

**History of the Elective Surgery Program  
1995-2005**

**Name**            *Strategy for managing elective surgery in Queensland public hospitals*  
**Period**          *November 1995 – February 1996*  
**Party**            *Labor Government*

The *Strategy for managing elective surgery in Queensland public hospitals* was released by the Minister for Health, Peter Beattie in November 1995. It provided a framework for improving access to elective surgery in Queensland public hospitals in conjunction with a number of funding strategies to reduce waiting times for elective surgery.

The Strategy complemented a range of other initiatives introduced by the State Government to reduce the times that patients in public hospitals wait for elective surgery. These initiatives included:

- Investment to reduce the backlog in elective surgery (\$64 million over three years);
- Incentives to attract and retain specialized personnel (\$42.1 million over three years);
- Accelerated rebuilding of the major metropolitan hospitals so that they can be used to their full potential (an additional \$40 million over two years); and
- A specialist equipment program to ensure that our specialist areas maintain world class standards (an additional \$35 million over two years).

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**Name**            *Surgery on Time*  
**Period**          *February 1996 – June 1998*  
**Party**            *Coalition Government*  
**Team**            *Elective Surgery Project*

In February 1996, the Government gave a commitment to significantly expand previous strategies to enhance elective surgery services in public hospitals in Queensland through the *Surgery on Time* plan. The plan involved a coordinated approach to managing the major elements that impact on elective surgery services, with strategies to target increased throughput in conjunction with active management of waiting times (rather than the size of the waiting list).

A dedicated Project Team was formed in March 1996 to develop and implement an action plan for enhancing elective surgery services in Queensland's public hospitals. The team was known as the Elective Surgery Project and was headed by a senior clinician. The action plan was developed after extensive consultation with medical and nursing colleges, societies and associations as well as with District Managers and key medical and nursing personnel from the participating hospitals.

The implementation of the *Surgery on Time* plan aimed to achieve:

1. Better information and reporting to aid monitoring and performance management;
2. Appropriately qualified and trained clinical staff in our hospitals;

3. Enhanced capital infrastructure to support increased surgical throughput;
4. Better utilisation of our operating theatres;
5. Strategies to increase day surgery rates and reduce the need for hospitalisation;
6. Improved transitional care in the community to promote reduced hospital lengths of stay;
7. The development of better clinical practices; and
8. Extra funding packages to ensure that our objectives are achieved.

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<b><u>Name</u></b>	<i>Waiting List Reduction Strategy</i>
<b><u>Period</u></b>	<i>July 1998 – January 2005</i>
<b><u>Party</u></b>	<i>Labor Government</i>
<b><u>Team</u></b>	<i>Surgical Access Team (changed to Surgical Access Service in 2002)</i>

In 1998, the Government gave a commitment to significantly expand previous strategies to reduce waiting times in public hospitals in Queensland. The Waiting List Reduction Strategy involves an eight-point plan to cut waiting lists and includes a commitment to:

- i) publish the waiting list for each hospital every three months so that money can be channelled to where the real need is;
- ii) supply general practitioners with quarterly briefings on waiting lists to help them when referring people for surgery;
- iii) even out waiting lists by moving people in appropriate cases to a hospital where their procedure can be performed more speedily;
- iv) provide additional funding of \$6.0 million per year to finance extra surgery for complex procedures;
- v) work with the specialist colleges to expand training places for new specialists to meet the demand of the next century;
- vi) use holiday times to keep operating theatres working for the benefit of those waiting for surgery;
- vii) benchmark waiting times for accident and emergency departments to reduce excessive waits; and
- viii) increase levels of day surgery across the State to reduce the length of waiting times for elective surgery.

A further element was added to the eight-point plan, being the collection of waiting times for specialist outpatient appointments to assist in clinical prioritisation for surgery and appointments.

In achieving these elements, the Surgical Access Team's objectives were to:

- Develop policy directions to inform the effective delivery of services into the future;
- Develop and implement systems to improve efficiency, appropriate practice and equity of access to emergency department, specialist outpatient and elective surgery services on a statewide basis;
- Provide information, both at a strategic and operational level, to guide the forward planning and ongoing management and of emergency department, specialist outpatient and elective surgery services across Queensland public hospitals;
- Benchmark performance of emergency department, specialist outpatient and elective surgery services in Queensland public hospitals;

- Provide expert advice and analysis relating to emergency department, specialist outpatient and elective surgery services; and
- Consult and communicate with key stakeholders including the major medical and nursing colleges and associations.

In 2001, the Government's election commitments provided for the enhancement of surgical services in public hospitals, including:

- injecting an additional \$20 million over two years, into funding for elective surgery so that more people can have their operations faster;
- continuing to work towards a target of 50% of elective surgery performed as day surgery and setting a target of 80% for day of surgery admissions within two years;
- establishing a central elective surgery booking bureau that will be more patient-focused and more responsive to providing services to people where they live; and
- strengthening clinical protocols to ensure appropriate and timely treatment of patients based on clinical need.

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 Government has also committed significant funding to support initiatives to ease the pressure on public hospital emergency departments.

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<b><u>Name</u></b>	<i>Waiting List Reduction Strategy</i>
<b><u>Period</u></b>	<i>February 2005 - current</i>
<b><u>Party</u></b>	<i>Labor Government</i>
<b><u>Team</u></b>	<i>Zonal Management Units and Health Systems Development Unit (SH&amp;CSB)</i>

In February 2005, the Surgical Access Service was mainstreamed and the responsibility for overseeing the *Waiting List Reduction Strategy* was given to the Zonal Management Units. The responsibility for reporting against the *Strategy* was given to the Health Systems Development Unit (within Statewide Health and Community Services Branch).

In March 2005, the Elective Procedures Program Steering Committee was activated comprising membership from Statewide Health and Community Services Branch, Zonal Management Units, and the Health Services Directorate office. The role of the Elective Procedures Program Steering Committee is to oversee the Elective Procedures Program in line with the Government's *Waiting List Reduction Strategy*. This includes:

- Developing the business rules for the Elective Procedures Program;
- Providing recommendations to the Senior Executive Director, Health Services Directorate (SEDHSD) regarding the allocation of funding and activity targets to Districts for the Elective Procedures Program;
- Monitoring performance against agreed funding and target allocations;
- Developing the methodology for incorporating elective procedures and elective surgery into the Elective Procedures Program; and
- Governance of the Policy Framework and Management Guidelines for the Elective Surgery Program