Queensland Government

Queensland **Health**

Waiting List

Reduction

Strategy

Report from the
SURGICAL ACCESS TEAM
for the month of

October 2000

MANAGEMENT ISSUES

Communications

- The Medical Superintendent's Advisory Committee met on 13 October 2000.

- The Elective Surgery Coordinators met on 20 October 2000

- The EDIS Strategic Management Group met on 30 October 2000.

- The 10th quarterly *"Elective Surgery Waiting List Report as at 1 October"* was published and released on 27 October 2000. The *report* was published on the Queensland Health Internet and Intranet sites and hard copies of the *report* were distributed to general practitioners, surgeons, optometrists and community groups who had previously requested copies.

Consultation

- The Surgical Access Team met with staff from the operating theatres at the Royal Brisbane Hospital to discuss the feasibility of piloting the Prosthetics Database currently being trialed at Townsville Hospital.

- A number of meetings between the Surgical Access Team and Business Application Services have been held in October in relation to the systems enhancements to the Appointment Scheduling Module.

- A site visit was undertaken to Toowoomba Base Hospital on 16 October 2000 to discuss issues relating to management of 'long wait' patients across all specialities.

- A meeting was held with representatives from Clinical Strategy Team, Health Outcomes Unit and Queensland Division of General Practice on 25 October 2000 to progress the concept of active management for patients experiencing delays in access to hospital services.

Conferences

Representatives from the surgical Access Team attended the following conferences during October:

- The University of Queensland and The Wesley Hospital *'Joint Evidence Based Practice Workshop & Symposium on Clinical Trials'* held on 6 and 7 October 2000.

- National Demonstration Hospitals Program (NDHP) Phase 3 *'Innovations in Integration – a practical approach'* held on 12 and 13 October 2000.

- Peri-operative Nurses Association of Queensland Annual Conference on 4 October 2000.

FUNDING & INCENTIVES

- The Data Services Unit has finalized activity for the 1999/2000 Financial Year. A recommendation regarding the distribution of Surgical Incentive Funds for the first half of this financial year and the application of performance adjustments for last year will be forwarded to the Procurement Council's December meeting.

- Negotiations with the Finance Unit have continued during the month in an attempt to finalize the total level of funding available for the 2000/01 Financial Year. Concerns regarding the Elective Surgery Superannuation contribution has delayed proceeding until further reconciliation's are performed on 1999/2000 funding levels.

- There were no funding allocations approved during the month of October 2000.

INFORMATION MANAGEMENT

Information and systems

- The Surgical Access Team and selected Elective Surgery Coordinators attended training in ORACLE Discoverer in October. This software will be used to access the EAM/EMG data warehouse currently being developed by the Surgical Access Team. The Surgical Access Team will develop a training strategy for the Elective Surgery Coordinators when the database is rolled out to individual sites.

- 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 QHAPDC 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.

- 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 collections in Queensland Health is currently being reviewed.
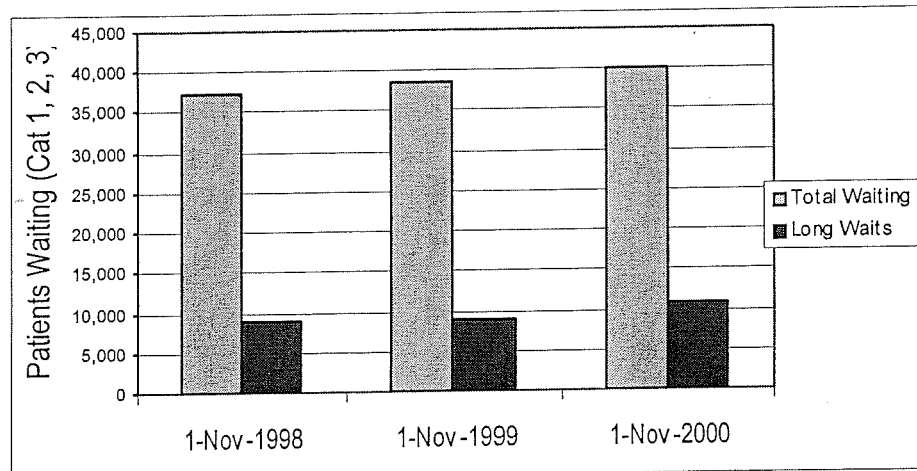
PERFORMANCE REPORTING

Waiting list

- The **total number** of patients on the waiting lists of the reporting hospitals increased from 40,014 at 1 October 2000 to 40,039 at 1 November 2000 (25 patients).

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

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

Graph of Total Patients Waiting and Total 'long waits' for past 2 years

Category 1

- As at 1 November 2000, the number of **'long wait'** Category 1 patients had decreased from 83 cases **(4.7%)** at 1 October 2000 to 70 **(3.4%)**.

- A total of 8 hospitals reported a 'long wait' in excess of 5%:

Hospital	Category 1	
	Percent 'long waits'	Number of 'long waits'
Bundaberg	6.1%	2
Gladstone Hospital	6.3%	1
Gold Coast Hospital	7.7%	17
Gympie Hospital	10%	1
Kirwan Hospital	19%	4
Mackay Hospital	5.3%	2
Robina Hospital	17.6%	3
Townsville General	7.6%	12

Category 2

- The number of **'long wait'** Category 2 patients increased from 1,250 **(11.8%)** at 1 October 2000 to 1,371 **(12.8%)** [+121 patients] at 1 November 2000. This compares with 843 **(8.8%)** 'long wait' Category 2 patients at 1 November 1999.

- A total of 16 facilities reported a 'long wait' in excess of the 5% benchmark.

Hospital	Category 2	
	Percent 'long waits'	Number of 'long waits'
Bundaberg Hospital	5.9%	11
Gold Coast Hospital	15.2%	130
Innisfail Hospital	16.7%	1
Kingaroy Hospital	5.3%	1
Kirwan Hospital	12.8%	12
Mackay Hospital	23.7%	64
Nambour Hospital	17.6%	144
Noosa Hospital	9.8%	26
Princess Alexandra	13.4%	153
Redland Hospital	7.7%	10
Robina Hospital	23.2%	66
Rockhampton Hospital	7.4%	13
Royal Brisbane Hospital	27.6%	420
The Prince Charles	8.2%	30
Toowoomba Base	24.2%	111
Townsville General	11.9%	78

- The largest increases in the number of 'long wait' Category 2 patients was reported by Royal Brisbane Hospital (58). The Gold Coast Hospital (27), Mackay (11) and Townsville (12) Hospitals also reported increases in the number of 'long wait' Category 2 patients.

Category 3

- At 1 November 2000, the proportion of Category 3 patients waiting longer than one year for surgery was **34.5%** (9,410 patients). This compares with 7,927 **(28.7%)** 'long wait' Category 3 patients at 1 November 1999.

Throughput

Overall **elective surgery throughput** (Category 1, 2 and 3) as reported through the Elective Admissions Module has increased from 9,226 elective surgery admissions in September 2000 to 10,093 in October 2000 (cf. 9,567 in October 1999).

Overall elective surgery throughput for the first four months of 2000/20001 compared with the first four months of 1999/2000 and 1998/99 is included in the following table. Throughput for July-October 2000/01 is down by **3.9%** on the throughput recorded for July-October 1999/2000 and down by **6.9%** on the throughput recorded for July-September 1998/99.

Jul-Oct 1998/99	Jul-Oct 1999/2000	Jul-Oct 2000/01
41,703	40,362	38,786

Hospitals showing a significant decrease in elective surgery throughput for the first 4 months of 2000/01 compared to the same period last year are as follows:
- Gold Coast Hospital - decrease of 630 elective surgery admissions (-24.4%);
- Mackay Hospital - decrease of 168 elective surgery admissions (-20.6%);
- Mater Adults Hospital - decrease of 187 elective surgery admissions (-8.8%);
- Mater Childrens Hospital - decrease of 163 elective surgery admissions (-11.6%);
- Redcliffe Hospital - decrease of 252 elective surgery admissions (-14.7%);
- Royal Brisbane Hospital - decrease of 676 elective surgery admissions (-11.7%);
- Toowoomba Hospital - decrease of 473 elective surgery admissions (-28.2%);
- Townsville Hospital - decrease of 323 elective surgery admissions (-15.7%);

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

CONFERENCES

Throughout October, members of the Surgical Access Team attended a number of **best practice conferences**:

☐ The University of Queensland and The Wesley Hospital '*Joint Evidence Based Practice Workshop & Symposium on Clinical Trials*' held on 6 and 7 October 2000.

  - Evidence-Based Medicine was described as the integration of best research evidence with clinical expertise and patient values. Decisions are made about the delivery of health services and care of the individual patient care using current best evidence.
  - Workshops enabled participants to develop critical appraisal skills and how to search health and biomedical literature (MEDLINE, Cochrane Collaboration databases)

☐ National Demonstration Hospitals Program (NDHP) Phase 3 '*Innovations in Integration – a practical approach*' held on 12,13 October 2000.

  - The Conference focussed on critical issues that impact on integration processes of acute health care services. Issues discussed included
    - Commitment and incentives to integrate
    - Negotiating effective change within an integration framework, and
    - Integration through information management and information technology

A short overview and discussion on the NDHP Phase 3 conference was presented by the Surgical Access Team to the Quality Strategy Team and Clinical Strategy Team on 27 October 2000.

☐ The Peri-operative Nurses Association of Queensland 2000 Annual Conference was held on 4 October 2000. Mary Sheehan from the Surgical Access Team participated as a guest speaker to provide an overview of the *Waiting List Reduction Strategy* – Access to Surgery.

BEST PRACTICE PROJECTS

Nurse Initiated X-Ray Program.

- Project report was received from Nambour General Hospital Department of Emergency Medicine. Ms Kylie Bartholomew, Project Officer, will present the project and its benefits to Nambour Emergency at a local medical imaging conference being held on 1 December 2000. The program has been successfully implemented and all staff concerned have been very satisfied with the process.

CLINICAL ADVISORY COMMITTEE

The Clinical Advisory Committee (CAC) met on 10 October 2000.

The major outcomes of this meeting included:

- The Emergency Department Performance Report at 1 October 2000 was tabled for discussion. Analysis of this data will enable progress to be made in setting benchmarks in the delivery of care and utilisation of human and physical resources within Emergency Departments. Issues discussed include:
  - Access Block
  - Changes in demand for emergency services
  - Referral Patterns for example self/GP

- An outline on enhancements to be incorporated into the HBCIS Appointment Scheduling System was discussed. These enhancements will give an accurate indication of the true demand for Specialist Outpatient Departments in Queensland Public Hospitals and assist in improving outpatient services.

- A report detailing Day of Surgery Admission (DOSA) Rates and Day Surgery Rates was tabled for discussion. The committee recommended that strategies be investigated to enable benchmarks to be set on DOSA rates. It was understood that the New South Wales Health Department has set the benchmark for DOSA at 85% across the state. The CAC requested that the Surgical Access Team investigate interstate DOSA rates and report the findings to the December meeting.

- The Committee discussed active management strategies for patients waiting long periods for Specialist Outpatient Department appointments and patients placed on elective surgery waiting lists.
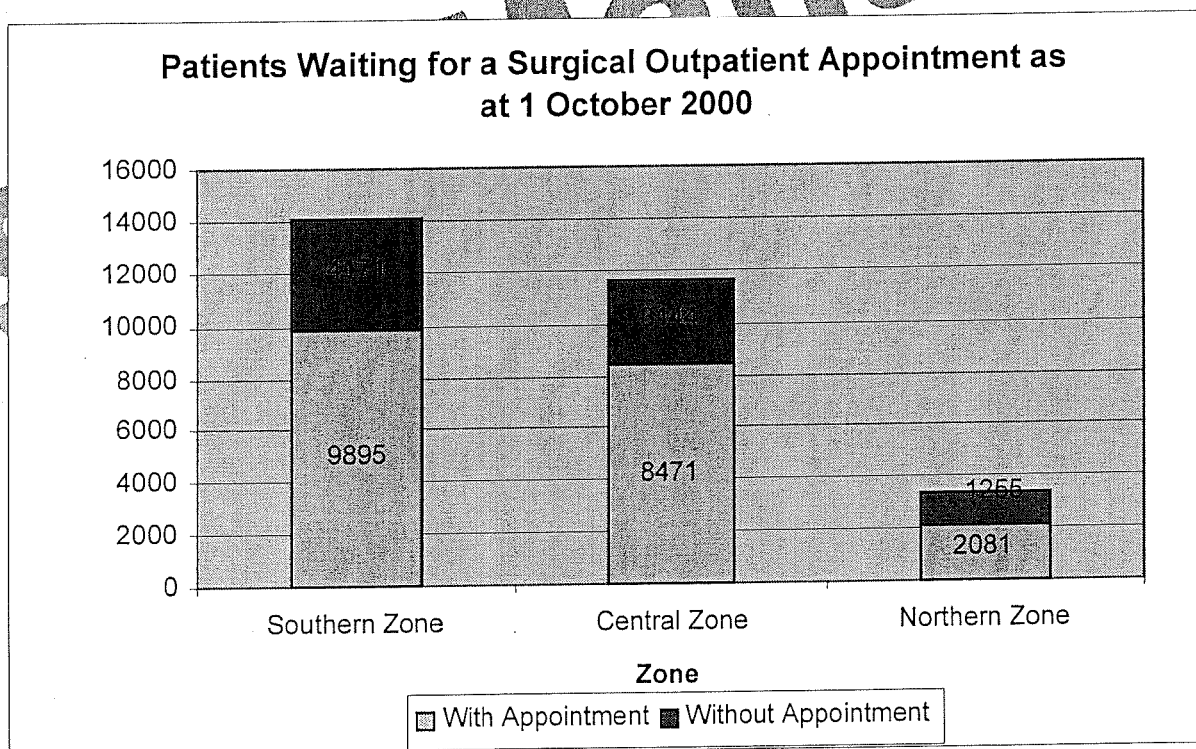
Benchmarking

Emergency Medicine Waiting Times

- Preliminary waiting time performance data indicates an improvement in NTS categories 1,2 and 3 and a slight decline in performance in categories 3, 4 and 5in October 2000 compared to October 1999. Performance is consistent with the previous month.

	October 2000 (preliminary)	September 2000	October 1999	Target
NTS 1	98%	95%	94%	100%
NTS 2	71%	69%	65%	80%
NTS 3	64%	54%	58%	75%
NTS 4	67%	62%	69%	70%
NTS 5	87%	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.

Patients Waiting for a Surgical Outpatient Appointment as at 1 October 2000

Southern Zone: 9895 (With Appointment)
Central Zone: 8471 (With Appointment)
Northern Zone: 2081 (With Appointment)

Legend: With Appointment ■ Without Appointment

Zone

HEALTH SYSTEMS DEVELOPMENT

Database Development

- The Surgical Access Team continued the development of the Elective Admissions Module (EAM) and Emergency Module (EMG) data warehouse in October. 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-November 2000.

- The EAM/EMG data warehouse was moved onto a test thin-client environment in October. The use of a thin-client environment will allow elective surgery coordinators and emergency department staff to access their own hospitals data stored in the warehouse via the Intranet. The Surgical Access Team will complete further testing of the data in November.

- Members of the Surgical Access Team undertook end user training in Oracle on the 19/20 October 2000. This training will allow members of the Surgical Access Team to develop a standard suite of reports and queries that will be rolled out across the State when testing is complete.

HAS Solutions Emergency Department Information System (EDIS)

- The 2nd meeting of the EDIS Strategic Management Group was held on 30 October 2000. The major outcomes from this meeting included:
    - the sign-off of all the systems enhancements to be included in the next EDIS version release in February 2001;
    - an agreement for the state-wide deployment of the SQL version of EDIS on 1 July 2001;
    - a commitment by the committee to support the development of a condensed set of ICD-10-AM for inclusion in the SQL version release in July 2001.

Prosthetics Reporting

- The Surgical Access Team met with operating room staff from the Royal Brisbane Hospital on 10 October 2000 to discuss the feasibility of piloting the prosthetic reporting database that is currently being trialed in Townsville Hospital. While, the Townsville trial has proven to be extremely successful, the Royal Brisbane Hospital is reluctant to pilot the system until a full report detailing the benefits and operational risks has been presented. Townsville has advised that such a report will be tabled at the next ORMIS Strategic Management Group meeting.

- The Surgical Access Team are currently developing a project plan for the rollout of the Prosthetics Reporting database across all ORMIS sites. This rollout, however, is contingent upon the ratification of the database by the ORMIS Strategic Management Group.

HOSPITAL SUPPORT AND LIAISON

Medical Superintendents Advisory Committee

The **Medical Superintendents Advisory Committee** met on 13 October 2000.

- Gary Walker provided an update of the *Waiting List Reduction Strategy*. The committee was advised that the Office of the Director-General had expressed concern in relation to the increase in the number of "long wait" Category 1 and Category 2 patients and the reduction in elective surgery throughput.

- Members advised that vacancies for up to 25 Intensive Care Specialists across the state and a current shortage of ICU beds were impacting significantly on elective surgery services. The staffing of the ICU at Townsville hospital is impacting significantly on the Vascular and Cardio-Thoracic service. The shortage of ICU beds at the RBH is resulting in high levels of cancellations of elective surgery cases.

- Dr David Filby and Dr Martin Therklesen provided an update on the latest developments in relation to Option A and Option B arrangements within Queensland Health. Dr Filby provided a draft copy of a policy document in development for discussion and feedback. The main issues discussed include the crossover between State and Commonwealth boundaries regarding the administration of public/private health. The development of Queensland specific guidelines is made difficult as Commonwealth policy is not explicit in relation to the rules for managing private practice within public hospitals. Dr Filby advised that the document would be a resource to assist Districts in managing Option A and Option B arrangements and would be a platform for revenue retention.

Elective Surgery Coordinators Committee

The **Elective Surgery Coordinators** met on 20 October 2000.

- Mr Rob Findlay from the United Kingdom attended the meeting and provided the members with an overview of 'Checklist', a system used in British Hospitals and Health Authorities to assist in the management of patients placed on hospital waiting lists. Mr Findlay was visiting health care agencies in both Australia and New Zealand to introduce 'Checklist'. Representatives from Business Application Services and Pricing Strategy Unit were also invited to attend this presentation.

- The Director- General and the A/General Manager, Health Services attended the meeting to help re-enforce the role of the Elective Surgery Coordinators in Queensland. The Director-General stressed the importance of the role in achieving the aims of the *Waiting List Reduction Strategy*. It was re-iterated that the elective surgery targets for 2000/2001 remain unchanged and include:

    - Maintaining < 5% 'long wait' Category 1 patients
    - Achieving < 5% 'long wait' Category 2 patients
    - Achieving elective surgery activity targets.

It was acknowledged that, to achieve the targets, significant issues impacting on elective surgery activity must be identified and strategies put into place to counter any "blockages" to elective surgery throughput.