GW7

28/7 Rang

QUEENSLAND HEALTH

URGENT

BRIEFING REQUEST FORM

RECEIVED
27 JUL 1998
BRIEFINGS/LIAISON UNIT

IF THIS REQUEST HAS BEEN ALLOCATED TO AN INCORRECT AREA - PLEASE NOTIFY JUDITH JENNER (07 3234 1097) WITHIN 24HRS TO ENABLE THE REQUEST TO BE REDIRECTED.

- Date brief is due: *28 JULY 1998*
- Date brief requested: *27 JULY 1998*

Briefing Note Number: BR006130

- Area responsible: DPMB

(If input to a brief is required across branches, eg. to address finance or industrial relations implications, every effort should be made to coordinate this information into one brief. The branch with the major input to the brief has responsibility to coordinate the necessary information).

- Who is the brief required for? *MINISTER*
- What is the brief required for? *LAUNCH*
- If information is needed for a meeting/function, the following needs to be completed:

- Who is the meeting with?
- Purpose of meeting/function. **LAUNCH OF WAITING LISTS**
- Date, time and place of meeting/function. *30/7/98, 1.00PM, PARLIAMENT HOUSE*
- Will an officer be attending?

If so, name of person and contact number.
(Officer to be nominated by ODG)

Are speech notes required? *YES* Length of speech: *7MINS* Is a disk required? *YES*
(Full speech required for Minister)

- ISSUES THAT NEED TO BE ADDRESSED IN THE BRIEF INCLUDE:

LAUNCH OF WAITING LISTS

- Name and contact number of person requesting brief: *STELLA DONATINI*

COI.0025.0005.00024

Document3

PLEASE NOTE:
DIRECTORS AND DISTRICT MANAGERS ARE RESPONSIBLE FOR CLEARING THE CONTENT OF THE BRIEF. Briefs and

ADDRESS BY THE

MINISTER FOR HEALTH

COPY

PUBLICATION LAUNCH

ELECTIVE SURGERY WAITING LIST REPORT

THURSDAY 30 JULY 1998

COI.0025.0005.00025

I would like to welcome you to this very important occasion for Queensland Health and for all Queenslanders. As you will be aware, we are here to launch the publication of the *Elective Surgery Waiting List Report* for Queensland public hospitals.

This report fulfils Labor's pre-election commitment to publish hospital waiting lists, and also represents a return to the open and transparent management of waiting lists initiated by Peter Beattie in 1995.

The Labor Government has made a commitment to publish waiting list information every three months. This will open the elective surgery waiting lists to public scrutiny and allow better use of resources to target problem areas.

The *Elective Surgery Waiting List Report* will be supplied to all general practitioners and registered medical specialists in the State, some 9,000 medical practitioners in total. It will also be published in full on the Queensland Health Internet site. This means accurate and timely information on elective surgery waiting times will be available to general practitioners, specialist medical practitioners, and the general public for the first time. Posters detailing the waiting list for individual hospitals will be placed on notice boards in all of the 32 hospitals involved. This will further enhance public access to the waiting list figures.

I have mentioned that the *Elective Surgery Waiting List Report* contains comprehensive, up-to-date waiting list figures for 32 Hospitals in Queensland. These hospitals provide 95% of the elective surgery performed in Queensland public hospitals. The information reflects the state of the waiting list for each hospital at the 1st of July 1998. The report details the number of people waiting in each surgical specialty for each hospital. These details will allow general practitioners an informed choice in referring patients to those facilities that have the shortest waiting times in a particular specialty.

Figures are also included in the report which show the number of people in each urgency category. These urgency categories are based on the clinical assessment by the treating surgeon on how urgently a patient needs surgery. The three categories are urgent, semi-urgent and non-urgent.

COI.0025.0005.00026

- An urgent case is when a patient's condition may deteriorate quickly to the point that it may become an emergency. Here treatment is desirable within 30 days.
- A semi-urgent case is when a patient's condition causes some pain, dysfunction or disability, but is unlikely to deteriorate quickly or become an emergency. In this situation, treatment is desirable within 90 days.
- A non-urgent case is when the patient's condition causes minimal or no pain, dysfunction or disability, and is unlikely to deteriorate quickly or become an emergency. Admission at some time in the future is considered acceptable.

Publication of the details of the number of patients in each of these categories for Queensland public hospitals will promote closer relationships between hospitals and referring general practitioners. General practitioners will be able to refer patients more appropriately and openly discuss with patients the expected time the patient may wait for a surgical procedure at a particular facility. This will assist patients in their decisions about when and where they have treatment and will allow them to take more responsibility for their health care.

Patients already on the waiting list will be able to contact their general practitioner or the medical superintendent at the hospital to discuss their condition and the likely wait for surgery. General practitioners will be able to contact the Elective Surgery Coordinators and Elective Surgery Liaison Officers at each of the hospitals and discuss the waiting list for each specialty and urgency category at the hospital.

Ladies and Gentlemen, this publication will be a major step forward in restoring the faith of Queenslanders in accessing the surgical services they require from their local hospital. As well as providing information to assist doctors in referring patients, the *Elective Surgery Waiting List Report* will allow Queenslanders to compare how their hospitals are performing in the management of waiting lists. Comparison of hospitals within the State will be possible, as will comparison with other States in Australia.

Importantly, the report also contains the number of people waiting longer than clinically desirable, a figure that we are determined to reduce appreciably. So we are prepared to present the whole picture, warts and all that, once again , demonstrates the transparent approach to waiting list management that my government is committed to.

In closing I would like to state that I believe the publication of the *Elective Surgery Waiting List Report* is a demonstration by this government that we are committed to improving our health system by ensuring we have an informed and confident community, able to take responsibility for their own health and decision making. It will provide doctors with a vehicle for making the best decisions about referring patients to hospitals for elective surgery and the provision of high quality, equitable health care for all Queenslanders.

COI.0025.0005.00028

Prepared By: Paul Dall'Alba
Senior Project Officer
Elective Surgery Team
Policy Coordination Unit
Performance Management Branch **Contact No.:** 40500

Cleared By: Judith Robson
Director, Performance Management Branch Contact No.: 40825

Date: 28 July 1998

COI.0025.0005.00029

GW8

6

QUEENSLAND HEALTH

MEMORANDUM

To: District Managers, Elective Surgery Reporting Hospitals

Copies to: Medical Superintendents
Directors of Nursing

From: (Dr) J G Youngman
Deputy Director-General (Health Services)

Subject: **Elective Surgery Activity during Holiday Periods**

File Ref:

As you are aware, the Government has committed Queensland Health to improving access to elective surgery through the *Waiting List Reduction Strategy*. An element of this strategy is to make better use of holiday periods for the benefit those waiting for elective surgery.

In this regard could you please supply information regarding the proposed closure of operating theatres during holiday periods between now and end of the financial year for elective surgery reporting hospitals in your District. This information should include details of:

- Total number of operating theatres
- Proposed total number of operating theatre days lost
- Proposed total number of operating theatre sessions lost
- Approximate number of cases that may have been performed during these sessions
- Number of emergency surgery sessions that will be offered during these holiday periods compared to non-holiday periods.

I would appreciate if you could provide this information to the Surgical Access Team by COB on 11 December 1998 by fax (07) 323 41865, e-mail or postage to:

Surgical Access Team
16th Floor, Queensland Health Building
PO Box 48, Brisbane 4001

If you have any queries regarding this, please contact Gary Walker on (07) 323 40500.

Thank you for your assistance in supporting the *Waiting List Reduction Strategy*.

(Dr) J G Youngman
Deputy Director-General (Health Services)
/ /1998

COI.0025.0005.00052

PREPARED BY: Dorothy Vicenzino **Contact No: 322 52483**
Principal Project Office, Surgical Access Team
Policy Coordination Unit, Performance Management Branch

CLEARED BY: Judith Robson **Contact No: 323 40825**
Director, Performance Management Branch

DATE: 26 November 1998

'GW9'

QUEENSLAND GOVERNMENT

Minister for Health

MEMORANDUM

RECEIVED
09 FEB 1999
DG'S OFFICE

DATE: 08 February 1999
TO: Dr R L Stable
Director-General
FROM: Wendy Edmond
Minister for Health

RE: **WAITING LISTS**

9.2.99

I am concerned that Queensland Health is not making sufficient headway in reducing waiting lists. While throughput has increased it is not sufficient to hold, let alone reduce, waiting lists. I am sure you agree with me that the situation needs urgent attention.

While the recent release of the December quarter figures provides a favourable comparison against the corresponding period last year, it is still well short of our targets.

Queensland Health has already proved it is capable of reducing "long waits" in Category 2 as is evidenced by the 300 percent reduction in the final six months of last financial year. A similar achievement should be possible.

By any measure "long wait" Category 2 patients are increasing at an unacceptable rate, with no evidence of an abatement. Further, some hospitals appear to be treating patients who have been waiting less than 90 days in preference to those who have waited clinically inappropriate times. This is clearly against Government policy.

I must therefore insist on a strong reinforcement of the Government's Waiting List Reduction Strategy as a top priority for Queensland Health.

In line with this I would like you to consider the following strategies:

- Lifting the Waiting List issue profile by establishing a small but high level Waiting List Action Team to problem solve on a District-by-District basis. The Team Director to have full access to senior District management, and report directly to the Office of the Director-General.
- Immediate transfer of funds and patients from non-performing hospitals to hospitals with capacity to perform additional elective surgery, in line with Government policy.
- Effective quarantining of elective surgery funds.
- Development of an appropriate communications strategy.

COI.0025.0005.00059

Office Level 19
Queensland Health
Building
147-163 Charlotte Street
Brisbane Q 4000

Postal GPO Box 48
Brisbane Q 4001

Phone (07) 3234 1182
+617 3234 1182
Fax (07) 3229 4731
(07) 3221 0871

Regarding the quarantining of elective surgery funds, the difficulty I face as a Minister is that I am not in a position to advocate for additional elective surgery funding for those Districts that could use it, because on paper at least, the Department has not spent what its been given. The long-standing practice of using elective surgery money to balance District budgets means that we delay effectively dealing with base funding issues.

I wish to discuss with you the matters I have raised here at the earliest possible time.

Wendy Edmond MLA
MINISTER FOR HEALTH

COI.0025.0005.00060

'GW10'

QUEENSLAND HEALTH

MEMORANDUM

To: Minister for Health

Copies to: General Manager (Health Services)
Deputy Director-General (Planning and Systems)

From: Director-General **Contact No:** 323 41170

Subject: **Waiting Lists – Your Memorandum dated 8 February 1999**

In response to your memorandum regarding waiting lists dated 8 February 1999, I advise as follows:

1. Establishing a High-Level Action Team

The Surgical Access Team has developed a schedule for visiting reporting hospitals in February and March 1999. These visits are scheduled to focus on the under-performers in the first instance and to involve mainly clinicians. In this regard, it may be wise to involve a medical practitioner in the visits.

In response to the strategy recommended in your memorandum, I consider that a high level team separate to the Surgical Access Team may present some difficulties. The most apparent of these issues is the detailed knowledge of waiting list dynamics and of data issues necessary to direct appropriate remedial action.

Therefore, I have approved the following recommendations:

1. ***That the "Action Team" consist of members of the Surgical Access Team, together with a medical practitioner with intimate knowledge of elective surgery services in public hospitals. The Director, Performance Management Branch should attend visits where significant budget issues also exist, eg. Royal Brisbane Hospital, Toowoomba Hospital.***
2. ***That the visits to Districts commence promptly in February according to the current schedule.***
3. ***That a brief report on each visit containing key action strategies, be provided to the Office of the Director-General.***

2. Immediate Transfer of Funds and Patients from Non-Performing Hospitals

On 19 January 1999, the Deputy Director-General (Health Services) wrote to ten District Managers identifying an indicated underexpenditure in elective surgery funding. The hospitals involved were Bundaberg, Cairns, Gold Coast, Mater Children's Mt. Isa, Royal Brisbane, The Prince Charles, Toowoomba and Ipswich. District Managers were requested to compare elective surgery activity against their own data and provide a guarantee that elective surgery activity targets can be achieved by 30 June 1999 or alternatively to provide an estimate of under-expenditure in elective surgery for 1998/99. **All responses received to date indicate that activity targets will be achieved.**

COI.0025.0005.00054

On issue of possible transfers, QE II and Redcliffe Hospitals are the only hospitals reporting underutilised capacity in elective surgery. Additional funding of $1 million has been approved by the General Manager (Health Services) for additional elective surgery at QE II Hospital. The District Manager, QEII reports sufficient patients on the QEII waiting list to utilise the additional $1 million. The situation at Redcliffe is still being investigated.

A meeting between the District Managers of QEII, Gold Coast and Princess Alexandra and the General Manager (Health Services) was scheduled for 4 February 1999 to progress this issue. However, the issue was discussed in the broader forum of the Southern Zone District Managers but received little support. It was revealed that a considerable number of surgical patients treated in particular public hospitals, reside in districts outside the district of the particular hospital, eg. 40% of QE II surgical patients come from outside the District. The General Manager (Health Services) will discuss the issue further with me.

The following are being actioned:

1. ***That District Managers whose hospitals show a significant under-achievement of elective surgery activity at 1 January 1999 be requested to supply projected activity data by DRG that will result in the achievement of elective surgery activity targets by 30 June 1999. DRGs should cover the current Category 2 "long wait" list for each hospital.***
2. ***That the issue of transfers of "long wait" Category 2 patients from Princess Alexandra Hospital and Gold Coast Hospital to QEII be resolved in discussions between the General Manager (Health Services) and myself.***

3. Effective Quarantining of Elective Surgery Funds

An analysis of 1997/98 elective surgery activity data from the *Queensland Hospital Admitted Patient Data Collection* showed some **$14 million** of a total of $33 million in new funding for elective surgery, was expended in areas other than surgery. To avoid a repeat of this situation in 1998/99, funding strategies for elective surgery for 1998/99, based on the quarantining of elective surgery funding, were proposed by the Surgical Access Team but were not supported. In addition, the retrospective payment of elective surgery activity at the casemix benchmark price of $1,000 per weighted separation up to a predefined maximum, was also proposed but was not supported.

However, it could be argued that the current funding and monitoring arrangements for elective surgery activity, effectively constitute the quarantining of elective surgery funds. Current arrangements are based on the setting of a **total** elective surgery activity target including elective surgery activity activity traditionally done in base, and monitoring activity against this target. Previous strategies revolved around the allocation of activity to special funds over base. These previous arrangements allowed hospitals to claim activity traditionally done in base against new funding, thus eroding total elective surgery actually performed. Obviously, such "quarantining" can only be effective if unexpended elective surgery funds are moved to hospitals that can spend it on additional procedures.

The General Manager (Health Services) will review elective surgery funding arrangements for 1999/2000 at the end of 1998/99, to include the retrospective payment of elective surgery activity as an option.

Current funding arrangements including the reallocation of unexpended elective surgery funds are being reinforced to District Managers.

4. Development of an Appropriate Communications Strategy

The Surgical Access Team has in place, extensive consultation and communication processes with major stakeholders. These include:

- Monthly meetings with the Medical Superintendents and Elective Surgery Co-ordinators of the hospitals in South-east Queensland.
- Monthly meetings with representatives from major medical and nursing colleges and associations - Clinical Advisory Committee to progress best practice in elective surgery.
- Data feedback provided on a monthly basis to District Managers, Medical Superintendents and Elective Surgery Co-ordinators / Contact Officers.
- In January, briefings were provided for publication in the General Practitioner Divisional Newsletters.
- Ad-hoc meetings with key stakeholders such as Clinical Nurse Consultants of Outpatient Departments, Directors of Emergency Departments.

In addition to this consultation process, the necessity for the development of a formal communication strategy for staff is recognised. A communication strategy for the general public would need to be very clear and focussed on what is to be achieved by the publicity. To date, any (positive) publicity about elective surgery in Queensland Public Hospitals has led to increased demand and this rapidly negates, or even reverses, successes. The strategy for staff and, if it is to proceed, the general public, should be developed in conjunction with the Marketing and Communication Unit to provide a local and statewide multimedia approach. A process could include:

1. Identification of issues each month by Surgical Access Team;
2. Briefing of Manager, Marketing and Communications Unit;
3. Development of communication and choice of media in conjunction with Office of the Minister for Health;
4. Clearance by the Office of the Director-General.
5. Clearance by yourself.

I would appreciate your advice regarding the communication strategy.

(Dr) R L Stable
Director-General
10 / 2 /1999

Prepared By: Gary Walker
Manager,
Elective Surgery Team
10.2.99
Contact No: 323 40536

Cleared By: Judith Robson
Director,
Performance Management Branch
10/2/99
Contact No: 323 40825

Date: 9 February 1998.

COI.0025.0005.00057

Prepared By: Gary Walker
Manager,
Elective Surgery Team
10.2.99
Contact No: 323 40536

Cleared By: Judith Robson
Director,
Performance Management Branch
10/2/99
Contact No: 323 40825

Date: 9 February 1998.

COI.0025.0005.00058

GWII

1224-0350-004

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QUEENSLAND HEALTH

RECEIVED
07 APR 1999
BRO08178
BRIEFINGS/LIAISON UNIT

A BRIEFING TO THE MINISTER

Min x 3
DG x 1

DATE: 7 April 1999

PREPARED BY: Damien Searle
Senior Project Officer
Surgical Access Team

GW 7.4.99

CLEARED BY: Judith Robson
Director
Performance Management Branch 7/4/99

RECEIVED
07 APR 1999
1677
P.M.B.

Deadline: 7 April 1999 (12.00pm)

SUBJECT: **Meeting with Medical Colleges – 7 April 1999**

MINISTER'S COMMENTS:

RECEIVED
RECORDS TEAM
20 JUL 1999
DEPT OF HEALTH

Wendy Edmond MLA
MINISTER FOR HEALTH
Date:

COI.0025.0005.00062

PURPOSE:

The purpose of this brief is to provide the Minister with information relating to a meeting with representatives of the major medical colleges.

BACKGROUND:

The Director-General has arranged a meeting with the major Medical Colleges to discuss the Government's *Waiting List Reduction Strategy*.

The meeting is scheduled for Wednesday 7 April 1999 between 6.30pm-7.00pm in the Speakers Dining Room, Parliament House.

KEY ISSUES:

- Medical Colleges attending the meeting include:

  Dr R Stitz, Australian Medical Association
  Dr J Aloizos, General Practitioner Liaison Council
  Dr G Costello, Medical Superintendents Association
  Dr M Waldie, Royal Australian College of Ophthalmologists
  Dr R Hodge, Royal Australasian College of Surgeons
  Dr J Parslow, Australian and New Zealand College of Anaesthetists
  Dr I Dickinson, Australian Orthopaedic Association (Qld)

- Queensland Health Representatives include:

  Dr R L Stable, Director-General of Health
  Dr J Youngman, General Manager, Health Services
  Dr David Robinson, Medical Advisor, Clinical Policy Team
  Mr Gary Walker, Manager, Surgical Access Team

- Representatives from the Office of the Mister for Health include:

  The Honourable Ms Wendy Edmond MLA, Minister for Health
  Mr B Pickard, Senior Policy Advisor

- Attachment 1 provides surgical profile information by specialty on a number of the larger public hospitals. Where possible, information has been provided on the following issues:

  No. of full time medical staff
  No. of VMO's
  Total Operating Room sessions per week/month
  Total Outpatient sessions per week/month
  Average Cases per week/month
  Service provision issues

Toowoomba Hospital did not supply the requested data within the allotted timeframe.

ATTACHMENT 1

Cairns Hospital

- Cairns Base Hospital is the tertiary referral centre for the Cairns, Tableland, Innisfail, Cape York and Torres districts.

- There are 9 surgical specialities and the hospital has 322 beds of which 112 are in dedicated surgical wards.

- The number of elective/emergency surgical separations :
  1 January 1998 - 30 June 1998 Separations 5,293 Weighted Seps 7,161.4
  1 July 1998 - 31 January 1999 Separations 4,717 Weighted Seps 6,363.5

Profile by Surgical specialties:

	No full time Consultant	No of VMO Consultants	OPD sessions per month	OR sessions per month	Ave cases/month YTD – elective	Ave cases/month YTD – emergency	Ave cases/month 98/99 YTD - total
General Surgery	1	5	23	33.5 public 14.5 private			
Vascular	1	0	4	11 public			
Ophthalmology	0	1	2	2 public 3 private			
ENT	0	2	0	2 public			
Urology	0	2	4	4 public 2 private			
Oral/Dental		1	0	8 public			
Gynaecology	1	4	12	24 public 9 private			
Orthopaedics	2	4	22	31 public 6 private			

- Current Budget crisis may affect ability to continue at current levels. The Elective Surgery Waiting Lists at Cairns Base Hospital continues to meet Queensland Government target requirements for Category 1 and 2 patients.

- Average number of operations per month for the YTD 1999 = 600

COI.0025.0005.00064

ATTACHMENT 1

Gold Coast Hospital

- The Gold Coast Hospital is a tertiary referral hospital for the Gold Coast District h covers the area north to the Coomera River, west to Mudgeeraba and south to the New South Wales border.
- The Gold Coast Hospital is the third busiest and largest hospital in Queensland. It services a population of 320,000, which more than doubles during peak holiday periods.
- The Gold Coast Hospital has a total of 567 beds of which 143 are surgical beds.
- From 1 July 1998 – 31 March 1999 there have been 18,358 emergency admissions, 16,640 elective admissions with a total of 34,998 admissions.

Profile by Surgical specialties:

	No full time medical staff VMO's/Consultant	OPD sessions per month	OR sessions per month	Ave cases/month 98/99 YTD - total
ENT	0.6	12	25	69
General	3.25	30	82	144
Gynaecology	2.9	20	25	94
Neurosurgery	1	8	24	16.75
Ophthalmology	1.13	16	13	12
Orthopaedic	2.2	40	59	163
Plastic	0.2	2	6	11
Urology	0.8	12	21	69
Vascular	0.6	56	24	29

COI.0025.0005.00065

ATTACHMENT 1

Ipswich Hospital

- Ipswich Hospital is a 295 bed acute health care facility servicing the community of West Moreton District, with a population of 165,000.
- Surgical services include 7 specialties and 64 inpatient surgical beds. The Day Procedure Unit, which incorporates day surgery and elective surgery clinical services, has been in operation since 1992. Elective surgery processes include preadmission clinic/specialist reviews and early discharge planning.
- In 1997/8, Ipswich Hospital confirmed a total of 27,872 separations which included 17,013 emergency, 10, 859 activities.

Profile by Surgical specialties:

	No full time Consultant	No of VMO Consultants	OPD sessions per month	OR sessions per month	Ave cases/month 98/99 YTD
General	1	3P/T	16	25	126
ENT	0	4P/T	16	20	83
Urology	0	1P/T	4	4	36
Ophthalmology	0	1P/T	4	16	21
Gynaecology	1	2P/T	12	24	99
Plastics	0	1P/T	4	4	10
Orthopaedic	1P/T	4P/T	36	33	98

- Aspects or issues that have impacted on elective surgery services at Ipswich Hospital 1998/99 include the appointment of 2 new Directors (surgery and anaesthetics) and their right of establishing their service divisions. A deficit in anaesthetic consultant/registrar staff during the first 6 months of this financial year. A constant cancellation rate of approximately 200/month with a 35% 24-hr cancellation notice. This latter point certainly impacts and increases the pressures of staff in the bookings office at Ipswich Hospital.

- Finally, to increase extra operating sessions permanently , Ipswich Hospital will require, with commissioning new services, increased human resource budget allocation (medical, nursing) including appropriate consumable/equipment funding. Ipswich Hospital Surgical Business Unit and Executive certainly address all elective surgery issues and strategically plan and review to achieve the elective surgery targets and funding agreements.

COI.0025.0005.00066

ATTACHMENT 1

Nambour Hospital

- The Nambour General Hospital is a tertiary referral hospital for the Sunshine Coast and Cooloola District Health Services, which has:

- 225 acute beds including 6-bed Day Procedure Unit (DPU) with one operating room and one procedure room, and an average throughput of 350 per month;

- nurse-based and anaesthetist-based Pre-admission Clinics;

- four elective surgery theatres and one 24-hour emergency surgery theatre in the operating suite;

- 8 bed intensive care unit

Profile by Surgical specialties:

	No full time Consultant	No of VMO Consultants	No of Full time Registrars/PHO's	OPD sessions per week	OR sessions per week	Ave cases/month YTD – elective	Ave cases/month YTD – emergency	Ave cases/month 98/99 YTD - total
EAR NOSE & THROAT	0	2		0	2	22	3.5	26
GENERAL SURGERY	2	4	3	6.25	11	166	68	234
GYNAECOLOGY	2	3	3	5.75	6.25	76	64	140
OPHTHALMOLOGY	0	2		1	1	28	1.8	30
ORTH/TRAUMA	2	3	3	7	12	94	151	246
PAEDIATRIC SURGERY	1	1			0.5	11.8	0	11.8
PLASTIC & RECONS.	0	1		0.5	1	4.4	0.4	4.8
UROLOGY	2	0	1	3	5	34	6.3	40.4
VASCULAR SURGERY	0	1		1	2	8	5.4	13.4
DENTAL					0.25	2.1	0.6	2.7
DIAGNOSTICS					6	47.8	8.4	56.2
OBSTETRICS				5	1	*	*	*

1 session = 3 hours
Diagnostics – Panendoscopies, Colonoscopies, gastroscopies, bronchoscopies, ERCPs
YTD – 1998/99 (July 1998 - March 1999)
* data not available

COI.0025.0005.00067

ATTACHMENT 1

The Prince Charles Hospital

- The Prince Charles Hospital is a tertiary referral centre for cardiac specialities for the whole state.
- Surgical specialities are Cardiac, Thoracic and orthopaedic.
- The hospital has 112 surgical beds (with outliers utilised in medical wards as required).
- Surgical separations for 1997/98 were 5,381 (weighted separations of 26,073). In 1998/99 for the 7 months to 31 January 1999, surgical separations were 3, 146 (weighted separations of 14,549).

Profile by Surgical specialties:

	No full time Consultant	No of VMO Consultants	No of Full time Registrars/PHO's	OPD sessions per month	OR sessions per month	Ave cases/month YTD – elective	Ave cases/month YTD – emergency	Ave cases/month 98/99 YTD - total
Cardiac	5	4	*	*	20**	*	*	186
Thoracic	0.5	2	1	*	20**	*	*	64
Orthopaedics	*	5	2	*	35	*	*	74
General Surgery (DPU)	*	*	*	*	22	*	*	82

* data not available

** 1 session per day depending on complexity of surgery

COI.0025.0005.00068

ATTACHMENT 1

Princess Alexandra Hospital

- The Princess Alexandra (PA) Hospital is the tertiary referral centre for the southern Queensland District. The PA consult and treat patients from all over Queensland, Northern New South Wales and overseas.
- The PA Hospital has 16 surgical specialties that provide a full-time service, Monday to Friday, utilising 14 theatres and 305 beds, as well as providing 24 hour emergency treatment. The Day Surgery Unit utilises 2 theatres and a minor op's theatre.
- For the 1997-1998 period the hospital performed 23,213 surgical separations

Profile by Surgical specialties:

	No full time Consultant	No of VMO Consultants	OPD sessions per week	OR sessions per week	Ave cases/month 98/99 YTD - total
Breast, Endocrine and Thoracic	0	4	4	2 All day 7 intermediate 14 public/mth	70
Cardiac	1	1	2	4 All day/wk	31
Colorectal	0.5	3	4	5 intermediate 19 public/mth	46
ENT	0	4	4	1 All day 5 intermediate 17 public/mth	48
Gynaecology	0	4	4	2 All day 7 intermediate 14 public/mth	70
Hepatobiliary	2.5	0	4	3 All day 4 intermediate 25 public/mth	76
Transplant	4.5	3	5	2-3/wk	Combined 52 cases
Neurosurgery	0	4	3	7 intermediate 20 public/mth	54
Ophthalmology	0.5	13	8	18 intermediate 16 public/mth	81
Orthopaedics	2.5	9	20	19 All day 17 intermediate 41 public/mth	280
Plastics/Facio-Maxillary	0	6	6	5 All day 5 intermediate 23 public/mth	110
Upper GI	0.5	4	7	7 intermediate 25 public/mth	70
Urology	1.5	6	6	8 All day 7 intermediate 36 public/mth	149
Vascular	0	4	4	9 intermediate 25 public/mth	61

COI.0025.0005.00069

ATTACHMENT 1

Rockhampton Hospital

- Rockhampton Hospital is a 220-bed hospital servicing a population of some 62,000. It is the tertiary referral centre for the Rockhampton Health District which includes the centres of Yeppoon, Mt Morgan and Woorabinda and provides a fixed wing and helicopter retrieval service to the outlying Districts of the Central Highlands, Gladstone, and Banana.

- The surgical facilities at Rockhampton Hospital consists of two surgical wards: a 36 bed (resourced for 28) Gen. Surgery + sub specialities ward and a 22 bed Orthopaedics ward. The Day Surgery facilities cater for 18-day patients in a mixture of beds and chairs.

- **1998** saw a total of **4346** separations, 2196 admitted as emergencies and 2150 elective cases. Year to date (Jan – Feb) there have been a total of 676 separations, 372 emergency and 304 elective.

Profile by Surgical specialties:

(av. Case/mth is averaged over the last three months Jan – March '99)

SPECIALITY	*OR DAY*	*OR SESSIONS/Mth*	*Av.* **CASES/ Mth**	*COMMENTS*
ENT	Mon	3hrs x 4 = 12	**12.7**	Loses time due to public holidays – Mondays
ORTHO	Mon	3hrs x 4 = 12	14.7	As above + 1 session/mth for ortho meeting
ORTHO	Tues	6 hrs x 4 =24	20	Lose 1 session/mth – meeting
ORTHO	Wed	6 hrs x 4 = 24	27	Lose 1 session / mth – meetin
ORTHO	Thurs	3 hrs x 4 = 12	12	Lose 1 session / mth – meetin
Loc. ORTHO	As many as available		23.3	
TOTAL Ortho			**97**	
GEN.SURG	M/Th/F	9 hrs x 4 = 36	41.7	
GEN.SURG	Tues	3 hrs x 4 = 12	11.7	
GEN.SURG	Thurs	3 hrs x 4 = 12	12	
GEN.SURG	Mon/Fri	6 hrs x 4 = 24	18.7	
Gen. SURG	Tues	3 hrs x 4 = 12	8.3	
TOTAL			**92.4**	
UROL	Tues	6 hrs x 4 = 24	0	Vacant position – urologist o sick leave – Gen. Surgeons doing Cats 1 & 2 on list.
NEURO	Wed	6 hrs x 4 = 24	**5.3**	Most cases take 8hrs.
OBS & GYN	Th/Fri (atl)	18 hrs /mth	24	
OBS & GYN	Th/Fri	24 hrs / mth	29.3	
TOTAL			**53.3**	

COI.0025.0005.00070

ATTACHMENT 1

Rockhampton Continued

Staff Complement:

Senior Medical Staff	Junior Staff
1(F/T)Director of Surgery rural	1 F/T Trainee Registrar -
3 VMOs – Gen. Surg.	3 F/T PHOs
2 VMOs – ENT (1 vacant)	4 F/T Interns
1 VMO – Urology – vacant due to illness	
1 VMO – Neurosurgery	
1 VMO – Faciomax.	
1 (F/T) Director Orthopaedics – vacant	
1 (F/T) Locum Orthopaedic (contract until May 1999)	
4 VMOs	
1 (F/T)Director of Obs & Gynae.	
1 (F/T) SMO (O & G)	

Service Provision Issues:

Major Causes:

- Increased amount of emergency trauma during Jan/Feb '99 (e.g. 80% after hours ortho. for Jan. was emergency) ⇒ unexpected and difficult to plan for
- Elective cases lost to Emergency Caesarean sections and Emergency admissions
- Fatigue Leave – after hours work causes staff to be on fatigue leave the following day ⇒ elective lists delayed / cancelled – not enough staff to run theatres.
- Overbooking of lists and running out of time due to emergencies or unexpected delays.
- Vacant Director of Othropaedic position ⇒ impacts on the elective cases as the VMOs now have to 'mope up' emergency/trauma during their sessions.

Other Issues Impacting on Elective Surgery:

- No backfill/locum cover when surgeons and anaesthetists are on leave / conference leave.
- Inflexible workforce i.e. high proportion of VMOs to Full Timers means that if a slot becomes available there may not be a surgeon available – committed at rooms or private hospital.
- VMOs being On Call for both private and public hospitals ⇒ can cause delays in attendance which leads to cancellation of cases.

ATTACHMENT 1

Royal Brisbane Hospital

- The Royal Brisbane Hospital is a 705 bed teaching hospital, and has a catchment area population of an estimated 483 076. Referrals are received from the outer catchment area of Queensland, Northern NSW and Pacific rim.
- Surgical Specialties: ENT; Ophthalmology; General Surgery (including, upper GI, Hepatobiliary, Colorectal, Breast, Endocrine); Urology; Orthopaedics; Vascular; Plastic Surgery; Neurosurgery; Maxillofacial; Burns and Thoracic.
- Registered Beds: 918 (705 excluding Kepperra & Halwyn)
- Total Surgical Beds:303
- Number of Operating Theatres:17 Elective (including 2 x minor ops & 2 x day surgery) 2 Emergency (one neurosurgery)
- Number of Sessions per month: 618 (including minor ops)
- Length of Sessions:3.5 to 4 hours

Profile by Surgical specialties:

	No full time Consultant	No of VMO Consultants	No of Full time Registrars/PHO's	OPD sessions per week	OR sessions per week	Ave cases/month YTD – elective	Ave cases/month YTD – emergency	Ave cases/month 98/99 YTD - total
ENT		8	2	36	69			115
EYE	0.5	10	2	56	40			146
Burns	0.5		2		Included in General Surg			12
Maxillofacial	1.3	2	1	24	22			75
Neurosurgery	2	3	2	20	40			24
General Surgery	1	11	5	72	157			260
Urology		5	2	24	54			146
Vascular	1	3	2	24	38			37
Thoracic	0.4				8 (from 12/4/99)			New service
Plastic		7	2.5	12 (incl. micropl as)	60			152
Skin				80	20			114
Orthopaedic	1	8	7	44	110			166

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ATTACHMENT 1

Townsville Hospital

- Townsville General Hospital and Kirwan Hospital for Women forms the tertiary referral centre for the Northern Zone.
- Townsville General Hospital has 155 surgical beds. In the 1997/98 financial year, Townsville General Hospital generated a total of 17,756 procedural weighted separations. Kirwan Hospital has 20 surgical beds. In the 1997/98 financial year, Kirwan Hospital generated a total of 2,747 procedural weighted separations.

Profile by Surgical specialties:

	No full time medical staff VMO's/Consultant	OPD sessions per week	OR sessions per week	Ave cases/month 98/99 YTD - total
Cardio-Thoracic	3	2	4	39
ENT	1	2	0.75	37
General	4	4	5	159
Gynaecology	4	7	4.5	149
Neurosurgery	2	2	1.5	49
Ophthalmology	3	4	3.5	59
Orthopaedic	5	7	5	165
Plastic	1	1	1	19
Urology	2	1.5	2	44
Vascular	1	1	0.5	13
Faciomaxillary	1	1	1	15
Paediatric	1	1	1.5	48

Service Provision Issues

- Shortage of anaesthetic staff has hampered efforts to increase service provision throughout this financial year. Townsville General Hospital expects to have all anaesthetic positions filled by June 1999.

- 6 month delay in arrival of a full-time ENT Specialist has reduced services in this area since December 1998.

COI.0025.0005.00073

'GW12'

231

QUEENSLAND HEALTH

MEMORAN

N.
a copy for
gold files
D

To: Dr JG Youngman
Deputy Director-General

Copies to:

From: Dr Michael Waldie **Contact No:** (07) 33666933
Acting Chair 3217 9777
Clinical Advisory Committee

Subject: WAITING TIME FOR OUTPATIENT CLINICS

File Ref:

The Clinical Advisory Committee meeting held on 21 April 1998 requested that I write to you requesting approval for the Elective Surgery Team to investigate current waiting times for outpatients clinics.

The Clinical Advisory Committee believes that this information would provide an indication of the future demands for elective surgery.

Dr Michael Waldie
Acting Chair
CLINICAL ADVISORY COMMITTEE
27/4/1998

above views agreed to be pursued

30.4.98

COI.0025.0006.00001

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GW13

2000-0102-002

(2)

QUEENSLAND HEALTH

MEMORANDUM

To: Director, Performance Management Branch DG020189

Copies to: Deputy Director General (Planning and Systems)

From: Director-General **Contact No:** (07) 323 41170
Fax No: (07) 323 41482

Subject: **Waiting Times/Specialist Outpatient Clinics**

During briefings with the Minister over the last two weeks, the issue of waiting times for patients referred for specialist outpatient clinic appointments has been raised.

As you are aware, this was an issue which lead to a new initiative funding submission for the 1998/99 financial year.

Please arrange for the Elective Surgery Unit to provide an urgent report of waiting times for the specialist outpatient clinic appointments for each speciality at each hospital.

I would appreciate receiving this report by 29 July 1998.

for RL
(Dr) R L Stable
Director-General
15/ 7/1998

(2) DG,
Please S/C 29.7.98.

(3) Sent by EXDG — NFA this folio

(1) Hand-delivered to Ms Robson pm 15/7/98
ESS 15/7/98

RECORDS BRANCH
DEPT. OF HEALTH
16 JUL 1998
QUEENSLAND
16/10/98
ESS

COI.0025.0005.00001

ACTION ON ... ORIGINAL UNLESS ... OTHERWISE INDICATED

RECEIVED
- 6 AUG 1998
3245
P.M.B.

RECEIVED
29 JUL 1998
BRao6130
BRIEFINGS/LIAISON UNIT

QUEENSLAND HEALTH

BRIEFING TO THE MINISTER FOR HEALTH

RECEIVED
30 JUL 1998
DG'S OFFICE

SUBJECT: Waiting Times-Specialist Outpatients Clinics

BACKGROUND:

- An urgent request was received from the Director-General requesting the waiting times for patients referred for specialist outpatient clinic appointments for each specialty within each elective surgery reporting hospital.
- All 32 hospitals have provided information which has been collated and is attached. The HBCIS Appointment Scheduling System is implemented in some hospitals, however this system is not utilised for corporate reporting of outpatient waiting times.
- Attached is the profile of waiting times for outpatient appointments (both surgical and medical) for Phase I, II and III hospitals.

ISSUES:

- The interpretation of the data provided in this report needs to be undertaken with caution. The information supplied may not reflect the true waiting time situation at particular hospitals. For example, at the Gold Coast hospital, some specialties do not issue appointments for non-urgent cases when the referral is received by the hospital. There are 314 Gynaecology, 252 General Surgery and 93 Urology non-urgent cases who are waiting to be issued with an appointment. Townsville hospital has approximately 300 ENT and 50 ophthalmology cases in the same circumstance. Therefore, if these patients were issued an appointment date, the waiting time for an appointment would increase dramatically. The extent of this practice in other hospitals is unknown.

- Referrals to specialist outpatient clinics in public hospitals occur from the following sources: Emergency Departments, Inter-hospital referrals, VMOs private rooms, General Practitioners and other community agencies.

- In most hospitals, referrals are reviewed by clinical staff and appointments are issued according to clinical urgency/need. Urgent cases are given priority and are seen within short timeframes. This often results in over-booking of clinics or cancellation of less urgent cases to accommodate the more urgent cases. For those patients who are considered non-urgent, the next available non-urgent appointment is issued. Attachments A, B and C identify the next available non-urgent appointment by specialty and month/year for Phase I, II and III hospitals.

- There are no State or National definitions for urgency classification of patients for prioritisation for access for outpatient appointment. There is no consistent manner across hospitals by which patients are classified for accessing an outpatient appointment.

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- Hospitals do not have information systems to profile outpatient activity in relation to waiting times. This means that there is no information readily available on the number of sessions provided per specialty, number of patients booked for appointments, number of patients waiting for appointment times, source of referral, cancellation and non-attendance rates.

- Patients accessing inpatient services by referral from VMO private rooms do not wait for an outpatient appointment. These patients are not reflected in any outpatient data.

SUGGESTED APPROACH:

- It is recommended that the Elective Surgery Team develop a standard proforma for the regular collection of specialist outpatient information. This information should represent the specialist services available including the possible demand. The extraction of electronic information from the HBCIS appointment scheduling system should be investigated.

Agreed
MG
DB
2/8/98

PREPARED BY: Michael Zanco
Principal Project Officer
Elective Surgery Team
Policy Coordination Unit
Performance Management Branch **Contact No.:** 40500

28.7.98

CLEARED BY: Judith Robson Not Cleared
Director, Performance Management Branch **Contact No.:** 40825

DATE: 28 July 1998

28/7

COI.0025.0005.00020

Attachment A

Phase 1 Hospitals
Next Available Outpatient Appointment at July 30, 1998

Specialty	Cairns	Gold Coast	Ipswich	Nambour	Princess Alexandra	Rockhampton	Royal Brisbane	Prince Charles	Toowoomba	Townsville
Surgical										
Cardio Thoracic								Nov-98		Aug-98
ENT		Feb-99	Sep-98			Mar-2000	Sep-99		Jan-99	Jan-2000
General	Oct-98	Dec-98	Nov-98	Aug-98	Aug-98	Nov-98	Aug-98		Sep-98	Nov-98
Gynaecology	Sep-98	Sep-98	Aug-98	Sep-98	Oct-98	Aug-98			Oct-98	
Neurosurgery	Sep-98	Oct-98	Sep-98		Sep-98	Sep-98	Oct-98			
Opthalmology	Oct-99	Apr-99	Nov-98	Jan-2000	Aug-98		Sep-98		Jul-99	Jan-99
Orthopaedic	Nov-98	Jan-99	Dec-98	Sep-98		Dec-98	Nov-98	Oct-98	Nov-98	Dec-98
Plastic & Reconstructive		Jun-99	Jan-99	Oct-98	Sep-98		Aug-98			Jan-99
Urology	Sep-98	Mar-99		Sep-98	Aug-98	Jan-2000	Oct-98			Oct-98
Vascular	Oct-98	Nov-98		Aug-98	Sep-98		Sep-98		Aug-98	Jan-99
Other - Breast		Aug-98		Aug-98			Aug-98			
Other - Colposcopy	Sep-98		Aug-98		Aug-98	Oct-98				
Other - Faciomaxillary									Aug-98	
Other - Paediatric		Sep-98				Jul-98		Jul-98		Jul-98
Other - Skin Cancer					Aug-98	Sep-98				
Medical										
Aged Care		Aug-98								
Allergy					Sep-98		Aug-98			
Cardiology	Oct-98			Sep-98	Aug-98		Sep-98	Mar-99		Dec-98
Colposcopy		Aug-98								
Dermatology	Nov-98					Nov-98				Aug-98
Diabetic	Aug-98	Oct-98	Aug-98	Oct-98	Oct-98	Aug-98	Sep-98			Oct-98
Endocrine	Aug-98	Aug-98			Nov-98		Sep-98	Jul-98		Aug-99
Gastro-Enerology	Oct-98	Nov-98					Sep-98	Oct-98		Dec-98
General Medicine	Oct-98	Aug-98	Oct-98	Aug-98	Aug-98	Sep-98	Aug-98	Nov-98	Oct-98	Sep-98
Gerontology					Aug-98					
Geriatric								Jul-98	Sep-98	
Haematology	Aug-98				Aug-98	Sep-98		Jul-98		
Hepatology		Aug-98								
Infectious Diseases	Jul-98			Sep-98			Sep-98			Jul-98
Liver	Aug-98						Sep-98			
Microbiology										Jul-98
Nephrology		Aug-98		Sep-98		Aug-98				
Neurology	Jan-99	Aug-98	Sep-98	Oct-98	Aug-98		Aug-98	Oct-98		Mar-99
Oncology	Sep-98		Aug-98			Aug-98		Aug-98		
Pain	Aug-98		Sep-98		Nov-98	Sep-98	Apr-99			Jan-99
Paediatrics				Sep-98		Sep-98			Aug-98	Jul-98
Renal	Aug-98				Sep-98		Sep-98		Aug-98	Oct-98
Respiratory		Sep-98		Aug-98	Aug-98		Sep-98			
Rheumatology	Aug-98	Oct-98		Dec-98	Aug-98	Sep-98				Aug-98
Thoracic					Aug-98			Aug-98		

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Phase 2 Hospitals
Next Available Outpatient Appointment at July 30, 1998

Specialty	Mater Adults	Bundaberg	Caboolture	Logan	MacKay	Maryborough	Mater Childrens	Mt Isa	QEII	Redcliffe	Royal Childrens	Royal Womens
Surgical												
Cardio Thoracic					Oct-98							
ENT	Oct-98				Jun-99	Sep-98	Feb-99				Jul-98	
General	Dec-98	Aug-98	Feb-99	Aug-98	Nov-98		Sep-98		Aug-98	Aug-98	Aug-98	
Gynaecology	Sep-98		Sep-98	Aug-98		Aug-98		Sep-98	Jul-98	Aug-98		Jul-98
Neurosurgery							Jul-98				Aug-98	
Opthalmology	Jan-99				Feb-99	Apr-99	Jan-99	Dec-98	Nov-98	Dec-99	Oct-98	
Orthopaedic	Jan-99	Jun-99	May-99	Sep-98	Feb-99	Aug-98	Sep-98	Nov-98	Oct-98	Nov-98	Jul-98	
Plastic & Reconstructive	Oct-98						Aug-98				Aug-98	
Urology	Sep-98				Sep-98	Sep-98	Sep-98		Sep-98	Jul-99		
Vascular	Oct-98	Aug-98							Oct-98	Nov-98		
O[illegible]Breast			Sep-98									Jul-98
Oth[illegible]Colposcopy			Aug-98	Aug-98		Jul-98						
Other - Faciomaxillary	Sep-98									Mar-99		
Other - Paediatric				Aug-98		Aug-98						
Medical												
Allergy											Dec-98	
Cardiology		Sep-98	Sep-98		Oct-98		Jul-98	Dec-98	Aug-98		Aug-98	
Colposcopy												Jul-98
Dermatology	Nov-98				Jan-99		Aug-98				Jul-98	
Diabetic		Jul-98					Aug-98			Aug-98	Sep-98	
Endocrine				Oct-98			Aug-98	Aug-98			Jul-98	
Gastro-Enerology	Sep-98			Sep-98			Aug-98	Dec-98	Jul-98		Aug-98	
General Medicine	Sep-98	Aug-98	Aug-98	Nov-98	Sep-98	Sep-98			Sep-98	Aug-98	Jul-98	
Haematology	Jul-98						Jul-98					
Immunology				Jul-98								
Infectious Diseases	Aug-98			Aug-98								
Infertility												Aug-98
Internal Medicine				Sep-98								
Liver					Feb-99							
Nephrology	Aug-98						Aug-98					
Ne[illegible]gy	Dec-98			Oct-98			Aug-98		Sep-98	Oct-98	Aug-98	
Oncology	Jul-98		Aug-98		Aug-98	Sep-98				Aug-98		Jul-98
Pain	Aug-98	Jul-98			Jan-99	Sep-98				Aug-98		
Paediatrics		Dec-98	Aug-98	Aug-98		Sep-98	Aug-98			Sep-98		
Palliative Care	Jul-98		Jul-98							Aug-98		
Renal					Aug-98						Jul-98	
Respiratory	Sep-98			Oct-98			Aug-98		Sep-98	Aug-98	Aug-98	
Rheumatology	Sep-98						Aug-98		Dec-98	Sep-98	Nov-98	

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Phase 3 Hospitals
Next Available Outpatient Appointment at July 30, 1998

Specialty	Atherton	Beaudesert	Caloundra	Emerald	Gladstone	Gympie	Innisfail	Kingaroy	Kirwan Womens	Redland
Surgical										
General Surgery	Oct-98		Aug-98	Jul-98	Sep-98		Aug-98	7.8.98		Oct-98
Gynaecology			Sep-98	Aug-98	Aug-98	Aug-98		Sep-98	Dec-98	Sep-98
Orthopaedic			Aug-98							Sep-98
Urology			Oct-98							
Other - Colposcopy									Oct-98	
Medical										
Cardiology					Aug-98		Aug-98			
Endocrine					Aug-98					Oct-98
Gastro-Enerology							Aug-98			Nov-98
General Medicine	Nov-98			Aug-98	Nov-98			Aug-98		Sep-98
Neurology										Aug-98
Oncology					Aug-98				Jul-98	
Paediatrics	Aug-98						Aug-98			
Psychiatry							Aug-98			
Respiratory										Sep-98
Thoracic							Sep-98			

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'GW15'

QUEENSLAND GOVERNMENT

Minister for Health

RECEIVED

- 5 AUG 1998

DG'S OFFICE

MEMORANDUM

TO: THE DIRECTOR-GENERAL

FROM: THE MINISTER FOR HEALTH

DATE: 31 JULY 1998

SUBJECT: WAITING LIST REDUCTION STRATEGY

Following the publication of the Elective Surgery Report for July 1998 , I wish to progress the Government's commitment to work with specialist colleges to expand training places and address the shortage and maldistribution of medical specialists.

I have also raised the possibility of reinstating the Medical Taskforce in Queensland Health.

(1) Could you please provide me with a report on Queensland's medical specialist workforce with regard to the issues of shortages and maldistribution, and advise on options to address this including consulting with the specialist colleges and establishing a Medical Taskforce?

Another issue I wish to progress is the need for standardised and improved procedures on collection of data about waiting times for appointments.

(2) I draw your attention to the recommendation from the Elective Surgery Team to develop a standard proforma for the regular collection of specialist outpatient information. Please advise on this initiative.

I have had a meeting with this.

Wendy Edmond
MINISTER FOR HEALTH

NOTED/.....

05 AUG 1998

.....
DR. R L STABLE
DIRECTOR GENERAL

COI.0025.0005.00032

Office Level 19 Queensland Health Building 147-163 Charlotte Street

Postal GPO Box 48 Brisbane Q 4001

Phone (07) 3234 1182 +617 3234 1182
Fax (07) 3229 4731 (07) 3221 0871

GW16

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Queensland Health
Surgical Access Team

Clinical Advisory Committee

Draft Minutes of the meeting held on 20 October 1998
Room 35A, Parliament House

Attendance

Dr Stephen Buckland (Chair)	Manager, Redcliffe-Caboolture District Health Service
Ms Mary Montgomery	Royal College of Nursing
Dr John Murray	Queensland Branch, Australian Medical Association
Ms Christine Ryan	Community Nurse Representative
Ms Cheryl O'Brien	Perioperative Nurses Association of Queensland
Dr John Aloizos	General Practitioner Liaison Council
Dr Brian Bell	Medical Superintendents Association
Dr Michael Waldie	Royal Australian College of Ophthalmologists
Dr Alison Holloway	Royal Australian College of Medical Administrators
Dr Peter Brazel	Australian Orthopaedic Association
Dr Michael Cleary	Medical Administrator, Division of Medicine, PAH
Dr Barry O'Loughlin	Royal Australasian College of Surgeons
Dr Jennifer Parslow	Australian and New Zealand College of Anaesthetists
Ms Karen Scott	Senior Project Officer, Surgical Access Team
Ms Ann Maguire	Principal Project Officer, Surgical Access Team
Mr Michael Zanco	Principal Project Officer, Surgical Access Team
Ms Dorothy Vicenzino	Principal Project Officer, Surgical Access Team
Mr Gary Walker	Manager, Surgical Access Team

Apologies

Dr David Robinson	Medical Adviser, Policy Coordination Unit
Dr R Stable	Director-General, Queensland Health

1. Apologies were noted as above.

2. Minutes of the meeting conducted 18 August 1998 were accepted as true and correct.

3. **Waiting List Reduction Strategy**

Mr Walker provided an overview of progress of the *Waiting List Reduction Strategy*. Approval for the new team structure has been received from the Director-General. The team has been renamed the **Surgical Access Team** in line with the broader focus to include responsibilities for reporting of Outpatient Waiting Times and the development and implementation of strategies to enhance Emergency Department waiting times.

Mr Walker provided a status report for each of the elements.

- The second *Elective Surgery Waiting List Report* will be published 30 October 1998. This report will have an identical format to the 30 July report and will provide information as at 1 October 1998.
- A briefing regarding the transfer of patients has been forwarded to the Minister for Health for consideration. This briefing recommends the potential transfer of patients once they have been seen by a surgeon and are on a surgical waiting list.
- The maintenance of elective surgery activity through holidays was discussed with the Minister at a recent meeting. The Minister was keen for hospitals to better use traditional slow times such as school holidays (but not public holidays) to do more elective surgery. This was particularly relevant at times when medical admissions are traditionally low.

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- A draft project plan for the Emergency Department strategy has been developed. It includes component for information systems, staffing and implementation of best practice initiatives.
- A plan is being developed to address the increase of day surgery rates.
- The second collection of data for specialist outpatient waiting times has shown that there are 36,000 new referral waiting to see a specialists; 8,500 of these have not been provided an appointment; some 26,000 of these are waiting for a surgical appointment.

Dr Cleary stated that the development of *Guidelines for the Management of Outpatient Waiting Lists* was a necessary first step to address outpatient waiting times.

Action: ***The Surgical Access Team will convene a working party of outpatient Clinical Nurse Consultants to progress the development of "Guidelines for the Management of Outpatient Waiting Lists".***

4. Discussions with the Minister for Health

Dr Buckland welcomed the Minister for Health to the meeting. Mr Bruce Pickard accompanied the Minister. General discussion of the elements of the 8-point plan proceeded from Mr Walker's overview. Members of the committee discussed the balance between outpatient clinics and surgical sessions and highlighted the issue that the same staff members provide both services. Any increase in the proportion of outpatient clinics (to reduce waiting times) would necessarily result in increased waiting times on elective surgical waiting lists.

There was lengthy discussion regarding the use of holiday periods to increase or maintain surgical throughput. The Minister stated that she was not referring to public holidays but to school holiday periods and the periods before and after the public holidays. The Minister identified that while medical activity traditionally increased in June, July and August, surgical activity remains low in September with surgeons taking leave. She also referred to management practices where there were decreases in activity in January to maintain budget integrity followed by marked increases in February. While these management practices were not apparent in every District, it was of concern.

The committee identified that there were several issues related to working through holiday periods including:

- All clinicians associated with the perioperative area need to be considered in reviewing holiday leave, not only surgeons; anaesthetists and nursing staff need to be included.
- New and/or junior staff commonly commence in January; activity is affected by orientation and training sessions for new staff.
- There are generally less patients in the hospital during holiday periods.
- Traditional slow periods such as January are seen by hospital administration as the best times to undertake ward refurbishments.
- Some facilities experience increased pressure for urgent and semi-urgent cases during these periods.
-

The Minister left the meeting at 6:00pm.

Action: ***The Minister requested that Dr Buckland provided any further comments to Mr Bruce Pickard who would remain at the meeting.***

5. BUSINESS ARISING FROM PREVIOUS MEETING

5.1 Terms of Reference

Dr Buckland presented the original Terms of Reference as well as a draft of the future Terms of Reference for the committee. There were minimal changes in the new Terms of Reference including the change of name of the team to Surgical Access Team. The committee accepted the new Terms of Reference.

5.2 Specialist Outpatient Services/reporting

Mr Walker reported that the Director-General had requested information regarding the access to surgical outpatient appointments. It is considered that this information may provide a better indication of the total time waiting for elective surgery. Dr Brazel stated that the information needs careful interpretation since only 40% of orthopaedic outpatients are placed on surgical waiting lists. Ms Vicenzino reported that the performance indicators initially discussed by the Director-General included 'Conversion Factors' which is the proportion of patients seen in outpatients that require surgery. Performance indicators for the outpatient collection have not yet been established. Ms Vicenzino reported that there was a requirement in the Australian Health Care Agreement that Queensland Health would have an outpatient information system in place by 2003.

5.3 Waiting Time Report

Ms Maguire tabled the 1 October 1998 Waiting List Report.
In brief:

- The number of patients on the waiting list has increased in all three urgency Categories at 1 October compared to 1 September 1998.
- The proportion of Category 2 'long wait' patients has increased for 4 consecutive months.
- Admissions have increased in all categories during September, compared to August 1998.
- More patients have been added to the list in Category 2 than treated or removed. Even though there has been increased admissions in Category 2, it is not keeping up with the increased number of additions to the list. If this situation continues, it is expected that the proportion of the 'long wait' patients in Category 2 will continue to increase.

5.4 Theatre Utilisation Workshop Report

Ms Scott tabled a report from the Theatre Utilisation Workshop held Monday 14 September 1998 which recommended changes to the minimum data set and the formulae. Issues discussed included:

- Reasons for the recommended changes.
- Current status of the national recommendations from the NDHP Phase 1
- The national consultancy regarding the measurement of surgeon and anaesthetists time for procedures.
- Follow-up consultation with the Theatre Utilisation Working Party.

Dr Buckland made the point that not including procedure rooms in the main theatre utilisation collection may encourage poor practice eg. the inclusion of procedural activity in main theatres. Ann Maguire clarified that the collection includes all main theatres and all procedure rooms. However, within the collection, hospitals have been asked to nominate 'Main' theatres. The activity that occurs within procedure rooms will be monitored separately.

Action: For the Surgical Access Team to reconvene the Theatre Utilisation Working Party to review the recommendations from the workshop.

5.5 Medical Superintendents' Advisory Committee Report

Mr Zanco provided a report on the last meeting of the Medical Superintendents Advisory Committee. The main focus of the meeting involved a presentation by Mr Brian Bartley from Corrs, Chambers and Westgarth regarding the recent legal case Chappel vs Hart. The main issue arising from the case concerned patient consent and the responsibility of the hospital and clinician.

The medical superintendents have asked for further clarification on the funding arrangements for 1998/99. They have requested information from the Surgical Access Team that clearly identifies the methodology used in calculating base activity and funding for 1998/99.

Members of the committee also requested that a policy be developed for the transfer of patients between districts for the purpose of elective surgery. In addition it was requested that funding be made available for elective surgery performed during the traditional quite periods for example December/January.

5.6 Elective Surgery Coordinators' Meeting Report

Mr Zanco reported that the elective surgery coordinators have been concentrating on a number of issues. In particular, these issues include data quality, systems administration for the *elective admission system*, specialist outpatient processes and admission protocols through emergency departments. Coordinators are assisting the Surgical Access Team in identifying and developing strategies in these areas.

6. FUTURE MEETINGS

The next meeting will be held 10 November 1998.
The final meeting for the year will be held 8 December 1998

COI.0025.0004.00011

AM 'GW17' 1224-0023-010. (6A)

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QUEENSLAND HEALTH

SUBMISSION TO THE:

- ☐ **Director-General**
- ☑ **General Manager, Health Services**
- ☐ **Deputy Director-General (Planning & Systems)**

DATE: 17 September 1999

PREPARED BY: Andrew McAuliffe, Principal Project Officer, Surgical Access Team — **Contact No:** 323 41125

CLEARED BY: Gary Walker, Manager, Surgical Access Team — **Contact No:** 323 40500 — 17.9.99

SUBMITTED THROUGH: Glenn Cuffe, Manager, Procurement Strategy Unit — 20/9/99 — **Contact No:** 322 52361

DEADLINE: 24/9/99 — **File Reference:** 1224-0350-008

Subject: ***Guidelines for the Management of Specialist Outpatient Clinic Waiting Lists***

APPROVED/ NOT APPROVED

COMMENTS

meta 1 typo — p 4.

(Dr) J G Youngman
General Manager, Health Services 22-9-99
/ / 1999

COI.0025.0006.00123

PURPOSE:

- To seek final approval for the publishing and distribution of the ***Guidelines for the Management of Specialist Outpatient Clinic Waiting Lists.***

BACKGROUND:

- In a previous submission, dated 26 April 1999, the General Manager, Health Services, approved the content of the draft ***Guidelines for the Management of Specialist Outpatient Clinic Waiting Lists*** and gave approval to proceed with publication.
- The *Guidelines* are ready to go to press and a proof copy has been prepared for final consideration.
- The Director-General has reviewed the proof copy and signed the Foreword.

ISSUES:

- The Director-General requested the General Manager, Health Services review the proof copy prior to printing

RECOMMENDATION(S):

- That the General Manager, Health Services approve the printing and distribution of the ***Guidelines for the Management of Specialist Outpatient Clinic Waiting Lists***.

COI.0025.0006.00124

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1224-0350-008

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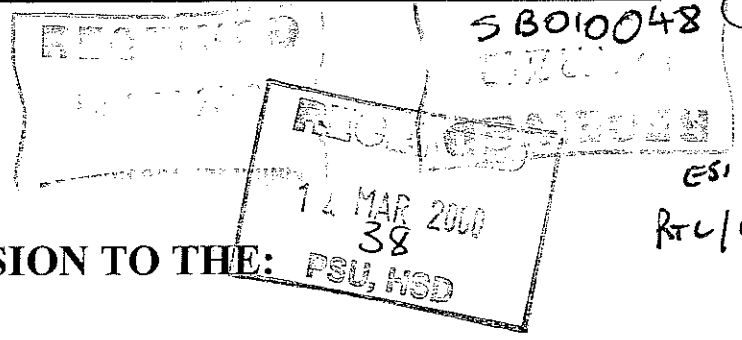

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QUEENSLAND HEALTH

SUBMISSION TO THE:

☐ **Director-General**

☑ **General Manager, Health Services**

☐ **Deputy Director-General (Policy & Outcomes)**

DATE: 10 March 2000

PREPARED BY: Michael Draheim — **Contact No:** (07) 323 41166
Principal Project Officer
Surgical Access Team

CLEARED BY: Dorothy Vicenzino — **Contact No:** (07) 323 40500
A/Manager
Surgical Access Team

14/3/2000

SUBMITTED THROUGH: — **Contact No:** (07) 322 52361
Glenn Cuffe
Manager
Procurement Strategy Unit

14/3/2000

File Reference: 1224-0350-008

KM 14/3

Subject: **Enhancements to HBCIS Appointment Scheduling Module**

APPROVED/NOT APPROVED

COMMENTS

(Dr) J Youngman
General Manager, Health Services
14/3/2000

COI.0025.0006.00131

PURPOSE:

To seek approval to proceed with the enhancements to the HBCIS Appointment Scheduling Module.

BACKGROUND:

- In December 1999 the General Manager, Health Services approved that the Surgical Access Team proceed with costing the enhancements to the HBCIS Appointment Scheduling Module to provide data to accurately measure waiting time for access to specialist outpatient clinics from time referral received until time appointment attended.

- The Surgical Access Team and Business Applications Services (BAS) developed an enhancement request for iSOFT. iSOFT has provided an indicative quotation for the enhancements totalling $80,152.00. (see Attachment)

- The following sites currently utilise the HBCIS Scheduling module. The enhancement would be implemented at each of these sites.

  - Bundaberg Hospital
  - Cairns Base Hospital
  - Emerald Hospital
  - Gold Coast Hospital
  - Hervey Bay Hospital
  - Ipswich Hospital
  - Kirwan Hospital
  - Mackay Hospital
  - Maryborough Hospital
  - Mater Adult Hospital
  - Mater Children's Hospital
  - Mater Mothers' Hospital
  - Mount Isa Hospital
  - QEII Hospital
  - Redcliffe Hospital
  - Redlands Hospital
  - Rockhampton Hospital
  - Royal Children's Hospital
  - Royal Women's Hospital
  - The Prince Charles Hospital
  - Toowoomba Hospital
  - Townsville Hospital

- Sites not currently utilising the HBCIS module are:

Site	Current System	Future System	Implementation
Royal Brisbane Hospital	Manual	OSIM	Underway
Princess Alexandra Hospital	Manual	OSIM	Underway
Logan Hospital	ASIM	ASIM 2	
Gatton Hospital	Manual	HBCIS	May in 2000
Roma Hospital	Manual	HBCIS	? go live mid 2000
St George Hospital	Manual	HBCIS	? go live mid 2000
Caboolture Hospital	Access DB	ASIM 2	
Nambour Hospital	Manual	HBCIS	? go live mid 2000
Kingaroy Hospital	Manual		
Innisfail Hospital	Manual		
Gladstone Hospital	Manual		
Beaudesert Hospital	Manual		
Atherton Hospital	Manual		
Mareeba Hospital	Manual		

COI.0025.0006.00132

ISSUES:

- The implementation of the enhancements to HBCIS Appointment Scheduling Module will give sites the ability to capture data to measure the existing time gap between date referral received and actual presentation to clinic appointment. This will be achieved by the inclusion of two new fields:
    - Date referral received and
    - Referral urgency

- It is anticipated that the current workload will remain unchanged, though data capture will improve due to input of data once referral is received rather than at the time an appointment is allocated. Comments from sites have been that the referrals are currently collated manually. The new fields will give sites an electronic list of referrals within the system rather than having to sought through a manual system to audit/report on referrals.

- The value of collecting these new fields and enhancing the system is that sites will have the ability to actively manage their specialist outpatients by having the capability to:
    - Capture referral data electronically.
    - Measure the non-attendances rates for each clinic.
    - Report on those patients that are awaiting the allocation of an appointment.
    - Audit, measure and report on patients who are 'long waits'.

- The collection of data to support the measurement of specialist outpatient waiting time indicators and reporting of these indicators will assist in improving the accuracy and reliability of this data.

COSTS:

The quoted indicative costs from iSOFT for the enhancements are $80,152.

CONSULTATION:

The following groups have been consulted in regards to the development of the Enhancement Request to date:

- Outpatient Clinical Best Practice Working Party
- Business Applications Services
- The following sites:
    - Royal Women's Hospital
    - Queen Elizabeth II Hospital
    - Toowoomba Hospital
    - The Prince Charles Hospital

RECOMMENDATION:

The General Manager, Health Services approves the allocation of $80,152 for enhancements of the HBCIS Scheduling Module from unallocated HABP funds.

COI.0025.0006.00133