



# Waiting List Reduction Strategy

Report from the  
**SURGICAL ACCESS TEAM**  
for the month of

September 1998

## PROJECT MANAGEMENT

### Plan to achieve the Government's *Waiting List Reduction Strategy*

- The plan to implement the *Waiting List Reduction Strategy* has been approved by the Office of the Director-General. It outlines major roles and responsibilities and a team structure including five permanent positions and five temporary positions.
- With the broader focus to include the benchmarking of Emergency Department waiting times and the review of Outpatient Departments, a change of name to the **Surgical Access Team** has been approved.

### Consultation

- The **Clinical Advisory Committee**, made up of representatives from the major medical and nursing colleges and associations, will continue to meet monthly and provide clinical direction to the Surgical Access. The Minister for Health and the Director-General attended and addressed the September meeting.
- The **Medical Superintendents Advisory Committee**, made up of the medical superintendents from the 10 major hospitals associated with the initiative, will continue to meet monthly to advise on the operational aspects of the initiative. The Committee will be expanded to include the Medical Superintendents of the Mater Adults, Redcliffe and QE II Hospitals and all 32 medical superintendents will be invited to attend twice a year.
- The **Elective Surgery Coordinators** from the 10 major hospitals associated with the initiative, will meet bimonthly to develop strategies for the better management of waiting lists and to ensure a consistent approach across the State. Elective Surgery Liaison Officers from the other 22 reporting hospitals will be invited to attend two meetings per year.

### Communications

- Following the launch of the first *Elective Surgery Waiting List Report* on 30 July 1998, all relevant District Managers were contacted regarding the response to the *Report* in the hospitals. Fifteen responses were received and indicated minimal reaction to the publishing of the report. All reported no increase in inquiries from patients or General Practitioners (GPs). Several GPs indicated that they are grateful for the information.

In addition, the Presidents of the Divisions of General Practice in Queensland were contacted via letter and asked to provide feedback on the publication of the *Elective Surgery Waiting List Report*. Details of any newsletters that the Divisions published were also requested with respect to the suitability of including details of the *Report* in this publication. Nineteen Divisions were sent letters and to date six replies have been received. Of the replies received all have supported the use of the divisional newsletter to disseminate information.

- No articles were published in the Queensland Health journal *Healthmatters* in September.

# FUNDING & INCENTIVES

## Funding for Extra Elective Surgery

Funding for elective surgery in 1998/99 and out years has been provided in the State Budget. A funding breakup for 1998/99 has been approved by the Office of the Director-General:

District	HOSPITAL	Baseline target for 1998/99	CUT Waiting List Incentives Fund	Recurrent Surgical Incentives Fund	Non-Recurrent Surgical Incentives Fund	Total Surgical Incentives Funding
		wt seps	\$	\$	\$	\$
Bundaberg	Bundaberg	3,164	\$0	\$425,000	\$275,000	\$700,000
Cairns	Cairns	6205	\$640,000	\$160,000	\$200,000	\$360,000
Gympie	Gympie			\$120,000	\$0	\$120,000
Gold Coast	Gold Coast	11,226	\$1,000,000	\$200,000	\$1,000,000	\$1,200,000
Logan-Beaudesert	Logan	3,549	\$100,000	\$300,000	\$0	\$300,000
Mackay	Mackay	2,605	\$0	\$525,000	\$200,000	\$725,000
Mater Misericordia	Mater Adults	9,600	\$0	\$500,000	\$1,500,000	\$2,000,000
	Mater Children's	3,908	\$0	\$350,000	\$100,000	\$450,000
Mount Isa	Mount Isa	1,145	\$200,000	\$0	\$0	\$0
Princess Alexandra	Princess Alexandra	26,688	\$1,000,000	\$600,000	\$870,000	\$1,470,000
Queen Elizabeth II	Queen Elizabeth II	4,945	\$120,000	\$725,000	\$0	\$725,000
Redcliffe / Caboolture	Redcliffe	6,152	\$200,000	\$700,000	\$400,000	\$1,100,000
	Caboolture	1876	200,000	\$0	\$0	\$0
Rockhampton	Rockhampton	3,763	\$200,000	\$50,000	\$0	\$50,000
Royal Brisbane	Royal Brisbane	24,112	\$0	\$2,000,000	\$700,000	\$2,700,000
Royal Children's	Royal Children's	5,998	\$0	\$0	\$0	\$0
Sunshine Coast	Nambour	7,489	\$350,000	\$200,000	\$500,000	\$700,000
The Prince Charles	The Prince Charles	29,618	\$89,389	\$2,000,000	\$700,000	\$2,700,000
Tablelands	Atherton	513	\$70,000	\$0	\$0	\$0
Toowoomba	Toowoomba	7,345	\$1,000,000	\$500,000	\$500,000	\$1,000,000
Townsville	Townsville	10,423	\$0	\$1,500,000	\$300,000	\$1,800,000
	Kirwan Hospital	361	\$0	\$1,000,000	\$0	\$1,000,000
West Moreton	Ipswich	6,890	\$400,000	\$500,000	\$800,000	\$1,300,000
<b>Grand Total</b>			<b>\$5,569,389</b>	<b>\$12,355,000</b>	<b>\$8,045,000</b>	<b>\$20,400,000</b>

Note: The "CUT" Waiting List Incentive Fund is the \$15 million provided for waiting list reduction in Queensland public hospitals with the signing of the Australian Health Care Agreement. The amounts shown in the above table are available as rollovers in 1998/99.

A funding strategy has been approved that provides for quarterly adjustments to be made if activity targets are not met. \$3.5 million of the recurrent funding provided will target complex procedures.

## Funding for Emergency Departments

Funding for the benchmarking of Emergency Department waiting times in 1998/99 and out years has been provided in the State budget. The arrangements are as follows:

	\$M	\$M	\$M	\$M
	1998/99	1999/00	2000/01	2000/01
New Initiative 1998/99	2.500	5.000	5.000	5.000
	2.500	5.000	5.000	5.000

A project plan has been developed to manage this initiative to include information systems, reporting arrangements, staffing and enhancement of the emergency retrieval system.

## Funding for Enhanced Day Surgery

Funding of \$1.75 million has been provided to increase day surgery rates to 45% - 50% across reporting hospitals. A project plan is currently being developed to manage this initiative that avoids further significant funding of the poor performers.

## WORKFORCE STRATEGIES

Communication with the Health Advisory Unit regarding the review of the medical workforce has indicated that funding has been received from the Commonwealth (\$60,000) for a Medical Workforce Project. The aim of this project is to review the medical workforce to determine workforce shortages and future training requirements. It is anticipated that the Surgical Access Team will closely liaise with the project officer managing this project. A detailed briefing on this subject was prepared by the office of the Principal Medical Advisor for the Minister for Health.

## INFORMATION MANAGEMENT

- Data for the first quarter of 1998/99 has now been received. This information will form the basis of the second edition of the quarterly *Elective Surgery Waiting List Report*. This report will be available by 30 October 1998 detailing the elective surgery waiting lists by surgical specialty for each of the 32 reporting hospitals.
- The Surgical Access Team has commenced negotiations with the Data Services Unit in the Health Information Centre concerning waiting list definitions included the Queensland Health Data Dictionary. This is a key document identifying standard data definitions used in data collections and reports.
- In conjunction with the Elective Surgery Coordinators, analysis has been undertaken of waiting list data with the aim of ensuring consistent use of the Elective Admissions System. This process will be ongoing to ensure that investigations of data quality are thorough and appropriate actions are taken to rectify anomalies.
- A number of *ad hoc* queries have been received from the zonal units within the Performance Management Branch resulting in further analysis of hospital morbidity data for 1996/97.

## PERFORMANCE REPORTING

The **total number** of patients on the waiting lists of the 32 hospitals increased from 36,155 to 36,728 from 1 September 1998 to 1 October 1998.

Date	Category 1		Category 2		Category 3		All Categories	
	Long waits	Total	Long waits	Total	Long waits	Total	Long waits	Total
1 July 1998	12	1,277	980	9,183	7,398	25,625	8,390	<b>36,085</b>
1 Aug 1998	18	1,296	1,067	9,454	7,261	25,255	8,346	<b>36,005</b>
1 Sep 1998	42	1,355	1,355	9,563	7,098	25,237	8,495	<b>36,155</b>
1 Oct 1998	29	1,431	1,461	9,895	7,162	25,402	8,652	<b>36,728</b>

The number of "long wait" Category 2s increased by 106 from 1 September to 1 October 1998. The number of "long wait" Category 3s increased by 64 from 1 September to 1 October 1998.

### Category 1

At 1 October 1998, the proportion of Category 1 patients waiting longer than 30 days for surgery was **2.0%** (cf. 3.1% at 1 September 1998). Four hospitals reported more than 5% - Bundaberg (20.0% - 2 patients), Gladstone (50.0% - 1 patient), Royal Brisbane (5.9% - 8 patients) and Townsville (5.5% - 5 patients).

### Category 2

At 1 October 1998, the proportion of Category 2 patients waiting longer than 90 days for surgery was **14.8%** (cf. 14.2% at 1 September 1998). A number of hospitals reported significant increases in the number of "long wait" Category 2s and consequent increases in the proportion of "long waits" - Gold Coast (increase of 67 "long waits", 37.5%), and The Prince Charles (increase of 21 "long waits", 31.2%).

### Category 3

At 1 October 1998, the proportion of Category 3 patients waiting longer than 1 year for surgery was **28.2%** (cf. 28.1% at 1 September 1998).

### Throughput

Total throughput in September 1998 was 10,172 elective surgery admissions, an increase from the 9,762 admissions reported for August 1998. Significant reductions in throughput has been recorded at Bundaberg (-22.1%), Cairns (-21.8%) and Townsville (-14.7%). Reasons for these decreases are being investigated.

## CAPITAL WORKS

Sites continue to report on expenditure against budget for the purchase of surgical equipment from the Elective Surgery Performance Fund. Expenditure at the end of 1997/98 totaled \$7.61M out of a total committed \$9.17M. In addition, \$4.68M in capital expenditure has been approved as rollovers from the \$15 million provided for Queensland with the signing of the Australian Health Care Agreement.

# CLINICAL BEST PRACTICE

## **The Clinical Advisory Committee met on 8 September 1998**

The Minister for Health and the Director-General attended the meeting. The Minister addressed the meeting and provided an overview of her government's priorities in the surgical area. She requested feedback on the Government's 8-point plan. The Director-General reinforced that the committee played a major role in advising the Elective Surgery Team and in the successes achieved. The committee discussed aspects of the 8-point plan and the future membership including the level of expertise of members of the committee in areas of Specialist Outpatients and Emergency Departments. The Committee will review the Terms of Reference and debate this matter further.

## **Clinical Benchmarking**

Two members of the Elective Surgery Team attended the Clinical Benchmarking Workshop held on 2 September 1998. An outcome of the workshop was the recommendation to establish a team with in Performance Management Branch to deal with the change management issues associate with the Clinical Benchmarking System. As well it was recommended that a 'Steering Committee' or reference group be formed to oversee the development of corporate reporting and the actual benchmarking measures.

## **The Clinical Pathways group met on 10 September 1998**

The Committee reviewed its role in relation to the outcomes of the Clinical Benchmarking System Workshop that are outlined above. It was recommended that the role of the Clinical Pathway Group would be incorporated into the reference group for the Clinical Benchmarking System. Ms O'Leary from the Organisation Improvement Team gave an overview of the status of the discussions regarding the inclusion of the development of Clinical Practice Guidelines in the VMO agreement. The group supported the development of a small number of Clinical Practice Guidelines over the next 2 years as part of this process.

## **Out-of-Hospital Acute Care Services**

- The survey of 'Hospital in the Home' type services has indicated that the following hospitals and Districts offer these services: Townsville, Mackay, Gladstone, Bundaberg, Princess Alexandra, Toowoomba, Ipswich, Gold Coast, Redcliffe and Mater Hospitals. The majority of these services were initiated by funding provided under the Transitional Care Program. Feedback on the *Draft Guidelines* have been received. The Credentialling committee will meet in October to review comments and services nominated for credentialling.
- A representative of the Team will present an overview of development of these services to the State User Group of Hospital Morbidity in early October.

## **General Practitioner Liaison**

- A representative of the Team attended the Queensland GP/Hospital Integration Conference on the 4<sup>th</sup> of September. This will help facilitate the development of networks with leaders in this area.

# HEALTH SYSTEM DEVELOPMENT

## Specialist Outpatient Services

- ◆ A preliminary review of specialist outpatient departments has revealed:
  - Data related to outpatient waiting times has not previously been collected and analysed corporately.
  - There are no State or National definitions for urgency classification or prioritisation for an outpatient appointment.
  - There is no consistent manner across Queensland hospitals by which patients are classified for accessing an outpatient appointment.
  - There is a wide variation in outpatient clinic types offered by particular hospitals.
  - A national study conducted recently by Coopers and Lybrand, *Outpatient Costing and Classification Study*, confirmed **87 clinic types** are offered by outpatient departments nationally. This is reflected in the Queensland situation.

This makes a comparison of waiting times for medical specialties across hospitals complex. It also highlights the need for standard data definitions and an electronic information system to manage outpatient waiting lists in Queensland public hospitals.

- ◆ Manual collections were conducted in August and September across Queensland hospitals. The broad themes are that waiting times vary between hospitals and between specialties and that generally waiting times can be long for routine appointments. An initial review of the data indicates that:
  - Approximately 36,000 patients are waiting to see a specialist in Outpatients Departments
  - Of these patients, approximately 27,500 have a formal appointment to see a specialist, the remaining 8,500 have not yet been designated an appointment time.
  - Some hospitals have implemented a triage system, whereby non-urgent patients have been placed on a 'standby list' for an outpatient appointment due to the high level of demand for outpatient services.
  - Patients with an urgent need are given priority and are seen within short time frames. For more routine appointments, waiting times vary from clinic to clinic and hospital to hospital.
- ◆ A strategy for the "Reductions of Outpatient Waiting Times" is currently being developed. Targets for reducing outpatient waiting lists in 1998/99 will be established once the full picture is known.

## Emergency Services

- ◆ After consultation with a number of Emergency Department clinicians, a draft Project Plan for the enhancement and benchmarking of emergency department waiting times has been developed. It includes the following components:
  - Installation of information systems;
  - Development and implementation of a collection and reporting system;
  - Additional emergency physicians in critical areas; and
  - A precision bed management study to reduce "access block" in hospitals.

In addition, discussions with the Manager, Southern Zone Coordination Unit have been undertaken to ensure coordination with the enhancement of the emergency retrieval system. A letter from the Australasian College for Emergency Medicine (dated 14 September 1998) provides advice on the strategy that aligns with the project plan.

- ◆ A group consisting of senior clinicians, most of who are emergency physicians, will meet in early October 1998 to facilitate the credentialling of *Hospital in the Home* type services. The opportunity will be taken to have the committee review and provide feedback on the Emergency Department Strategy. Once the document has been finalised it will be forwarded to Office of the Director-General for approval.
- ◆ A meeting with the Deputy Director-General (Health Services) has been requested for early October 1998 to discuss the strategy.
- ◆ A survey of hospitals that have emergency departments has been undertaken to provide an understanding of which hospitals have emergency department information systems. A majority have some form of information system installed.

## **HOSPITAL SUPPORT AND LIAISON**

### **Medical Superintendents Advisory Committee**

Outcomes of the committee meeting held on 16 September 1998 include:

- The Committee endorsed the expansion of membership to include medical superintendents from Redcliffe, QEII and Logan Hospitals.
- The future role of the committee was discussed following the receipt of the letter from the Deputy Director-General (Health Services) directing that industrial matters should be the responsibility of the Medical Superintendents Association.
- The committee expressed concerns regarding interim budgets and associated activity targets for this financial year. Elective Surgery funding principles for 1998/99 were outlined by the A/Manager.
- The issue of increased activity over the Christmas period was included as an agenda item. Members were unanimous in advising that respective hospitals had already made arrangements for reducing services during the Christmas period and for some, the Easter period. It was suggested that changes to these arrangements would be difficult as many surgeons have planned leave. Increased funding would be required to fund work over holiday periods. The committee advised that a decision would need to be reached regarding this issue prior to November.

### **Elective Surgery Coordinators Meeting**

- Elective Surgery Coordinators (ESCs) are proving to be a vital resource in terms of implementing the strategies associated with the new direction.
- A number of improvements have been made in regard to data quality as a result of the workshop held in August 1998. ESCs are working to gain improvements in this vital area in their respective hospitals.
- A new enthusiasm has been promoted with ESCs in relation to the management of elective surgery. They are expanding their communication networks within hospitals to areas such as emergency departments and medical records in an effort to improve patient services. In addition, contact with Liaison Officers in smaller hospitals is improving.



# **ORMIS SUPPORT and THEATRE UTILISATION**

## **IMPLEMENTATION ISSUES**

The Post Implementation Review document has been completed and will be forwarded to Sites in mid-October. The Post Implementation Review results will be used to undertake enhancements to the system.

## **SOFTWARE ISSUES**

A Project Management Plan outlining the criteria for testing ORMIS V5 has been developed. It includes criteria and requirements concerning:

- acceptance test development
- acceptance testing
- implementation and
- post-implementation review.

## **CORPORATE REPORTING**

The Theatre Utilisation Workshop was convened in September to obtain agreement on the streamlining of the reporting process. The workshop addressed issues identified from the previous data collection and promoted the development of a benchmarking model for theatre utilisation. A draft report of the outcomes has been distributed to participants for consideration. A final report will be forwarded to the Clinical Advisory Committee for the October meeting. It is expected that the outcomes identified will be used in the development of subsequent theatre utilisation reports. Once formalised the report will be provided to all interested parties.