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CAB Dec No. 5900  
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Department of Health  
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SECRET

CABINET DECISION

Brisbane, 1 August 2005

Decision No.: 5900, (Submission No.: 4639)

TITLE: Progress Report on the Waiting List Reduction Strategy

CABINET decided:

1. That following consideration, the contents of the submission be noted.
2. That the Premier and Treasurer and the Minister for Health be delegated responsibility for determining the timing of release of the latest quarterly waiting list data.
3. That release of the data on the web should be accompanied by information on the number of surgical procedures undertaken by each Queensland public hospital in the last 12 months.
4. That the Department of Health should undertake further analysis of:
  - specialist outpatients' clinics activity, including the estimated 60,000 patients not booked for a specialist outpatient appointment;
  - strategies to address waiting list problems and options to maintain access to services in the face of rising medical costs and increasing demand; and
  - expenditure to date and implementation of the components of the 2004 Election Commitments.
5. That the analysis should be undertaken by mid-September 2005, so it can be fed into the process of preparing the Government response to the Morris Inquiry and Forster Review final reports.



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Decision No.: 5900

CIRCULATION: Implementation Responsibility

Department of the Premier and Cabinet and copy to the  
Premier and Treasurer.

Department of Health and copy to the Minister.

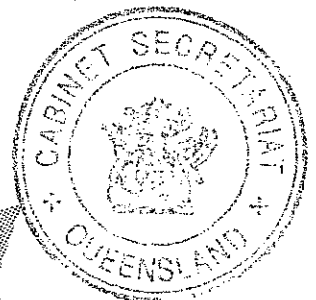
Departmental Records

Nil.

Perusal and Return

All other Ministers

  
Acting Cabinet Secretary



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Access Request

CAB Sub Att No. 4639

Copy No. 29 01/08/2005

Department of Health

Official Copy - 01/09/2005

## SECURITY CLASSIFICATION "A"

## INFORMATION SUBMISSION

## COVER SHEET

## TITLE

Progress Report on the Waiting List Reduction Strategy

## MINISTER

Minister for Health

## OBJECTIVE

To inform Cabinet on the progress of the Waiting List Reduction Strategy prior to the quarterly elective surgery waiting list data being posted on the Queensland Health website on 1 August 2005.

## SUMMARY

The Waiting List Reduction Strategy (the Strategy) commenced in July 1998, and is a major ongoing policy commitment of the Government.

The implementation of the Strategy rests with the Senior Executive Director Health Services and Zonal Managers. The Executive Director of Statewide Health and Community Services Branch within Queensland Health has responsibility for reporting against the Strategy.

To support the Strategy, in 2004 the Government's election commitments included a \$110 million program aimed at reducing waiting lists throughout the State, with funding for areas with the highest need and longest waiting lists over three and a half years.

As part of the \$110 million, \$40 million was available in 2004/2005 to reduce elective surgery waiting lists - \$32.2 million directly attributed to activity, and the remaining \$7.8 million allocated towards capital and staffing initiatives.

A further \$40 million will be available in 2005/2006 to reduce elective surgery waiting lists, \$33.2 million to be directly attributed to activity and \$6.8 million for capital and staffing initiatives. The Queensland Government will also spend \$5 million to continue the health hotline initiative, \$2 million to address growth in demand at the Gold Coast Hospital Emergency Department, \$2.2 million in staffing and a further \$155.8 million in emergency department capital projects beginning in 2005/2006.

The target for Category 1 performance has not been achieved as at 1 July 2005 with 5.4% of Category 1 patients waiting longer than the recommended time of 30 days for surgery. This is above the State target of 5% and compares with 3.0% at 1 April 2005 and 1.1% at 1 July 2004. The 1 July 2004 result follows an investment of an additional \$20 million in the preceding four months.



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11.3% of Category 2 patients waited longer than the recommended time of 90 days for surgery at 1 July 2005. This is above the State target of 5% and compares with 9.0% at 1 April 2005 and 2.3% at 1 July 2004.

In the March quarter 2004-05, emergency department waiting times performance has remained steady for Categories 1 and 5, and has slightly declined for emergency presentations in Categories 2, 3 and 4, in comparison to the same quarter of last year.

#### RESULTS OF CONSULTATION

- Is there agreement? YES. See paragraphs 34 of body of submission.

#### RECOMMENDATION

That following consideration, the contents of the submission be noted.

  
GORDON NUTTALL MP  
MINISTER FOR HEALTH

25/7/2005

  
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## BODY OF SUBMISSION

### OBJECTIVE

1. To inform Cabinet on the progress of the Waiting List Reduction Strategy prior to the quarterly elective surgery waiting list data being posted on the Queensland Health website on 1 August 2005.

### BACKGROUND

#### • Context

2. In 2004, the Government's election commitments included a \$110 million program aimed at reducing waiting lists throughout the State, with funding for areas with the highest need and longest waiting lists over three and a half years. The first stage of the program involved the investment of \$20 million to reduce waiting lists in Queensland public hospitals for the five months to 30 June 2004.
3. As part of the \$110 million, \$40 million was available in 2004/2005 to reduce elective surgery waiting lists - \$32.2 million directly attributed to activity and the remaining \$7.8 million allocated towards capital and staffing initiatives. The breakdown of election commitment funding included:
  - i) \$25 million for more elective surgery for public patients, targeting areas with the longest waiting lists and highest demand;
  - ii) A further 300 patients statewide to receive joint replacement procedures, including hip and knee replacements (\$5 million); and
  - iii) A further 1,000 Queenslanders to receive cataract operations and two new eye specialist training positions were created (\$2.5 million).
  - iv) \$2 million for a new operating theatre and ten additional beds at Caloundra Hospital;
  - v) \$1.5 million for a full specialist vascular service to be established at Nambour Hospital;
  - vi) \$1 million for additional orthopaedic surgery at Noosa Hospital;
  - vii) \$1.5 million to help address those Cairns patients waiting longer than normal for ear nose and throat (ENT) surgery, and employ a specialist ENT surgeon at the Cairns Base Hospital;
  - viii) \$500,000 to employ six new nurses at Cairns Base Hospital to expand the hospital's capacity and treat patients in a critical condition;
  - ix) A further \$1 million for a 'Fit for Surgery' initiative to avoid costly postponements and help patients prepare for elective surgery through programs aimed at weight loss, cardiovascular fitness and quitting smoking; and
  - x) The Queensland Government will introduce an independent audit of waiting lists to better target waiting lists around the State.

  
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According to the latest available data, Queensland Health is on track to achieve all elective surgery election commitment activity targets for 2004/2005.

4. In February 2005, the Government provided \$20 million to replace the \$20 million initially invested in 2003/2004. This maintains the \$110 million over the three years between 2004/2005 and 2006/2007.
5. In 2005/2006, \$33.2 million will be directly attributed to activity and \$6.8 million allocated towards capital and staffing initiatives.
6. The Queensland Government will also spend \$5 million to continue the health hotline initiative, \$2 million to address growth in demand at the Gold Coast Hospital Emergency Department, \$2.2 million in staffing and a further \$155.8 million in emergency department capital projects beginning in 2005/2006.
7. Progress against elective surgery election commitments can be found in the routine report to the Minister for Health and the Premier.

• **Previous consideration by Cabinet**

8. Cabinet (Decision Nos. 681, 12 July 1999; 1152, 20 September 1999; 1553, 13 March 2000; 2106, 2 October 2000; 2555, 12 June 2001; 2836, 1 October 2001; 3094, 18 February 2002; 3158, 12 August 2002; 3853, 9 December 2002; 4243, 10 June 2003; 4996, 2 August 2004; 5254, 1 November 2004 and 5641 on 26 April 2005) has periodically noted reports on progress of the Waiting List Reduction Strategy.

**ISSUES**

**Waiting List Reduction Strategy**

Elective Surgery

*Waiting Times*

9. The target for Category 1 performance has not been achieved as at 1 July 2005 with 5.4% of Category 1 patients waiting longer than the recommended time of 30 days for surgery. This is above the State target of 5% and compares with 3.0% at 1 April 2005 and 1.1% at 1 July 2004. The 1 July 2004 result follows an investment of an additional \$20 million in the preceding four months.
10. 11.3% of Category 2 patients waited longer than the recommended time of 90 days for surgery at 1 July 2005. This is above the State target of 5% and compares with 9.0% at 1 April 2005 and 2.3% at 1 July 2004.

  
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11. At 1 July 2005, 30.5% of Category 3 patients on the waiting lists of the 31 reporting hospitals waited longer than one year for surgery and compares with 30.0% at 1 April 2005 and 34.1% at 1 July 2004.
12. Waiting times by Category since 1 July 1998 is presented in Attachment 1, Table 1.
13. The following hospitals reported greater than 5% 'long wait' Category 1 patients at 1 July 2005:
  - Bundaberg Hospital – 7.1% (3 patients out of a total of 42)
  - Gold Coast Hospital – 10.2% (30 patients out of a total of 293)
  - Mackay Base Hospital – 8.7% (4 patients out of a total of 46)
  - Mater Adult Hospital – 5.4% (6 patients out of a total of 111)
  - Princess Alexandra Hospital – 8.3% (26 patients out of a total of 313)
  - Royal Brisbane and Women's Hospital – 9.5% (40 patients out of a total of 421)
14. A higher than 5% proportion of 'long wait' Category 2 patients on the waiting list was reported at 1 July 2005 at:
  - Atherton Hospital – 6.3% (1 patient)
  - Bundaberg Hospital – 11.6% (34 patients)
  - Cairns Base Hospital – 7.4% (37 patients)
  - Gold Coast Hospital – 17.0% (222 patients)
  - Gympie Hospital – 8.9% (4 patients)
  - Hervey Bay Hospital – 8.1% (3 patients)
  - Kingaroy Hospital – 6.7% (1 patient)
  - Mackay Base Hospital – 12.2% (31 patients)
  - Maryborough Base Hospital – 5.4% (7 patients)
  - Mater Adult Hospital – 17.6% (94 patients)
  - Mater Children's Hospital – 8.1% (20 patients)
  - Nambour Hospital – 7.1% (45 patients)
  - Princess Alexandra Hospital – 22.9% (312 patients)
  - QEII Hospital – 7.6% (36 patients)
  - Royal Brisbane and Women's Hospital – 23.0% (351 patients)
15. Significant issues impacting on waiting times for districts not meeting benchmarks and strategies adopted by Queensland Health to address these issues are provided in Attachment 1.
16. In addition to the site-specific commentary provided in Attachment 1, there are some statewide issues that impact on elective surgery activity. It should be noted that the reporting quarter (ie. April to June) includes two public holidays and a school holiday period.



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17. The most critical issue is the retention of anaesthetists. Queensland Health as part of EB6 preparations is developing a medical workforce strategy to review the remuneration and conditions for senior medical officers including anaesthetists.
18. A Policy Submission has recently gone to Cabinet (refer Cabinet Decision No 5800 on 27 June 2005), which is the first of a two-part series being prepared for submission to the Commission of Inquiry that looked at future Queensland Health medical workforce requirements, estimated the future overall requirement for the years 2006 through to 2011 and provided some preliminary reform.
19. The second paper will expand on the analysis and cover the following areas of the medical workforce:
- An analysis of issues including lead time from entry to productive practice/specialisation
  - General practice and specialist numbers and projections
  - Specialist training positions – history and projections, strategies to increase; comparative performance with other jurisdictions.
20. The two papers focus on key systemic medical workforce issues and present information and options for consideration by the Commission of Inquiry.
21. In some larger metropolitan facilities, of particular note the Royal Brisbane and Women's Hospital and Mater Hospitals, the number of operating room sessions available for planned elective surgery has been reduced due to unexpected events. In particular this relates to the transfer of emergency trauma cases and selected urgent elective surgery procedures from regional facilities such as Hervey Bay and Bundaberg.
22. In addition, Elective surgery coordinators are actively transferring patients for treatment between hospitals on an as needs basis. The numbers transferred each quarter vary and can be significant to minimal depending on the circumstances. For example, 48 joint replacement patients from the Fraser Coast District have been transferred to the Mater Hospital for surgery in June 2005. As part of the Government's election commitment to fund cataract surgery, almost 300 patients have been transferred to private providers for their eye surgery from the Ipswich, QEII, Redcliffe, RBWH, PAH, Rockhampton, Ipswich and Toowoomba waiting lists.
23. In light of the recent incidents identified at Bundaberg Hospital, a number of regional facilities are now re-evaluating their service capability in the performance of particular procedures at their hospitals. The Zonal Management Units advise that certain surgical procedures that are being performed within these hospitals will possibly be redirected to the larger tertiary facilities. This may result in increasing the size of waiting lists at the receiving hospitals with the potential to increase

  
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waiting times. This is relevant within the specialist outpatient clinics as well as surgical waiting lists. The Zonal Management Units in consultation with their respective hospitals are monitoring this situation and taking necessary action to ensure patients with the greatest clinical need are given priority.

### *Specialties*

24. The specialties with the largest number of patients waiting at 1 July 2005 were:
- Orthopaedic Surgery – 8,329 (compared with 7,083 at 1 July 2004)
  - General Surgery – 7,727 (compared with 7,511 at 1 July 2004)
  - ENT Surgery – 3,748 (compared with 3,532 at 1 July 2004)
  - Plastic and Reconstructive – 3,070 (compared with 2,522 at 1 July 2004)

### Emergency Departments

#### *Performance*

25. Waiting times performance for Queensland emergency departments has declined steadily for most patients during 2004/2005 compared with the same period of last year:
- For Australian Triage Scale (ATS) Category 1 patients (the most urgent), Queensland waiting times performance has remained steady during 2004/2005 to March compared to the same period of 2003/2004 and has decreased slightly for ATS Category 2 patients.
  - Waiting times performance in ATS Categories 3 and 4 have decreased slightly and has remained steady in ATS 5 compared to the same period of 2003/2004.
26. Although New South Wales' and Victoria's performance for 2003/2004 is better than Queensland with regard to waiting times (Attachment 1, Table 2), access block data (waiting time in the Emergency Department until admission to an inpatient bed) indicates that Queensland continues to perform better than other States (Attachment 1, Table 3). In summary, most emergency patients are admitted to a hospital bed sooner in Queensland than in New South Wales or Victoria.

### **2004 Election Commitments**

27. As part of the \$110 million assault on waiting lists over three and a half years, the Government committed \$20 million to reducing the elective surgery backlog in the five months to 30 June 2004. In the first instance, capacity in our public hospitals was assessed and funding committed to treat patients who had waited longer than recommended for surgery. The \$20 million in funding resulted in more than 4,700 additional patients being treated.



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28. Of the \$20 million, \$2.5 million was directed towards contracting private providers to treat public patients where additional capacity was not available in public hospitals. The partnership established with the private sector resulted in the treatment of over 700 cataract patients, including some who had waited more than a year for surgery.
29. Despite the efforts of the Government to reduce waiting lists, Queensland Health is unable to meet existing demand for elective surgery services particularly in Category 3 (non-urgent) patients. This is demonstrated by an increase in waiting list numbers of approximately 1,000 patients between 2003/2004 and 2004/2005, even with the injection of election commitment funding.
30. Access to elective surgery waiting lists is through specialist outpatient services. It is estimated that there are approximately 84,000 patients waiting to be seen by a surgical outpatient specialist, of which 60,000 patients (approximately) are not booked for a specialist outpatient appointment. The volume of the current outpatient waiting list demonstrates that demand for specialist surgical services within the public system is far greater than capacity.
31. Progress against elective surgery election commitments is on-track, with finalised data expecting to show successful achievement of 2004/2005 targets.

### CONSULTATION

32. Formal consultation on the Waiting List Reduction Strategy has been through existing mechanisms within Queensland Health. These mechanisms include the Elective Surgery Coordinators Group, the Emergency Department Collaborative for Healthcare Improvement, the Specialist Outpatient Advisory Committee, and the Operating Room Management Information System (ORMIS) User Group.
33. Internally, consultation has occurred with the Office of the Chief Nursing Advisor, Office of the Principal Medical Advisor, the Workforce Design and Participation Branch, Zonal staff, District Managers and key medical and nursing personnel from the participating hospitals on the approach to enhancing emergency, outpatient and surgical services.

### RESULTS OF CONSULTATION

34. Consultation remains a major part of the Waiting List Reduction Strategy and mechanisms as outlined above continue to provide a major support role to the project.

### PUBLIC PRESENTATION

35. Elective surgery waiting list data is publicly released each quarter on the Queensland Health Internet site.

||||| ||||| ||||| ||||| |||||  
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CONSULTATION DETAILS

Agency

Department of the Premier  
and Cabinet

Date

27 July 2005

Officer

George Nix

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SECRETERIAT  
OFFICIAL  
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## Summary Data for Elective Surgery and Emergency Departments

Table 1 – Elective Surgery Census Data by Category

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 Oct 1998	1,441	2.0%	9,960	14.7%	25,538	28.1%	36,939
1 Jan 1999	964	2.3%	10,244	18.4%	26,012	28.1%	37,220
1 Apr 1999	1,392	1.9%	9,953	15.9%	26,895	27.5%	38,240
1 Jul 1999	1,498	1.9%	9,780	8.6%	27,363	27.5%	38,641
1 Oct 1999	1,468	2.9%	9,604	9.9%	27,520	28.6%	38,592
1 Jan 2000	1,165	4.0%	9,967	9.9%	28,591	29.6%	39,723
1 Apr 2000	1,721	2.0%	9,927	9.6%	28,719	30.7%	40,367
1 Jul 2000	1,838	2.7%	10,179	8.3%	28,593	32.4%	40,610
1 Oct 2000	1,749	4.7%	10,615	11.8%	27,650	33.7%	40,014
1 Jan 2001	1,522	4.6%	10,675	11.9%	27,291	35.4%	39,488
1 Apr 2001	1,833	4.5%	11,003	11.3%	26,847	36.9%	39,683
1 Jul 2001	2,023	4.5%	11,032	14.1%	26,258	38.3%	39,303
1 Oct 2001	1,979	4.5%	10,783	12.6%	25,593	37.2%	38,355
1 Jan 2002	1,557	4.4%	10,961	13.2%	25,106	37.9%	37,624
1 Apr 2002	2,151	3.3%	11,343	13.5%	24,179	38.8%	37,673
1 Jul 2002	2,496	3.4%	11,993	10.6%	23,494	37.6%	37,983
1 Oct 2002	2,275	4.7%	11,760	17.0%	23,737	37.2%	37,772
1 Jan 2003	1,888	3.6%	10,992	14.8%	24,727	38.2%	37,607
1 Apr 2003	2,182	2.1%	10,169	7.3%	24,196	39.6%	36,547
1 Jul 2003	2,260	2.3%	10,495	5.3%	22,309	38.2%	35,064
1 Oct 2003	2,194	2.7%	10,470	7.9%	21,364	37.3%	34,028
1 Jan 2004	1,882	4.8%	10,208	10.1%	21,150	37.3%	33,240
1 Apr 2004	2,343	4.4%	10,353	7.2%	20,587	36.0%	33,283
1 Jul 2004	2,327	1.1%	9,750	2.3%	19,401	34.1%	31,478
1 Oct 2004	2,336	3.3%	10,611	4.7%	18,960	34.3%	31,907
1 Jan 2005	1,806	4.3%	10,758	8.0%	20,080	29.9%	32,644
1 Apr 2005	2,283	3.0%	11,292	9.0%	20,441	30.0%	34,016
1 Jul 2005	2,383	5.4%	11,404	11.3%	19,869	30.5%	33,656

## Significant Issues Impacting on Waiting Times at 1 July 2005

Waiting list performance at 1 July 2005 continues to be managed effectively given the demand for services. It should be acknowledged that the Royal Brisbane and Women's, Princess Alexandra and Gold Coast Hospitals are providers of tertiary-level services. The demand for this level of highly specialised care can directly impact on these hospitals' ability to undertake planned elective surgery because treatment of these tertiary patients is a higher priority.

### **Bundaberg Hospital**

As a result of the recent events and ongoing investigations at the Bundaberg Hospital, the results recorded for the July quarter have shown a gradual increase in 'long wait' patient numbers and percentages. Elective operating sessions have been reduced to one morning and afternoon session from the 20<sup>th</sup> June for a four week period during the running of the Morris inquiry in Bundaberg. The homicide investigation team has also commenced interviewing staff which further restricts resources for theatre sessions. The remaining general surgeon tendered his resignation and ceased duties as of 1<sup>st</sup> July. Locum surgeons have been accessed, however this has impacted on throughput and waiting list management, as the locums are not prepared to operate on some of the listed patients. The transferring of patients to alternative facilities is being expedited.

The Anaesthetic service remains below capacity and further reductions in Anaesthetist availability will occur as a result of a resignation effective mid August. It is also anticipated the various inquiries currently underway will also impact on the availability of the Director of Anaesthetics upon his return from leave on 11<sup>th</sup> July.

### **Fraser Coast District**

General Surgery services are currently under review to ensure procedures performed are within the facility's service capability. Conference leave and medical officer leave have also been attributed to reductions within surgical services across the District.

Anaesthetic availability specifically has impacted on the provision of surgical services during the July quarter. This is largely due to recreation leave and relocation to Brisbane of an Anaesthetist, who has not yet been replaced. One general surgeon is on leave during July. Orthopaedic services for minor procedures have resumed at Maryborough Hospital. One orthopaedic list of minor procedures was completed by a Visiting Specialist during June and additional lists are being negotiated subject to specialist availability.

The main strategy at present to deal with these issues is to provide locum services and transfer patients to other facilities. In June 2005, 48 joint replacement patients from the Fraser Coast District were transferred to the Mater Hospital for surgery.

### **Gold Coast Hospital**

Gold Coast Hospital reported 10.2% Category 1 'long waits' (30 patients) and 17.0% Category 2 'long waits' (222 patients) at 1 July 2005. ENT, General Surgery, Urology and Vascular Surgery remain the clinical areas with high Category 1 & 2 'long waits'. ENT services are limited to 8 visiting medical officer sessions per month. In June, two of these eight sessions were lost due to the lack of anaesthetic coverage as well as General Surgery (22 sessions), Urology (2 sessions), and Vascular Surgery (2 sessions).

Recruitment activities to attract additional anaesthetists are continuing. One anaesthetist from the US is due to start in approximately 6 months as a 1 year locum. Interest has been shown by a UK anaesthetist who is looking to emigrate and a third anaesthetist is also considering relocating.

In addition, some operating room sessions were lost due to staff absence caused by local flooding in late June.

### **Mackay Base Hospital**

Anaesthetic cover remains the major impediment to increasing throughput. Consultant shortages within Orthopaedic Surgery and Urology contribute to 'long waits' in these specialties. Mackay Base Hospital reported 8.7% Category 1 'long waits' (4 patients) and 12.2% Category 2 'long waits' (31 patients) at 1 July 2005.

### Mater Adult's Hospital

At 1 July 2005, Mater Adult's Hospital reported 6 'long wait' Category 1 patients (5.4%) and 94 'long wait' Category 2 patients (17.6%). Urology lost 14 sessions in June due to Consultant leave, and ongoing commitment to Cairns and Toowoomba Outreach Service. General Surgery lost a total of 14 sessions, partly due to leave by the chief breast surgeon. Five Orthopaedic surgeons took leave during the month, with 15 sessions lost. Plastic Surgery lost 5 sessions due to surgeon absence. This specialty is VMO driven with no alternative staff specialists available.

### Princess Alexandra Hospital

'Long wait' numbers have increased at Princess Alexandra Hospital since last quarter with 8.3% 'long waits' in Category 1 and 22.9% in Category 2.

Anaesthetic coverage, staff leave over the June school holidays, and pressures on ICU beds were the major drivers behind session cancellation in June. Specifically the shortage of ICU beds caused the cancellation of surgery for 13 patients.

General Surgery, Plastic Surgery, Urology and Orthopaedics are the clinical areas with high Category 1 & 2 'long wait' patient numbers. These areas were all impacted by school holiday and Queens Birthday staff leave, and by limited anaesthetic coverage.

### Royal Brisbane and Women's Hospital

Although the number and percentages of 'long wait' patients were constant during the July quarter they remained significantly over the benchmark. The majority of 'long wait' Category 1 patients were contained within the Plastic Surgery specialty, significant Category 2 'long wait' numbers remain within Orthopaedics and General Surgery. School holidays and a Gynaecology conference in the last 2 weeks of June in addition to the medical officer deficits in Anaesthetics had an impact on available resources for operating sessions during June.

In the course of this quarter a number of facilities within the Central Zone have actively reviewed their elective surgery waiting lists to ascertain the suitability for performance of certain surgical procedures. This assessment has been performed to ensure that the service capability guidelines for each facility have been observed and that each practitioner is providing clinical services according to their level of skill and competence. As a result the RBWH has received an increase in the number of referrals for Specialist Outpatient services as well as an increase in redirected cases from elective surgery waiting lists. The RBWH has also availed its surgical services to assist facilities currently experiencing clinical service difficulties within the specialties of General Surgery and Orthopaedics. As a consequence, this is delaying opportunities for improvement in the 'long wait' patient numbers and percentages.

June also witnessed an increase in bed demand for medical patients. Twelve (12) cases cancelled due to bed availability and an average of 15-20 (up to 32) medical patients in surgical beds daily. In an effort to reduce the likelihood of cancellations, bed availability has been monitored vigilantly with some reduction in the booking of elective surgery patients that require post-operative beds.

The anaesthetic department has secured the appointment of two Anaesthetists expected to commence duties between July and August dependent on processing through the medical board. Further advertising has begun to secure additional Anaesthetic resources for the next financial year. As Anaesthetic staffing levels stabilise, the RBWH will experience consistency in the available operating lists, which will enable more efficient planning and booking of patients. Additional lists for increasing capacity in some specialties can then be prioritised based on areas with high numbers of 'long wait' patients. Additional lists will be proposed for Plastic Surgery, General Surgery and Orthopaedics. In the meantime ongoing review and risk management of patients waiting for surgery will continue.

The concentrated efforts of the surgical services team has continued including activities such as categorisation review, auditing of waiting lists, operative session adjustments, review of conversion rates from the outpatient's services and operating list prioritisation. The identification of capacity at other QH facilities in the areas of General Surgery and Orthopaedics continues to be pursued with no results to date.

A list of 75 Ophthalmology patients was transferred to Redcliffe Hospital. These patients are being contacted by the Peninsula Eye Centre and are being removed from the RBWH waiting list as they are accepted for treatment.

**Table 2 – Emergency Department Waiting Times by Triage Category**

ATS	Treatment Acuity	Target	QLD		NSW <sup>2*</sup>	VIC <sup>3*</sup>
			2003/2004	2004/2005 YTD <sup>1</sup>	2003/2004	2003/2004
1: Resuscitation	Immediate	100%	100%	100%	100%	100%
2: Emergency	Within 10 Minutes	80%	76%	72%	73%	87%
3: Urgent	Within 30 Minutes	75%	54%	53%	59%	80%
4: Semi-urgent	Within 60 Minutes	70%	54%	53%	65%	-
5: Non-urgent	Within 120 Minutes	70%	80%	80%	87%	-

<sup>1</sup> QLD 2004/2005 YTD includes data to March.

<sup>2</sup> NSW Department of Health Annual Report 2003/2004.

<sup>3</sup> Victorian Department of Human Services Annual Report 2003/2004.

\* Indicates the latest published data for NSW & Victoria.

**Table 3 – Emergency Department Access Block Comparative Data**

	% admitted within 8 hours of presentation	% admitted within 8 hours of treatment	% admitted within 12 hours of presentation
Queensland 2004/2005 YTD <sup>1</sup>	80%	Not available	92%
Queensland 2003/2004	82%	Not available	94%
NSW 2003/2004 <sup>2*</sup>	Not available	67%	Not available
Victoria 2003/2004 <sup>3*</sup>	Not available	Not available	88%

<sup>1</sup> QLD 2004/2005 YTD includes data to March.

<sup>2</sup> NSW Department of Health Annual Report 2003/2004.

<sup>3</sup> Victorian Department of Human Services Annual Report 2003/2004.

\* Indicates the latest published data for NSW & Victoria.