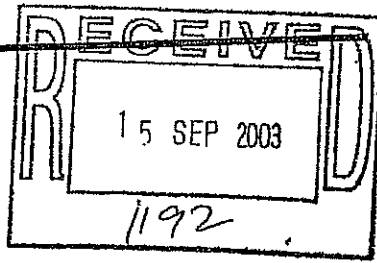


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**Queensland
Government**
Queensland Health



MEMORANDUM

To: Mr Gary Walker, Manager Surgical Access Service, Corporate Office,
Queensland Health

Copies to: ~~Ms Karen Roach, Zonal Manager, Southern Zone, Queensland Health~~

From: Dr Richard Ashby
Acting District Manager
Princess Alexandra Hospital and
Health Service District

Contact No:
Fax No:

Subject: Review of Surgical Activity Data 2002/3 - Princess Alexandra Hospital

File Ref: Walkergary110903

Thanks you for the opportunity to respond to your enquiry regarding data reclassifications at the Princess Alexandra Hospital (PAH) for the 2002/3 financial year.

As discussed at the meeting, the PAH has had a data audit and reconciliation process in place since 1999 to correct inappropriate surgical classification. This process is consistent QHAPDC definitions, is auditable and has been outlined in the attached document.

The PAH performed a repeat clinical audit on the 173 patients identified in the SAS report. These reclassifications were all found to be appropriate, and consistent with the definitions in the QHAPDC.

Of the 173 patients reclassified, the majority (94) related to inter-hospital transfers. The PAH has given an undertaken to improve administrative processes at the emergency admission point to ensure that as many of these patients as possible are given the correct surgical classification on admission.

Given the multiple admission points and other logistical issues relating to establishment of clinical intent for surgical admissions, it is likely that there will continue to be a need for retrospective data quality checks.

R. V. Ashby

Dr Richard Ashby
Acting District Manager

11 R103

200 - S	Noted
EA - ZIV	
MSZIV	
ESQ	
Team Leader	90
- Business	
- Clinical	
- Service Dept	
- Mental Health	

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**Queensland
Government**
Queensland Health

MEMORANDUM

To: Dr Richard Ashby, A/District Manager PAH

From: Dr John Wakefield
DDMS Surgery PAH

Subject: Elective Surgery and Total Surgery Targets 2002/2003 Princess Alexandra Hospital

File Ref:

Background

The Queensland Hospital Admitted Patient Data Collection [QHAPDC] 2002-3 produced by Data Services Unit Queensland Health is the foundation document for all data interpretation at the Princess Alexandra Hospital [PAH]. The PAH District has the overarching responsibility for the timely and accurate submission of all monthly data.

Emergency and elective admissions are defined in s7.29 of the QHAPDC. An emergency admission is

“...an admission of a patient for care or treatment which, in the opinion of the treating clinician, is necessary and admission for which should occur within 24 hours”.

Similarly an elective admission is defined as

“....and admission for which can be delayed for at least 24 hours”

Further qualification of both elective and emergency admission status from the QHAPDC is attached in Appendix 1.

The PAH has 27 admission points [26 open office hours only] throughout the facility. If there is any doubts about where the patient is to be admitted, patients are directed to the emergency department. In addition after hours patients presenting for elective admission [e.g. patients outside the metropolitan area or patients with work/family commitments that prevent earlier admission] are requested to present to the emergency department.

The number of admissions, number of admission points, volume of throughput, number of staff, routine changeover of staff and the size of the facility results in a small proportion of clerking errors in data input.

PAH have internal quality review processes in place to identify and correct these data errors. PAH strives to accurately identify all surgical activity by the due dates and maintain fiscal integrity in line with QH business rules.

To this end in 1999 PAH developed an implemented a transparent data auditing process to ensure the accurate capture of all surgical activity.

PAH Process for Data Auditing

1. Following coding but prior to submission of data to the Surgical Access Service the Casemix unit generate 3 reports of coded surgical activity where anomalous data has been identified.
 - a. Identifies episodes with an admission status of emergency, but a waiting list category of 1, 2 or 3.
 - b. Identifies admission status of elective, but no waiting list category.
 - c. Identifies all electively admitted patients with a waiting list Category of "other".
2. The PAH Elective Surgery Unit [ESU] obtains the medical record of these patients, and audits the record according to the "Guidelines for Classification of Admission Status" developed with Deputy Director of Medical Services and Casemix Coordinator HIMS [Appendix 2]
3. The ESU then completes a "Data Audit Worksheet" [Appendix 3] which records the episode data and the rationale for change of admission status.
4. The ESU refers any records requiring further clinical assessment to the relevant medical officer for evaluation of admission status.
5. Changes to admission status are monitored and signed off by the Deputy Director Medical Services-Surgery.
6. On completion of auditing the data the ESU notifies the Casemix unit that the data has been finalised for the month's coded data and is ready for reporting.
7. The three Casemix reports and "Data Audit Worksheets" are then archived by month. [PAH currently has a record of all status changes since July 1, 1999]

Dr John Wakefield
Deputy Director of Medical Services - Surgery PAH

Code Table

A	Planned Elective	32
B	Hospital Transfer	94
C	Assessed Emergency but admission delayed	11
D	Security Patient	5
E	Ulcer Management Patient	26
F	Admission Delayed for Other Reasons	10



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[illegible]

*Agreed Surgical Activity - The total elective surgery activity (phase 7 weighted separations) by hospital that must be achieved in line with funding arrangements.

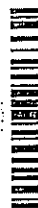
- **Agreed Surgical Activity** - The total elective surgery activity (phase 7 weighted separations) by hospital that must be achieved in line with funding arrangements.
- **Data definitions for surgical activity** are documented in the **Elective Business Rules**
- **Confirmed Workloads** : Actual acute throughput calculated using coded & grouped data.
- **Estimated Achieved Workloads** : Acute separations multiplied by the acute casemix index
- **Projected Workloads** : Monthly workloads adjusted (as necessary) to meet full year targets.
- **Elective Surgery Activity Reporting**: Activity achieved, must be claimed in the following order (Base, ESF, SIF, ESEI)

POSSIBLE SCENARIOS IN WHICH EMERGENCY DEPARTMENT PRESENTATIONS MIGHT BE LEGITIMATELY CLASSIFIED ELECTIVE SURGERY

General Statement – QHAPDC policy has remained unchanged since 1997/98. Base Emergency Surgery and Elective Surgery targets were developed from 1997/98 data. Admission and classification practices in 1997/98 would be considered appropriate unless compelling clinical evidence indicates otherwise.

- 1) The client who presents to ED and is admitted for an exacerbation of a condition for which they are already booked on a waiting list for elective surgery.
OK. Patient on WL
- 2) The client who is admitted through the ED after hours as part of the normal process for admission for an elective surgical list after being on a waiting list.
OK. Patient on WL
- 3) The client who presents to ED, is not admitted, is booked for a surgical list and sent home to represent for surgery the next day. They do not require intervention within 24 hours and are not already on a waiting list.
OK. Patient not admitted and will not have triage code on admission next day.
- 4) The client who is admitted through ED, but is subsequently assessed by the speciality involved as not in fact requiring surgery within 24 hours. They are then placed on an elective list and sent home pending the surgery.
OK. Patient not admitted and will not have triage code on admission next day.
- 5) The client who is admitted through ED, but is subsequently assessed by the speciality involved as not in fact requiring surgery within 24 hours. However a space has become available on the elective list within 24 hours through a cancellation, so the client is progressed to the list.
NO. This is emergency surgery, funded through operating budget in 1997/98. The admission was not planned, and the patient was not on the list prior to emergency presentation. (QHAPDC makes no mention of surgery within definitions of "Elective" and "Emergency" admissions.)
- 6) The client who is admitted through ED, requires surgery, but is admitted primarily for social reasons. That is, if their personal circumstances had been different they may very well have been sent home to wait (3).
NO. This is emergency surgery, funded through operating budget in 1997/98. The admission was not planned, and the patient was not on the list prior to emergency presentation.
- 7) The client who is admitted for elective medical or non-qualifying elective surgery procedures that subsequently proceed to surgery within the same admission.
OK. Patient was on WL for investigation prior to the admission.

Ur No	Epls	Cal	Code	adm date	date on list	Procedure	Comments
Not On Waiting List Prior to Admission							
00594125	0003	1	0	14-Feb-2003 7:58 PM	13/02/2003		seen opd do next available routine list
00733201	0008	1	0	14-Dec-2002 3:14 PM	13/12/2002		16 vascular procedures, planned surgery on both legs since 1998
00805775	0002	1	0	28-Apr-2003 6:01 PM	28/04/2003		elective planned change of stent on due date
00845745	0002	1	0	05-Mar-2003 6:11 PM	5/03/2003		seen opd clinician states for elective admission when time avail on routine list
00081770	0022	1	A	24-Feb-2003 7:47 PM	23/02/2003	popliteal entariectomy	seen opd sept 02 and op planned for next month
00081770	0020	1	A	15-Aug-2002 4:31 PM	14/08/2002	R fem pop bypass	seen opd 17 days prior "will require palliative treache in next week"
00276989	0009	1	A	09-Mar-2003 4:13 PM	8/03/2003	cyst/turb/chance stent	referred opd previous admissions for ultrasounds etc for stones-opd admit next routine list
00291658	0003	3	A	11-Nov-2002 7:48 PM	11/11/2002	Insertion of stent	seen opd 7 days prior, had previous booking at that time, readmit for procedure
00297114	0009	1	A	02-Oct-2002 7:43 PM	17/10/2002	Transmetatarsal Amputation	several admissions for investigations, an erop etc., opd admitt for laparotomy if pain doesn't settle.
00381283	0015	1	A	21-Jun-2002 7:28 PM	20/06/2002	Tracheostomy	arranged planned admission for elective procedure
00405555	0005	1	A	06-Nov-2002 1:07 AM	5/11/2002	cholecystectomy	seen opd 9 days previous offered elect procedure-went home to think about it, returned through emerg
00437675	0006	1	A	30-Nov-2002 9:33 PM	29/11/2002	r leg graft	seen opd op required admit next available elective list-sent home
00443037	0004	1	A	13-Jan-2003 10:35 PM	12/01/2003	left axillo femoral bypass	opd, and angio pre-op arranged 14 days earlier
00501911	0012	1	A	02-Aug-2002 8:36 PM	1/08/2002	stf-a-pop bypass	ot scheduled and cancelled this is rebook date
00516464	0003	1	A	04-Nov-2002 10:15 PM	7/11/2002	thrombectomy	referred from private rooms to opd 6 days before admission
00572889	0008	1	A	13-Oct-2002 6:31 PM	12/10/2002	cabg	no A&E organised admission ward for investigations
00578040	0003	1	A	04-Mar-2003 12:02 PM	3/03/2003	r/o malignant lesion	ref GP Ipswich Dr Oqd for endogram
00583898	0005	1	A	11-Oct-2002 9:38 PM	10/10/2002	fem pop	OPD notes on w/ Cat1 admitted for procedure done elective list
00590802	0008	1	A	24-Jun-2002 11:00 PM	23/06/2002	1/2 leminectomy	seen OPD had echo & angio triple vessel disease placed for OT
00661758	0003	1	A	06-Sep-2002 5:55 PM	5/09/2002	Fem pop	on w/
00699172	0002	1	A	29-Jul-2002 5:27 PM	28/07/2002	R/o CFA false aneurysm	waited 18months for surgery at Ipswich transferred to pah opd
00777901	0010	1	A	26-Jun-2002 6:07 PM	25/06/2002	CABG	elective patient worked up opd
00862140	0001	1	A	27-Oct-2002 9:16 AM	26/10/2002	CABG	private patient referred from rooms to intermediate routine list no a&e notes
00895549	0002	1	A	22-Nov-2002 7:37 PM	21/11/2002	laminectomy	private patient transferred to pah for intermediate list
00899454	0001	1	A	13-Jan-2003 2:52 PM	12/01/2003	abg	seen OPD 48hrs previously home presented as dsa 17/10/02 Pac Visit
00903034	0002	1	A	27-Jan-2003 8:18 PM	26/01/2003	laminectomy	seen at Redlands 2 days prior sent home 2 days present pah Monday re-admission clinic
00903369	0001	1	A	17-Mar-2003 9:42 PM	17/03/2003	amputation toe	Inpt Q&E-Ultrasound x3-thick mass-history sacular aneurysms, no vascular surgeon, transfer PAH
00905413	0002	1	A	06-Oct-2002 3:29 AM	5/10/2002	Reconstruction left knee	Inpt mater 4 days, hospital transfer
00995727	0001	1	A	26-Aug-2002 8:35 AM	25/08/2002	r/o fractured ankle	referred dr. Vnch after long mater admission
00723990	0001	1	B	19-Sep-2002 7:56 AM	18/09/2002	D/o Thigh Mass	referred from surgeon at private hospital after 2 days, admitted PAH
00332272	0005	2	B	03-Nov-2002 9:25 PM	2/11/2002	arthoscopic washout	arranged hospital transfer for admission
00353318	0007	2	B	16-Feb-2003 4:13 PM	15/02/2003	Staging Laparoscopy	Investigated for 6mths for condition transferred post angio from PCH
00354357	0001	1	B	23-Nov-2002 5:26 PM	22/11/2002	right hemicolectomy	hospital transfer organised 3 days earlier
00355614	0002	1	B	01-Feb-2003 10:10 PM	31/01/2003	bka	Inpt Q&E 4 days too complex transfer PAH
00368738	0072	1	B	19-Sep-2002 5:41 PM	18/09/2002	Profundoplasty	Inpt mater no vascular surgeon over christmas transfer to PAH
00369066	0001	1	B	28-Oct-2002 6:49 PM	27/10/2002	C6/7 anterior fusion	hospital transfer
00405053	0002	1	B	19-Sep-2002 10:14 PM	18/09/2002	open red of fractured NOF complex	Inpt toowoomba 7 days transferred PAH for operation
00424440	0010	1	B	17-Dec-2002 9:09 AM	16/12/2002	aaa	Inpt Redlands 2 weeks transfer to PAH
00446526	0001	1	B	01-Jun-2002 10:32 PM	31/05/2002	laminectomy	organised to transfer from Ipswich 7 days prior.
00501701	0001	1	B	23-Oct-2002 3:25 PM	17/06/2002	craniotomy	hospital transfer organised with registrar for ongoing management
00502784	0001	1	B	18-Jun-2002 4:36 PM	17/06/2002	laminectomy	organised hospital transfer from Redlands for ongoing management
00555739	0001	1	B	19-Feb-2003 8:13 PM	18/02/2003	spinalcortomy	hospital transfer to pah when bed available
00557580	0004	3	B	30-Jan-2003 8:06 PM	29/01/2003	spinalcortomy	transfer from rockhampton
00581707	0001	1	B	09-Jan-2003 8:39 PM	8/01/2003	flint aka	4 days since injury presented Redlands then Logan neither had cover admitted pah
00607976	0001	1	B	28-Oct-2002 1:01 PM	27/10/2002	anterior discotomy	organise hosp. w/ 3/7 ref unit for ongoing management when bed available
00612720	0004	1	B	05-Nov-2002 3:09 PM	5/11/2002	orif left ankle	organised hosp. w/ 3/7 ref unit for ongoing management
00628192	0001	1	B	13-Aug-2002 3:09 PM	12/08/2002	r/o r hand wound	Private Patient organised Hosp transfer Ref from rooms
00689884	0005	2	B	12-Aug-2002 2:14 PM	11/08/2002	SSG right leg	Inpt Gavndah hosp 2/7 with flu known renal dialysis pt CAPD not working needs i/o catheter
00699309	0013	1	B	06-Mar-2003 8:57 PM	5/03/2003	R Fem Pop Bypass	organised n/h transfer when bed available
00701658	0001	1	B	16-Aug-2002 5:12 AM	15/08/2002	Vascular abscass	Hosp Transfer Redlands for ongoing care recent Vas PAH
00708457	0028	3	B	07-Oct-2002 7:40 PM	6/10/2002	Hip replacement	W Redlands Inpt foot ulcer need vasc to do surgery
00716178	0002	1	B	03-Jan-2003 8:53 PM	2/01/2003	Amputation R 2h toe	Hosp w/ 5/7 ref unit for ongoing management
00728670	0013	1	B	26-Jul-2002 6:56 PM	22/07/2002	Pop bypass	organised hosp w/ 1/1 unit well known diabetic Inpt previously planned procedure
00728670	0012	1	B	03-Jul-2002 6:56 PM	22/07/2002	Biliary bypass	Inpt Mater 9/7 arranged for w/ when can get OT PAH
00744248	0002	2	B	20-Sep-2002 5:21 PM	19/09/2002	Right brachial embolectomy	Green transfer organised for investigation re tumour
00753791	0008	2	B	21-Aug-2002 2:35 PM	20/08/2002	Orif acetabular	
00773492	0001	1	B				



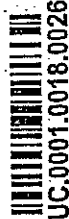
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00803144	0003	1	B	22/07/2002	Lateral Tarsorrhaphy	Inpt Gold Coast 3/7 Transferred
00812216	0006	1	B	23/11/2002	amputation r foot	transfer from Redlands
00824616	0002	1	B	29/06/2002	Lap chole	organised hosp Vt Redlands bed booked no A&E
00826132	0001	1	B	05-Apr-2003	Lap Chole	Ref Redlands day before Redlands had no surg cover
00828903	0001	1	B	21/07/2002	1 sided Burnhole	hosp ref mater after investigations & r/v 3/7 previous
00847247	0007	1	B	10-Mar-2003	DPC Left AKA	Ipswich Hosp Vasc pl Ref Inpt for management
00867242	0003	1	B	7/01/2003	Laparotomy	D/C Coffis Harbour hosp Ref Dr Nicol to Present PAH
00868746	0002	1	B	07-Jul-2002	Cornual Graft	Private Pt Dr Hirst transferred from Toowoomba
00872806	0001	1	B	05-Sep-2002	Cystoscopy	presented Caboolture Hosp ED 2/1 adm PAH 7/1
00877238	0003	1	B	12/11/2002	D/o cyst on buttock	Inpt Galton Vt PAH within 48hrs
00877814	0004	2	B	13-Nov-2002	debridement of wound	n/h transfer for management & treatment
00886341	0001	1	B	23/06/2002	R femoral endarterectomy	Inpt Ipswich hosp transfer days later
00887992	0001	2	B	15/10/2002	Biliary reconstruction	Inpt Ipswich 10 days Vt PAH for op
00888426	0001	1	B	17/07/2002	Sterile biopsy post brain tumour	Inpt St Andrews had OT chole if post on Dr Fawcett private
00891127	0001	1	B	27/07/2002	R/O tendon hand	Inpt Logan wound reopened & closed D/C home presented at hand clinic next day prior to OT
00891770	0001	1	B	13/08/2002	Stenoalactic biopsy post brain tumour	Inpt Mater hosp Vt PAH for ongoing treatment
00892366	0001	2	B	19/08/2002	Orif mallet finger	hosp Vt delay admission admit dose
00892927	0001	2	B	29/08/2002	resection of liver	Vt Mater hosp Mackay 2/7 ref unit for management & OT
00894067	0001	1	B	3/09/2002	Thorascopy	QE2 Vt 1/7 organised to unit when bed available for OT
00895062	0001	1	B	19/09/2002	Craniotomy	Inpt Logan Hosp for 14/7 Vt PAH
00896052	0001	1	B	25/09/2002	AKA	long hx vasc unit Vt Toowoomba hosp post fem pop
00897011	0001	1	B	9/10/2002	laparotomy	hosp transfer from redlands
00897192	0001	1	B	18/10/2002	ERCP & biopsy	Inpt Noosa hosp Vt PAH for ongoing management
00898104	0001	2	B	22/10/2002	Orif metatarsals	Vt Beaudesert Hosp no hand surgeon at Gold Coast
00898155	0001	1	B	27/11/2002	vitrectomy	recurring condition, transferred from private hospital now out of cover
00898347	0001	2	B	3/11/2002	debridement of toe	Inpt Cairns for one month transferred for further management
00898418	0001	1	B	4/11/2002	washout wound	transferred from private hospital after 24 hours
00899350	0001	1	B	20/11/2002	debride forearm	Inpatient Cairns arranged 3 weeks before
00899654	0001	1	B	3/12/2002	retinal detachment	transfer from RGH
00899674	0001	1	B	20/11/2002	colectomy	transfer from GGH-Inpt there for 8 days
00900249	0001	1	B	25/11/2002	panendoscopy	transfer from redlands crohns patient
00901361	0001	1	B	21/12/2002	vascular procedure and biopsy	Inpt Logan 1 week transfer pah
00901526	0001	1	B	14/12/2002	femoral thrombectomy	Inpt Rockhampton 14 days arranged transfer
00902070	0001	2	B	24/12/2002	tenckhoff	transferred from mater hospital for redo
00902119	0001	1	B	1/01/2003	r/o #mandible	hosp transfer from toowoomba
00902567	0001	1	B	1/01/2003	tendon repair	hosp transfer from toowoomba
00903658	0001	1	B	14/01/2003	retinal detachment	hosp transfer from Ipswich
00905431	0001	2	B	9/02/2003	d/o left foot	hosp transfer from redlands
00906124	0001	1	B	19/02/2003	cabg	Inpt GGH 3 days for surgery at PAH
00907034	0001	1	B	24/02/2003	debridement of wound	hosp transfer from redlands
00908852	0001	2	B	15/03/2003	amputation of toes	3 mth history at Logan ulcer management, hospital transfer
00908917	0001	1	B	13/03/2003	laparotomy	organised hospital transfer from redlands for ongoing management
00909660	0001	3	B	23/03/2003	bronchoscopy	Inpt toowoomba for a week transfer pah
00911159	0001	2	B	16/04/2003	exploration of forearm	hosp transfer from ge2 no hand surgeon
00867171	0002	3	B	7/08/2002	Nephrolomy insertion	had procedure 1/7 previous at Holy Spirit ref PAH
00876038	0002	1	B	14/09/2002	Left bka	Vt Toowoomba Hosp vascular
00886950	0001	2	B	4/07/2002	evacuation chronic subdural haematoma	Inpt Maryborough private ref Dr Nowlitzke
00887529	0001	1	B	26/07/2002	debride foot wound	Inpt Cairns 12 days-hospital transfer
00894859	0001	1	B	25/09/2002	CABG	Inpt QE2 Vt for anelo & surgery
00894994	0001	1	B	6/10/2002	Left thr	Vt Bundaberg
00029952	0003	1	C	11/07/2002	Debride Wound	Seen emerg-a admit 12 days when swelling decreased
00279769	0003	2	C	11/09/2002	r/o lacerated finger	Seen emerg-a return for admission and repair in 24 hours
00453675	0026	1	C	7/01/2003	cholecystectomy	referred day before for admission sent home returned next day
00723065	0017	2	C	21/11/2002	Debride left foot	DX pt organised admission post home day 4
00744894	0005	2	C	28/07/2002	Terminisation R 3rd finger	r/v EP yesterday 30/7 & OT next Monday return to be treated no beds - bed later vasc pl
00893462	0001	1	C	11/10/2002	Discectomy	seen opd day prior told to present to ward via A&E following day
00894159	0001	2	C	15/09/2002	debride 5th toe	presented to A&E on 3 consecutive days D/C home returned 14/9 for surgery
00894802	0001	2	C	26-Sep-2002	d/o tendon sheath	In A&E day prior sent home for readmission following day
00521324	0003	2	D	5/11/2002	r/o left hand wound	seen emerg-a discharged, return next day
						security pt on arranged 4 days previously
						Inpt nonfunctional/cranio accident 2/7 presented PAH 3/7 pm, no A&E

00911485	0001	2	D	19-Apr-2003 9:03 PM	19/04/2003	tendon repair	security plop arranged 13 days previously
00127041	0003	1	E	10-Feb-2003 2:28 AM	9/02/2003	right BKA	Social admission 84yr family unable to cope treatment regime request BKA
00166448	0004	1	E	07-Oct-2002 9:25 PM	6/10/2002	debride foot ulcer	diabetic 3 month hx of ulcer treatment
00244521	0004	2	E	08-Aug-2002 3:08 AM	7/08/2002	r/o toes for diabetes	opd stated remove toes if not healed-long history of ulcers. opd attended pre admission clinic
00283512	0002	1	E	20-Aug-2002 5:12 AM	19/08/2002	Amputation of toe	diabetic-opd notes remove toe if not healed-longstanding pah patient
00397612	0006	1	E	28-Oct-2002 2:19 PM	27/10/2002	Left AKA	Several opd appts and reviews at vascular clinic attempting to preserve limb
00400907	0004	1	E	25-Jun-2002 2:41 AM	24/06/2002	amputation	8 mths conservative management of ulcer to avoid amputation
00404557	0004	2	E	09-Jul-2002 4:17 PM	4/07/2002	debride foot ulcer	long term diabetic planned opd debride when worsens
00522433	0003	1	E	23-Jul-2002 2:00 PM	22/07/2002	explore post tibial artery	opd for 4 mths-ulcer not healing, had graft previously in notes if fails admit for exploration
00544076	0019	1	E	17-Jun-2002 5:50 PM	16/06/2002	amputation	discharged 5 days previously to return for review and possible operation
00563031	0012	1	E	25-Jul-2002 9:34 PM	24/07/2002	bka	long history of diabetic ulcers for amputation if no improvement
00593600	0002	2	E	22-Nov-2002 7:47 PM	21/11/2002	debridement of wound	infected wound, admissions for debridement, diabetic
00594027	0004	1	E	30-Oct-2002 7:49 PM	29/10/2002	left aka	seen opd 2 weeks earlier-pl sent home and asked to contact when ready to proceed to amputation
00617231	0023	2	E	13-May-2002 6:22 PM	12/05/2002	amputation of toe	long history of conservative to avoid amputation
00642634	0019	1	E	16-Sep-2002 3:19 PM	15/09/2002	bka	long diabetic ulcer history opd notes to put on w/ for amputation if not healing
00654285	0002	1	E	20-Jan-2003 7:18 PM	20/01/2003	AKA	presented PAH 16/1 & 17/1 represented 20/1 when bed available for OT 24/1
00692838	0014	1	E	15-Jul-2002 4:10 PM	14/07/2002	AKA left	elective opd pac
00705938	0002	1	E	02-Mar-2003 5:05 PM	1/03/2003	amputation of toes	diabetic, ulcer management for months
00713017	0018	2	E	01-Oct-2002 4:49 PM	1/10/2002	Amputation of toes	no A&E diabetic pl arranged OT awaiting bed
00744694	0006	1	E	06-Jan-2003 2:32 PM	6/01/2003	Amputation 2nd toe	long hx ischaemic foot dressings + + +
00749934	0006	1	E	19-Jan-2003 11:28 PM	18/01/2003	L forefoot amputation	long history of ulcer for 4 years
00802132	0019	1	E	08-Oct-2002 5:49 PM	27/10/2002	amputation of toes	diabetic well known ulcer on going for months
00807037	0002	1	E	28-Feb-2003 10:11 AM	27/02/2003	Amputation toe / foot	ulcer for 2 months not resolving
0085743	0002	2	E	11-Dec-2002 5:02 PM	10/12/2002	Skin graft	long stav diabetic pl at dressing clinic
00897886	0006	1	E	04-Sep-2002 11:18 AM	3/09/2002	debridement of ulcer	ulcers treated in clinic for 8 weeks
00914934	0005	1	E	08-Jun-2002 11:15 PM	7/06/2002	W/O & R/O Prostheses	long hx diabetic foot ulcer opd attendances
00720905	0004	1	E	27-Feb-2003 7:16 PM	26/02/2003	Right fem pop	organised GP ref (hostel) investigations & 2/7 previous arrange bed
00788600	0037	1	E	07-Oct-2002 10:52 PM	6/10/2002	Eua 7 Seton	ref LMO vasc anglo
00793669	0004	2	E	14-Jun-2002 9:45 PM	13/07/2002	Lap Chole	ref from GP 6 days previous to admission
00794151	0004	1	E	02-Jul-2002 8:23 PM	1/07/2002	Insertion of drains	OPD May02 for lap chole when symptoms up
00834294	0016	3	F	28-Nov-2002 10:55 PM	28/11/2002	laparotomy small bowel bypass	palliative care patient, recollection of fluids, readmit for comfort
00851502	0003	1	F	19-Aug-2002 9:30 PM	18/08/2002	suc stent	recurrent adm with sho show to resolve LMO ref
00864072	0006	3	F	24-Jun-2002 9:06 PM	23/06/2002	R Hemicolectomy	long stav pt for palliative care arranged via OPD
00884731	0002	1	F	10-Jul-2002 5:45 PM	9/07/2002	Insertion of peg	Ref GP R/A colonoscopy & endoscopy bx
00886617	0010	3	F	22-Sep-2002 11:15 PM	21/09/2002	repair tendon in hand	long term oncol pt, planned replacement in opd, now febrile???
00906003	0001	1	F	15-Feb-2003 1:02 PM	14/02/2003		seen Logan contacted pah to present next day at opd, presented at emerg

On Waiting List Prior to Admission

00933614	0010	2	A	08-Jul-2002 11:07 AM	21/06/2002	d/o abscess	opd2 weeks afore rlv appt made for 2 weeks if not resolved ot
00340452	0004	2	A	18-Nov-2002 1:32 PM	27/10/2002	hysteroscopy and D&C	admitted cellulitis, had gynae procedure during admission
00340497	0004	1	A	15-Jan-2003 7:09 PM	20/12/2002	lupr	seen opd week before xmas for op first available 1st January
00335441	0492	1	A	16-Sep-2002 2:27 PM	4/09/2002	bka	notes and correspondence state pt elective
00410502	0004	2	A	14-Sep-2002 9:32 AM	11/09/2002	lkr	notes and correspondence state pt elective
00528001	0017	1	A	06-Aug-2002 4:11 AM	10/04/2002	cystoscopy	planned, opd appt 2 years, no emerg notes
00597323	0007	2	A	01-Dec-2002 4:05 PM	25/07/2002	cabg	on w/ want to pre admission, done on emerg board as middle of industrial action
00598183	0001	1	A	19-Nov-2002 4:08 PM	14/11/2002	tempop	opd appts, notes and correspondence state elective and attended breadmission
00655526	0088	1	A	09-Jul-2002 5:53 PM	4/07/2002	av fistula	on w/ planned procedure, attended pac
00680385	0002	2	A	01-Jul-2002 4:39 AM	19/06/2002	lap chole	planned elective on w/ from dialysis opd
00689826	0002	2	A	10-Nov-2002 2:19 PM	11/09/2002	avr	seen opd 4 mths previously added to w/ present to emerg if pain too bad and go on next routine list
00691787	0010	1	A	29-Mar-2003 5:18 PM	13/03/2003	thrombectomy	seen opd 8 days prior for elective next week pac
00698773	0008	2	A	09-Jan-2003 12:58 PM	15/10/2002	haemorrhoidectomy	long history with colo unit, opd referred to w/
00709419	0008	2	A	02-Dec-2002 6:56 PM	30/11/2002	revision of THR	organised routine admission pac attended
00732475	0005	2	A	16-Sep-2002 5:14 PM	11/06/2002	lap chole	put on w/ previous admission, notes/correspondence state elective
00732602	0026	1	A	18-Feb-2003 7:20 PM	12/02/2003	orchidectomy	opd may on w/ lunc, booked august pac =elective
00773113	0026	1	A	14-Jul-2002 2:15 PM	4/07/2002	climino fistula	arranged admission, cancer patient with secondaries
00799401	0025	3	A	30-Aug-2002 8:07 PM	28/08/2002	plac catheter	planned elective on w/ from dialysis opd
00876358	0001	2	A	01-Sep-2002 2:05 PM	3/07/2002	cabg	opd appt, on w/ and booked elective
00877936	0001	1	A	21-Nov-2002 3:34 PM	19/11/2002	ureteroscopy	presented for elective admission developed chest pain whilst waiting /fer to emerg
00879412	0003	2	A	19-Jan-2003 7:02 PM	27/11/2002	myr and cabg	opd 14 days previously, on w/ urgent removal of stone



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00898449	00030	1	A	28-Feb-2003 7:55 PM	17/01/2003	pilf loop	routine admission on w/l, attended pac
00901466	00002	1	A	11-Jan-2003 9:06 AM	14/12/2002	lap chole	opd notes 5mlhs on w/l, book for elective
00903457	00002	1	A	17-Jan-2003 4:19 PM	14/01/2003	biopsy of lesion	opd attended pac-elective
00372496	00005	1	B	23-Jan-2003 8:08 AM	17/01/2003	laparotomy	transferred privately arranged 5 days previous out of cover
00813797	00002	2	B	27-Nov-2002 5:09 PM	25/11/2002	debridement of toe	inpt Ipswich 3 weeks, hospital transfer
00849635	00003	1	B	22-Nov-2002 10:23 AM	9/09/2002	spinal fusion	transfer from Ipswich
00888883	00001	1	B	02-Aug-2002 9:38 PM	31/07/2002	laparotomy	inpt redlands 5 days-hospital transfer
00891240	00001	1	B	19-Aug-2002 11:41 AM	16/08/2002	end div of pharyngeal pouch	hosp transfer from nsw
00891718	00001	1	B	22-Aug-2002 5:00 PM	18/08/2002	laminectomy	inpt lismore 8 days-hospital transfer
00897844	00001	1	B	02-Nov-2002 2:34 PM	30/10/2002	cholecystectomy	hospital transfer from redlands
00900599	00001	1	B	04-Dec-2002 10:58 PM	17/12/2002	embolectomy	inpt 11 days then transferred to PAH for ongoing management
00902447	00001	1	B	30-Dec-2002 12:27 PM	28/12/2002	biopsy left iliac crest	inpt 18 days before hospital transfer to PAH
00902451	00001	3	B	30-Dec-2002 7:51 PM	28/12/2002	bronchoscopy	hospital transfer
00902749	00001	1	B	07-Jan-2003 9:51 PM	3/01/2003	orif olecranon	hospital transfer, 14 days later
00904795	00002	1	B	16-Apr-2003 12:05 PM	14/04/2003	fempop bypass	inpt chincilla, transferred to PAH
00887206	00001	1	C	11-Jul-2002 9:34 PM	9/07/2002	haemorrhoidectomy	seen ed sent home to re-present in 48 hours
00888140	00001	2	C	07-Aug-2002 4:36 PM	5/08/2002	vaginal haematoma	security pt-transfer organised 2 days prior
00730737	00003	2	D	03-Sep-2002 7:12 PM	7/08/2002	arthroscopy	security pt, transfer organised 1 mth previously
00879831	00001	2	D	21-Nov-2002 10:39 AM	3/06/2002	r/o foreign body	sec pt, injury 6 mths ago, opd 6wks book elective
00552402	00009	2	E	15-Dec-2002 7:20 PM	12/12/2002	debridement	6 weeks appts for dressings and debridement post fempop
00804845	00004	1	E	26-Dec-2002 8:36 PM	24/12/2002	amputation of toe	diabetic ongoing management of ulcers
00874117	80007	1	#N/A	12-Jul-2002 11:51 PM	9/07/2002		
00897500	00003	1	#N/A	01-Dec-2002 1:53 PM	31/10/2002		0
END OF							0

this admission. In addition, if the patient has been admitted in any hospital, this may affect eligibility for acute care entitlements.

HBCIS
Record the number of days in the specified field "Days Carried Forward".

7.27.2 If yes, which hospital?

This information is not reported to the DSU for QHAPDC; it is for hospital use only.

HBCIS
Record the name of the previous hospital in the specified field other hospital.

7.27.3 Total length of stay without breaks of more than seven days in previous hospitals

This information is not reported to the DSU for QHAPDC; it is for hospital use only.

HBCIS
Calculated automatically.

7.28 SEPARATION NUMBER

This information is not reported to the DSU for QHAPDC; it is for hospital use only.

PAPER HOSPITAL
Record the separation number as recorded in the discharge register.
HBCIS
Not recorded.

7.29 ELECTIVE PATIENT STATUS

An emergency admission is an admission of a patient for care or treatment which, in the opinion of the treating clinician, is necessary and admission for which should occur within 24 hours.

Guidelines for the Classification of Admission Status

Elective

- Request for admission form
- Pre-anaesthetic questionnaire
- Bed management slip which highlights "routine admission"
- Clinician's letter re intent
- The surgical plan is clear and stated "admit for oesophagectomy in one week"
- Commenced on a clinical pathway prior to admission
- No emergency notes
- Progress notes state "arranged" or "routine" admission
- Patient referred from OPD

Emergency

- Has emergency department admission and notes.
- Presenting problem has not been previously assessed at another facility .
- Patient's clinical course is unknown ie. Please assess, investigate, give second opinion
- Patient retrieved by air
- Patient resuscitated in ED.

Grey Areas

- Refer to clinician.
- If still grey default to emergency admission.

*ALL CHANGES MUST BE DOCUMENTED AND COLLATED AT THE END OF EACH MONTH AND FORWARDED TO MEDICAL SUPERINTENDENT FOR VALIDATION.



**Queensland
Government**
Queensland Health

MEMORANDUM

To: Karen Roach
Manager,
Southern Zone Management Unit

Copies To: Joanne Meldrum, Team Leader
Business Team,
Southern Zone Management Unit

From: Sabrina Walsh
District Manager
Logan-Beaudesert Health Service District

Tel No:

Fax No:

File Ref: M2003-041.SOC.jrd

Date: 10th October '03

Subject: Elective Surgery Targets 2003/04

Reference is made to our discussions in relation to the above targets at the recent Service Agreement Meeting.

The overall activity targets (including elective surgery targets) were certified at that meeting. The targets established are agreed DISTRICT targets, they are not considered facility based. The requirement to report Phase 8 weighted separations on a facility basis to the Surgical Access Team will continue, but activity achievements are to be District based.

The emergency surgery targets established are problematic. A review of the data in 2002/03 identified admission errors, changes in theatre management practices and quality improvement initiatives that resulted in improved elective surgery data integrity. The result of this review was the reduction of emergency surgery activity. The District will not achieve the emergency surgery target levels as they currently exist. An audit of this activity is welcomed to ensure appropriate target levels are established.

Please arrange to progress these issues with the Surgical Access Team.

Sabrina Walsh
District Manager
Logan-Beaudesert Health Service District.

BUC.0001.0018.00278



**Queensland
Government**

Queensland Health

MEMORANDUM

FRASER COAST HEALTH SERVICE DISTRICT

To: Gary Walker, Manager, Surgical Access Service

Copies to: Dan Bergin, Zonal Manager, Central Zone

From: Mike Allsopp, District Manager
FCHSD

Contact No:
Fax No:

Subject: Elective Surgery

File Ref:

Thank you for the opportunity to discuss at our meeting of 29 August, 2003, issues relating to the arrangements for Surgery within the District and variations in Elective and Emergency activity.

As you are aware the issues in relation to Elective Surgery targets and base for this District have been the subject to several submissions in the past. Basically the District held the view that the Elective Surgery base target was unaffordable. The District at the time of my arrival in 2001 was facing a \$6M recurrent budget deficit. Accordingly, the cost to meet the base target was in effect being funded by the deficit and it was essential that the issue be addressed.

In progressing the case and seeking to resolve the activity versus budget conundrum I was advised by yourself and the General Manager Health Services that the State was locked into Elective Surgery targets and that our counting needed to be addressed. A review of this aspect of our management occurred through your Service with the adjustments being made in relation to what was counted and how it was counted.

The basic outcome was that patients admitted through Accident and Emergency Departments and transferred to a ward for a period of 24 hours were considered Elective in terms of the counting towards targets. The understanding was that such a process was acceptable as opposed to discharging the patients and then putting them on a waiting list and then re admitting them after a period of 24 hours. The rationale being that keeping the patients as admitted patients provided greater flexibility in risk managing diagnosis through observation, reducing specialist call in, less patient inconvenience, controlled surgical preparation and scheduling into existing lists without cancellations of existing booked patients. The administration, cost and risk management aspects of not following the discharge and readmit process was considered to outweigh the administrative requirements of the Elective Surgery Business Rules in keeping the patients as admitted. i.e clinical practicality and patient interests having a higher priority than administration.

At the time the District requested from your area an audit to verify the integrity of its actions. This was done, no objection was raised and the District proceeded with this approach.

The other major influencing factor in the changes in Elective and Emergency mix within the District relates to the changed service arrangements for facilities within the District. From July, 2002,

service planning changed the role of Maryborough Hospital to being the primary Elective Surgery site for the District with Hervey Bay being the Emergency Surgery site. Patients presenting for Emergency Surgery at Maryborough through Accident and Emergency were either admitted to the ward for inclusion on Elective Lists providing cancellation of existing scheduled patients was not involved or transfer to Hervey Bay for admission through their Accident and Emergency.

In effect the Emergency Surgery capability for the District was thus reduced. The effect of this was that the VMO contingent of Surgeons at Maryborough no longer had the ability to schedule after hours Emergency Surgery to occur at that site after the end of their normal surgery times at St Stephens Private Hospital. The other result has been the elimination of patients seen in VMO rooms turning up at the Hospital Accident and Emergency department after hours for an Emergency operation. The overall outcome has been a marked decrease in Emergency Surgery for the District and Maryborough in particular.

It is again ironic that administratively if the District admitted the presenting emergency patients at Maryborough and then transferred them to Hervey Bay, instead of triaging through Accident and Emergency without admission, then the result from our discussions last Friday would be that these patients would be eligible for counting under the Elective Surgery Business Rules. Again this raises the question of clinically appropriate process versus corporate administration priority.

Accordingly, the above is an explanation of the variations in Elective and Emergency Surgery activity in the 2002/03 financial year. Our actions and process were done in a transparent manner in consultation with your Service. In addition an audit process will be implemented by the District to ensure compliance with the application of the 24 hour criteria.

The District will also be replying with comments in relation to the Draft Business Rules for Elective Surgery in 2003/04 in a separate document.

Signed Mike Allsopp

District Manager

Fraser Coast Health Service District

3 / 9 /03

From: KEN MORRISSEY
To: Roberts, Col
Date: 1/09/03 16:33:17
Subject: Re: Waitlist Reclassification

Have you thought of running a report listing patients added to the waitlist after discharge date, regardless of admit source?.....you might expect sites that play games to have more patients reclassified post discharge date.

I note that not one of the "suspect" ED/Elective patients you listed for Toowoomba was added post discharge....I think the terminology "Emergency Reclassification" can be misinterpreted.....it implies they were changed when I do not believe this to be the case....arguably they may have been incorrectly classified in the first instance, but they were not reclassified. The term "reclassification" has an implied connotation of deliberate gaming attached to it.....that's my interpretation.....maybe I'm getting too sensitive in my old age.

Thanks.

Ken Morrissey
Mgr, Decision Support Unit
Health Information Services
Toowoomba Health Services District
Phone (07)
Email

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Joanne Meldrum - Re: Waitlist Reclassification

From: Col Roberts
To: KEN MORRISSEY
Date: 02/09/2003 8:36
Subject: Re: Waitlist Reclassification

Ken,

Clearly that is the implication.

Col

Col Roberts
Principal Project Officer
Surgical Access Service

Ph.
Fax

email

17th Floor, OHB

Ph

email

>>> KEN MORRISSEY 01/09/2003 16:33:17 >>>

Have you thought of running a report listing patients added to the waitlist after discharge date, regardless of admit source?.....you might expect sites that play games to have more patients reclassified post discharge date.

I note that not one of the "suspect" ED/Elective patients you listed for Toowoomba was added post discharge....I think the terminology "Emergency Reclassification" can be misinterpreted....it implies they were changed when I do not believe this to be the case....arguably they may have been incorrectly classified in the first instance, but they were not re classified. The term "reclassification" has an implied connotation of deliberate gaming attached to it.....that's my interpretation....maybe I'm getting too sensitive in my old age.

Thanks.

Ken Morrissey
Mgr, Decision Support Unit
Health Information Services
Toowoomba Health Services District
Phone (07)
Email


BUC.0001.0018.00277

From: KEN MORRISSEY
To: Meldrum, Joanne
Date: 2/09/03 8:48:46
Subject: Re: Reclassification of Elective Surgery

Joanne,

I am forwarding an email I sent to Col Roberts yesterday, and his response which I think is interesting to say the least.

I know this comes down to semantics, but I believe none of the cases listed by SAT were reclassified. Use of the term "reclassified" implies they were classified as emergency then changed to elective. This was not the case in Toowoomba. The cases in question were first classified as elective.....not one case was put on the waiting list post discharge. It is arguable that the cases were incorrectly classified in the first place, but there is no evidence that their classification was altered.....in fact the vast majority of these Toowoomba cases were put on the waitlist on or before the day of surgery.

There is a big difference between someone perhaps misinterpreting the criteria that qualifies patients as "elective", and someone altering the classification after the event.

I also note that Toowoomba fell short of it's elective target by only 53 weighted separations in 2002/03.

Ken Morrissey
Mgr, Decision Support Unit
Health Information Services
Toowoomba Health Services District
Phone (07)

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>>> Joanne Meldrum 09/01/03 05:39pm >>>
Dear Sandra, Richard and Tracey,

Following a meeting with Surgical Access Service (SAS) and QE11 today the reasoning behind SAS's concerns became clearer to us and we've been able to identify the outcomes required and what you need to do to address these concerns.

At the Zone's request SAS forwarded to you earlier today the data that they considered needs clarification and the crystal report to reproduce it.

The drivers:

SAS has concerns that emergency surgery activity is being substituted for elective surgery activity. (ie ES funds being used for work that is not actually additional elective surgery.) These concerns are based on

(1) an increasing number of elective surgery cases with an admission source 02 (ie from emergency),

and

(2) in some cases a decreasing number of emergency admissions.

Deliverables:

SAS have discussed this situation with GMHS, and SAS and the Zones have been directed to seek clarification and cause from the Districts. Your responses will be included in a brief to the GMHS.

Thus before we come together with ZM and SAS I suggest you need to do the following:

(1) do an audit (at least a reasonable sample if not able to do all cases) of the cases that SAS identified as being reclassified from emergency to elective

(2) be very clear on the reasons why these were reclassified and group them into categories eg % justifiably reclassified as were already on the elective list but presented to ED with an exacerbation of same condition; presented to ED for afterhours admission for elective surgery etc (the rules re: admission for elective and emergency conditions are detailed in the current draft Elective Surgery Business Rules and/or QHAPDC Manual. Please discuss with Col Roberts if you are unsure of the interpretation from SAS's perspective)

(3) be very clear on your admission processes and the rules you apply for reclassification of such cases.

(4) If you discover cases that were reclassified and perhaps should not have been - be prepared with recommendations for changes in protocols and procedures that will correct this situation.

I know both PAH and Toowoomba are scheduled to meet with ZM and SAS this Thursday. ZM needs to be briefed on your responses before we meet with SAS. We will need to make a decision by midday Wednesday as to whether you have sufficient information analysed to justify and clarify the Districts position with respect to whether these emergency admissions were justifiably reclassified as elective surgery.

I will call or e-mail late tomorrow afternoon to see how you are getting on and whether we need to reschedule the meeting.

Regards

Joanne

From: KEN MORRISSEY
To: Meldrum, Joanne
Date: 2/09/03 9:52:00
Subject: Re: Reclassification of Elective Surgery

Thanks Joanne,

In my haste I noticed I made a small error.....Toowoomba fell 53 weighted seps short of its emergency target...not elective (which we exceeded) in 2002/03.

Ken Morrissey
Mgr, Decision Support Unit
Health Information Services
Toowoomba Health Services District
Phone (07)
Email

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>>> Joanne Meldrum 09/02/03 09:20am >>>
Ken,

Thanks for this info. Can you assure Winton and Sandra are apprised of it. I'll have a quite chat with Col and gauge his reaction to this.

Cheers

Joanne

>>> KEN MORRISSEY 2/09/03 8:48:45 >>>
Joanne,

I am forwarding an email I sent to Col Roberts yesterday, and his response which I think is interesting to say the least.

I know this comes down to semantics, but I believe none of the cases listed by SAT were re classified. Use of the term "reclassified" implies they were classified as emergency then changed to elective. This was not the case in Toowoomba. The cases in question were first classified as elective....not one case was put on the waiting list post discharge. It is arguable that the cases were incorrectly classified in the first place, but there is no evidence that their classification was altered.....in fact the vast majority of these Toowoomba cases were put on the waitlist on or before the day of surgery.

There is a big difference between someone perhaps misinterpreting the criteria that qualifies patients as "elective", and someone altering the classification after the event.

I also note that Toowoomba fell short of it's elective target by only 53 weighted separations in 2002/03.

Joanne Meldrum - Fwd: Re: Reclassification of Elective Surgery

From: Col Roberts
To: Joanne Meldrum
Date: 02/09/2003 10:09
Subject: Fwd: Re: Reclassification of Elective Surgery
CC: Gary Walker

Joanne,

Only 4 of 303 cases within the audit group (from DSU data) were on the waiting list prior to admission. These patients were not admitted for planned elective surgery.

The fact they were added to the waiting list after admission is not in contention. The fact these patients presented to emergency is not in contention.

I suggest these issues are discussed with the DM during the scheduled interview.

Col
2/9/2003

Col Roberts
Principal Project Officer
Surgical Access Service

Ph. 07
Fax 07

email

17th Floor. OHB

Ph

email

>>> Joanne Meldrum 02/09/2003 9:21:51 >>>

Col,

Attached response from Ken in Toowoomba. I understand he has already e-mailed you with some of this info. What is your take on his analysis.

Is there anything else you suggest they need to scrutinise.

Regards

Jo


BUC.0001.0018.00272

From: KEN MORRISSEY
To: Meldrum, Joanne
Date: 2/09/03 10:42:30
Subject: Fwd: Re: Reclassification of Elective Surgery

(1) The usual way a patient gets on to the waiting list is (a) their GP refers them to a specialist outpatient clinic, then (b) the patient attends the clinic and (c) is put on the waitlist.

(2) However, not all patients get referred by a GP. It is perfectly conceivable that a patient goes to ED without any prior contact with the hospital for his/her complaint, is assessed as requiring elective surgery and is legitimately put on the waitlist. Obviously, patients in this category will never be on the waiting list before they present to ED.

I believe that the people who classified the "suspect" patients as elective did so in good faith based on their understanding of the rules. They may have been mistaken, but SAS appear to be accusing these people who demonstrably made a judgement on the spot (not after the fact), of cheating. I do not believe the evidence supplied by SAS supports this conclusion.

Ken Morrissey
Mgr, Decision Support Unit
Health Information Services
Toowoomba Health Services District
Phone (07)
Email

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>>> Joanne Meldrum 09/02/03 10:22am >>>
Ken,

I asked Col for a response to the info in your e-mail and for any suggestions he has as to what you should also review.

Attached the response. Ken I'm a little confused - maybe I'm a bit too distant from the waiting list processes etc - what do you think is in contention with respect to Toowoomba that SAS want to discuss?

Jo

CC: BAINES, Janet