

(EX 397) 12

File - Events have overtaken this

think for 03/04



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

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BRIEFING NOTE NO:

REQUESTED BY: Dr Steve Buckland, General Manager (Health Services)

DATE: 8th October 2003

PREPARED BY: Col Roberts, Principal Project Officer, Surgical Access Service 41125

CONSULTATION WITH: Gary Walker, Manager, Surgical Access Service

CLEARED BY: Gary Walker, Manager, Surgical Access Service 40536

[Signature]
9.10.2003

DEADLINE: 10th October 2003

ESJ
12.10.03

SUBMITTED THROUGH: *[Signature]* 9.10.03

SUBJECT: Emergency Reclassification

GENERAL MANAGER (HEALTH SERVICES) COMMENTS:

This brief does not answer the question asked

The question is

Does the assertion that the 02/03

Business rules do NOT include

Source of Referral Code have substance

[Signature]
(Dr) Steve Buckland
General Manager (Health Services)

15/10/2003

If this is true, then SAs has no legitimate call

COI.0030.0004.00170

PURPOSE:

To advise the General Manager (Health Services) on reclassification issues in response to a brief prepared by the Central Zonal Management Unit, as requested by Dr Buckland on 1/10/2003.

BACKGROUND:

Following initial audits by the Surgical Access Service, a series of meetings were held between District Managers and other district staff, the Surgical Access Service, and the Zonal Management Units. The purpose of the meetings was to clarify elective surgery classification practices, where patients appeared to be admissions resulting from emergency presentations.

The Central Zonal Management Unit submitted a briefing note (BR019449 30/9/2003) suggesting actions by the Districts interviewed appeared reasonable, and consistent with the Elective Surgery Business Rules 2002/03. The Surgical Access Service has been asked to provide further advice on this matter.

KEY ISSUES:

- The Director-General has instructed that the principle of additional elective surgery funding buying additional elective surgery activity, must apply. This principle has been reinforced on many occasions in recent years. In recent years, changes in coding practices have been adopted by some Districts which result in activity being moved from one classification to another with a shift in funding source from hospital base budgets to the quarantined elective surgery pools. In most cases, this results in a reduction in the number of patients treated. This is not in keeping with the principle outlined by the Director-General for elective surgery funding.
- The main issue for resolution is whether or not Districts have claimed funding for elective surgery performed **in addition to** base surgical workloads.
- Consultation with District Managers did not focus on the qualification criteria stated in the Elective Surgery Business Rules. These were recognised as open to interpretation, as the primary test was the "Elective Status" value within the electronic admission record. Instead, discussions centred on whether emergency presentations had been changed from "emergency" to "elective" following admission in order to qualify for additional funding.
- The statement in the Zonal brief that "most" Bundaberg reclassification was of patients already present on waiting lists is incorrect. In fact, **only 2% of patients reclassified** at Bundaberg were already on waiting lists prior to admission.
- The argument suggesting reclassification was due to inexperience by junior medical staff indicates a lack of audit processes and procedures within hospital EDs, and the management of elective surgery throughput in general. Systemic errors do not validate claims for additional funding.
- Of the eight Districts interviewed, only four showed no evidence of clinical review prior to reclassification of emergency presentations. These Districts were all from the Central Zone.
- The Surgical Access Service does not agree that District explanations for reclassification practices "appeared reasonable". Most explanations presented were either not supported, or were directly contradicted by audit reports produced to specifically verify District statements made during meetings. These subsequent audits were provided to both Districts and the Zonal Management Unit prior to the preparation of District responses and the Central Zone briefing paper.

RELATED ISSUES:

Discussions between the Surgical Access Service and the General Manager (Health Services) would assist in determining an appropriate course of action to resolve elective classification issues.

BENEFITS AND COSTS:

Approvals for a number of submissions are dependent upon General Manager (Health Services) decisions in regard to classification issues.

ACTIONS TAKEN/ REQUIRED:

The Surgical Access Service suggests decisions on classification issues be deferred until further discussions with the General Manager (Health Services) in conjunction with Zonal Managers take place.

ATTACHMENTS:

Central Zonal Management Unit briefing note BR019449 (30/10/2003)