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EXECUTIVE SUPPORT UNIT

**A BRIEFING TO THE
GENERAL MANAGER HEALTH SERVICES**

BRIEFING NOTE NO:

MIN / DG / GMHS / DDG P&F
FILE

REQUESTED BY:

Zone Manager, Central Zone

EMAIL MIN

DATE:

26 September 2003

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PREPARED BY:

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Management Unit

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Zone

CONSULTATION WITH:

District Managers, Sunshine Coast, Bundaberg, Fraser Coast and
Royal Brisbane & Royal Women's Hospital.

CLEARED BY:

Dan Bergin, Zonal Manager Central Zone PH: 32340825

DEADLINE:

SUBMITTED THROUGH:

...../...../.....

SUBJECT:

**Classification and retrospective reclassification of elective
surgery patients with a source of referral code, Emergency
Department**

GMHS'S COMMENTS:

→ Glen Cuffe

Does the assertion that
the business rules do not
include source of Referral Code
have substance?

COI.0030.0004.00173

If it is true then SAS have
no legit work call. B
Please

(Dr) S Buckland
General Manager Health Services
/ / 2003

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PURPOSE:

To detail the position in relation to classification or retrospective reclassification of elective surgery patients with a referral source code, emergency department.

BACKGROUND:

Elective surgery 2002/03 Business Rules outlined the following criteria for categorisation of surgery as elective surgery:

Elective Surgery:

- Elective Status of patient: 2 Elective
- DRG Type: S Surgical
- Urgency Category: 1, 2 or 3
- NMDS Speciality: Between 1 and 11
- Admission type: 01 Acute, 05 New born

NB This definition does not include Source of Referral Code.

Surgical Access Service identified increased the number of patients with a source of referral code, emergency department, being classified or retrospectively reclassified as elective surgery patients. The trend was higher in the 2002/03 financial year than in previous years.

KEY ISSUES:

The 2002/03 Elective Surgery Business Rules do not preclude patients with a referral source code, emergency department, being classified or retrospectively reclassified as elective surgery patients.

There are circumstances where this classification or retrospective reclassification is appropriate.

- For example when the condition of a patient already on the waiting list deteriorates requiring an emergency response. Bundaberg District indicated that a most of their reclassification of elective surgery patients with an emergency department source code fell into this category
- In other Central Zone Districts there is a high proportion of junior medical staff covering Departments of Emergency Medicine. The issues here are:
 - As a mechanism for safe practice junior staff tend to admit patients prior to review by more senior staff and scheduling for surgery.
 - Some of these patients are indeed true emergencies and fitted into the list within the next twenty-four hours.
 - Others following stabilisation and observation are deemed elective patients and are scheduled for surgery at the next available space in the elective surgery list.

- In many cases the patient remains in hospital while awaiting surgery. Issues that impact on the clinical decision to retain patients in hospital include:
 - Adequate support for patients returning home (RB &RWH, Sunshine Coast, Bundaberg and Fraser Coast) and,
 - Distance (Bundaberg and Fraser Coast, where the catchment extends into North and South Burnett Districts).
- In other Districts (RBH & RWH, Bundaberg and Sunshine Coast) the Department of Emergency Medicine acts as a transit lounge/admission portal, for patients awaiting admission or for admission outside normal working hours. Some forms are incorrectly coded with source of referral as emergency department. The retrospective reclassification of these records corrects a prior clerical error.
- Each of the Central Zone Districts where an increase in reclassification had occurred indicated that they were working with SAS in relation to the classification process and the explanations provide by the Districts appeared reasonable.

RELATED ISSUES:

The indemnity issue has focused undue attention on cautious medical practice. This has the effect of making junior medical staff more likely to admit patients for review by senior staff or consultants than in prior years.

ACTIONS TAKEN/ REQUIRED:

1. Recognised that the current rules are silent on the issue of source of referral code as part of the definition of elective surgery.
2. No action be taken in relation to classification or reclassification that occurred in 2002/03.
3. Although the District responses to the reclassification issue appeared reasonable action should be taken to:
 - 3.1. Modify the 2003/04 Elective Surgery Business Rules to clarify when reclassification is acceptable and within the rules, and
 - 3.2. Detail processes used to audit District results in the area of reclassification of elective surgery patients.

ATTACHEMENTS:

NIL