



**Queensland  
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Queensland Health

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**SUBMISSION TO:**

- General Manager (Health Services)**
  - Deputy Director-General, Policy and Outcomes**
- (Please tick one box only)

**DATE:** 05 April 2004

**PREPARED BY:** John Stibbard, A/Principal Project Officer  
Michelle Bruckner, Principal Project Officer  
Surgical Access Service

**Contact No:** 323 40500

**CLEARED BY:** Gary Walker  
Manager, Surgical Access Service

**Contact No:** 323 40500

**SUBMITTED THROUGH:** Glenn Cuffe  
Manager, Procurement Strategy Unit

**Contact No:** 323 53361

**DEADLINE:**

**File Ref:**

**SUBJECT:** Implementation of Policy Framework for Specialist Outpatient Services in Queensland Public Hospitals

APPROVED/ NOT APPROVED

COMMENTS

As proposed,  
Funds to come from SAS cost centres

*John Stibbard*  
Please discuss with me prior to going on leave  
*John Stibbard* 6/5/04

Dr John Scott  
A/General Manager, Health Services

4/5/04

**PURPOSE:**

The A/General Manager Health Services to approve the Project Plan to support the implementation of the Queensland Health *Policy Framework for Specialist Outpatient Services* statewide.

**BACKGROUND:**

In March 2004, the A/General Manager Health Services approved the content and distribution of the *Policy Framework for Specialist Outpatient and Elective Surgery Services*.

The *Policy Framework* provides a number of individual policies and policy statements dealing with aspects of specialist outpatient services. Queensland Health public hospitals will be required to develop protocols and procedures that will promote use of the policies in the local settings.

A wide variety of current work processes in specialist outpatient services occurs throughout the state resulting in diverse practices in referral categorisation, appointment scheduling and equity of access to outpatient services.

**ISSUES:**

With the Elective Surgery Program fully established and operational since 1995-96, the implementation of the *Elective Surgery Policy* will be comparably easier than the *Specialist Outpatient Policy*. A statewide network of dedicated Elective Surgery Coordinators/Liaison Officers already exists at the reporting hospitals, supported by a corporate information system for managing bookings and waiting list movements. In addition, Accountable Officers have been established to administer elective surgery performance at these hospitals. Existing SAS resources will support the implementation of the *Elective Surgery Policy*.

In contrast, there is no comprehensive statewide strategy for Specialist Outpatient Services. In 1999, a project to standardise principles for staff working in hospital outpatient departments was undertaken by the Outpatient Clinical Best Practice Working Party. From this project, the *Guidelines for the Management of Specialist Outpatient Clinic Waiting Lists* were developed, which the *Specialist Outpatient Policy* now supersedes.

To appropriately manage demand for specialist outpatient services, and subsequent inpatient services associated with elective surgery, the successful implementation of the *Specialist Outpatient Policy* relies on a supportive and dedicated statewide approach. Extensive reviews to standardise current work practices and tailor corporate reporting processes will be required to ensure that Queensland Health facilities meet the specifications and intentions of the *Specialist Outpatient Policy*.

A project plan has been devised outlining the tasks and strategies to facilitate the successful implementation of the *Specialist Outpatient Policy* and re-establishment of a reporting process for outpatient services (refer Attachment).

The Principal Project Officer will be based in the Surgical Access Service and network with relevant committees and stakeholders (including Zonal Management Units) throughout the project. Travel to major specialist outpatient centres will be necessary to review current work practices and processes with a view to supporting hospitals to comply with the *Specialist Outpatient Policy*.

**BENEFITS AND COSTS:**

It is anticipated that the implementation of the *Specialist Outpatient Policy* will facilitate:

- Improved efficiency in the delivery of specialist outpatient services;

- Improved processes and the promotion of consistent, evidence-based practice within Queensland Health specialist outpatient services;
- Standardised reporting and benchmarking processes to gauge the demand for Queensland Health specialist outpatient services; and
- Implementation of quality improvement strategies to enhance performance within existing resources.

The total cost of travel and accommodation for site visits to Queensland Health specialist outpatient centres will be up to \$10,000. Discount airfares will be obtained where possible and Queensland Health preferred accommodation providers would be used in order to minimise costs.

Funds are available from the Surgical Access Service (Cost Centres 702086 and 702084) to cover this implementation project.

#### **CONSULTATION:**

Extensive consultation occurred during the development of the approved *Policy Framework for Specialist Outpatient Services*, and the following groups will continue to be actively involved in providing feedback and direction in the subsequent implementation of the *Policy*:

- Zonal Management Units;
- Medical Superintendents Advisory Committee;
- Elective Surgery Coordinators and Liaison Officers;
- Specialist Outpatient Advisory Committee;
- Business Applications Services; CIS Project Team;
- Organisational Improvement Unit;
- Integrated Risk Management Unit;
- Quality Strategy Team; Clinical Strategy Team;
- Queensland Health Reporting Hospitals; and
- Queensland Division of General Practitioners.

#### **ATTACHMENTS:**

- Project Plan – Implementation of Policy Framework for Specialist Outpatient Services in Queensland Public Hospitals.
- Corporate Office Position Description – Principal Project Officer (AO7)

#### **RECOMMENDATIONS:**

That the A/General Manager Health Services approves the:

1. project plan for the implementation of the *Policy Framework for Specialist Outpatient Services*;
2. appointment of a temporary Principal Project Officer at AO7 for a period of up to 12 months to coordinate the statewide implementation of the *Policy Framework for Specialist Outpatient Services*;
3. allocation of funds to allow travel to Queensland Health specialist outpatient centres to standardise work practices and tailor reporting processes to facilitate successful adoption of the *Policy Framework for Specialist Outpatient Services*.



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**Queensland Health**

**IMPLEMENTATION OF POLICY  
FRAMEWORK FOR SPECIALIST  
OUTPATIENT SERVICES IN  
QUEENSLAND PUBLIC  
HOSPITALS**

**2004**

***PROJECT PLAN***

*Coordinated by*

*Surgical Access Service*

*Managed by*

*John Stibbard  
Principal Project Officer*

## IMPLEMENTATION OF POLICY FRAMEWORK FOR SPECIALIST OUTPATIENT SERVICES IN QUEENSLAND PUBLIC HOSPITALS PROJECT 2004

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### Project Definition

The demand for Specialist Outpatient services is likely to continue to grow as a result of the increasing numbers of our ageing population and predicted population growth in Queensland. Improved service delivery will be essential to facilitate clinic access and increased standards in the management of waiting times for outpatient clinics.

### Issues being addressed

- This project will cover medical and surgical outpatient services provided by Specialist Medical Practitioners in the reporting hospitals.
- The *Policy Framework for Specialist Outpatient Services*, including management of waiting times and lists will require direction and support to establish and implement at facilities statewide.
- Work practices vary greatly between facilities in regards to registration and tracking of referrals, referral categorisation practices and appointment scheduling. Standardisation of practices statewide will help promote policies and procedures that will encourage consistent, evidence-based practice.
- Review of current work practices will be required to assist individual facilities to modify current work processes to meet the requirements of the policy.
- There is limited information available on the waiting times of patients seen in Specialist Outpatient clinics following the receipt of a GP or Specialist referral letter to the public hospital system. This information will be required in the future to comply with July 2005 Commonwealth Department of Health and Ageing reporting requirements.
- There is also negligible information available for Did Not Attend (DNA) rates for Specialist Outpatient clinics. Reduction of DNA rates will result in improved efficiency in service delivery and enhanced performance within existing resources.
- The re-introduction of statewide standardised reporting processes for specialist outpatient department waiting list and "Did Not Attend" data, on a quarterly basis.

### Aims

- Formulate strategies and initiatives that can be recommended to administer Specialist Outpatient Services in line with the core business of Surgical Access Services, the *Policy Framework for Specialist Outpatient Services* and the Waiting List Reduction Strategy;
- Support evidence-based practice;
- Standardise business rules to generate data integrity; and
- Implement standardised reporting processes.

### Performance Indicators

- Identification of current processes
- Referral patterns and distribution - standardisation of referral registration practices and referral content from GPs
- Numbers of patients on Waiting Lists including patients with and without appointments
- "Long Wait" patients per specialty per category per facility
- Patient throughput
- Conversion rates – specialist outpatients to elective surgery
- DNA rates
- Service enhancement for GP access to service availability and specialty location

## IMPLEMENTATION OF POLICY FRAMEWORK FOR SPECIALIST OUTPATIENT SERVICES IN QUEENSLAND PUBLIC HOSPITALS PROJECT 2004

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### Deliverables

The project will deliver

- Establishment of the *Policy Framework* throughout Queensland Health Public reporting hospitals.
- Standardised work practices in the management (administrative and clinical) of Specialist Outpatient Services
- An efficient reliable reporting system for waiting list and DNA data
- Prediction of future demand on high usage areas to assist with future planning and equitable access throughout the State
- Recommendations to help meet target times per category
- Recommendations to assist in reduction of numbers on waiting lists, waiting times and DNA rates.

### Budget

Funds are available from the Surgical Access Service to cover this implementation project.

### Project Workplan

#### Strategies/Activities

##### *Phase 1 – Consultation*

##### *Phase 2 – Strategy Development for Policy Implementation*

- Review outpatient areas and assist to bring work practices and reporting practices in line with the *Policy Framework for Specialist Outpatient Services*
- Recognition of clinics with well managed waiting times and DNA rates
- Benchmark performance indicators for waiting times and DNA rates
- Promotion of standardised referral forms for Specialist Outpatient clinics
- Promotion of GP access to service availability and specialty location

##### *Phase 3 – Recommendations for Work Practice Changes*

##### *Phase 4 – Implement Phase 3 Recommendations across reporting hospitals*

##### *Phase 5 – Literature Review*

- Interstate and Overseas

##### *Phase 6 – Analysis and Collation*

- Review of Waiting List data and DNA rates
- Promotion of standardised reporting processes
- Validation of electronic data with manual summation

##### *Phase 7 – Monitoring*

- Coordinate data transfer processes

### People

The Principal Project Officer, Surgical Access Service will be responsible for implementing this plan. Members of the Surgical Access Service team will contribute to the achievement of the aims of the project through their individual areas of expertise.

**IMPLEMENTATION OF POLICY FRAMEWORK FOR SPECIALIST OUTPATIENT SERVICES IN QUEENSLAND PUBLIC HOSPITALS PROJECT 2004**

**Consultation**

The following groups will be consulted:

- Queensland Health Reporting Hospitals;
- Specialist Outpatients Advisory Committee;
- Medical Superintendents Advisory Committee;
- Elective Surgery Coordinators and Liaison Officers;
- Appointment Database Managers;
- Business Application Services - HBCIS APPT Support;
- CIS Project Team;
- Non-Admitted Patient Data Collection Project;
- Queensland Division of General Practitioners;
- Organisational Improvement Unit;
- Integrated Risk Management Unit;
- Clinical Strategy Team;
- Quality Strategy Team.

**Communication**

The Manager, Surgical Access Service will be informed of project progress on a monthly basis via a written report. The Accountable Officer at each of the reporting hospitals will receive a written report of any work practice or systems review performed and monthly reports detailing waiting list and DNA figures.

**Project Timeline**

		2004								2005			
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Phase 1	Consultation	[Shaded]											
Phase 2	Strategy Development	[Shaded]											
Phase 3	Recommendations	[Shaded]											
Phase 4	Implement	[Shaded]											
Phase 5	Literature Review	[Shaded]											
Phase 6	Analysis & Collation	[Shaded]											
Phase 7	Monitor	[Shaded]											

## IMPLEMENTATION OF SPECIALIST OUTPATIENT SERVICES POLICY FRAMEWORK

- Following Project Plan
- Timeframe required adjustment as project did not commence until 01 July 2004
- Status reports prepared monthly and forwarded to Team Leader
- Specialist Outpatient Department Profile developed and data collated and reported
  - Service availability
  - Staffing
  - Appointment scheduling practices
  - FTA rates
  - Conversion rates
  - Waiting time snapshot as at 01 July 2004
- Education material developed
  - Resource material
  - Flow charts
  - Power Point presentations re Policy Frameworks
- Strategy development
  - Action sheet to benchmark progress
  - Outpatient review document and plans
- Site visits – PAH, RBWH, Redcliffe, Logan as requested by facilities
  - Education sessions re policy framework
  - One-on-one sessions with AO staff re work practice changes
  - Planning for visits to all sites following publication of policy documents
- Formulation of draft Business Processes from policy framework
- Consultation and liaison with
  - BAS (APP Senior Product Officer); Health Systems Development (Principal Information Officer) re SOS waiting time reports and data integrity, FTA reports, conversion rate reports (OPD → ESWL and OPD → inpatient)
  - Project Manager – Non-Admitted Data Collection Project
  - Michelle Bruckner (PPO Elective Surgery) re Specialist Outpatient Advisory Committee; policy framework publication, policy framework review
  - SOAC monthly meeting re policy framework implementation issues
  - SOS network contacts
- Resource person for SOS matters for facilities





## ***SPECIALIST OUTPATIENT DEPARTMENT PROFILE***

**\*\*\* This profile survey covers Specialist outpatient services covering medical and surgical outpatient clinics provided by health practitioners. \*\*\***

For each Specialist Outpatient area in your hospital, please complete all sections of a profile to record facility, staffing and appointment scheduling details as at 1 July 2004 (i.e. one survey for each outpatient area). Once signed, return the completed profile to the Surgical Access Service by 23 July 2004.

**NB: MORE THAN 1 SURVEY MAY BE REQUIRED IN SOME HOSPITALS.**

If completing the profile electronically, please return via email to [John\\_Stibbard@health.qld.gov.au](mailto:John_Stibbard@health.qld.gov.au). A signed copy must also be forwarded:

- via post (to Surgical Access Service, GPO Box 48, Brisbane Qld 4001), or
- by facsimile (3234 1865).

If you have any queries about the completion of this profile, please contact John Stibbard on 3234 0500 for advice prior to the due date.

<b>HOSPITAL:</b>	
<b>NAME OF OUTPATIENT AREA:</b> (eg. Surgical OPD, General OPD, OPD 4B)	

### ***1. SPECIALIST OUTPATIENT DEPARTMENT FACILITIES***

- Please detail the number of clinic rooms in the Specialist Outpatient Department as at 1 July 2004.
- This information will assist us in interpreting the capacity of your Outpatient area.

<b><i>CLINIC ROOMS</i></b>		
<i>Type of clinic room</i>	<i>Number of rooms</i>	
Consultation room only (no examination couch)		
Examination room only (exam couch only, no Dr desk)		
Consultation/examination room combined		
<b><i>SPECIALTIES</i></b>		
<i>Type of Specialty</i>	<i>Adult – no. of clinics/week</i>	<i>Paediatric – no. of clinics/week</i>
<b>Medical</b>		
Cardiology		
Dermatology		
Endocrine/Diabetes		
Gastroenterology		
General Medicine		

Genetics		
Geriatric		
Haematology		
Immunology/Allergy		
Infectious Diseases		
Nephrology		
Neurology		
Oncology		
Palliative/Pain		
Pharmacology/toxicology		
Respiratory medicine		
Rheumatology		
Other medicine (specify)		
Other medicine (specify)		
<b>Surgical</b>		
Cardio-thoracic surgery		
ENT surgery		
General Surgery		
Neurosurgery		
Ophthalmology		
Orthopaedic surgery		
Plastics		
Urology		
Vascular Surgery		
Other Surgery(specify)		
Other Surgery(specify)		
<b>Obstetrics/Gynaecology</b>		
Gynaecology		
Obstetrics		
Other (specify)		
Other (specify)		
<b>Psychiatry</b>		
Psychiatry		

## 2. SPECIALIST OUTPATIENT DEPARTMENT STAFFING

### 2.1 Nursing Staff

- Please detail the nursing staff establishment in the Specialist Outpatient Department as at 1 July 2004.
- This information will help us to plan assistance to your staff re implementation of the Policy Framework.

**METHOD:** Do not include agency nursing staff who are employed above establishment

STAFFING	CURRENT FTE	FUNDED FTE
NPC / CNC / NUM		
Nurse Educator		
Clinical Nurse (CN)		
Registered Nurse (RN)		
Enrolled Nurse (EN)		
Assistant in Nursing (AIN)		
Other (specify)		
<b>TOTAL NURSING STAFF</b>		

### 2.2 Nursing Rosters

Please indicate total number of nursing staff on duty at times indicated (include NPC/CNC/NUM)

**METHOD:** If WEEKDAY ROSTER varies by day of week, please describe a Monday roster.  
Where nursing staff on call, please indicate O/C

WEEKDAY NURSING ROSTER						
Position	0730	0830	0930	1600	1700	1800
NPC / CNC / NUM						
CN / RN						
EN / AIN						
Other (specify)						

### 2.3 Administrative Staff

Please detail the administrative staffing establishment in the Specialist Outpatient Department as at 1 July 2004.

STAFFING	CURRENT FTE	TOTAL FTE
Admin / Clerical / Secretarial		

### 2.4 Administrative Staff Rosters

Please enter total number of administrative / clerical / secretarial staff on duty at times indicated.

ADMINISTRATIVE STAFF ROSTER						
	0730	0830	0930	1600	1700	1800
Weekday (Mon – Fri)						

### 3. SPECIALIST OUTPATIENT APPOINTMENT SCHEDULING

- Please detail the following information as completely as possible.
- This information will help us to plan standard practice throughout the state.

#### 3.1 Referrals

<b>NEW CASE REFERRALS</b>			
Is a referral required PRIOR to booking appointment?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
If NO, is a hard copy required ASAP for filing in chart?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Is the referral lodged on a 'referral register'?	Electronic Y <input type="checkbox"/> N <input type="checkbox"/>	Manual Y <input type="checkbox"/> N <input type="checkbox"/>	Other Y <input type="checkbox"/> N <input type="checkbox"/>
If <b>Electronic</b> , please indicate system	APP <input type="checkbox"/>	OSIM <input type="checkbox"/>	ASIM <input type="checkbox"/> Other <input type="checkbox"/>
If <b>Other</b> , please describe			
Do you accept cross-district/zone referrals?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Do you have a re-direction policy in place?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Number and classification of staff receiving new case referrals and scheduling new case appointments.	Number  FTE	Classification (eg. AO, RN)	

#### 3.2 Categorisation

<b>CATEGORISATION OF NEW CASE REFERRALS</b>			
Staff involved in referral categorisation	Medical Y <input type="checkbox"/> N <input type="checkbox"/>	Nursing Y <input type="checkbox"/> N <input type="checkbox"/>	Other Y <input type="checkbox"/> N <input type="checkbox"/>
Category of <b>Medical</b> staff (eg. Consultant, Registrar)			
Category of <b>Nursing</b> staff (eg. NPC, CN, RN)			
Category of <b>Other</b> staff (eg AO, Physio)			
Are written, defined protocols available to assist staff in the categorisation process?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Does each speciality triage its own referrals?	All <input type="checkbox"/>	Some <input type="checkbox"/>	None <input type="checkbox"/>

#### 3.3 Waiting Times

<b>WAITING TIMES</b>			
Is a waiting list maintained?	All Clinics <input type="checkbox"/>	Some clinics <input type="checkbox"/>	No clinics <input type="checkbox"/>
<b>Please complete attachment 1.</b> Indicate the total patient numbers in each of categories 1, 2 and 3 for 'confirmed appointments not yet seen' and (if applicable) 'waiting list', and the number of weeks to the next available Non-Urgent appointment.			
If <b>All Clinics</b> or <b>Some clinics</b> , please indicate how waiting list is maintained	Electronic <input type="checkbox"/>	Manual <input type="checkbox"/>	Other <input type="checkbox"/>
What are the average waiting times for a consultation in your outpatient area (see Page 1) <u>overall</u> (in <b>minutes</b> )?			

### 3.4 Booking Process

- How is the appointment booking made to the system?

<b>BOOKING PROCESS OF NEW CASE REFERRALS</b>		
To the waiting list on receipt of the referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To the appointment schedule on receipt of the referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To the waiting list after referral categorisation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To the appointment schedule after referral categorisation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please describe)		
<b>APPOINTMENT TEMPLATES</b>		
Do you conduct any clinics with New/Review cases <b>combined</b> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , (i) what is the AVERAGE number of <b>New to Review</b> appointments at a <b>MEDICAL</b> combined clinic?	New	Review
If <b>Yes</b> , (ii) what is the AVERAGE number of <b>New to Review</b> appointments at a <b>SURGICAL</b> combined clinic?	New	Review
<b>CONVERSATION RATE</b>		
What is the overall conversion rate – surgical OPD to Elective Surgery Waiting List / Booking – <b>if known</b>	%	

### 4. SPECIALIST OUTPATIENT ATTENDANCE

<b>PATIENT ATTENDANCE</b>		
Are patients “arrived / checked in” on your system at clinic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , is there a minimum period prior to appointment time?		
<b>DID NOT (FAILED TO) ATTEND</b>		
Are appointments marked “DNA / FTA” at each clinic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is notification to the referring practitioner processed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When is notification to the referring practitioner processed?		
Is notification to the patient processed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When is notification to the patient processed?		
Staff involved in DNA (FTA) notification	Nursing Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your overall DNA (FTA) rate for the month of <b>June 2004</b> ?	%	

**\*\* Thank you for your participation – please sign and return by 23 July 2004 \*\***

<b>Name</b>		<b>Signed</b>	
	(NPC / CNC / NUM or nominated delegate for Specialist Outpatient Department)		
<b>Name</b>		<b>Signed</b>	
	(District Manager or nominated delegate)		

## 5. NUMBERS OF PATIENTS WAITING (Attachment 1)

- Please enter the total number of patients for each Specialty in each of CAT1, CAT2 and CAT3 and the number of weeks to the next available Non-Urgent appointment. If your data is nil please enter '0'. If 'not applicable' please leave BLANK.

**\*\* DATA AS AT 01 JULY 2004 PLEASE. \*\***

Type of Specialty	Confirmed Appointments not yet seen			Waiting List			Next available non-urgent new case appointment (in weeks)
	CAT1	CAT2	CAT3	CAT1	CAT2	CAT3	
<b>Medical</b>							
Eg: General Medicine	3	8	2	0	22	56	5
Cardiology							
Dermatology							
Endocrine/Diabetes							
Gastroenterology							
General Medicine							
Genetics							
Geriatric							
Haematology							
Immunology/Allergy							
Infectious Diseases							
Nephrology							
Neurology							
Oncology							
Palliative/Pain							
Pharmacology/Toxicology							
Respiratory medicine							
Rheumatology							
Other medicine							
<b>Surgical</b>							
Cardio-thoracic surgery							
ENT surgery							
General surgery							
Neurosurgery							
Ophthalmology							
Orthopaedic surgery							
Plastics							
Urology							
Vascular surgery							
Other surgery							
<b>Obstetrics/Gynaecology</b>							
Gynaecology							
Obstetrics							
Other							
<b>Psychiatry</b>							
Psychiatry							