospital/University of Queensland collaborative project, addressing non-attendance at outpatient clinics, has submitted a preliminary report. The report identifies a variety of reasons for non-attendance and provides a range of strategies for reducing non-attendance. A workshop will be held in December to disseminate this information to outpatient department staff and general practitioners. The workshop will develop a framework for the introduction of appropriate strategies in Queensland hospitals.

Clinical Advisory Committee

- The Clinical Advisory Committee (CAC) met on 12 October 1999. Discussion addressed the difficulties arising from the limited availability of final activity data for 1998/99. The proposals for Emergency Department Service Enhancement Projects were also discussed. The CAC requested that the SAT review the data available from operating room information systems. Concerns were raised about the limited data that was available and the effects of recent upgrades.

HEALTH SYSTEM DEVELOPMENT

Benchmarking

Emergency Departments

- Emergency Department waiting time data for October 1999 has seen a slight improvement in categories 1 and 2 compared with last month, this is consistent with waiting time data from Victoria and New South Wales post winter months.
- Comparative data has been provided (Chart 1) for each Zonal area for October 1999. There are eight (8) reporting Emergency Departments in the Southern and Central Zone, and the Northern zone has four (4) reporting hospitals.

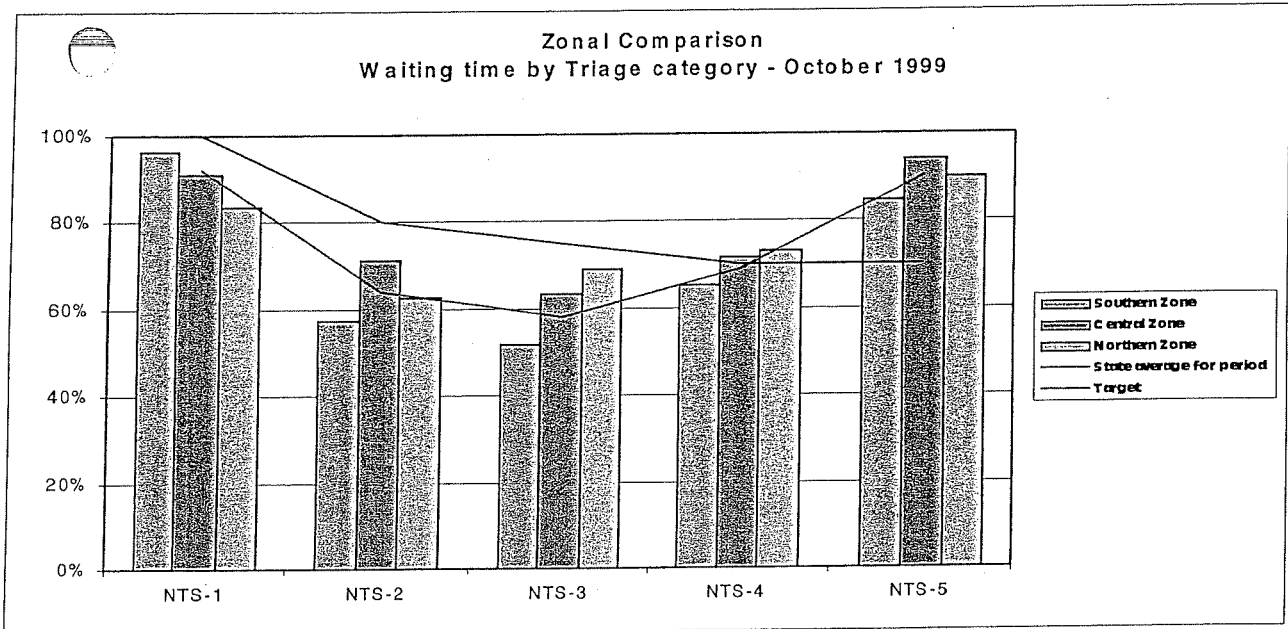


Chart 1

- Following the review of the Emergency Department at Mt Isa Hospital, it was recommended that the counting of attendances should be reviewed to better reflect actual Emergency Department workload against ambulatory workload. Table 2 shows that there has been a significant reduction in the number of Emergency Department attendances during the last 2 months. It is felt that this data better represents actual Emergency workload in the department.

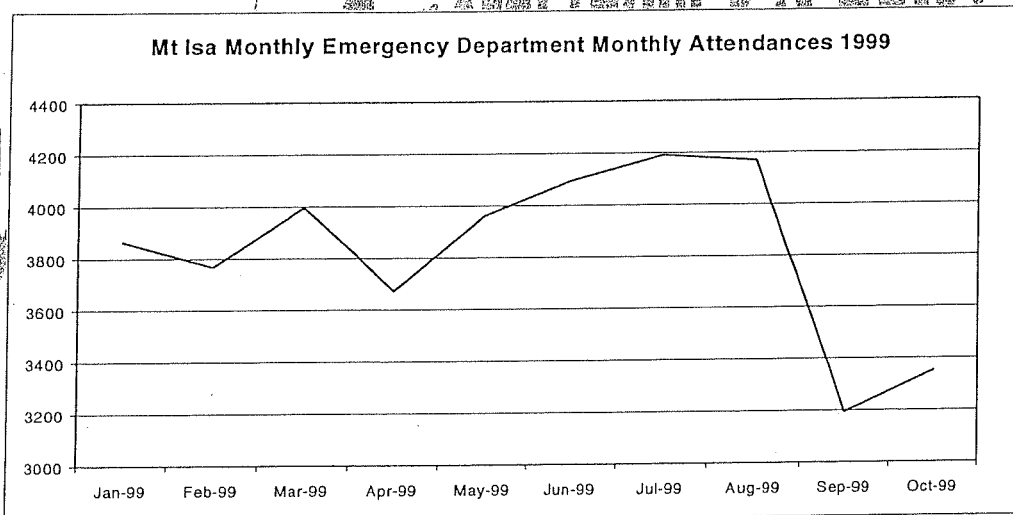


Chart 2

Specialist Outpatient Services

- As at 1 October 1999, a total of 48,287 people were waiting to see a specialist in an outpatient department (Table 1).
- Of these patients, approximately 36,998 had a formal appointment to see a specialist, the remaining 11,289 had not yet been designated an appointment time.
- It is estimated that some 29,347 patients were waiting for a surgical appointment of which 21,106 had an appointment and 8,241 did not.

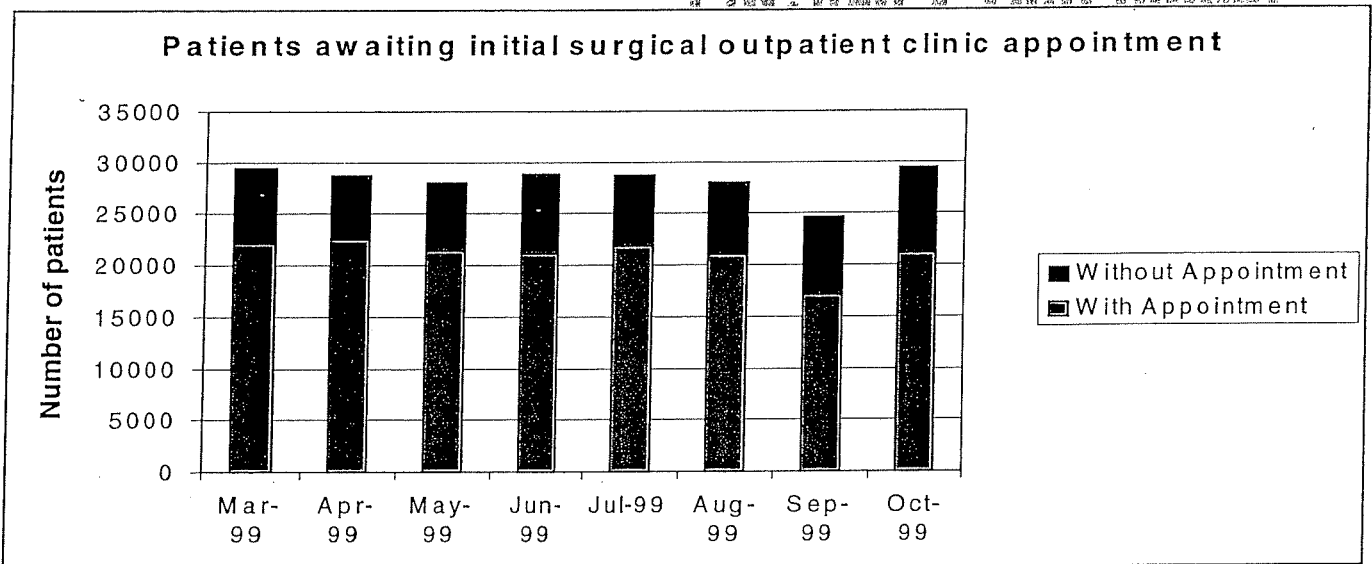
	1 October 1999		
	With Appointment	Without Appointment	Total
Surgical	21,106	8,241	29,347
Medical	9,079	1,499	10,578
Obstetrics/Gynaecology	4,693	305	4,998
Paediatric	2,114	1,244	3,358
Psychiatric	6	0	6
Total	36,998	11,289	48,287

Table 1: Specialist Outpatient Clinic Waiting Lists

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

- Orthopaedics: 9,348
- General Surgery 5,399
- ENT 6,109
- Ophthalmology 4,415
- Gynaecology 3,227

- The number of patients awaiting an initial surgical outpatient clinic appointment has been stable over the previous 8 months.



HOSPITAL SUPPORT AND LIAISON

Report from the Medical Superintendents Committee Meeting for October 1999.

- The outcomes from the Medical Superintendents Advisory Committee Meeting for October 1999 as follows:
 - ⇒ Medical Superintendents requested feedback in relation to the delays for finalising 1998/99 activity. It was explained that data corruption occurred during the conversion of data for the upgrade of Elective Admission System to the Elective Admission Module. The impact resulting in significant delays in finalising hospital morbidity data for 1998/99. The issues are continuing to be progressed, it is anticipated that 1998/99 data will be finalised by October 22, 1999.

⇒ The Medical Superintendents requested feedback on the impact of the negative adjustments on Elective surgery funding for the first quarter in 1999/2000. They were advised that the negative adjustments for hospitals not achieving the benchmarks for *Long Wait Category 1 and Category 2* patients in 1999/2000 was being progressed with the General Manager, Health Services. Estimated negative adjustments have been calculated utilising admission data from the Elective Admission Module. However hospital morbidity data is required to calculate the adjustments accurately and at this stage is not available.

Report from the Elective Surgery Coordinators/Elective Surgery Liaison Officers.

- Elective Surgery Coordinators and Liaison Officers attended a workshop conducted by the Surgical Access Team at Queensland Health on October 13, 1999.
 - ⇒ Issues for discussion on the day included the waiting list reduction strategy for 1999/2000, waiting list management, data quality and standards, operating room management, and best practice initiatives. The meeting provided an opportunity for new staff in the position to network and participate in information sharing.
 - ⇒ The Director-General attended the meeting and addressed the group acknowledging their efforts in achieving positive outcomes in elective surgery in 1998/99 and 1999/2000.

ORMIS SUPPORT and THEATRE UTILISATION

- The ORMIS project management position has been transferred to Business Application Services. The role of the position will change to adopt a stronger focus on the system administration role for the ORMIS product. System ownership and the management of theatre utilisation reporting will remain the responsibility of the Surgical Access Team.
- Business Applications Services are in the process of negotiating contracts with the vendors of EDIS and ORMIS to secure continued support of these products.
- An interim Theatre Utilisation report is being developed utilising a manual extraction of information from ORMIS sites. It is anticipated that an initial report will be made available by the end of this month dependent upon the supply of information from sites.
- Nominations for the ORMIS Strategic Management Group have been called due to the changing nature of the group to provide a more strategic focus as opposed to being primarily concerned with technical and operational issues.
- A site visit to Redland Hospital to review theatre management reporting was undertaken. Assistance will be provided in order to establish an efficient local theatre reporting tool. Further site visits to other TMS sites are planned for the following months.