



Waiting List Reduction Strategy

Report from the
SURGICAL ACCESS TEAM
for the month of

September 1999

Distribution:

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

PROJECT MANAGEMENT

Consultation

- Site visits have continued to Districts that have received Surgical Incentives Funds in 1999/2000. Sites visited include Cairns, Townsville, Mackay, Royal Brisbane, The Prince Charles and Rockhampton Hospitals. The purpose of the visits, conducted in conjunction with Zonal representatives, is to discuss with District Executives, the Business Rules for Elective Surgery in 1999/2000 and to reinforce the importance of the Government's *Waiting List Reduction Strategy*.
- A dinner meeting, hosted by the Director-General, was held on the 9 September 1999 at the Speakers Dining Room, Parliament House. The Minister for Health, the General Manager, Health Services, the Principal Medical Advisor and the Zonal Managers of the Central and Southern Zones attended together with representatives from the following medical colleges and associations:
 - Australian Medical Association
 - Royal Australian College of Ophthalmologists
 - Australian and New Zealand College of Anaesthetists
 - Royal Australian College of Medical Administrators
 - Royal Australasian College of Surgeons
 - Australian Orthopaedic Association (Queensland Branch).

Several issues were discussed including the provision of outpatient services, filling of rural and provincial vacancies, rotation of advanced trainee positions and the relationship of VMO's and District executives.

Communications

- At the Director-General's request, the Zonal Manager, Southern Zone, and a member of the Surgical Access Team visited the Gold Coast Hospital on 29 September 1999 to discuss the Emergency Department Performance Report for that hospital with the District Manager and senior clinical staff. Respective reports for the other 19 reporting sites were posted on the same date.

FUNDING & INCENTIVES

Elective Surgery Funding

- On 27 September, Computer Sciences Corporation (CSC) advised that further problems had arisen regarding the finalisation of hospital morbidity data for 1998/99. This delay has an impact on the determination of the final payment for elective surgery activity for 1998/99. The Data Services Unit, Business Application Services and Surgical Access Team met with representatives from CSC to agree on a solution. CSC has agreed to re-extract data for the Surgical Access Team to provide information for elective surgery activity in 1998/99. However further problems have since been identified. CSC has agreed that summary level information will be provided to the Surgical Access Team by mid-October.

INFORMATION MANAGEMENT

- The Surgical Access Team participated in a number of meetings with representatives from Business Application Services, Data Services Unit, Computer Sciences Corporation (CSC), and the Procurement Strategy Unit to address problems with the Elective Admissions Module, the Hospital Morbidity Data Extract and the Casemix Data extract. The purpose of the meetings was to develop an appropriate course of action to resolve technical and operational issues surrounding post implementation of the new version of the Elective Admissions Management module. The resolution of these issues is critical in terms of finalising elective surgery activity for the 1998/1999 financial year and introducing the retrospective payment model for 1999/2000.
- The development of the waiting list database utilising the corporate standard (Oracle) commenced in September 1999. An Oracle consultant is currently in the process of converting the existing waiting list information from the Microsoft Access system. It is anticipated that this stage of the database development will be completed by the end of October 1999.
- Surgical Access Team was invited to provide feedback to the Australian Institute of Health and Welfare (AIHW) regarding the content of the working paper "Waiting Times for Elective Surgery, 1995-1996 and 1996-1997". The AIHW has identified a number of issues with data collection across the States and Territories that require attention to enable a more robust comparison of waiting list information.

PERFORMANCE REPORTING

The total number of patients on the waiting lists of the 33 hospitals decreased during September 1999 to 38,592 at 1 October 1999 (-220).

Date	Category 1		Category 2		Category 3		Total
	Total	% 'long wait'	Total	% 'long wait'	Total	% 'long wait'	
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

The number of 'long wait' Category 2s decreased by 177 from 1 September to 1 October 1999. The number of 'long wait' Category 3s increased by 175 from 1 September to 1 October 1999.

Category 1

At 1 October 1999, the proportion of Category 1 patients waiting longer than 30 days for surgery was **2.9%** (cf. 3.1% at 1 September 1999). Three hospitals reported more than 5% - QEII Hospital (11.1% or 3 of 27 Category 1 patients), Princess Alexandra Hospital (10.2% or 17 of 167 patients) and Gladstone Hospital (14.3% or 1 of 7 patients).

Category 2

At 1 October 1999, the proportion of Category 2 patients waiting longer than 90 days for surgery was **9.9%** (cf. 11.4% at 1 September 1999). Cairns Base hospital reported the largest increase in the number of 'long wait' Category 2 patients (11), while the Gold Coast Hospital reported the largest reduction (-52 patients) - the proportion of 'long wait' patients decreased to 9.0% (cf. 12.3% at 1 September 1999).

Category 3

At 1 October 1999, the proportion of Category 3 patients waiting longer than 1 year for surgery was **28.6%** (cf. 27.9% at 1 September 1999).

Throughput

Total number of elective admissions in September 1999 was 10,103 a decrease (306) from the 10,449 admissions reported for August 1999. There were 310 less admissions in September 1999 compared to September 1998 (10,413). For the first quarter 1999/2000, elective surgery throughput has decreased by some 758 (-2.4%) elective surgery admissions compared with that reported for the first quarter in 1998/99.

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

Performance Reports

- The Emergency Department Performance Reports for the June 1999 quarter have been distributed to participating hospitals. Those hospitals whose performance was below target have been requested to identify strategies to improve performance.

Service Enhancement Projects

- 26 submissions have been received from Districts to undertake service enhancement projects in emergency departments. The submissions are being reviewed and rated in line with the program objectives and expected outcomes.

Triage Initiated X-rays

- A triage-initiated x-ray program has been trialed at the Mackay Base Hospital. The program involved the ordering of x-rays by nursing staff in accordance with established clinical protocols, prior to assessment by medical staff. Issues with respect to the Radioactive Substances Act 1958 are currently being addressed.
- In anticipation of the resolution of these issues, the Surgical Access Team is developing a plan for the implementation of triage-initiated x-rays in Queensland public hospitals. Emergency department attendance data has been examined to identify the presentation rate of patients appropriate for a triage-initiated x-ray process.

- Discussions have been held with staff from hospitals who have undertaken preliminary activities related to age-initiated x-rays. A staged competency-based education program is suggested. The education program would initially target hospitals with higher attendance rates in each Zone. The level of support from within the hospital staff for the change process will also influence sites selected for inclusion. In particular the program is impossible without support from emergency department medical staff and medical imaging staff.
- Using resources developed by a number of hospitals, the Surgical Access Team will develop a generic manual consisting of process rules and clinical protocols. The implementation process will be progressed with future meetings planned to address the education and assessment process for hospital staff participating in the program.

Northern Zone Nurse Educator

- The review of the Mt Isa Emergency Department, coordinated by the Surgical Access Team, identified serious deficiencies in the skill level of nursing staff employed in the emergency department and intensive care areas. There was also a significant absence of service delivery policies and professional development opportunities.
- The General Manager, Health Services, has approved a plan, developed in conjunction with the Principal Nursing Advisor, for the trial of a Level 3 Nurse Educator in the Northern Zone. Initially this position will focus on the development of clinical policies and protocols across the intensive care unit and the emergency department. An initial needs assessment was undertaken in September.

Clinical Advisory Committee

- The Clinical Advisory Committee (CAC) met on 14 September 1999. The main focus of the discussion was the identification of issues impacting on the achievement of the 5% 'long wait' targets for Category 2 patients. The inability to achieve the 5% target was considered to be the result of three main components:
 - the lack of surgical capacity;
 - inappropriate booking processes;
 - inappropriate categorisation procedures.

The CAC supported the process of site visits by SAT members to examine booking and administrative processes impacting on waiting times. The CAC also discussed the management of patients booked for diagnostic procedures and the monitoring of waiting times for these patients.

HEALTH SYSTEM DEVELOPMENT

Benchmarking

Emergency Departments

- Data collected from the 20 reporting hospitals during September 1999 shows a comparative improvement in waiting times from that reported in August 1999. However, a comparison of waiting times data by quarter shows a decrease in performance for the September quarter 1999 (Figure 1). This aligns with the experience of both New South Wales and Victoria and is seen to be related to increased medical admissions and emergency attendances overall during Winter.

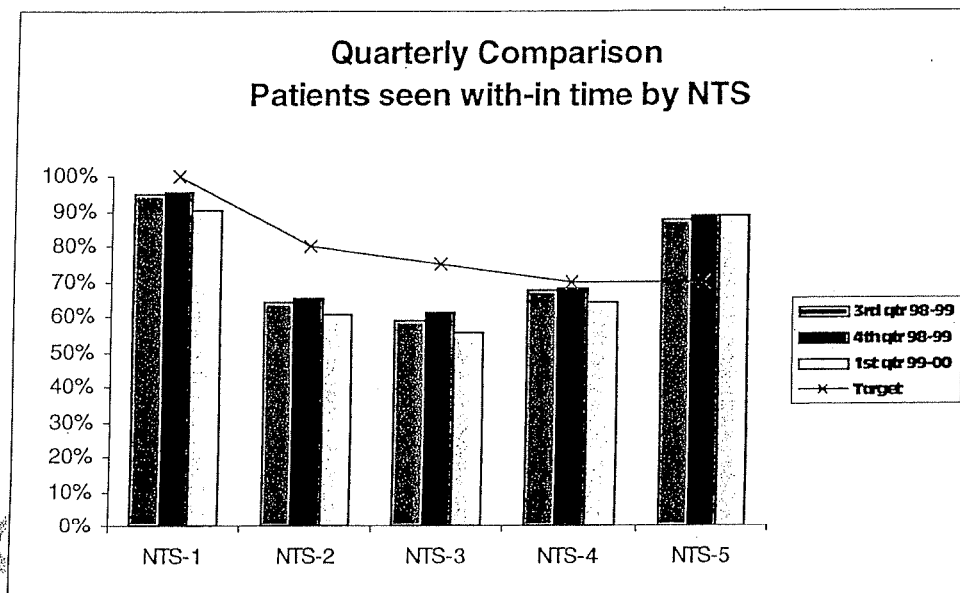


Figure 1: Emergency Department patients seen within recommended times.

- The cumulative proportion of patients waiting given times from presentation and from time seen by doctor until admission/transfer (Access Block) for August 1999 is presented in Table 2.

Waiting time	<1hr	<2hr	<3hr	<4hr	<5hr	<6hr	<7hr	<8hr	<9hr	<10hr	<11hr	<12hr	>12hr
Presentation to admit/transfer	5%	21%	41%	60%	74%	84%	90%	94%	96%	97%	98%	99%	100%
'Seen by doctor' to admit/transfer	10%	31%	52%	69%	80%	87%	91%	94%	96%	96%	97%	98%	100%

Table 2: Access block data August 1999.

- Comparative data from New South Wales and Victoria is provided in Table 3.

	Proportion of patients admitted/transferred within 8 hours of being seen by a doctor	Proportion of patients admitted/transferred within 12 hours of presentation
Qld July	95%	99.16%
Qld August 99	94%	98.76%
NSW June 99	78%	----
Victoria Dec 98	----	98.83%

Table 3: Comparative access block data.

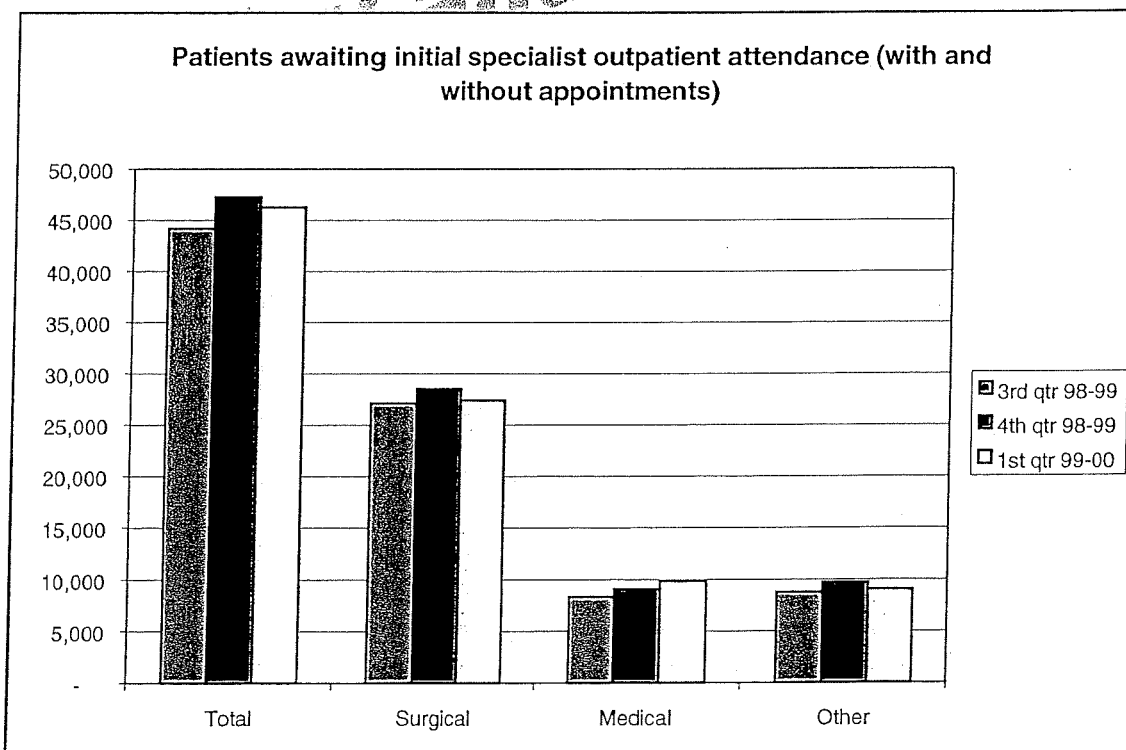
Specialist Outpatient Services

- As at 1 September 1999, a total of 44,393 people were waiting to see a specialist in an outpatient department (Table 4).
- Of these patients, approximately 33,830 had a formal appointment to see a specialist, the remaining 10,563 had not yet been designated an appointment time.
- It is estimated that some 24,695 patients were waiting for a surgical appointment of which 17,077 had an appointment and 7,618 did not.

	1 August 1999			1 September 1999		
	With Appointment	Without Appointment	Total	With Appointment	Without Appointment	Total
Surgical	21,043	6,979	28,022	17,077	7,618	24,695
Medical	8,690	1,357	10,047	8,824	1,388	10,212
Obstetrics/Gynaecology	4,313	444	4,757	6,109	351	6,460
Paediatric	2,319	1,174	3,493	1,809	1,206	3,015
Psychiatric	22	24	46	11	0	11
Total	36,387	9,978	46,365	33,830	10,563	44,393

Table 4: Patients awaiting initial specialist outpatient clinic appointment

- At 1 September, large numbers of patients, both with and without appointments, were waiting in the following specialties:
 - Orthopaedics: 9,055
 - General Surgery 2,902
 - ENT 4,703
 - Ophthalmology 3,944
 - Gynaecology 3,673
- For a comparison of the number of patients waiting for an outpatients appointment over time, the average numbers waiting by quarter over the last three quarters is presented graphically below:



HOSPITAL SUPPORT AND LIAISON

Report from the Medical Superintendents Committee Meeting

- The Medical Superintendents Advisory Committee Meeting for September 1999 was conducted at the Mater Hospital following the annual forum for recruitment of medical officers. The meeting was extended to include non-members to enable an insight to the role of the Committee and provide an opportunity to request information or feedback directly from the Surgical Access Team.
- Gary Walker provided the forum with feedback from the latest meeting between the Surgical Access Team and the Minister and the Director-General. The Minister has advised that elective surgery remains a priority area and that the Government is committed to continuing the achievements to date particularly with respect to the proportion of Category 1 and Category 2 patients waiting clinically inappropriate times for treatment.
- Dorothy Vicenzino advised the forum that the Minister and the Director-General had recently attended separate dinners with representatives from the Royal College of Physicians and the Royal College of Surgeons. The dinners provided opportunities for open discussion and an opportunity for members of the various colleges to provide feedback to the Minister and the Director-General regarding critical issues impacting on service provision.
- Medical Superintendents requested an update on the finalisation of elective surgery activity targets and funding for 1998/99, and funding for 1999/2000. Ms Vicenzino reported that there have been a number of problems with the reporting systems utilised to monitor hospital activity mainly associated with HBCIS upgrades and therefore there have been delays in finalising data for 1998/99 and 1999/2000. However the Business Application Services Unit and the Data Services Unit have advised that problems with the various reporting systems will be rectified in early October. Ms Vicenzino advised that the Surgical Access Team will be working closely with the Zonal Units to work out a methodology to provide payment for elective surgery activity in October 1999 irrespective of the system issues.

Elective Surgery Coordinators

- Members of the Surgical Access Team participated in site visits to the Princess Alexandra Hospital and The Prince Charles Hospital during September. The Elective Surgery Coordinator at the Princess Alexandra Hospital has recently been appointed and the representatives of the Surgical Access Team provided orientation into the role and direction in terms of waiting list management.
- The Surgical Access Team assisted The Prince Charles Hospital in the management of processes to ensure waiting list entries are correctly linked to the appropriate admission episode. This process is critical in terms of accurately identifying elective surgery activity.
- A joint meeting of Elective Surgery Coordinators and Elective Surgery Liaison Officers has been scheduled for 13 October 1999. Participants have been notified that the Director-General will be addressing the meeting.

ORMIS SUPPORT and THEATRE UTILISATION

System Management and Y2K

- Y2K testing of ORMIS version 5.03.002 and associated interface applications was successfully completed on the 9 September 1999. A favourable quality review of the Y2K testing process was completed on the 10 September 1999.
- The ORMIS user group meeting was conducted on the 15 September 1999. Major issues discussed included Y2K testing, technical issues and the reporting functionality of the system at a user level.
- The ORMIS Strategic Management Group meeting chaired by Dr Chris Elmes was held on the 20 September 1999. Gary Walker attended and raised the need to re-examine the terms of reference and membership of this committee with the intention of refocussing the core objectives of the group away from technical issues and onto more strategic topics.
- Discussions have taken place between the Business Application Services Unit and the Surgical Access Team regarding the responsibilities for technical maintenance and support. As a result, it has been decided that, to obtain the best possible outcomes in terms of ongoing systems management, the ORMIS Development position within the Surgical Access Team should be transferred to the Business Applications Services Unit as of 1 October 1999. Under these arrangements the Surgical Access Team will remain the "systems owner" and will be responsible for continuing to drive improvements regarding system functionality and theatre utilisation. However Business Applications Services will be responsible for managing version control and negotiating the resolution of technical issues with suppliers.

**Deputy Director (General
(Policy and Outcomes)**