GW28 1224-0350-008.

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12 OCT 2000
BR012363
EXECUTIVE SUPPORT UNIT

Queensland Government
Queensland Health

A BRIEFING TO THE MINISTER

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BRIEFING NOTE NO: BR012363

REQUESTED BY: Cathi Collier

DATE: 10 October 2000

PREPARED BY: Dorothy Vicenzino, Michael Zanco, Simon Wenck
Surgical Access Team

CLEARED BY: Glenn Cuffe, Manager, Procurement Strategy Unit

DEPARTMENTAL OFFICER ATTENDING:

DEADLINE:

SUBJECT: **Status of the Collection of Outpatient Clinics Waiting Times**

MINISTER'S COMMENTS:

RECEIVED RECORDS TEAM 11 JAN 2001 DEPT. OF HEALTH

Wendy Edmond MLA
MINISTER FOR HEALTH
/ /

PURPOSE:

To inform the Minister of the status of the collection of Outpatient Clinics Waiting Times.

BACKGROUND:

Development of the Collection:

- In 1998, as part of the Governments *Waiting Listing Reduction Strategy*, the Surgical Access Team was charged with the responsibility of developing a collection of outpatient waiting times data in order to reveal the "true" or "hidden" waiting list for elective surgery in Queensland Public Hospitals. The Minister for Health had made commitments in speeches, such as at the launch of the quarterly publication *Elective Surgery Waiting List Report,* to reveal the "true" waiting time for surgery.

- It was identified by the Surgical Access Team, that there were no information systems that could provide waiting time information for specialist outpatients appointment and a manual data collection was commenced. The data collected includes:
  - Waiting time for next available appointment for urgent and non-urgent cases per clinic
  - Number of new cases referred with an appointment and without an appointment.

- The Surgical Access Team also convened the Specialist Outpatients Clinic Working Party to identify best practice standards in the management of waiting lists in specialist outpatient clinics. As a result the *Guidelines for the Management of Specialist Outpatients Clinic Waiting Lists* was developed and distributed in September 1999. The main objective of these *Guidelines* was to facilitate the collection of consistent information. The *Guidelines* contain definitions for the categorisation of patients referred as well as recommendations for communication with general practitioners. However the *Guidelines* were distributed with a recommendation to be implemented. No coordinated implementation strategy was initiated and different hospitals continue to have different processes for managing referrals. For example, Princess Alexandra Hospital provides appointments 6 weeks in advance only, and Royal Brisbane Hospital provides appointments up to 2 years in advance.

- The Surgical Access Team sponsored a project at the Mater Adults Hospital to review reasons for 'Fail to Attend' appointments. A detailed brief was provided detailing the achievements of this project.

- As well a policy has also been developed entitled *Removal of Patients from Outpatient Clinic Waiting List and Appointment Schedules.* This policy is currently with the Office of the Director-General awaiting approval.

- The Surgical Access Team undertook a review of outpatient information systems in October 1999. This review, carried out in consultation with Business Application Services (BAS), highlighted the need for a standardised reporting process across the three systems currently used in Queensland Public Hospitals, namely HBCIS Appointment Scheduling, Appointment Scheduling Information Management System (ASIM)(Logan Hospital), and Cerner Outpatient Services Information Management System (OSIM) (Royal Brisbane and Princess Alexandra Hospitals).

- The Surgical Access Team has prepared a submission recommending detailed enhancements to the HBCIS Appointment Scheduling Module to allow the collection of waiting list information. This submission is with the Office of the Director-General

KEY ISSUES:

Current Data Collection:

- There have been several problems associated with the current manual collection.
  - A minimum number of data items have been collected manually.
  - The data is collected manually and cannot be audited or verified.
  - Due to the time taken to produce the data, several hospitals submit the same or similar data month after month.
- The emphasis of the current manual data collection is the collection of numbers waiting and the waiting times to next available appointment. See Attachment 1.
  - The number of patients waiting for a specialist appointment has been relatively stable, varying between 48,000 and 52,000 since March 1999. The increase of some 4,000 patients waiting can be accounted for by an increase in number of patients waiting for a Surgical Appointment but who do not have an appointment. Since January 2000, this has increased from 9,145 to 11,256 (or 18.75%).
  - The waiting time until next appointment is misleading since one specialist may have an appointment available in 1 week's time and another specialist an appointment available in 9 months time. The shorter time is what is currently reported.
  - There is also an issue of how often clinics are provided. There may be a waiting time of 4 weeks to the next appointment but the hospital may only provide one clinic a month.

- The data collected by the Surgical Access Team does not include throughput information. However this is available from Data Services Unit from the Monthly Activity Statistic collection. Analysis of the information from Elective Surgery Reporting Hospitals indicate that there has been a 7% increase in occasions of service for the financial years 1997/98 to 1999/2000 (See Attachment 2).

Planned Enhancements to the Data Collection:

- While the current data collected by the Surgical Access Team provides number and time to next available appointment this does not provide throughput information. The enhancements to the HBCIS Appointment Scheduling Module system will create a data collection based on the development of a waiting list with the emphasis on patients seen within and outside appropriate time frames (similar to the elective surgery waiting list). The proposed enhancements include:
  - All new patients can be entered into the system
  - All patients will be assigned a urgency category (1, 2 or 3 as defined in the *Guidelines for the Management of OPD Waiting Lists)*
  - The inclusion of a General Practitioner referral screen including date referred
  - Increase functionality in letter production
  - Census waiting list reports will be automatic.

Cost of Enhancements

- In March 2000, the General Manager, Health Services approved an allocation of $80,152 for enhancements to the HBCIS Appointment Scheduling Module. However due to a significant increase in scope, these funds were not expended in 1999/2000 and rolled over. Total funds required for the recommended enhancements are $189,608.

Contentious Issues and Risks:

Issues related to the development of a data collection for Specialist Outpatient Waiting List include:

- The possibility that the HBCIS product may be replaced in the next 3 – 5 years;
- A co-ordinated implementation strategy should be developed to ensure data quality. It is unlikely that this could be managed with in the current resources of the Surgical Access Team.
- An internal Department strategy should be developed to deal with the information produced. This may be similar to the strategy for the management of Emergency Department waiting times information.

BENEFITS AND COSTS:

The major organisational benefits that will be derived from the proposed enhancements to the HBCIS Appointment Scheduling Module include:

- All new patients referred to a Specialist Outpatient Clinic using the Appointment Scheduling Module will be assigned an urgency category (1,2 or 3 as defined in *the Guidelines for the Management of OPD Waiting Lists*) and entered onto an electronic waiting list system. This will ensure that new patient referrals will not lay dormant in "bottom drawers".

- Complete referring doctor details, including referral date and date referral received, can be tracked for each new patient referral received by that clinic. This will allow each facility to report waiting times from the time the hospital receives the referral to the time that the patient is seen, therefore revealing the "hidden" waiting time.

- This functionality will allow for better communication between the hospital and the General Practitioner during the period in which the patient is on the waiting list. This is reliant however, upon the referring doctor reference file being adequately maintained at the site level.

- Census waiting time reports can be run automatically, eradicating the need for the current manual processes which are resource intensive.

- Sites using the HBCIS Appointment Scheduling module will have a greater capacity to manage their outpatient waiting lists as a result of these proposed enhancements. They will provide sites with a greater scope to evaluate their current workloads in order to plan for current and future ambulatory services.

ACTIONS REQUIRED:

The Surgical Access Team is waiting advice from the Office of the Director-General regarding enhancements to the HBCIS Appointment Scheduling Module and the future direction of the manual outpatient data collection.

'GW21'

Decision No. 00681
Copy No. 020

SECRET

CABINET DECISION

Brisbane, 12 April 1999

Decision No. 00681 (Submission No. 00572)

TITLE: Information Submission - Progress Report on the implementation of the Government's Waiting List Reduction Strategy.

CABINET decided:

1. To note the information contained in the submission.
2. To note that the Minister for Health will provide quarterly reports to Cabinet on progress of the Waiting List Reduction Strategy and Queensland Health's budget status.

CIRCULATION: Implementation Responsibility
Nil.
Departmental Records
Department of the Premier and Cabinet.
Department of Health and copy to the Minister.
Perusal and Return
All other Ministers.

Acting Cabinet Secretary

SECURITY CLASSIFICATION "A"

INFORMATION SUBMISSION

Final No. 00572
Copy No. 020

COVER SHEET

TITLE

Progress Report on the implementation of the Government's *Waiting List Reduction Strategy*.

MINISTER

Minister for Health

OBJECTIVE

The objectives of this Submission are:

(a) To inform Cabinet of the progress of the Labor Government's *Waiting List Reduction Strategy* from 1 July 1998 to 1 April 1999.

(b) To inform Cabinet of the impact of specialist shortages on the *Waiting List Reduction Strategy*.

(c) To inform Cabinet of the status of the elective surgery waiting lists of the 33 reporting public hospitals from 1 July 1998 to 1 April 1999.

SUMMARY

In July 1998, the Labor Government gave a commitment to significantly expand previous strategies to reduce waiting lists in public hospitals in Queensland.

This submission will review the progress of elements of the *Waiting List Reduction Strategy*. The waiting list census information is reviewed from 1 July 1998 to 1 April 1999 and elective surgery throughput data for 1998/99 is compared to 1997/98.

RESULTS OF CONSULTATION

Consultation external to Queensland Health, specific to this submission has not been undertaken. However, consultation remains a major part of this initiative and mechanisms outlined in the body of the submissions have continued to provide a major support role to the strategy.

RECOMMENDATIONS

It is recommended that Cabinet:

(a) note the information contained in the submission; and

(b) note that the Minister for Health will provide quarterly reports to Cabinet on progress of the *Waiting List Reduction Strategy* and Queensland Health's budget status.

WENDY EDMOND MLA
MINISTER FOR HEALTH
9/4/1999

BODY OF SUBMISSION

OBJECTIVE

The objectives of this Submission are:

(a) To inform Cabinet of the progress of the Labor Government's *Waiting List Reduction Strategy* from 1 July 1998 to 1 April 1999.

(b) To inform Cabinet of the impact of specialist shortages on the *Waiting List Reduction Strategy*.

(c) To inform Cabinet of the status of the elective surgery waiting lists of the 33 reporting public hospitals from 1 July 1998 to 1 April 1999.

BACKGROUND

- ***Context***

1. In July 1998, the Government gave a commitment to significantly expand previous strategies to reduce waiting lists in public hospitals in Queensland. The *Waiting List Reduction Strategy* involves an eight-point plan to cut waiting lists and includes a commitment to:

    - Publish the waiting list for each hospital every three months so that money can be channeled to where the real need is.
    - Supply general practitioners with quarterly briefings on waiting lists to help them when referring people for surgery.
    - Even out waiting lists by moving people, in appropriate cases, to a hospital where their procedure can be performed more speedily.
    - Provide additional funding of $6.8 million per year to finance extra surgery for complex procedures.
    - Work with the specialist colleges to expand training places for new specialists to meet the demand of the next century.
    - Use holiday times to keep operating theatres working for the benefit of those waiting for surgery.
    - Benchmark waiting times for Accident and Emergency Departments to reduce excessive waits.
    - Increase levels of day surgery across the State to reduce the length of waiting times for elective surgery.

2. A further element was added to the 8 point plan. This element is the collection of waiting times for specialist outpatient appointments.

- ***Previous consideration by Cabinet***

3. This matter has not previously been considered by Cabinet.

ISSUES

1. PROJECT UPDATE

4. A dedicated organisational unit, the Surgical Access Team was established on 30 September 1998, for the implementation and ongoing management of the *Waiting List Reduction Strategy*.

Publication of the quarterly *Elective Surgery Waiting List Report*

5. The aim of the publication has been to provide public information regarding the status of elective surgery waiting lists of 33 hospitals across the State. This provides general practitioners and the public with timely information on the relative size of waiting lists in public hospitals by surgical specialty.

6. Three *Reports* have been published containing information on the waiting lists for 1 July 1998, 1 October 1998 and 1 January 1999. The report for 1 April 1999 is currently being collated.

7. Feedback received on the *Reports* has been positive and supportive of the initiative. Some Health Service Districts have reported changes in referral patterns as a result of General Practitioners referring patients to hospitals with shorter waiting lists. However, referral patterns are complex and changes cannot be measured.

8. The *Report* is published on the Queensland Health Intranet and Internet sites and a hard copy of the *Report* is produced and distributed. The first two reports were distributed to all general practitioners and medical specialists (except Psychiatrists), with the last report distributed to those that requested a hard copy.

Quarterly Briefings of General Practitioners

9. The aim of the briefings is to improve communication between general practitioners and their local public hospitals.

10. Detailed briefings have been prepared for the *Divisions of General Practice Newsletters*. These briefings include waiting list information for the hospitals relevant to each Division. In the future they will also be used to highlight other aspects of the *Waiting List Reduction Strategy* such as the development of the *Guidelines for the Management of Outpatient Waiting Lists*.

11. The Surgical Access Team is liaising with the Brisbane Southside Central Division of General Practice, which is developing an accurate statewide electronic register of general practitioners contact details. The development of the register will assist hospitals to provide timely details to general practitioners of services provided to their patients. The timely provision of feedback and information to general practitioners is an important concept promoted in the *Guidelines*.

12. The Surgical Access Team is liaising with General Practice Divisions and other units within Queensland Health to promote the use of standardized referrals to emergency and outpatient departments. The use of standardized referrals enhances the quality of information provided thus improving access to services.

Transfer of Patients to Even Out Waiting Lists

13. The aim of the initiative is to relieve pressure on hospitals with long waiting lists by transferring patients to those facilities with spare capacity in certain specialties.

14. The feasibility of transferring patients from Princess Alexandra Hospital and the Gold Coast Hospital to Queen Elizabeth II Jubilee Hospital (QEII) has been investigated. While there is spare capacity in the operating theatres at QEII, problems exist with the provision of additional anaesthetic services which is currently being addressed. The QEII Hospital reported that currently, 57% of surgical patients treated reside outside the District's boundaries.

15. In instances where waiting lists have expanded due to an absence of specialist services, surgical sessions have been filled, where possible, by 'transferring' a surgeon. For example, an orthopaedic surgeon from the QEII Hospital has provided surgical sessions at the Gold Coast Hospital. This provides the optimal situation where the patient can access surgery, including pre- and follow-up care, close to their place of residence.

16. Discussions are also underway between Toowoomba Hospital and Mater Adult's Hospital for the provision of urology surgery for Toowoomba District residents.

17. In 1997/98, orthopaedic patients were transferred to The Prince Charles Hospital from the Nambour Hospital. The Prince Charles Hospital has indicated that referral patterns have changed, leading to direct referrals from the Sunshine Coast Health Service District area. No further transfers have been facilitated since total capacity is now being utilised at The Prince Charles Hospital.

- **Funding and Incentives**

18. Targeted funding has been provided to Health Service Districts for elective surgery services. As well as additional elective surgery services, funds have been provided for complex procedures and increasing day surgery rates. Activity against targets is monitored quarterly.

19. Total elective surgery funding provided in 1997/98 was $91.75 million, compared with $87.91 million in 1998/99 which includes additional funds provided for the Emergency Services Strategy ($2.5 million), publication of waiting list information ($0.1 million) and the transfer of patients ($0.45 million).

- **Workforce Issues**

20. Medical workforce issues impact on access to services in Emergency Departments, specialist outpatients clinics and surgical services in public hospitals. The inability to fill surgical positions has a direct effect on the 'long wait' Category 2 waiting list. For example, the delay in filling the cardiac surgery position at the Princess Alexandra Hospital, lead to sessions being provided by surgeons from The Prince Charles Hospital where the cardiac surgery Category 2 'long waits' increased to 46.9% at 1 February 1999. Since the recently appointed cardiac surgeon commenced at the Princess Alexandra Hospital and The Prince Charles Hospital surgeons recommenced sessions at their hospital, the cardiac surgery Category 2 'long waits' has decrease to 42.8% at 1 April 1999. Similar examples have occurred in orthopaedics at the Gold Coast Hospital where the Director of Orthopaedic's position has only recently been filled. At the Rockhampton Hospital the Director of Orthopaedics position remains vacant however, a Visiting Medical Officer has filled some of those vacant sessions but the service does not have an overall coordinator.

21. The discussions with the Medical Colleges in relation to the Medical Workforce Summit have resulted in 29 out of the 37 specialist training positions being accredited and filled to date. The Australian and New Zealand College of Anaesthetists is currently considering an application by Toowoomba Hospital for a training position in anaesthetics. This will be created from the conversion of a Principal House Officer position. The remaining 7 training positions are not Principal House Officer conversions and will require funding.

22. The project officer for the Medical Workforce Project commenced in mid-January. The Australian Medical Workforce Advisory Committee (AMWAC) is currently considering recommendations on the specialist medical workforce in Australia. As these reports become available, the Health Advisory Unit in Queensland Health (HAU) is reviewing the Queensland workforce in particular specialties and is working with the various Colleges to implement the AMWAC recommendations.

Better use of Operating Theatres During Holidays

23. Surgical sessions during holiday periods are monitored by the General Manager, Health Services. Hospitals not achieving activity targets are required to make better use of operating theatres during holiday periods.

Emergency Services Strategy

24. Funding of $1.22 million has been distributed to Districts for additional medical staffing positions in emergency departments. Seventeen additional positions have been funded.

25. Funding of $170,000 has also been provided in 1998/99 for additional two medical officers attached to the *Royal Flying Doctor Service* based at Rockhampton Hospital.

26. Funding of $648,000 has been provided for the implementation of an emergency department information system at Cairns, Toowoomba, Redcliffe and Caboolture Hospitals.

27. An integrated bed management project has been funded at the Royal Brisbane Hospital. This project will develop a model to predict and plan for the demand on in-patient beds by the emergency department and elective admissions. The anticipated outcome of this project is the development of a modelling tool that will help to reduce cancellations and the inefficient use of hospital resources, thereby reducing access block.

28. Additional funds of $100,000 have been provided to the Mt Isa Hospital for emergency department equipment.

29. Facilities have commenced the provision of data to the Surgical Access Team to begin benchmarking the performance of hospital emergency departments. This data contains admission rate per triage category and the number of patients seen within the recommended time.

30. A workshop for emergency department Clinical Nurse Consultants has been conducted to review current work practices. A further workshop for emergency department Medical Directors and CNCs will take place in May to address triage processes, data collection and quality initiatives.

Day Surgery Targets

31. The minimum day surgery target of 50% has been identified for the State. The average rate for the six months to 31 December 1998 was 46.3%.

Specialist Outpatient Services

32. The Government has indicated its commitment to review the demand for specialist outpatient services.

33. In order to ensure a consistent approach to the delivery of specialist outpatient services the Surgical Access Team has developed *Guidelines for the Management of Specialist Outpatient Waiting Lists*.

34. The Surgical Access Team is coordinating the monthly collection of specialist outpatient waiting times including the next available new case appointment time and total number of new cases with and without an appointment date.

35. The Surgical Access Team is investigating the feasibility of developing enhancements to the Hospital Based Components Information System (HBCIS) appointment scheduling system to allow measurement of waiting time from presentation of referral until the initial appointment. This measure has been identified as an appropriate National performance indicator for outpatient services.

36. The introduction of a coordinated approach to appointment scheduling and data collection will enable a more accurate assessment of the demand and waiting time for outpatient services. The systematic collection of data will provide the public and general practitioners with a clearer picture of waiting times and allow hospitals to benchmark and plan outpatient service delivery.

2. SPECIALIST SHORTAGES

37. The shortage of specialist medical practitioners and the extent of the current level of vacancies has been widely reported in the media in recent weeks. However, in reality there has been a steady decline in full-time specialist vacancies in Queensland public hospitals since 1995 following the introduction of a range of employment incentive initiatives, ie:

June 1995	125
November 1995	93
March 1996	82
July 1996	62
March 1997	61
March 1999	32

38. Twenty-seven new specialist positions have been created since July 1998. Twenty-one of these new positions have been filled. (The remaining six vacant new positions are included within the March 1999 figure listed above). Queensland Health has also increased the number of training positions in rural Queensland through the Medical Workforce Summit and the Rural Registrar Program as it is likely that these registrars will remain in their present locations when they are fully qualified as specialists.

39. The strategies outlined below have been successful in both reducing the overall numbers of specialist vacancies and in placing specialists in rural areas where long term vacancies have occurred:

- Access to salary sacrificing and higher commencement pay rates for visiting specialists in rural areas.
- Queensland Health now notifies Colleges of vacancies for inclusion in their journals and doctor networks.
- Changes in the way specialist positions are advertised (e.g. total remuneration packages of $200,000 per annum rather than stating basic salary)
- Consultation with the various medical Colleges and the Commonwealth to extend the number of specialist training places.
- improvements to enhance the retention of doctors e.g. provision of access to appropriate computer services, provision of increased levels of support staff

increased participation by specialist staff in resource allocation and administrative decision-making, increased professional development opportunities for specialists in rural areas are being addressed at the District Health Service level.

- An increase in the Scholarship Fund from $1.088M to $2.443M and the introduction of four year scholarships to ensure longer bonded periods will result in 30 medical scholarship holders graduating each year. Benefits include a living allowance of $7,000 per academic year, a tertiary grant of $3,500 and an annual travel allowance of $500. Some of these doctors may enter a specialty and return to the bush.

3. PERFORMANCE REPORT

A. Comparison of Waiting List Information 1 July 1998/1 April 1999

Category 1 patients

40. In the 33 reporting hospitals there were, on average, 2,643 Category 1 elective surgery patients treated per month for the period of 1 July 1998 to 1 April 1999. This compares with an average of 2,391 Category 1 elective surgery patients treated per month for the period 1 July 1997 to 1 April 1998.

41. At 1 July 1998, 0.9 per cent of Category 1 patients in these hospitals had waited clinically inappropriate times for surgery. At 1 April 1999, this figure was 1.9 per cent which is below the Category 1 target of less than 5 per cent of patients waiting longer than 30 days for surgery. This compares with 0.9 per cent of Category 1 patients waiting longer than 30 days for surgery at 1 April 1998.

Category 2 patients

42. In the 33 reporting hospitals there were, on average, 4,304 Category 2 elective surgery patients treated per month, for the period of 1 July 1998 to 1 April 1999. This compares with an average of 3,961 Category 2 elective surgery patients treated per month for the period 1 July 1997 to 1 April 1998.

43. At 1 July 1998, 10.6 per cent of Category 2 patients in these hospitals had waited longer than the clinically appropriate time for surgery. This increased to 19.4 per cent at 1 February 1999. At 1 April 1999, this figure was 15.9 per cent (28.7% in April 1998) which is above the Category 2 target of less than 5.0 per cent of patients waiting longer than 90 days for surgery. (See Attachment 1). This compares with an average of 28.7 per cent of Category 2 patients waiting longer than 90 days for surgery at 1 April 1998.

44. In Category 2, orthopaedic's is an ongoing issue. At 1 April 1999, orthopaedic patients represented approximately 27.4 per cent of all Category 2 patients and 46.4 per cent of those Category 2 patients waiting longer than 90 days for surgery.

45. While the number of Category 2 admissions has increased over the period 1 January 1997 to 1 April 1999, the number of Category 2 patients waiting has increased at a faster rate, indicating an unprecedented demand for surgery.

Category 3 patients

46. For the period of 1 July 1998 to 1 April 1999 there were, on average, 2,904 Category 3 elective surgery patients treated per month in the 33 reporting hospitals. For the same period last year and average of 2,987 of Category three patients were treated per month.

47. At 1 July 1998, 28.8 per cent of patients in these hospitals had waited longer than one year for surgery. At 1 April 1999, this figure was 27.5 per cent. By comparison as at 1 April 1998 the figure was 30.4 per cent.

Comparison of Elective Surgical Throughput – 1998-99 vs 1997-98

48. A comparison of the throughput for the 33 reporting hospitals has been undertaken to provide an indication of the increase in elective surgical activity in 1998/99. The total number of elective surgery admissions in these hospitals in the nine months from 1 July 1998 to 1 April 1999 was 4,616 admissions (or 5.5%) more than the same period in 1997/98.

CONSULTATION

49. Formal consultation has been through existing mechanisms within Queensland Health. These mechanisms include the Clinical Advisory Committee, the Medical Superintendents Advisory Committee, Elective Surgery Coordinators, Emergency Services Specialist Advisory Panel, Emergency Nurses Advisory Committee, the Nursing Workforce Committee and the Medical Workforce Committee.

50. Consultation has occurred with the Australasian College for Emergency Medicine, the Queensland Emergency Nurses Association and the Divisions of General Practice.

51. Consultation has also occurred through the establishment of the Specialist Outpatients Working Party and the convening of the Emergency Department CNC Workshop.

52. Consultation has occurred with District Managers and key medical and nursing personnel from the participating hospitals on the approach to enhancing surgical services. Such consultation has included feedback in the form of a monthly report to hospitals. In addition, visits to the participating hospitals have been conducted during 1998/99.

53. I met with representatives of the surgical subspecialty and anaesthetics Colleges on Wednesday 7 April 1999 to reinforce the Government's commitment to elective surgery.

RESULTS OF CONSULTATION

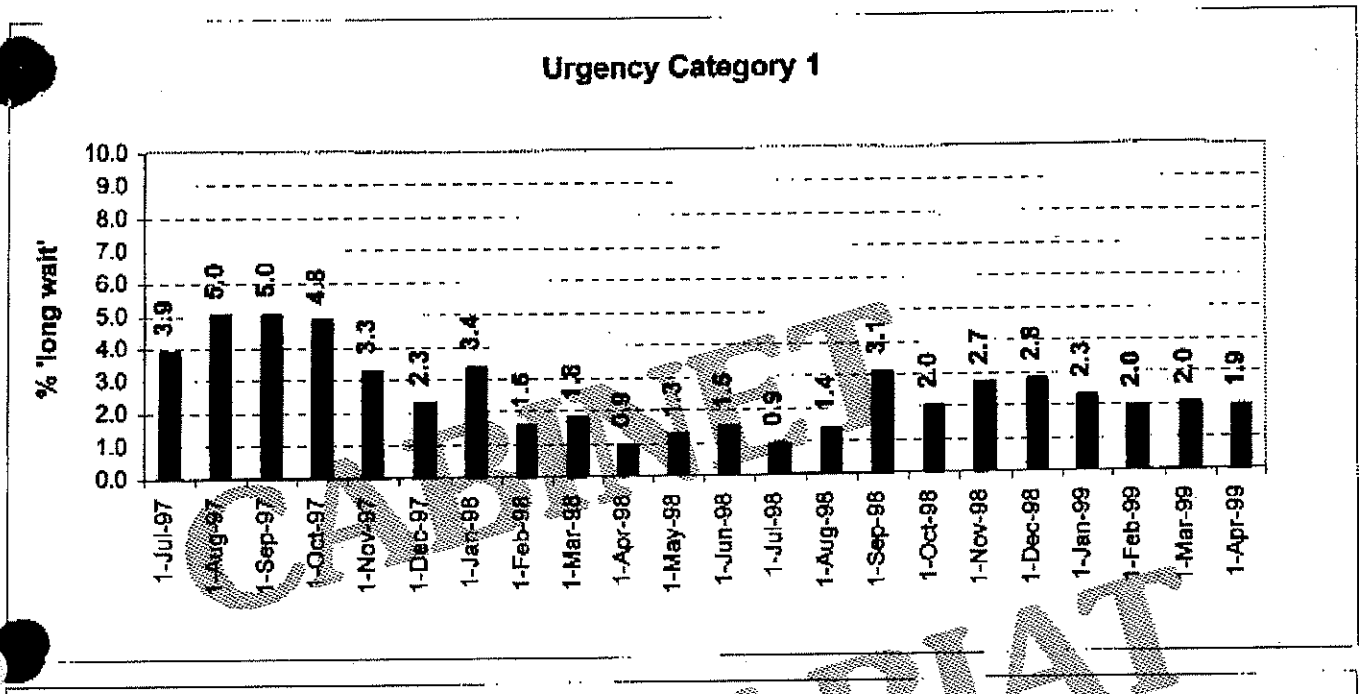
54. Consultation remains a major part of this initiative and mechanisms as outlined above and continues to provide a major support role to the project.

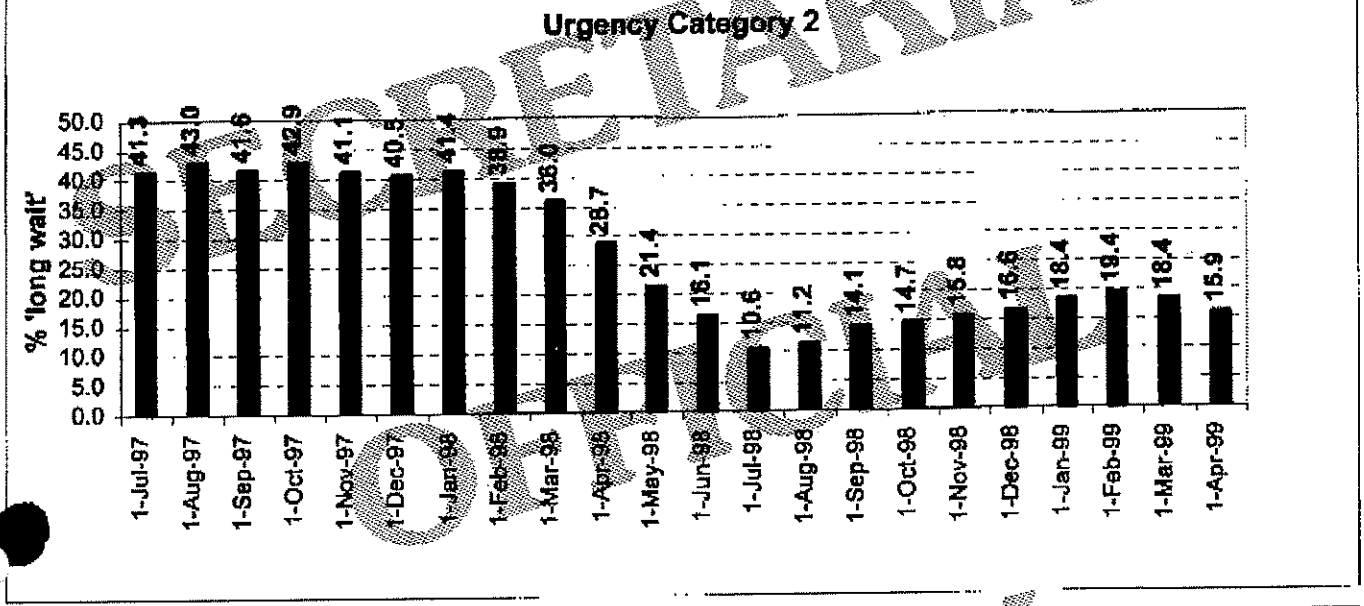
PUBLIC PRESENTATION

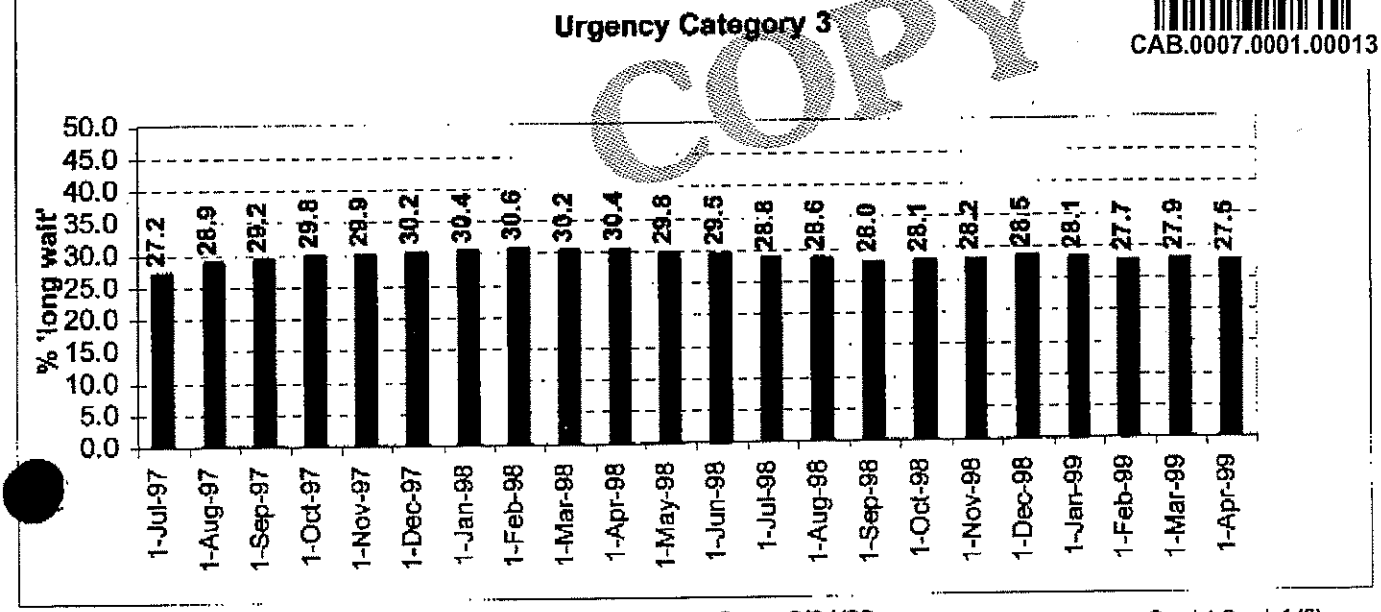
55. Not proposed.

Attachment 1

ELECTIVE SURGERY REPORTING HOSPITALS: PERCENTAGE 'LONG WAITS' BY URGENCY CATEGORY







'GW22'

Decision No. 1152
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SECRET

CABINET DECISION

Goodna, 20 September 1999

Decision No. 1152 (Submission No. 920)

TITLE: Information Submission - Progress Report on the Waiting List Reduction Strategy, medical workforce issues and Queensland Health's budget status.

CABINET decided:

1. That following consideration, the contents of the submission be noted.

2. To note that the Minister for Health will continue to report quarterly on the waiting list reduction strategy.

CIRCULATION: Implementation Responsibility
Nil.
Departmental Records
Department of the Premier and Cabinet.
Department of Health and a copy to the Minister.
Perusal and Return
All other Ministers.

Cabinet Secretary

CABINET SECRETARIAT QUEENSLAND

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CAB.0007.0001.00014

SECURITY CLASSIFICATION "A"

INFORMATION SUBMISSION

COVER SHEET

TITLE

Progress Report on the Waiting List Reduction Strategy, medical workforce issues and Queensland Health's budget status

MINISTER

Minister for Health

OBJECTIVE

To inform Cabinet of the progress of the Waiting List Reduction Strategy, medical workforce issues and Queensland Health's budget status.

SUMMARY

In July 1998, the Government gave a commitment to significantly expand previous strategies to reduce waiting lists in public hospitals in Queensland. This submission reviews the progress of elements of the Waiting List Reduction Strategy. The waiting list census information is reviewed from 1 July 1998 to 1 July 1999 and elective surgery throughput data for 1998/99 is compared to 1997/98.

Medical workforce issues impact on access to services in emergency departments, specialist outpatients clinics and surgical services in public hospitals. A number of strategies are being utilised to reduce the overall numbers of specialist vacancies and in placing specialists in rural areas where long term vacancies have occurred.

RESULTS OF CONSULTATION

Consultation remains a major part of the Waiting List Reduction Strategy and mechanisms outlined in the body of the submissions provide a major support role to the project.

RECOMMENDATION

That, following consideration, the contents of the submission be noted.

WENDY EDMOND MLA
MINISTER FOR HEALTH
9 / 9 /1999

BODY OF SUBMISSION

OBJECTIVE

1. To inform Cabinet of the progress of the Waiting List Reduction Strategy, medical workforce issues and Queensland Health's budget status.

BACKGROUND

- **Context**

2. In July 1998, the Government gave a commitment to significantly expand previous strategies to reduce waiting lists in public hospitals in Queensland. The Waiting List Reduction Strategy involves an eight-point plan to cut waiting lists and includes a commitment to:

   - publish the waiting list for each hospital every three months so that money can be channelled to where the real need is;
   - supply general practitioners with quarterly briefings on waiting lists to help them when referring people for surgery;
   - even out waiting lists by moving people in appropriate cases to a hospital where their procedure can be performed more speedily;
   - provide additional funding of $6.8 million per year to finance extra surgery for complex procedures;
   - work with the specialist colleges to expand training places for new specialists to meet the demand of the next century;
   - use holiday times to keep operating theatres working for the benefit of those waiting for surgery;
   - benchmark waiting times for accident and emergency departments to reduce excessive waits; and
   - increase levels of day surgery across the state to reduce the length of waiting times for elective surgery.

3. A further element was added to the eight-point plan. This element is the collection of waiting times for specialist outpatient appointments to assist in clinical prioritisation for surgery and appointments.

- **Previous consideration by Cabinet**

4. Cabinet (Decision No. 681) on 12 April 1999, noted that the Minister for Health would provide quarterly reports on progress of the Waiting List Reduction Strategy and Queensland Health's budget status.

ISSUES

Waiting List Reduction Strategy

Project Update

Publication of the quarterly Elective Surgery Waiting List Report

5. The aim of the publication has been to provide public information regarding the status of elective surgery waiting lists of 33 hospitals around the state. This provides general practitioners and the public with timely information on the relative size of waiting lists in public hospitals by surgical specialty.

6. Five reports have been published containing information on the waiting lists for 1 July 1998, 1 October 1998, 1 January 1999, 1 April 1999 and 1 July 1999.

7. The report is published on the Queensland Health intranet and internet sites and a hard copy of the report is produced and distributed. The 1 July 1999 report will be distributed to optometrists to assist them in referring to ophthalmological surgical services in Queensland public hospitals.

Quarterly briefings of general practitioners

8. The aim of the briefings is to improve communication between general practitioners and their local public hospital.

9. Briefings have been provided for inclusion in the Divisions of General Practice newsletters. The briefings include elective surgery waiting list information for the hospitals relevant to each division. The briefings have also provided information for general practitioners regarding the development of Guidelines for the Management of Specialist Outpatient Clinics (Attachment 1).

Transfer of patients to even out waiting lists

10. The aim of the initiative is to relieve pressure on hospitals with long waiting lists by transferring patients to those facilities with spare capacity in certain specialties.

11. In 1998/99, it was not feasible to transfer patients from the Princess Alexandra Hospital and the Gold Coast Hospital to Queen Elizabeth II Hospital due to the complexity of the surgery required.

12. Currently, the transfer of patients is being explored between Bundaberg Hospital and Maryborough Hospital. This may involve not only the direct referral of patients to Maryborough Hospital from general practitioners in Bundaberg, but the orthopaedic surgeon from Maryborough Hospital reviewing 'long wait' Category 2 patients for surgery.

13. Discussions are continuing between Toowoomba Hospital and Mater Adults' Hospital for the provision of urology surgery for Toowoomba district residents.

Better use of operating theatres during holidays

14. Surgical sessions during holiday periods continue to be monitored by the General Manager, Health Services.

Emergency Services Strategy

15. Funding of $2.44 million will be provided for medical staff in 1999/2000. Further funding of $506,000 has been allocated for a total of 11 nursing positions at six hospitals with the highest patient/nurse ratios.

16. Funding of $170,000 has also been re-provided in 1999/2000 for the additional two medical officers attached to the Royal Flying Doctor Service based at Rockhampton Hospital.

17. The implementation of emergency department information systems at Cairns, Toowoomba, Redcliffe and Caboolture Hospitals is complete. Funding of $648,000 was provided in 1998/99 for this purpose. All emergency departments with a role delineation of 4 or greater now have an electronic information system for management and reporting purposes. All of these departments are providing data for benchmarking performance and waiting times (Attachment 2). Queensland performance in emergency departments can now be compared with emergency departments in New South Wales and Victoria.

18. A workshop for emergency department directors and clinical nurse consultants was conducted on 14 May 1999. The workshop provided an update on the Emergency Services Strategy, an overview of the National Triage Scale (NTS) and current benchmarking activities in Australia, the status of the Queensland benchmarking process and details of service-enhancement initiatives at Mackay, Gold Coast, Nambour and Royal Brisbane Hospitals.

19. A review of the Mount Isa Hospital emergency department was undertaken at the request of the Mount Isa District Manager. The review delivered a series of recommendations to enhance the provision of emergency medicine services including service delivery modifications, staff accommodation review and increased nursing staff.

Day surgery targets

20. The minimum day surgery target of 50% of all elective surgery was identified for the Queensland public hospitals in 1998/99. The average rate for the nine months to 31 March 1999 was 46.6%.

Specialist outpatient services

21. The Government has indicated its commitment to review the demand for specialist outpatient services.

22. In order to ensure a consistent approach to the delivery of specialist outpatient services the Surgical Access Team has developed the Guidelines for the Management of Specialist Outpatient Waiting Lists (Attachment 1) which are currently in the final stages of production prior to publication.

23. The monthly collection of specialist outpatient waiting times, including next available new case appointment time and total number of new cases awaiting initial appointment, is continuing (Attachment 3).

24. As at 1 July 1999 there were approximately 47,966 patients awaiting an initial specialist outpatient at the 33 reporting hospitals as compared to 48,152 as at 1 April 1999. 35,890 patients were awaiting a surgical appointment at 1 July compared to 36,370 as at 1 April 1999.

25. The waiting time until the next available appointment varies throughout the state between hospitals and specialities. The longest waits are for orthopaedic, ophthalmology and ENT appointments.

26. Non-attendance has been identified by the Outpatient Clinical Best Practice Working Party as a major source of inefficiency in outpatient clinics. Initial data collected indicates non-attendance rates of up to 30% for new and review cases.

27. A draft standardised referral developed in conjunction with the Brisbane South Collaboration (including representatives from the Brisbane Southside Central Division of General Practice, Centre for General Practice, University of Queensland, Mater and Princess Alexandra Hospitals) has been completed. It will be included as a guide in the Guidelines for the Management of Specialist Outpatient Waiting Lists.

Elective Surgery Funding 1999/2000

28. Total elective surgery funding provided in 1998/99 was $87.91 million compared with $79.535 million in 1999/2000. The current funding includes provisions for Emergency Services Strategy ($5.0 million), Publication of Waiting List Information ($0.2 million) and Transfer of Patients ($0.9 million).

29. Targeted funding of $20.073 million has been provided to health service districts for elective surgery services in 1999/2000 (see Attachment 4). Included in the total funding package are specific funds have been provided for complex procedures ($6.0 million) and increasing day surgery rates ($1.5 million). Activity against targets is monitored quarterly.

Performance Report

Comparison of waiting list information 1 July 1998/1 July 1999

30. Attachment 5 shows in percentage terms a comparison of waiting list information of the 33 reporting hospitals by category for 1997/98 and 1998/99.

Category 1 Patients

31. In the 33 reporting hospitals there were, on average, 2,613 Category 1 elective surgery patients treated per month for the period of 1 July 1998 to 1 July 1999. This compares with an average of 2,438 Category 1 elective surgery patients treated per month for the period 1 July 1997 to 1 July 1998.

32. At 1 July 1998, 0.9 per cent of Category 1 patients in these hospitals had waited clinically inappropriate times for surgery. At 1 July 1999, this figure was 1.9 per cent which is below the Category 1 target of 5 per cent of patients waiting longer than 30 days for surgery.

Category 2 Patients

33. In the 33 reporting hospitals there were, on average, 4,318 Category 2 elective surgery patients treated per month, for the period of 1 July 1998 to 1 July 1999. This compares with an average of 4,072 elective surgery patients treated per month for the period 1 July 1997 to 1 July 1998.

34. At 1 July 1998, 10.6 per cent of Category 2 patients in these hospitals had waited longer than the clinically appropriate time for surgery. At 1 July 1999, this figure was 8.6 per cent which is above the Category 2 target of 5 per cent of patients waiting longer than 90 days for surgery.

35. In Category 2, orthopaedics is an ongoing issue. At 1 July 1999, orthopaedic patients represented approximately 26.6 per cent of all Category 2 patients and 52.9 per cent of those Category 2 patients waiting longer than 90 days for surgery.

36. While the number of Category 2 admissions has increased over the period 1 January 1997 to 1 July 1999, the number of Category 2 patients waiting has increased at a faster rate, indicating an increase demand for elective surgery.

Category 3 Patients

37. For the period of 1 July 1998 to 1 July 1999 there were, on average, 2,848 Category 3 elective surgery patients treated per month in the 33 reporting hospitals. For the same period last year an average of 2,950 Category 3 patients were treated per month.

38. At 1 July 1998, 28.8 per cent of Category 3 patients in these hospitals had waited longer than one year for surgery. At 1 July 1999, this figure was 27.6 per cent.

Comparison of Elective Surgical Throughput - 1998-99 vs 1997-98

39. A comparison of the throughput for the 33 reporting hospitals has been undertaken to provide an indication of the increase in elective surgical activity in 1998/99. The total number of elective surgery admissions in these hospitals for the 1998/99 financial year was 3,820 admissions (or 3.4%) more than in 1997/98.

Specialist Shortages

40. Medical workforce issues impact on access to services in emergency departments, specialist outpatients clinics and surgical services in public hospitals.

41. The following statistics detail the number of full-time specialist vacancies in Queensland public hospitals since 1995 and reflect a range of employment incentive initiatives:

June 1995	125	
November 1995	93	
March 1996	82	
July 1996	62	
March 1997	61	
March 1999	32	(six unfilled new positions are included)
July 1999	45	(seven unfilled new positions are included).

42. The slight increase in vacancies from 32 (March 1999) to 45 (July 1999) full-time specialists is due to resignations that tend to be seasonal. It is likely that vacancies of full-time specialists will fluctuate between 32 and 45 over the next year.

43. Twenty-eight new specialist positions have been created since July 1998. Nineteen of these positions have been filled. Queensland Health has also created additional training positions in rural areas through the Medical Workforce Summit and the Rural Registrar Program and it is likely that many of these doctors will remain at their current locations when they have completed their training.

44. The strategies outlined below have been successful in reducing the overall numbers of specialist vacancies and in placing specialists in rural areas where long term vacancies have occurred:

- access to salary sacrificing and higher commencement pay rates for visiting specialists in rural areas;
- Queensland Health now notifies colleges of vacancies for inclusion in their journals and doctor networks;
- changes in the way specialist positions are advertised (eg. total remuneration packages of $200,000 per annum rather than stating basic salary);
- consultation with the various medical colleges and the Commonwealth to extend the number of specialist training places;
- improvements to enhance the retention of doctors eg. provision of access to appropriate computer services, provision of increased levels of support staff, increased participation by specialist staff in resource allocation and administrative decision-making, increased professional development opportunities for specialists in rural areas are being addressed at the health service district level;
- an increase in the Scholarship Fund from $1.088 million to $2.443 million and the introduction of four year scholarships to ensure longer bonded periods will result in 30 medical scholarship holders graduating each year. Benefits include a living allowance of $7,000 per academic year, a tertiary grant of $3,500 and an annual travel allowance of $500. Some of these doctors may enter a specialty and return to the bush.

Budget Status

45. The final consolidated budget position of Queensland Health was a positive 30 June 1999 cash position of $84.9 million (the total position including base budget, special allocations and Commonwealth programs). This represents an underspend of 2% of the recurrent budget. However, all funds were committed to specified purposes including Commonwealth programs and equipment on order.

46. Approximately $51 million (60%) of the underspend of $84.9 million related to Commonwealth programs commencing later than expected due to delays in the Commonwealth approval process.

47. The health service districts had a positive 30 June 1999 cash position of $6.3 million (the total position including base budget, special allocations and Commonwealth programs). However, some districts experienced 1998/99 "base" budget deficits, which will be reprovided in 1999/2000.

48. Due to the favourable interest rate environment, Queensland Health benefited from a restructure of the former hospital boards' debt repayments. The restructure contributed towards a one-off 1998/99 allocation to districts (excluding the Mater Hospital) of $27.6 million to offset a projected negative district cash position.

49. The Mater Public Hospital was provided with a $1 million repayable advance on its 1999/2000 budget.

CONSULTATION

50. Formal consultation on the Waiting List Reduction Strategy has been through existing the mechanisms within Queensland Health. These mechanisms include the Clinical Advisory Committee, the Medical Superintendents Advisory Committee, the Elective Surgery Coordinators Emergency Services Specialist Advisory Panel, Emergency Nurses Advisory Committee, the Nursing Workforce Committee and the Medical Workforce Committee.

51. Consultation has occurred with the Australasian College for Emergency Medicine, the Queensland Emergency Nurses Association and the Divisions of General Practice.

52. Consultation has also occurred through the establishment of the Specialist Outpatients Working Party and the Convening of the Emergency Department Workshop.

53. Consultation has occurred with district managers and key medical and nursing personnel from the participating hospitals on the approach to enhancing surgical services. Such consultation has included feedback in the form of a monthly report to hospitals. In addition, visits to the participating hospitals have been conducted during 1998/99.

RESULTS OF CONSULTATION

54. Consultation remains a major part of the Waiting List Reduction Strategy and mechanisms as outlined above continue to provide a major support role to the project.

PUBLIC PRESENTATION

55. Not proposed

Attachment 1

QUEENSLAND HEALTH

Guidelines *for the Management of* Specialist Outpatient Clinic *Waiting lists*

QUEENSLAND GOVERNMENT

Queensland Health 1999

Foreword

The *Guidelines for the Management of Specialist Outpatient Clinic Waiting Lists* were developed in 1999 by the Outpatient Clinical Best Practice Working Party.

The Clinical Advisory Committee to the Surgical Access Team established the Working Party to examine and recommend clinical management reform in order to enhance access to specialist outpatient services in Queensland public hospitals. Extensive consultation with hospitals and general practitioners throughout Queensland has contributed to the quality of this document.

The guidelines were formulated as a reference document for hospital staff, general practitioners and community agencies. The document provides concise information on the specialist outpatient waiting list system, the categorisation of referrals and the maintenance of waiting lists and appointment schedules including additions, removals, and audits.

The implementation of standard practices across outpatient departments in Queensland pubic hospitals will facilitate the collection of consistent information allowing benchmarking activities to occur. This in turn will promote the delivery of outpatient services within a best practice framework.

I take this opportunity to acknowledge the work of the consultative committees and the working party in the development of the *Guidelines for the Management of Specialist Outpatient Clinic Waiting Lists.*

(Dr) R L Stable
Director-General
August 1999

ISBN: 1-876532-01-7

Contents

References:
National Health Data Committee 1998. National Health Data Dictionary. Version 7.0, AIHW cat. no. HWI 15. Canberra: Australian Institute of Health and Welfare.
Health Services Outcomes Branch 1997. Service Delivery Guides and Selected case Studies. Canberra: Australian Government Publishing Service.

Introduction

Effective management of waiting lists for specialist outpatient clinics requires a balance to be struck between referrals received and resources available to provide services. Waiting lists are maintained through a comprehensive and timely approach by the designated personnel to ensure accurate and complete additions, ongoing verification, amendments and appropriate removals.

Clinics should have in place protocols and policies to ensure patients are categorised according to clinical need and that names are added and removed from the outpatient clinic waiting list in a timely and efficient manner. Clinical and administrative protocols and policies are designed to provide a set of guidelines based on the concepts of best practice and service delivery benchmarks to enable effective and equitable access to specialist outpatient clinics.

The key protocols supporting access to specialist outpatient clinics in public hospitals are urgency category, priority, appointment allocation, removal and review.

The guidelines contained in this document are primarily focussed on the management of new referrals however in many circumstances the principles also apply to review cases. Furthermore it is recognised that the diverse nature of patient populations and service distribution in Queensland may require the adaptation of these *Guidelines* to suit local circumstances.

Central waiting list system and designated personnel

Each public hospital should ensure that there is a central waiting list and appointment scheduling system for each specialist outpatient clinic and designated personnel to support the management of waiting times and appointment scheduling for each speciality clinic.

The waiting list is a register containing all essential details for patients who have been referred for specialist outpatient care. The waiting list and appointment schedule for specialist outpatient clinics contain details concerning individuals who require outpatient care, from the time that the hospital accepts the referral until the patient has been discharged from the clinic's care.

A central waiting list and appointment schedule system, managed by the hospital, is essential for the effective maintenance of each specialist outpatient clinics. The central system maintains information concerning all individuals waiting for, or receiving, outpatient care. Effective administrative processes within the system ensure the smooth flow of information between the clinics and other hospital personnel.

Designated personnel are responsible for coordinating the management of the waiting list and appointment scheduling system. The designated personnel ensure that accurate waiting lists and appointment schedules are compiled and maintained by the appropriate timely addition and removal of names.

Referrals

Patients are added to the appointment allocation waiting list following receipt of referral. To ensure that services are provided in a timely and equitable manner, referrals must be categorised with respect to urgency. To facilitate the accurate and efficient categorisation, referrals should contain relevant information including:

- patient details including contact address/telephone number
- details of referring doctor or agency
- date of referral
- presenting problem including duration and severity of symptoms
- investigations and results to date
- medications
- past history
- relevant psycho-social issues.

Individuals and agencies referring patients should be encouraged to adhere to these guidelines through regular feedback processes. For example, feedback may include telephone contact to confirm details or the return of inadequate referrals to the referring practitioner requesting further information.

General practitioners should also be informed of relevant investigations which can facilitate accurate categorisation of referrals and assist treatment decisions.

The use of standardised referral formats may also facilitate the provision of adequate referral content. A sample standardised referral is provided, see Appendix 1.

Urgency category

Each time an individual is referred to a specialist outpatient clinic, an urgency category must be allocated.

The following categories are recommended for use and define urgency categorisation for speciality outpatient clinics undertaken in public hospitals within Queensland.

- **Category One:** Appointment desirable within 30 days
  (Appointment within 30 days desirable for a condition that has the potential to require increased complex care if delayed or have significant impact on quality of life)

- **Category Two:** Appointment desirable within 90 days
  (Appointment within 90 days desirable for a condition that is not likely to deteriorate quickly or require increased complex care if delayed)

- **Category Three:** Appointment not required within 90 days
  (Appointment not required within 90 days for a condition that will not deteriorate quickly or require increased complex care if delayed)

The allocation of an urgency category should be considered as a top down assessment process, based on clinical need. If a patient does not fulfil the criteria for Category One or Category Two, then the patient is allocated Category Three status. Attention should be paid to the components within each category.

Category One

Is there potential to require increased complex care if appointment delayed? Yes/No
Is there potential for significant impact on quality of life if appointment delayed? Yes/No
Is appointment desirable within 30 days? Yes/No

Category Two

Is the condition not likely to require increased complex care if delayed? Yes/No
Is the condition not likely to deteriorate quickly? Yes/No
Is appointment desirable within 90 days? Yes/No

The urgency category should be defined as soon as possible following receipt of the referral. The consultant or senior medical officer responsible for the clinic should undertake categorisation. The task of categorisation may be delegated where clearly defined categorisation protocols have been documented. During subsequent clinical reviews, the urgency category may be reclassified.

Regular reviews should be undertaken to ensure the appropriateness of categorisation protocols and compliance with protocols by staff.

There is no direct relationship between the outpatient clinic urgency categories and the elective surgery waiting list categories. The assignment of urgency categories is based on the clinical need for the relevant service.

It is recognised that some organisations or specific clinics may choose to identify shorter waiting time targets within the designated outpatient urgency categories to reflect greater clinical relevance.

Priority rating

The priority rating determines the relative place on the appointment allocation waiting list within the predetermined urgency category. Appointment schedules are derived from the priority rating and urgency category.

Access to public hospital services is to be based on clinical need. For example, priority for receiving services should not be based on health insurance or financial status.

Within each urgency category, factors assisting prioritisation decisions include:

- patient's social and community support
- patient access factors such as distance of residence from the treatment centre, availability of transport and accommodation
- the need for frequent treatment from allied health professionals and medication requirements.

It is important that waiting lists are managed so that all patients are treated according to clinical need. Decisions to prioritise patients within a clinical urgency category may be reviewed. For example, the reviewed decision may reflect changes in the individual's circumstances, ready for care status or the availability of services.

If the appointment has been cancelled two or more times, for non-patient initiated reasons, then rescheduling the individual's appointment should a high priority.

Appointment allocation

When urgency category and priority rating have been assigned, an appointment should be allocated. It is suggested that appointments should not be scheduled more than six months in advance. This may reduce the frequency of rebooking and rescheduling which can reduce administrative workload and disruption for patients.

Patients who are not allocated an appointment remain on the appointment allocation waiting list. An appointment is then allocated when an appointment is available within the suggested timeframe. The notification process should incorporate an auditing process to identify those no longer requiring an appointment.

It is recommended the clinic provide the following information to the referring doctor:

- consultant and/or senior medical officer
- planned appointment date
- referring practitioner's role during the appointment waiting period
- clinic policies with respect to non-attendance and removal.

A suggested communication process between the hospital and the referring practitioner is presented in Appendix 2.

Patients should be provided with information relating to their appointment and the clinic including:

- time and date of the appointment
- clinic location
- what to bring (eg x-rays, investigation results, medications)
- who to contact if the condition worsens
- who to contact to confirm, cancel or rebook appointments
- clinic policy with respect to non-attendance.

Communication with the patient and the referring doctor is of particular importance when patients will be waiting extended periods of time for appointments (eg Category 3) or when patients will be waiting longer than is usual for a particular clinic.

Sample information letters are provided Appendices 3 and 4.

Clinic management

Duration

The time allocated to individual outpatient appointments should be sufficient to allow effective patient management. Ideally this can be done by assigning individual appointment times or by staggered block bookings.

Continuity

To optimise continuity of care clinic procedures should facilitate patients being seen by the same clinician or team at each appointment.

Pre-attendance Investigations

Where appropriate, protocols should exist to ensure that relevant investigations are completed prior to clinic attendance thus facilitating timely treatment decisions.

Non-attendance

Non-attendance is a major issue when addressing outpatient waiting lists. A variety of strategies have been utilised to decrease non-attendance including telephone and mail reminders and audits, patient-initiated appointment confirmation and removal from waiting lists following non-attendance.

It is recommended that organisations institute strategies to reduce non-attendance that are appropriate for the patient population and clinic type.

Discharge

Patients should be discharged from the specialist clinic when the episode of care is complete or when another provider can more appropriately provide the service. A discharge/transfer summary should be provided to the referring practitioner and the ongoing service provider as appropriate.

Removals

Names should be removed from appointment allocation waiting lists and appointment waiting lists when:

- the patient has completed the episode of care associated with the outpatient clinic
- an audit ascertains that the service is no longer required
- advice has been received that the outpatient clinic service has been/will be provided elsewhere
- an offer of appointment has been declined or cancelled *on two consecutive occasions* or
- the patient has *not* presented for an appointment *on two consecutive occasions and has not contacted the hospital.*

Generally, names are to be removed if no response is received to audit letters. However there may be exceptional local variables, such as geographical isolation, which require a more flexible approach.

A removal/rebooking decision tree is presented in Figure 1.

Appropriate measures, including contacting the patient and referring practitioner, should be undertaken prior to removal of patients from waiting lists and appointment schedules.

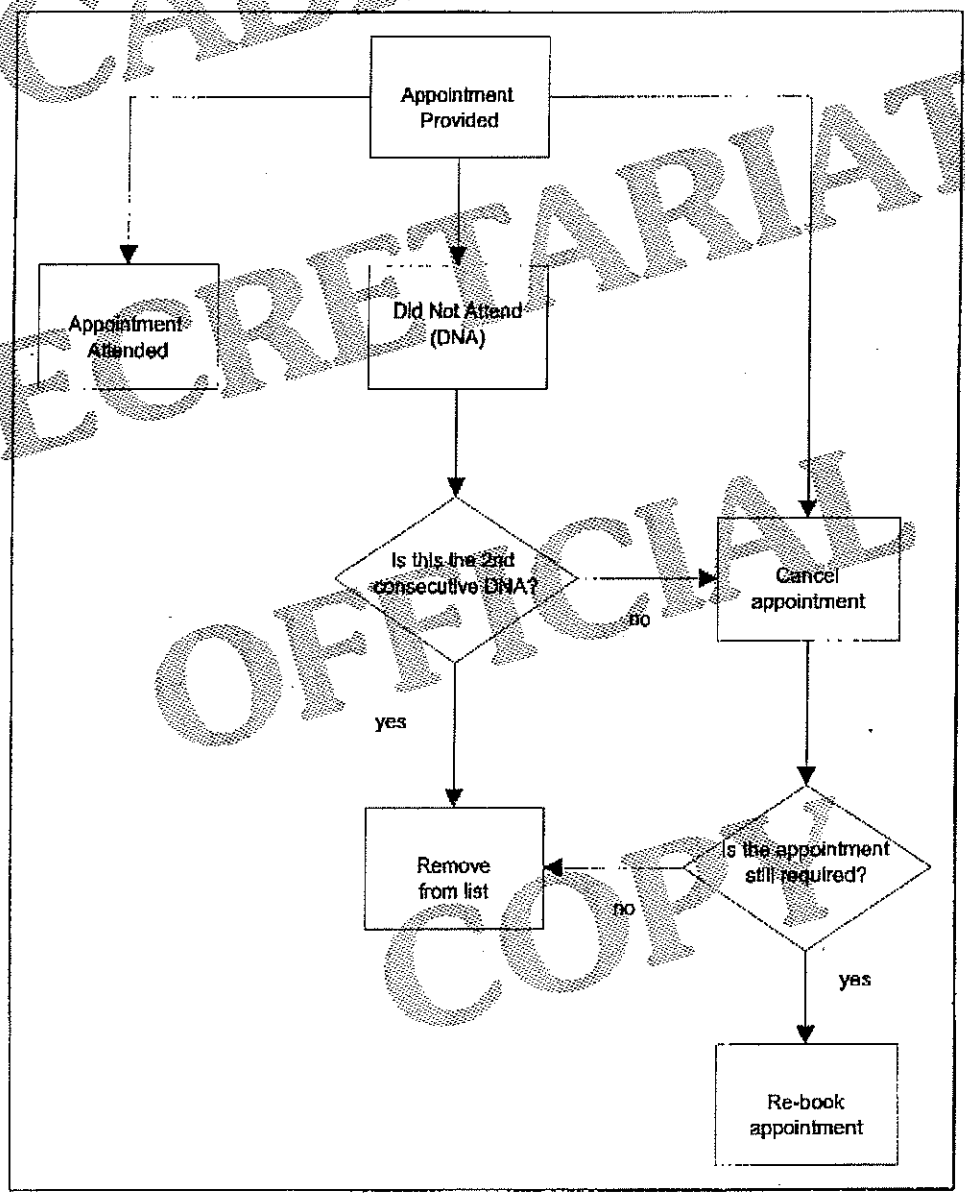


Figure 1: Removal/Rebooking Decision Tree

Process review

There are three levels of review:

- review of the waiting list by the hospital for management purposes
- clinical review of individuals waiting for outpatient attendance
- peer review by health professionals.

Management review

Postal and telephone audits to review waiting lists ensure that the lists provide an accurate reflection of the actual number of patients awaiting specialist outpatient clinic attendance.

Patients who have been on the appointment waiting list for more than 6 months should be audited to ensure the appointment is still required. The frequency of the audits should be appropriate for the condition and the demand for appointments. The hospital makes contact by telephone and/or post. Postal audits need to be appropriate for people from non-English speaking backgrounds.

Audits need to ascertain if the individual:

- has updated contact details
- still requires the appointment
- is on the appointment waiting list at another hospital for the same or another procedure.

Audits result in timely amendments and deletions to maintain accurate waiting lists. A sample audit letter is provided in Appendix 5.

Clinical review

Clinical reviews are a means of ensuring that waiting lists accurately reflect the number and clinical priority of patients waiting for or receiving outpatient clinic services.

There are some conditions that are prone to become asymptomatic over time. A clinical review of patients on the waiting lists is required to monitor changes in the patient's condition to ensure that specialist outpatient clinic attendance is still required. Some conditions will change while the patient waits for outpatient attendance, thus requiring the clinical urgency rating to be reclassified. A clinical review monitors the patient's condition to ensure treatment within the clinically appropriate timeframe.

The method for and frequency of reviews should be determined when the urgency category and priority ratings are allocated.

Regular clinical review of patients waiting for specialist outpatient attendance should be adopted. Clinical review of patients may be conducted by the following methods:

- review and monitoring by general practitioner
- review and monitoring by other hospital medical staff involved in the patient's care
- review and monitoring by allied health professionals and/or
- review of medical record

The major objectives of clinical review are to determine:

- decreased/increased urgency for the outpatient attendance and consequent need to revise the clinical urgency category
- whether specialist outpatient attendance is still required

In some circumstances, after clinical review, patients waiting for specialist outpatient clinic attendance may be referred back to their general practitioner to be managed until the condition warrants further specialist review. The promotion of this aspect of the general practitioner's role increases the continuity of patient care.

Peer review

Ongoing medical involvement in quality activities is important for high quality care. Medical staff provide an appropriate peer group structure for quality functions and may undertake peer reviews as:

- a committee of the whole facility
- multidisciplinary committees within the facility
- departmental committees
- a variety of purpose specific committees eg. infection control.

The formal means of peer review will vary with the size and organisational structure of the facility. Whatever structure is used, provision should be made for the review of the clinical work of each individual clinical department, unit or facility.

Guidelines for application of "Ready for care" status

These guidelines have been developed using the definitions outlined in the National Health Data Dictionary Version 7.0, 1998.

Application of the *ready for care* status enhances the accuracy and reliability of the data reported. The National Health Data Dictionary states that the patient listing status is "an indicator of the individual's readiness to begin the process leading directly to being admitted to hospital for the awaited procedure. A patient may be 'ready for care' or 'not ready for care' ".

In the context of specialist outpatient clinics, *"Ready for care"* patients are those who are prepared to attend the outpatient clinic. *"Not ready for care"* patients are those who are not in a position to attend the outpatient clinic. These patients are either:

- staged patients whose medical condition will not require or be amenable to intervention until some future date; for example a patient who requires review of a stable condition in 12 months time
- deferred patients who for personal reasons are not yet prepared to be admitted to hospital; for example, patients with work or other commitments which preclude their being admitted to hospital for a time.

Note: the application of *ready for care* status is patient-focused and is not dependent upon the availability of human and material resources. Patients who are "not ready for care" should not be included in counts of patient awaiting appointments or in waiting time calculations.

Appendix 1
Sample Standardised Referral Form

PATIENT IDENTIFICATION *(please circle)*

Referral date: / /
Surname: .....
Given Names: .....
DOB: / /
Address:
Phone:
Next of kin:
Phone:
Medicare/Vet Affairs No:

Is an interpreter required? YES/NO
Language: .....
Will this patient need home support following discharge? YES/NO
Is this patient currently receiving home support?
Meals on Wheels YES/NO
Home Help YES/NO
Other .....
Ambulance subscriber YES/NO

Relevant social history/special needs:

REFERRAL TO:

☐ **Emergency Department**

Patient Classification:
☐ Urgent
☐ Semi urgent
☐ Non urgent
I have contacted a Hospital staff member : YES/NO
Contact Name: .....
Contact Date & Time: .....

☐ **Specialist Outpatient Clinic**

Clinic (specify) .....
Consultant (specify):
Dr .....

☐ **Private Ward Admission**

☐ Private Health Ins
☐ Worker's Comp
☐ Third Party
☐ Veteran Affairs

☐ **Other** (e.g. Allied Health)

Please provide:

☐ Full assessment and future care
☐ An opinion re future management
☐ Management of presenting problem only
☐ Other .....

RELEVANT HISTORY / EXAMINATION

MEDICATIONS

Drug	Dose	Frequency

ALLERGIES

RELEVANT INVESTIGATIONS

Reports attached *(✓ if relevant)*: Haematology ☐ Biochemistry ☐ Radiology ☐ Other ☐ .....

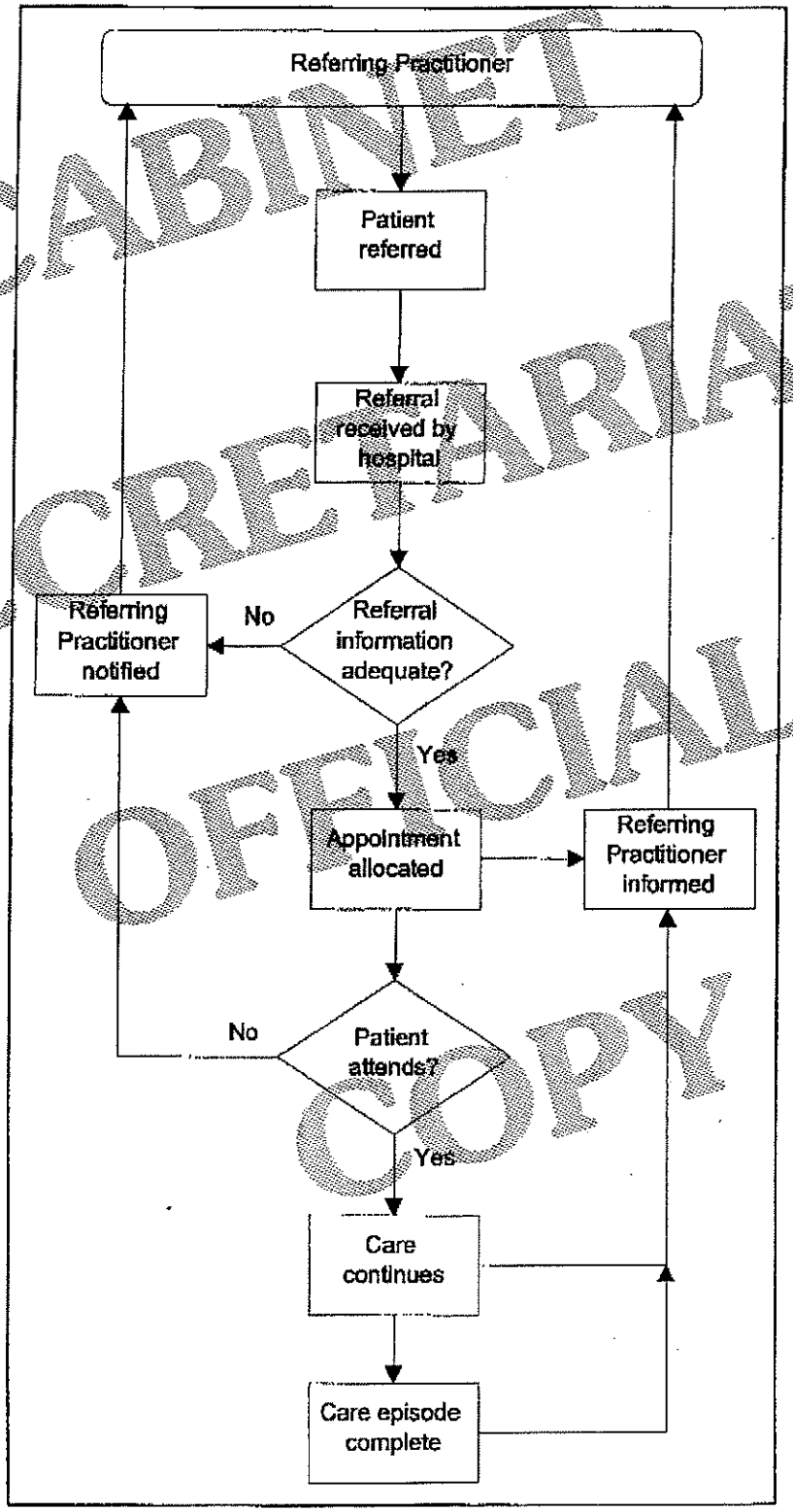
PROVISIONAL/DIFFERENTIAL DIAGNOSIS

REFERRING DOCTOR

Name:	
Signature:	
Date: / /	*(GP stamp here)*

Prototype under pilot by the Brisbane South Collaboration (07) 3840 1970
Developed from forms currently used by Cairns and Brisbane Southside Central and Hornsby Ku-ringai Divisions

Appendix 2
Sample Communication Process



Appendix 3
Sample General Practitioner Information Letter

(Date)
(Name of General Practitioner)
(Address)

Dear (*Name of General Practitioner*),

Re: *(Name of Patient)*
(Address)
(DOB)

In response to your referral dated ____/____/____ the above patient has been:

- ☐ given an appointment for the _____ clinic on ____/____/____ at _____ am/pm.

  The patient has been advised that should their condition require attention prior to this date they should contact you or if urgent attend their nearest hospital emergency department.

  Should the patient fail to attend the appointment without prior notice they may be removed from the appointment schedule and will require a new referral.

- ☐ placed on the waiting list for an appointment

- ☐ referred to _____ who can more appropriately provide the required service

If you have any queries please telephone (*waiting list officer*) at the Outpatient Booking Office on (*telephone number/s*).

We appreciate your assistance in this matter.

Yours sincerely

_____
(Medical Superintendent)

Appendix 4
Sample Patient Information Letter

(Date)
(Name of Patient)
(Address)

Dear (*Name of patient*),

An appointment has been made for you to attend the *(Clinic Name)* Clinic on *(Day of Week) (Date) (Month) (Year)* at *(Time)* am/pm.

Please bring the following with you to the appointment:

- ☐ X-rays
- ☐ CT scan
- ☐ Current medications
- ☐ *(Other)*
- ☐ _____

Your allocated appointment time may not be the exact time you will be seen. Appointment duration and patient numbers vary, so we recommend you allow for delays.

Should your condition require attention prior to this date you should contact your general practitioner or if urgent attend the nearest hospital emergency department.

If you are unable to attend this appointment you must contact (*appointment officer)* at the Outpatient Booking Office on (*telephone number/s).*

Should you fail to attend the appointment without prior notice you may be removed from the appointment schedule and will require a new referral from your general practitioner to be seen at the clinic.

Yours sincerely

_____
(Medical Superintendent)

Appendix 5
Sample Audit Letter

(Date)
(Name of Patient)
(UR Number)
(Address)

Dear *(Name of Patient)*,

We are currently reviewing our waiting lists for specialist outpatient clinic appointments. Our hospital records show that your name is on a waiting list for an appointment on…./……../…….. at the …… clinic

We would like to ensure that our records are correct and up to date and that you still require the appointment.

1. Has your address/ telephone number changed?
   ❑ No (please tick box) ❑ Yes (please complete the following)

   Address _____

   _____

   Telephone _____

2. Do you still require the outpatient clinic appointment detailed above?
   ❑ No ❑ Yes
3. If you no longer require the appointment, please indicate the reason.
   ❑ Condition resolved ❑ Service received elsewhere

It would be appreciated if you would return this form in the enclosed reply paid envelope. It is important that you make contact with the hospital otherwise your name may be removed from the waiting list.

If you have any queries please telephone *(waiting list officer)* at the Outpatient Booking Office on *(telephone number/s)*.

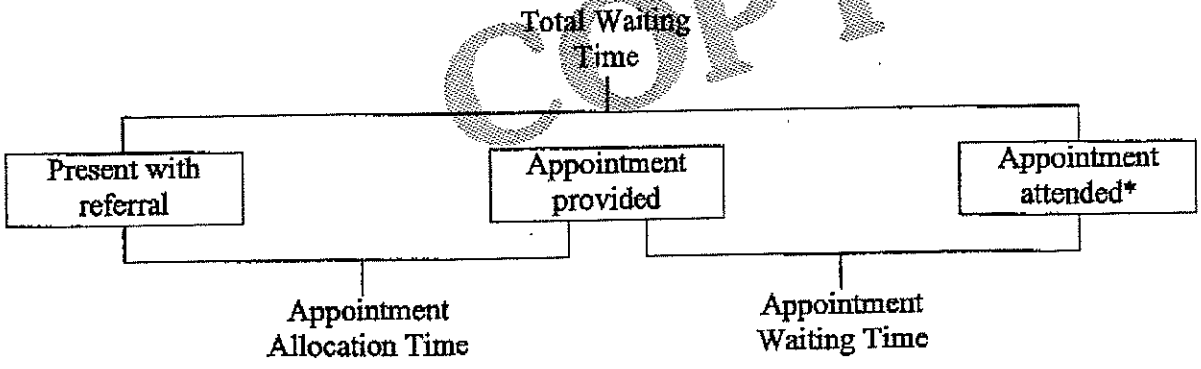
We appreciate your assistance in this matter.

Yours sincerely

_____
(Medical Superintendent)

Appendix 6
Glossary of Terms

- **SPECIALIST OUTPATIENT CLINIC:**
  Outpatient services provided by a specialist who is recognised by the relevant professional College, or provided by junior medical staff or registrars rostered to the recognised specialist.
- **REFERRAL:**
  A request for specialist medical consultation.
- **REFERRAL SOURCE:**
  Identity of the individual or organisation referring patient to the outpatient clinic.
- **NEW CASE:**
  Patient referred with a condition for which they have not received care from a specific specialist in the previous 12 months.
- **REVIEW CASE:**
  Patient attending the clinic for continuing care from the same specialist within 12 months of the first appointment. (This includes patients referred for outpatient follow-up after an inpatient episode)
- **APPOINTMENT ALLOCATION WAITING LIST:**
  A list of patients awaiting allocation of an appointment.
- **APPOINTMENT WAITING LIST:**
  A list of patients waiting to attend their allocated appointment.
- **APPOINTMENT ALLOCATION TIME:**
  Period between receipt of referral and the date an appointment is allocated.
- **APPOINTMENT WAITING TIME:**
  Period between date appointment is provided and the date of the appointment.
- **TOTAL WAITING TIME:**
  Combined Appointment Allocation Time and Appointment Waiting Time.



*When patient initiated rescheduling occurs, waiting time calculation recommences.
*When hospital initiated rescheduling occurs, waiting time continues to accrue.

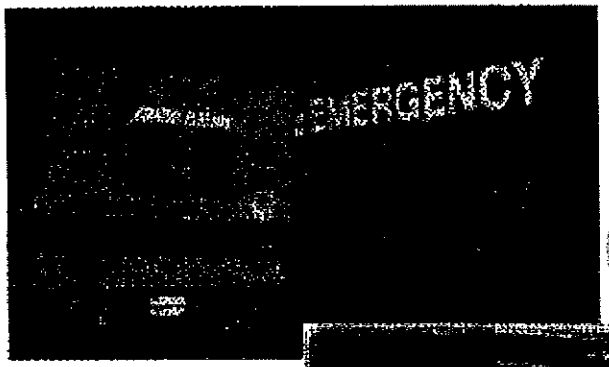
- **DID NOT ATTEND (DNA):**
  Patient does not present for a scheduled appointment without notice.

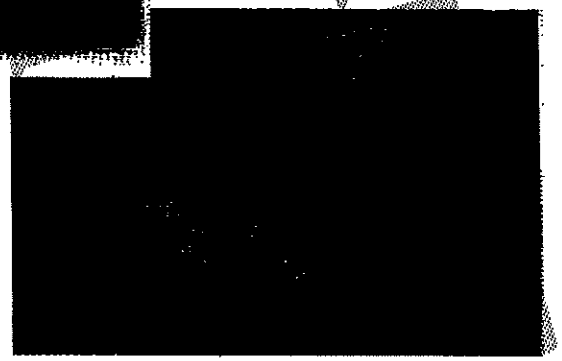
- **CANCELLATION:**
  A scheduled appointment is cancelled.

- **REBOOKING:**
  Appointment is cancelled and a new appointment is made or patient returns to waiting list for appointment.

- **RESCHEDULE:**
  Reallocation of clinic date and/or time.

- **REMOVAL:**
  Patients are removed from the appointment allocation waiting list or the appointment waiting list. A new referral is required to initiate clinic





EMERGENCY DEPARTMENT PERFORMANCE REPORT

JUNE 1999

QUEENSLAND GOVERNMENT

QUEENSLAND HEALTH

Attachment 2

Notes

This document contains the most up-to-date information available at the time of preparation.

Variation in waiting times may reflect delays in data entry rather than delays in clinical response.

Waiting time data is provided to the Surgical Access Team by participating hospitals and is sourced from the HAS-EDIS or HBCIS-EMG systems. Admission data is provided to the Data Services Unit by hospitals as part of the Monthly Activity Report.

Reporting Hospitals:

Queensland public hospitals with an emergency department role delineation of 4 or greater contribute the data compiled in this report. The hospitals are assigned to one of five categories according to their location and the services provided. The participating hospitals are:

Bundaberg Hospital	Regional	Mount Isa Hospital	Regional
Caboolture Hospital	Regional	Nambour Hospital	Major Regional
Cairns Hospital	Major Regional	Princess Alexandra Hospital	Principal Referral
Gold Coast Hospital	Principal Referral	Queen Elizabeth 11 Jubilee Hospital	Metropolitan
Hervey Bay Hospital	Regional	Redcliffe Hospital	Regional
Ipswich Hospital	Metropolitan	Rockhampton Hospital	Regional
Logan Hospital	Metropolitan	Royal Brisbane Hospital	Principal Referral
Mackay Hospital	Regional	Royal Children's Hospital	Paediatric
Mater Adult's Hospital	Metropolitan	Toowoomba Hospital	Major Regional
Mater Children's Hospital	Paediatric	Townsville Hospital	Principal Referral

Figure 1: Queensland Emergency Department Performance – Patients Seen Within Recommended Times – 1999

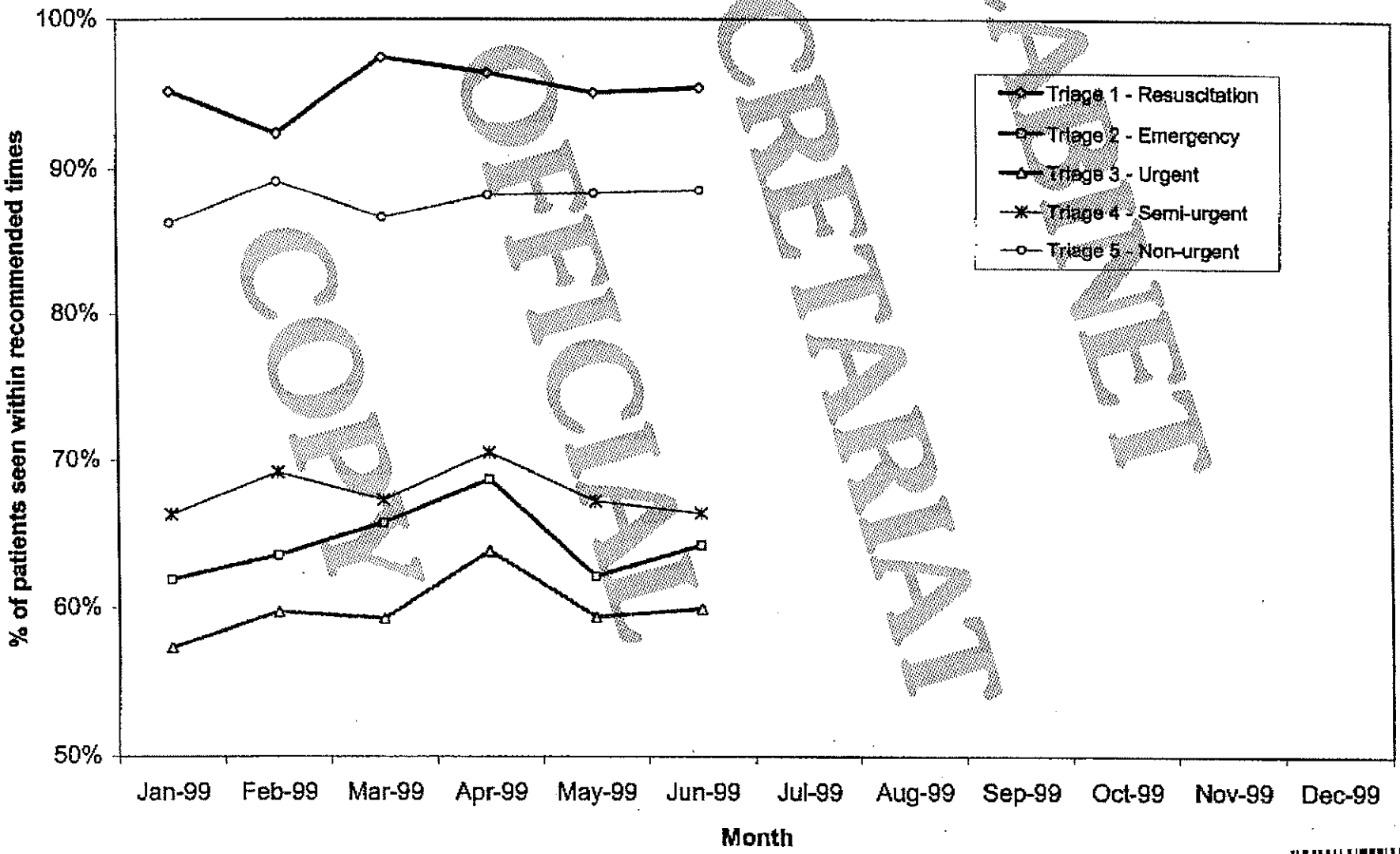


Table 1A: Emergency Department Attendances and Percentage Seen Within Recommended Times – April 1999

Hospital	Triage 1 - Resuscitation		Triage 2 - Emergency		Triage 3 - Urgent		Triage 4 - Semi-urgent		Triage 5 - Non-urgent		Total Attendances
	Attendances	% seen immediately	Attendances	% seen within 10 minutes	Attendances	% seen within 30 minutes	Attendances	% seen within 60 minutes	Attendances	% seen within 120 minutes	
Princess Alexandra	18	100	408	71	1549	74	1095	81	554	91	3624
Royal Brisbane	41	100	521	81	2095	70	1236	81	1015	92	4908
Townsville	20	75	73	90	395	81	1509	86	604	75	2601
Total Principal Referal	***79***	***94***	***1002***	***78***	***4039***	***73***	***3840***	***75***	***2173***	***87***	***11133***
Mater Children's	5	100	36	81	327	89	1329	86	200	100	1897
Royal Children's	25	100	112	87	562	89	397	96	183	99	1279
Total Paediatric	***30***	***100***	***148***	***85***	***889***	***89***	***1726***	***88***	***383***	***99***	***3176***
Gold Coast	38	95	191	51	2021	42	1185	52	76	62	3511
Ipswich	12	100	192	56	1147	73	1459	78	312	87	3122
Logan	18	100	254	46	1554	47	1535	58	66	71	3427
Mater Adults	6	100	115	72	525	82	1117	84	479	93	2242
QEII	2	100	132	52	1419	49	843	64	68	71	2464
Total Metropolitan	***76***	***97***	***884***	***54***	***6666***	***53***	***6139***	***67***	***1001***	***86***	***14766***
Cairns	42	95	126	54	534	62	1236	57	303	70	2241
Nambour	22	100	223	57	982	69	1019	53	128	73	2374
Redcliffe	14	100	160	96	459	81	1187	80	120	82	1960
Rockhampton	16	100	116	87	1075	50	1047	52	181	51	2437
Toowoomba	20	100	147	68	642	76	1494	79	333	91	2636
Total Major Regional	***114***	***98***	***794***	***72***	***3692***	***62***	***5983***	***65***	***1065***	***75***	***11648***
Bundaberg	7	100	118	71	312	82	1072	86	619	96	2128
Caboolture	9	67	231	63	734	72	850	76	83	88	1907
Hervey Bay	5	100	103	63	198	81	633	91	1082	98	2021
Mackay	5	100	101	52	430	59	1690	64	686	89	2912
Mt Isa	7	100	111	70	576	71	2009	62	969	87	3672
Total Regional	***33***	***91***	***664***	***67***	***2250***	***71***	***6254***	***71***	***3439***	***92***	***12640***
TOTAL: April 1999	**332**	**96**	**3492**	**69**	**17536**	**64**	**23942**	**70**	**8061**	**88**	**53363**
TOTAL: Year to date	**1369**	**95**	**14018**	**65**	**72208**	**60**	**94817**	**68**	**37609**	**88**	**220021**
TARGET		**100**		**80**		**75**		**70**		**70**	

Table 1B: Emergency Department Attendances and Percentage Seen Within Recommended Times – May 1999

Hospital	Triage 1 - Resuscitation		Triage 2 - Emergency		Triage 3 - Urgent		Triage 4 - Semi-urgent		Triage 5 - Non-urgent		Total Attendances
	Attendances	% seen immediately	Attendances	% seen within 10 minutes	Attendances	% seen within 30 minutes	Attendances	% seen within 60 minutes	Attendances	% seen within 120 minutes	
Princess Alexandra	30	100	469	61	1662	71	1047	74	479	90	3687
Royal Brisbane	49	100	503	72	2208	65	1489	79	1068	93	5317
Townsville	28	75	94	84	512	78	1416	70	644	82	2694
Total Principal Referal	***107***	***93***	***1066***	***68***	***4382***	***69***	***3952***	***75***	***2191***	***89***	***11698***
Mater Children's	6	100	37	84	375	86	1553	79	209	100	2180
Royal Children's	20	100	125	78	721	82	465	89	157	99	1488
Total Paediatric	***26***	***100***	***162***	***80***	***1096***	***84***	***2018***	***81***	***366***	***99***	***3668***
Gold Coast	28	93	209	30	2218	27	1149	26	79	51	3683
Ipswich	15	87	185	61	1206	67	1566	75	329	88	3301
Logan	19	100	353	39	1656	43	1663	50	67	64	3758
Mater Adults	14	100	124	67	527	77	1162	80	413	88	2240
QEII	5	80	131	55	1500	44	912	62	46	72	2594
Total Metropolitan	***81***	***94***	***1002***	***47***	***7107***	***45***	***6452***	***59***	***934***	***82***	***15576***
Cairns	42	98	163	52	561	57	1240	54	313	73	2319
Nambour	22	95	221	46	1026	53	970	52	92	84	2331
Redcliffe	10	100	186	82	560	79	1244	84	136	85	2136
Rockhampton	21	100	103	84	1251	54	984	55	202	63	2561
Toowoomba	12	100	138	87	683	79	1533	77	261	87	2627
Total Major Regional	***107***	***98***	***811***	***64***	***4081***	***62***	***5971***	***66***	***1004***	***77***	***11974***
Bundaberg	12	92	106	70	388	83	1136	85	652	94	2294
Caboolture	7	71	268	59	815	68	837	69	58	90	1985
Hervey Bay	7	86	89	76	184	86	665	92	1082	98	2027
Mackay	10	100	103	70	573	57	1700	55	686	83	3072
Mt Isa	4	100	99	84	659	67	2354	62	834	88	3960
Total Regional	***40***	***90***	***665***	***68***	***2619***	***69***	***6702***	***68***	***3312***	***92***	***13338***
TOTAL: May 1999	**361**	**95**	**3708**	**62**	**19285**	**59**	**25085**	**67**	**7807**	**88**	**56254**
TOTAL: Year to date	**1730**	**95**	**17724**	**64**	**91493**	**60**	**119912**	**68**	**45416**	**88**	**276275**
TARGET		**100**		**80**		**75**		**70**		**70**	

Table 1C: Emergency Department Attendances and Percentage Seen Within Recommended Times – June 1999

Hospital	Triage 1 - Resuscitation		Triage 2 - Emergency		Triage 3 - Urgent		Triage 4 - Semi-urgent		Triage 5 - Non-urgent		Total Attendances
	Attendances	% seen immediately	Attendances	% seen within 10 minutes	Attendances	% seen within 30 minutes	Attendances	% seen within 60 minutes	Attendances	% seen within 120 minutes	
Princess Alexandra	51	100	412	71	1536	75	913	81	507	86	3419
Royal Brisbane	75	100	599	71	2131	60	1200	73	1057	92	5062
Townsville	17	82	63	84	420	76	1492	74	565	87	2577
Total Principal Referal	***143***	***98***	***1094***	***72***	***4087***	***67***	***3605***	***76***	***2129***	***89***	***11058***
Mater Children's	3	100	35	86	310	89	1569	70	227	99	2144
Royal Children's	19	100	109	84	727	72	509	83	175	98	1539
Total Paediatric	***22***	***100***	***144***	***89***	***1037***	***77***	***2078***	***73***	***402***	***99***	***3683***
Gold Coast	25	92	235	36	2115	29	1043	34	84	50	3502
Ipswich	25	88	173	57	1083	65	1514	66	294	72	3089
Logan	25	100	310	40	1637	40	1558	47	76	61	3606
Mater Adults	18	100	140	86	585	83	1159	80	291	83	2173
QEII	9	89	118	83	1316	53	801	71	73	92	2317
Total Metropolitan	***102***	***94***	***976***	***49***	***6716***	***47***	***6075***	***59***	***818***	***74***	***14687***
Cairns	51	98	158	42	515	59	1285	55	271	76	2280
Nambour	26	92	188	80	943	63	978	61	135	83	2270
Redcliffe	13	100	204	88	718	75	1268	74	131	85	2334
Rockhampton	20	100	130	91	1078	49	1039	49	167	63	2434
Toowoomba	24	92	130	82	684	92	1367	86	287	96	2492
Total Major Regional	***134***	***96***	***810***	***72***	***3938***	***66***	***5937***	***66***	***991***	***82***	***11810***
Bundaberg	14	79	110	57	297	60	1070	80	633	94	2124
Caboolture	11	91	252	62	888	58	741	47	67	84	1959
Hervey Bay	11	73	68	62	209	85	693	86	879	96	1863
Mackay	10	100	122	57	517	55	1549	62	617	85	2815
Mt Isa	4	100	94	84	627	61	2456	63	913	94	4094
Total Regional	***50***	***86***	***646***	***63***	***2538***	***67***	***6512***	***66***	***3109***	***93***	***12855***
TOTAL: June 1999	451	95	3670	64	18316	60	24207	66	7449	89	54093
TOTAL: Year to date	2181	95	21394	64	109809	60	144119	68	52865	88	330368
TARGET		100		80		75		70		70	

Table 1D: Emergency Department Attendances and Percentage Seen Within Recommended Times – June Quarter 1999

Hospital	Triage 1 - Resuscitation		Triage 2 - Emergency		Triage 3 - Urgent		Triage 4 - Semi-urgent		Triage 5 - Non-urgent		Total Attendances
	Attendances	% seen immediately	Attendances	% seen within 10 minutes	Attendances	% seen within 30 minutes	Attendances	% seen within 60 minutes	Attendances	% seen within 120 minutes	
Princess Alexandra	99	100	1289	67	4747	73	3055	79	1540	89	10730
Royal Brisbane	165	100	1623	75	6434	65	3925	78	3140	93	15287
Townsville	65	77	250	86	1327	79	4417	70	1813	81	7872
Total Principal Referal	***329***	***95***	***3162***	***73***	***12508***	***70***	***11397***	***75***	***6493***	***89***	***33889***
Mater Children's	14	100	108	83	1012	89	4451	78	636	99	6221
Royal Children's	64	100	346	77	2010	80	1371	89	515	99	4306
Total Paediatric	***78***	***100***	***454***	***78***	***3022***	***83***	***5822***	***80***	***1151***	***99***	***10527***
Gold Coast	91	93	635	39	6354	32	3377	38	239	54	10696
Ipswich	52	90	550	58	3436	66	4539	73	935	83	9512
Logan	62	100	917	41	4847	43	4756	51	209	65	10791
Mater Adults	38	100	379	66	1617	61	3438	81	1163	89	6655
QEII	16	88	381	56	4235	46	2556	65	187	79	7375
Total Metropolitan	***259***	***95***	***2862***	***49***	***20489***	***48***	***18666***	***61***	***2753***	***81***	***45029***
Cairns	135	97	447	49	1610	59	3761	55	887	73	6840
Nambour	70	96	632	54	2951	58	2967	55	355	79	6975
Redcliffe	37	100	570	88	1737	78	3699	79	387	84	6430
Rockhampton	57	100	351	88	3404	51	3070	52	550	59	7432
Toowoomba	56	96	415	72	2009	82	4394	81	881	91	7755
Total Major Regional	***355***	***97***	***2415***	***69***	***11711***	***63***	***17891***	***66***	***3060***	***78***	***35432***
Bundaberg	33	88	334	66	997	62	3278	84	1904	95	6546
Caboolture	27	78	751	61	2437	69	2428	65	208	87	5851
Hervey Bay	23	83	260	75	591	84	1994	89	3043	97	5911
Mackay	25	100	326	60	1520	57	4939	60	1969	86	8799
Mt Isa	15	100	304	79	1862	66	6829	62	2716	89	11726
Total Regional	***123***	***89***	***1975***	***66***	***7407***	***69***	***19468***	***68***	***9860***	***92***	***38833***
TOTAL: June Qrt 1999	1144	96	10868	65	55137	61	73244	68	23317	88	163710
TOTAL: Year to date	2874	95	28592	65	146630	60	193158	68	68733	88	439985
TARGET		100		80		75		70		70	

Figure 2: Hospital Performance – Patients Seen Within Recommended Times – June 1999

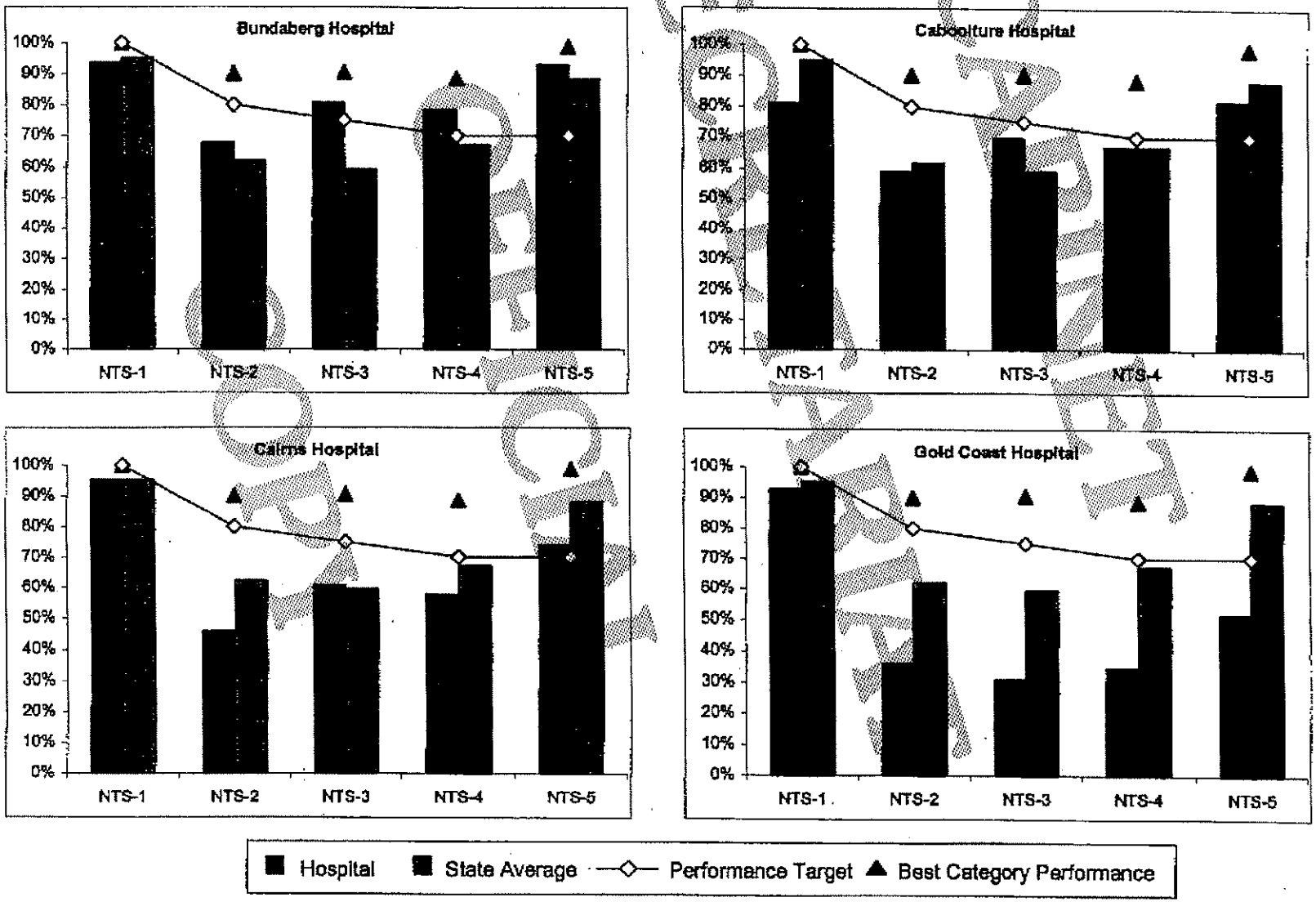
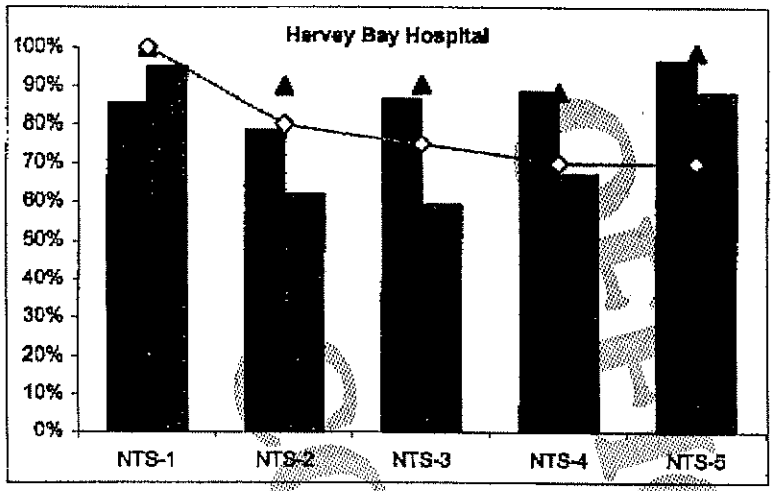
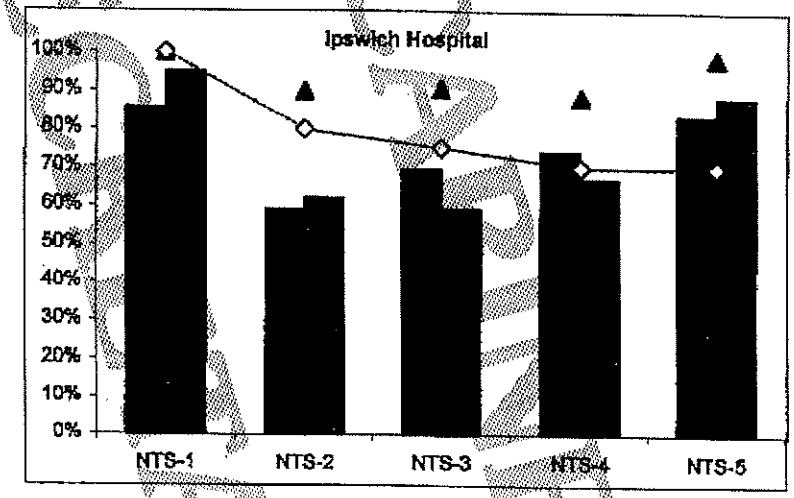
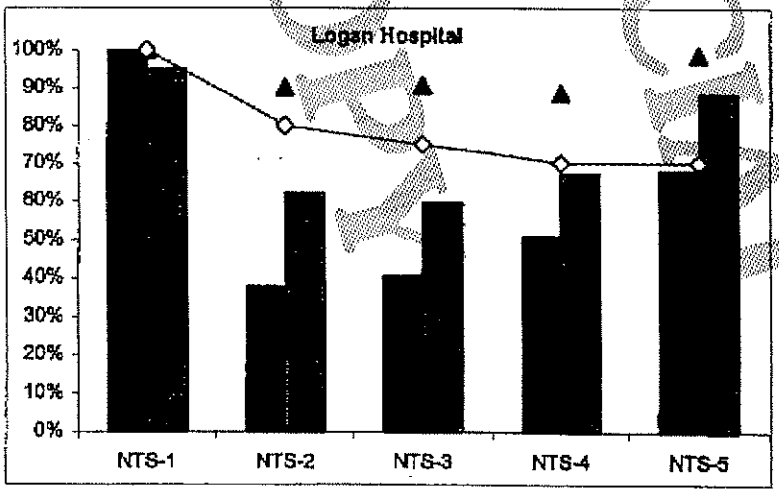
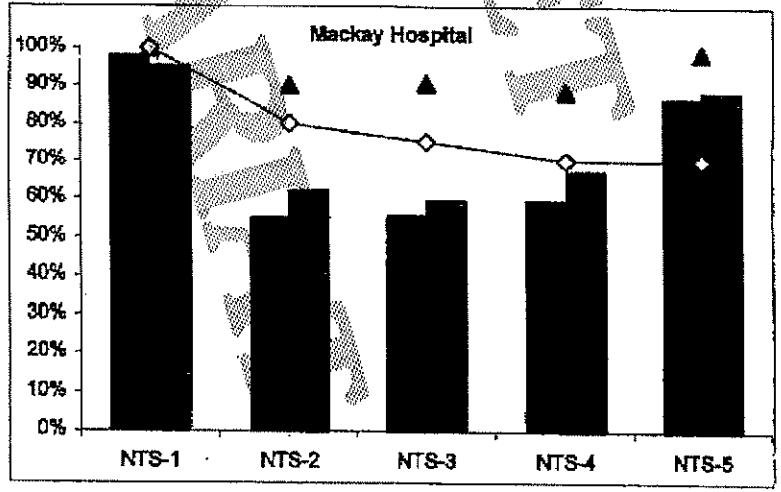


Figure 2: Hospital Performance – Patients Seen Within Recommended Times – June 1999 (cont)









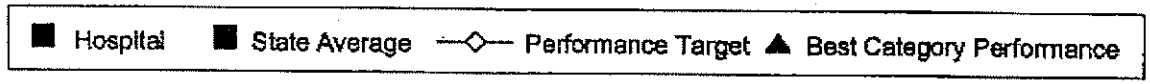


Figure 2: Hospital Performance – Patients Seen Within Recommended Times – June 1999 (cont)

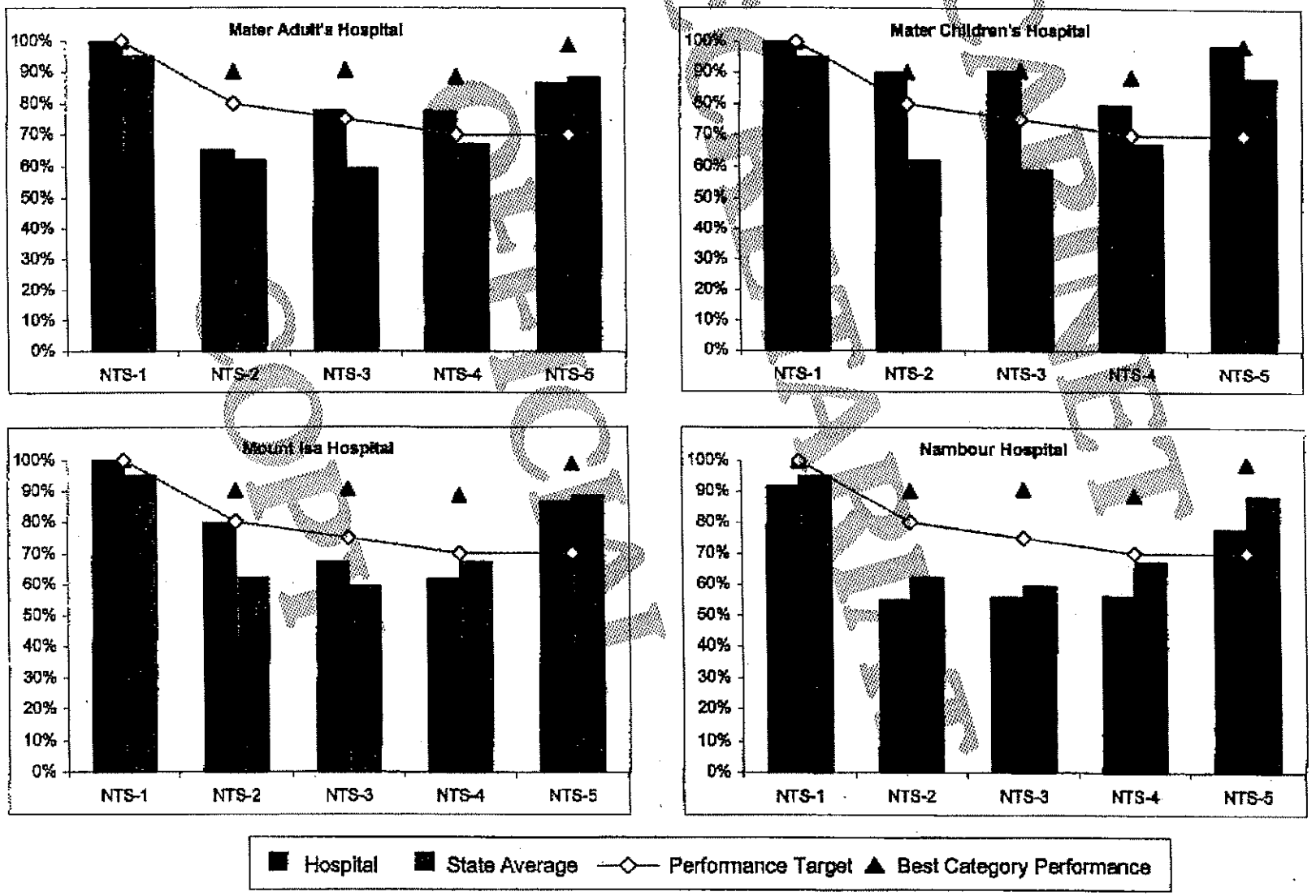


Figure 2: Hospital Performance – Patients Seen Within Recommended Times – June 1999 (cont)

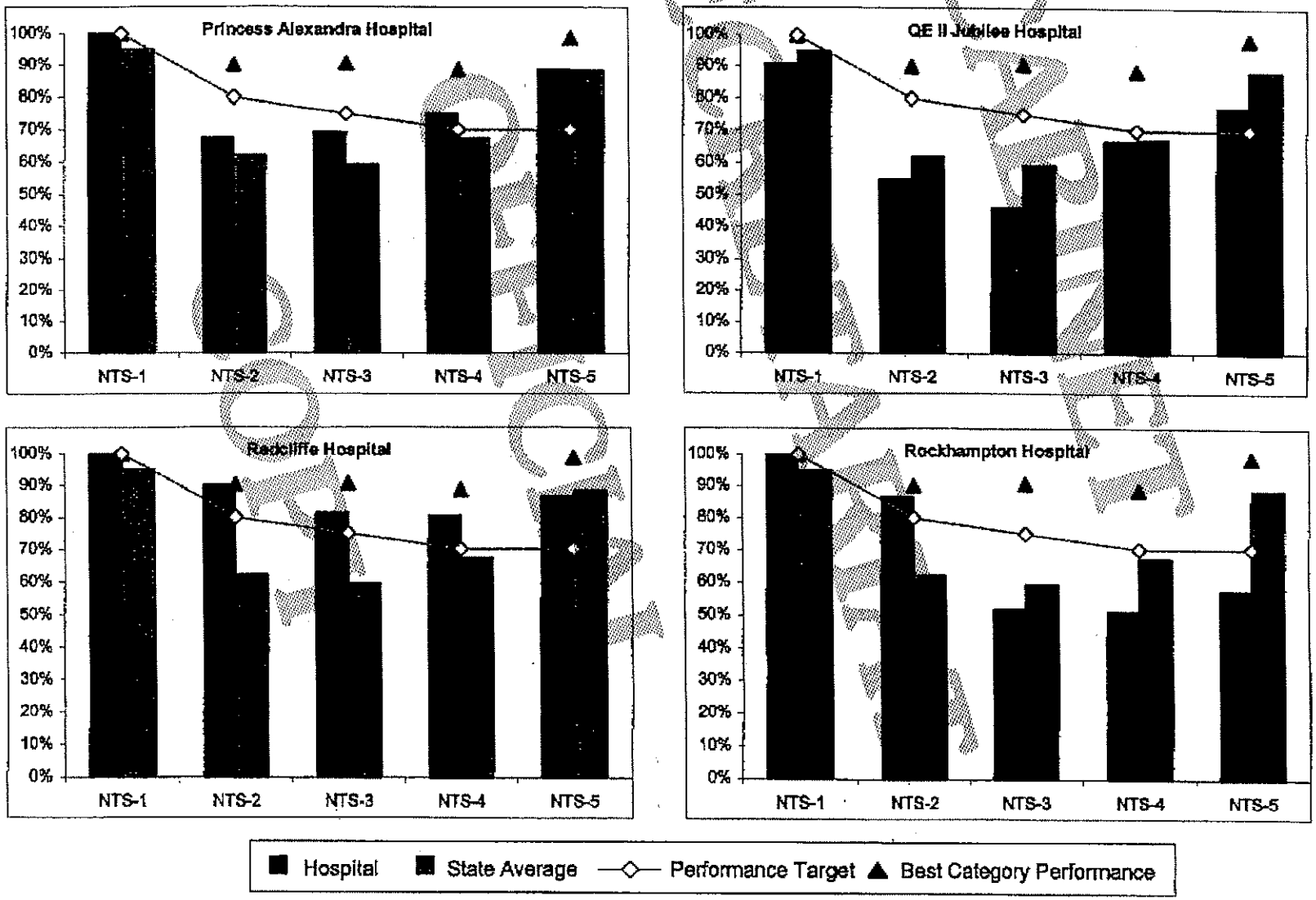


Figure 2: Hospital Performance – Patients Seen Within Recommended Times – June 1999 (cont)

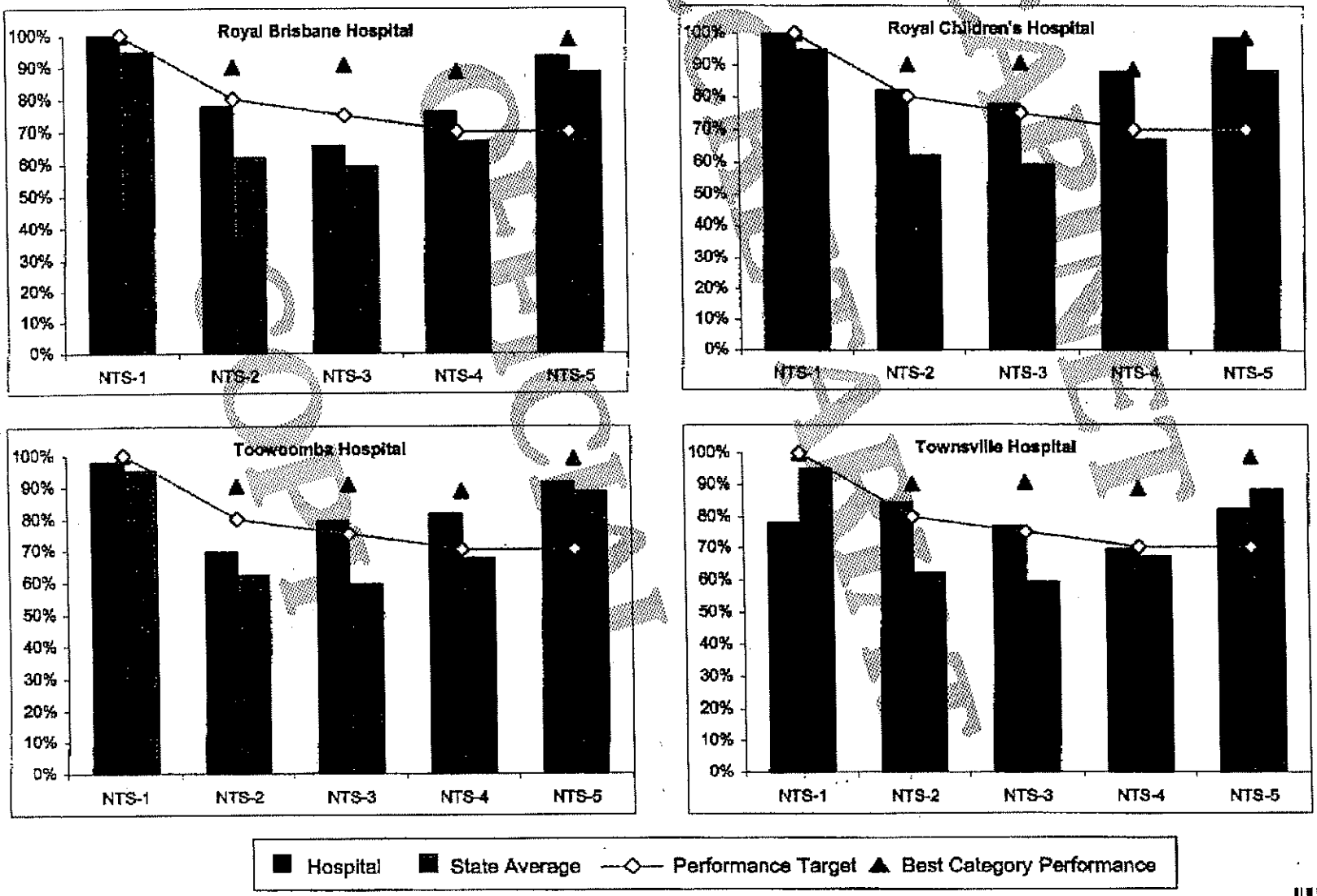


Table 2A: Emergency Department Admission/Transfer Rate – April 1999

Hospital	Triage 1 - Resuscitation		Triage 2 - Emergency		Triage 3 - Urgent		Triage 4 - Semi-urgent		Triage 5 - Non-urgent		Total Admissions
	Admissions	% of total attendances	Admissions	% of total attendances	Admissions	% of total attendances	Admissions	% of total attendances	Admissions	% of total attendances	
Princess Alexandra	13	72	246	60	693	45	152	14	13	2	1117
Royal Brisbane	36	88	395	76	929	44	318	26	64	6	1742
Townsville	19	95	52	71	189	48	381	25	44	7	685
Total Principal Referal	***68***	***86***	***693***	***69***	***1811***	***45***	***851***	***22***	***121***	***6***	***3544***
Mater Children's	4	80	29	81	161	49	161	12	5	3	360
Royal Children's	20	80	75	67	145	26	34	9	24	13	298
Total Paediatric	***24***	***80***	***104***	***70***	***306***	***34***	***195***	***11***	***29***	***8***	***658***
Gold Coast	23	61	134	70	679	34	191	16	8	11	1035
Ipswich	12	100	125	65	412	36	217	15	16	5	782
Logan	11	61	136	54	411	26	139	9	2	3	699
Mater Adults	6	100	60	52	208	40	211	19	17	4	502
QEII	0	0	73	55	337	24	56	7	0	0	466
Total Metropolitan	***52***	***68***	***528***	***60***	***2047***	***31***	***814***	***13***	***43***	***4***	***3484***
Cairns	34	81	80	63	266	50	276	22	15	5	671
Nambour	17	77	187	84	581	59	293	29	7	5	1085
Redcliffe	11	79	171	95	291	63	218	18	1	1	692
Rockhampton	11	69	81	69	236	22	33	3	1	1	364
Toowoomba	15	75	92	63	240	37	189	13	10	3	546
Total Major Regional	***88***	***77***	***611***	***77***	***1616***	***44***	***1009***	***17***	***34***	***3***	***3358***
Bundaberg	6	86	77	55	139	45	181	17	11	2	414
Caboolture	4	44	133	58	263	36	118	14	5	6	523
Harvey Bay	4	80	81	79	58	29	107	17	33	3	283
Mackay	4	80	68	67	179	42	113	7	9	1	373
Mt Isa	7	100	68	61	155	27	132	7	8	1	370
Total Regional	***25***	***76***	***427***	***64***	***794***	***35***	***851***	***10***	***66***	***2***	***1963***
TOTAL: April 1999	**257**	**77**	**2363**	**68**	**6574**	**37**	**3820**	**15**	**293**	**4**	**13007**
TOTAL: Year to date	**1077**	**79**	**9605**	**67**	**28048**	**39**	**14293**	**15**	**1502**	**4**	**54525**
TARGET		**75-90**		**60-70**		**40-60**		**20-30**		**5-10**	

Table 2B: Emergency Department Admission/Transfer Rate – May 1999

Hospital	Triage 1 - Resuscitation		Triage 2 - Emergency		Triage 3 - Urgent		Triage 4 - Semi-urgent		Triage 5 - Non-urgent		Total Admissions
	Admissions	% of total attendances	Admissions	% of total attendances	Admissions	% of total attendances	Admissions	% of total attendances	Admissions	% of total attendances	
Princess Alexandra	25	83	269	62	686	41	164	16	13	3	1177
Royal Brisbane	44	90	382	76	950	43	389	26	77	7	1842
Townsville	21	75	77	82	253	49	338	24	34	5	723
Total Principal Referal	***90***	***84***	***748***	***70***	***1889***	***43***	***891***	***23***	***124***	***6***	***3742***
Mater Children's	5	83	25	68	177	47	219	14	9	4	435
Royal Children's	13	65	79	63	171	24	40	9	38	24	341
Total Paediatric	***18***	***69***	***104***	***64***	***348***	***32***	***259***	***13***	***47***	***13***	***776***
Gold Coast	22	79	142	88	817	37	221	19	9	11	1211
Ipswich	10	67	131	71	511	42	200	13	6	2	858
Logan	18	95	218	62	420	25	125	8	0	0	781
Mater Adults	14	100	68	55	206	39	192	17	18	4	500
QEII	1	20	83	63	377	25	64	7	4	9	529
Total Metropolitan	***65***	***80***	***642***	***64***	***2333***	***33***	***802***	***12***	***37***	***4***	***3879***
Cairns	29	69	104	64	281	50	299	24	11	4	724
Nambour	20	91	181	82	587	57	248	26	7	8	1043
Redcliffe	10	100	186	100	326	58	315	25	2	1	839
Rockhampton	16	76	77	75	253	20	24	2	2	1	372
Toowoomba	8	67	102	74	286	42	223	15	9	3	628
Total Major Regional	***83***	***78***	***650***	***80***	***1733***	***42***	***1109***	***19***	***31***	***3***	***3606***
Bundaberg	9	75	68	64	181	47	176	15	16	2	450
Caboolture	7	100	173	65	288	35	73	9	1	2	542
Hervey Bay	4	57	58	65	72	39	84	13	26	2	244
Mackay	8	80	71	69	219	38	125	7	5	1	428
Mt Isa	2	50	75	76	184	28	147	6	13	2	421
Total Regional	***30***	***75***	***445***	***67***	***944***	***36***	***605***	***9***	***61***	***2***	***2085***
TOTAL: May 1999	**266**	**79**	**2589**	**70**	**7247**	**38**	**3666**	**15**	**300**	**4**	**14088**
TOTAL: Year to date	**1363**	**79**	**12194**	**68**	**35295**	**39**	**17959**	**15**	**1802**	**4**	**68613**
TARGET		**75-90**		**60-70**		**40-60**		**20-30**		**5-10**	

Table 2C: Emergency Department Admission/Transfer Rate – June 1999

Hospital	Triage 1 - Resuscitation		Triage 2 - Emergency		Triage 3 - Urgent		Triage 4 - Semi-urgent		Triage 5 - Non-urgent		Total Admissions
	Admissions	% of total attendances	Admissions	% of total attendances	Admissions	% of total attendances	Admissions	% of total attendances	Admissions	% of total attendances	
Princess Alexandra	43	84	254	62	651	42	128	14	6	1	1082
Royal Brisbane	64	85	475	79	969	45	328	27	92	9	1928
Townsville	13	76	65	78	194	46	328	22	30	5	630
Total Principal Referal	***120***	***84***	***794***	***73***	***1814***	***44***	***784***	***22***	***128***	***6***	***3640***
Mater Children's	3	100	29	83	165	53	184	12	10	4	391
Royal Children's	16	84	70	64	219	30	66	19	34	19	405
Total Paediatric	***19***	***86***	***99***	***69***	***384***	***37***	***250***	***12***	***44***	***11***	***796***
Gold Coast	16	64	165	70	835	39	199	19	13	15	1228
Ipswich	19	76	123	71	420	39	270	18	8	3	840
Logan	10	40	138	45	410	25	108	7	7	9	673
Mater Adults	18	100	77	55	237	42	178	15	5	2	515
QEII	6	67	70	59	324	25	55	7	0	0	455
Total Metropolitan	***69***	***68***	***573***	***59***	***2226***	***33***	***810***	***13***	***33***	***4***	***3711***
Cairns	41	80	96	61	247	48	275	21	8	3	667
Nambour	24	92	163	67	553	59	293	30	11	8	1044
Redcliffe	9	69	131	64	258	35	241	19	4	3	643
Rockhampton	19	95	108	83	257	24	38	4	1	1	423
Toowoomba	23	96	93	72	298	44	238	17	10	3	662
Total Major Regional	***116***	***87***	***591***	***73***	***1613***	***41***	***1085***	***18***	***34***	***3***	***3439***
Bundaberg	11	79	63	57	139	47	191	18	22	3	426
Caboolture	9	82	157	62	319	38	101	14	0	0	586
Hervey Bay	6	73	48	71	79	38	125	18	23	3	283
Mackay	4	40	89	73	187	36	105	7	9	1	394
Mt Isa	2	50	61	65	179	29	132	5	8	1	382
Total Regional	***34***	***68***	***418***	***65***	***903***	***36***	***654***	***10***	***62***	***2***	***2071***
TOTAL: June 1999	**358**	**79**	**2475**	**67**	**6940**	**38**	**3583**	**15**	**301**	**4**	**13657**
TOTAL: Year to date	**1721**	**79**	**14669**	**68**	**42235**	**38**	**21542**	**15**	**2103**	**4**	**82270**
TARGET		**75-90**		**60-70**		**40-60**		**20-30**		**5-10**	

Table 2D: Emergency Department Admission/Transfer Rate – June Quarter 1999

Hospital	Triage 1 - Resuscitation		Triage 2 - Emergency		Triage 3 - Urgent		Triage 4 - Semi-urgent		Triage 5 - Non-urgent		Total Admissions
	Admissions	% of total attendances	Admissions	% of total attendances	Admissions	% of total attendances	Admissions	% of total attendances	Admissions	% of total attendances	
Princess Alexandra	81	82	789	61	2030	43	444	15	32	2	3376
Royal Brisbane	144	87	1252	77	2848	44	1035	26	233	7	5512
Townsville	53	82	194	78	636	48	1047	24	108	6	2038
Total Principal Referal	***278***	***84***	***2235***	***71***	***5514***	***44***	***2526***	***23***	***373***	***6***	***10926***
Mater Children's	12	86	83	77	503	50	564	13	24	4	1186
Royal Children's	49	77	224	65	535	27	140	10	96	19	1044
Total Paediatric	***61***	***78***	***307***	***68***	***1038***	***34***	***704***	***12***	***120***	***10***	***2230***
Gold Coast	61	67	441	69	2331	37	611	18	30	13	3474
Ipswich	41	79	379	69	1343	39	687	15	30	3	2480
Logan	39	63	492	54	1241	26	372	8	9	4	2153
Mater Adults	38	100	205	54	653	40	581	17	40	3	1517
QEII	7	44	226	59	1038	25	175	7	4	2	1450
Total Metropolitan	***186***	***72***	***1743***	***61***	***6606***	***32***	***2426***	***13***	***113***	***4***	***11074***
Cairns	104	77	280	63	794	49	850	23	34	4	2062
Nambour	61	87	531	84	1721	58	834	28	25	7	3172
Redcliffe	30	81	488	86	875	50	774	21	7	2	2174
Rockhampton	46	81	266	76	748	22	95	3	4	1	1159
Toowoomba	46	82	287	69	824	41	650	15	29	3	1836
Total Major Regional	***287***	***81***	***1852***	***77***	***4962***	***42***	***3203***	***18***	***99***	***3***	***10403***
Bundaberg	26	79	208	82	459	46	548	17	49	3	1290
Caboolture	20	74	463	62	870	36	292	12	6	3	1651
Hervey Bay	16	70	187	72	209	35	318	16	82	3	810
Mackay	16	64	228	70	585	38	343	7	23	1	1195
Mt Isa	11	73	204	67	518	28	411	6	29	1	1173
Total Regional	***89***	***72***	***1290***	***65***	***2641***	***36***	***1910***	***10***	***189***	***2***	***6119***
TOTAL: June Qrt 1999	901	79	7427	68	20761	38	10769	15	894	4	40752
TOTAL: Year to date	2264	79	19621	68	58056	38	28728	15	2696	4	109365
TARGET		75-80		60-70		40-60		20-30		5-10	

Figure 3: Hospital Performance – Admission/Transfer Rate – June Quarter 1999

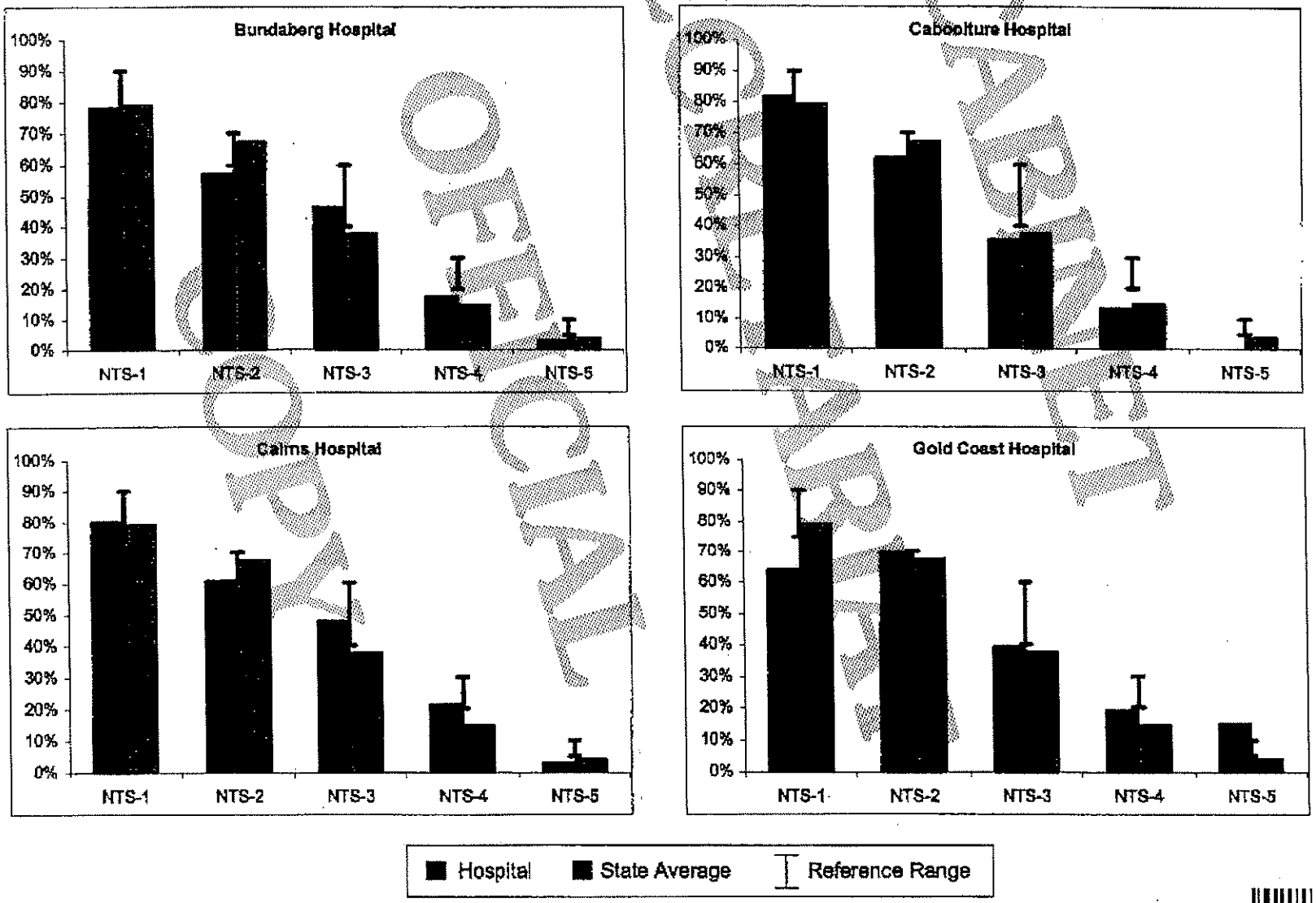


Figure 3: Hospital Performance – Admission/Transfer Rate – June Quarter 1999 (cont)

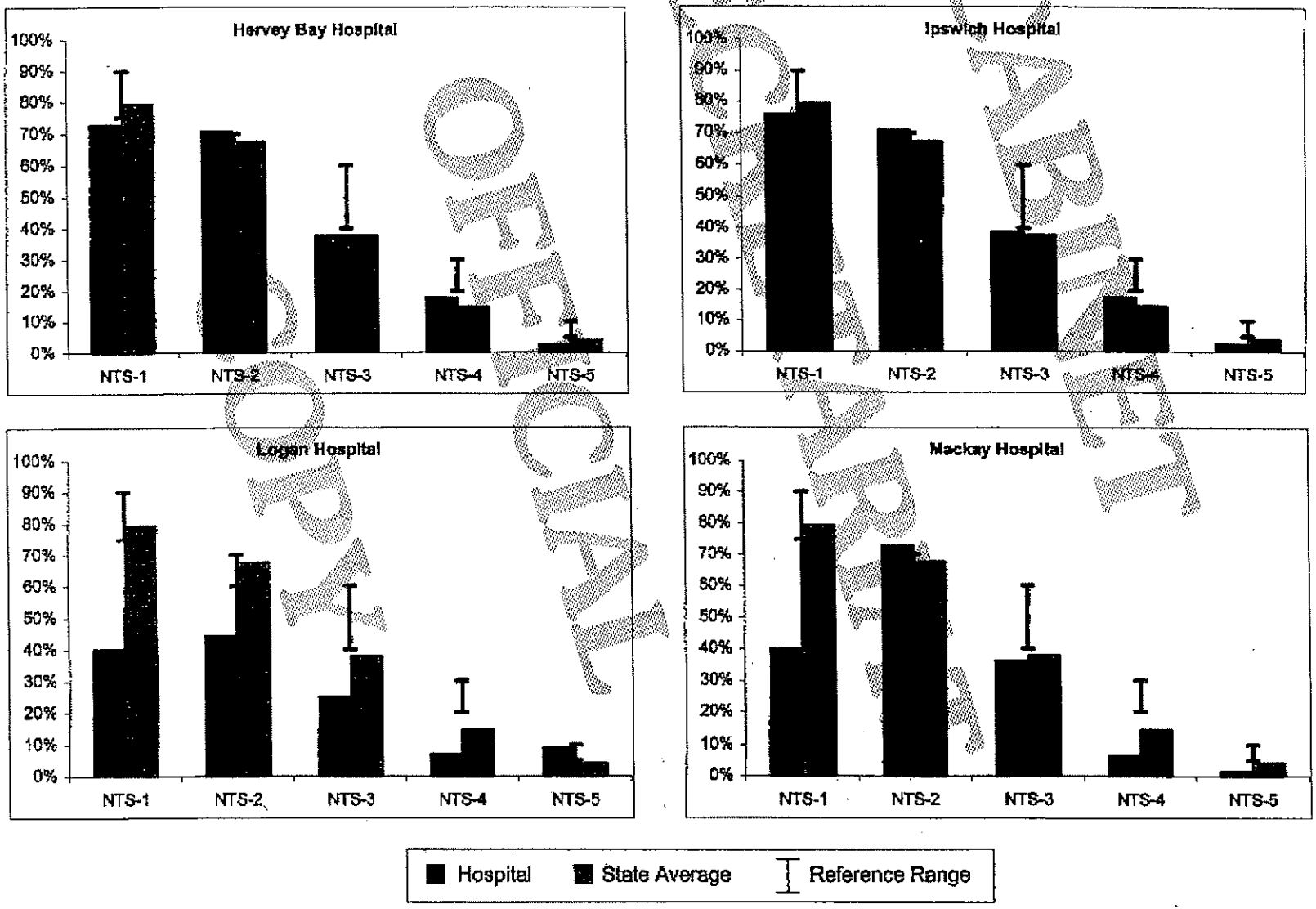


Figure 3: Hospital Performance – Admission/Transfer Rate – June Quarter 1999 (cont)

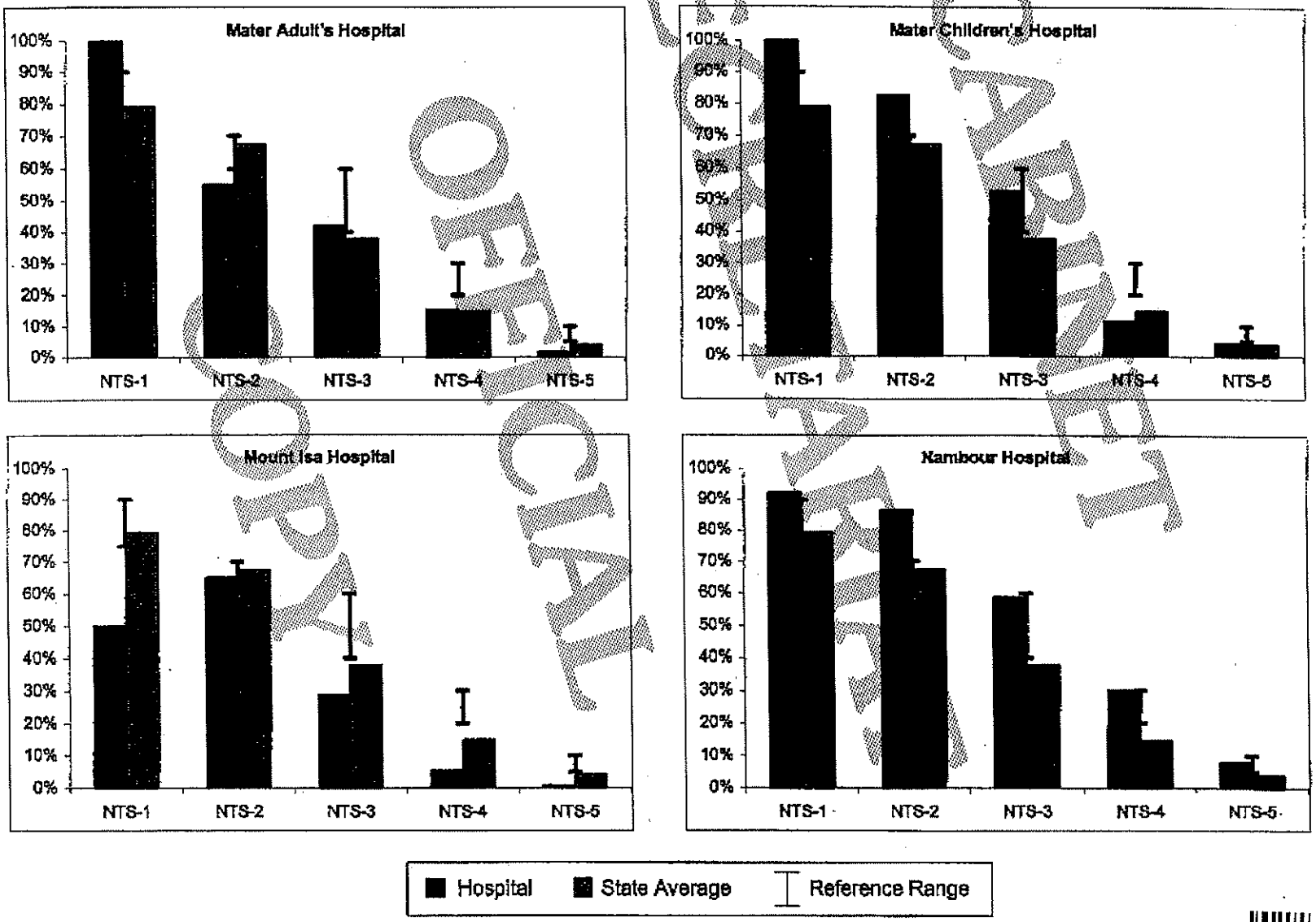


Figure 3: Hospital Performance – Admission/Transfer Rate – June Quarter 1999 (cont)

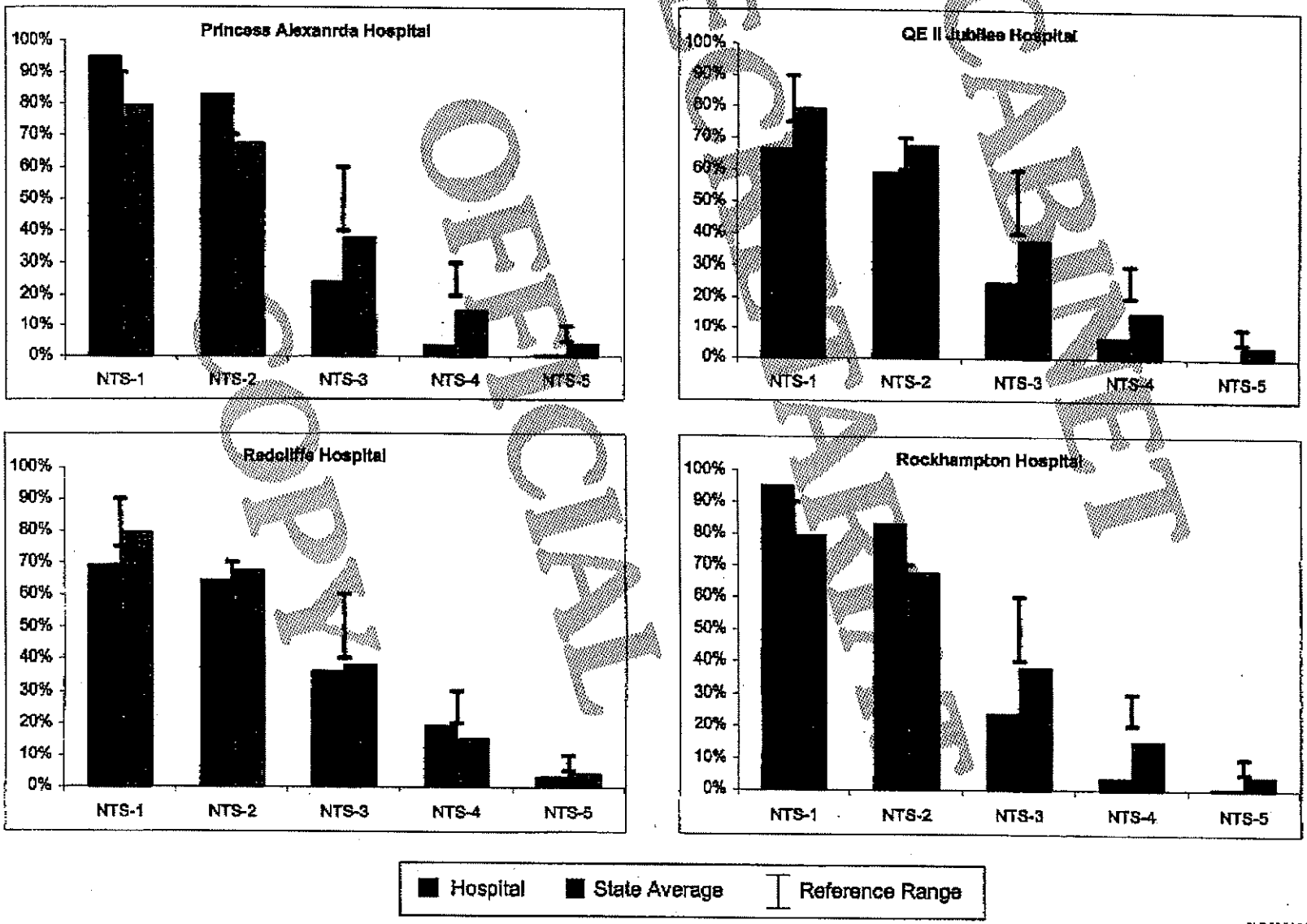
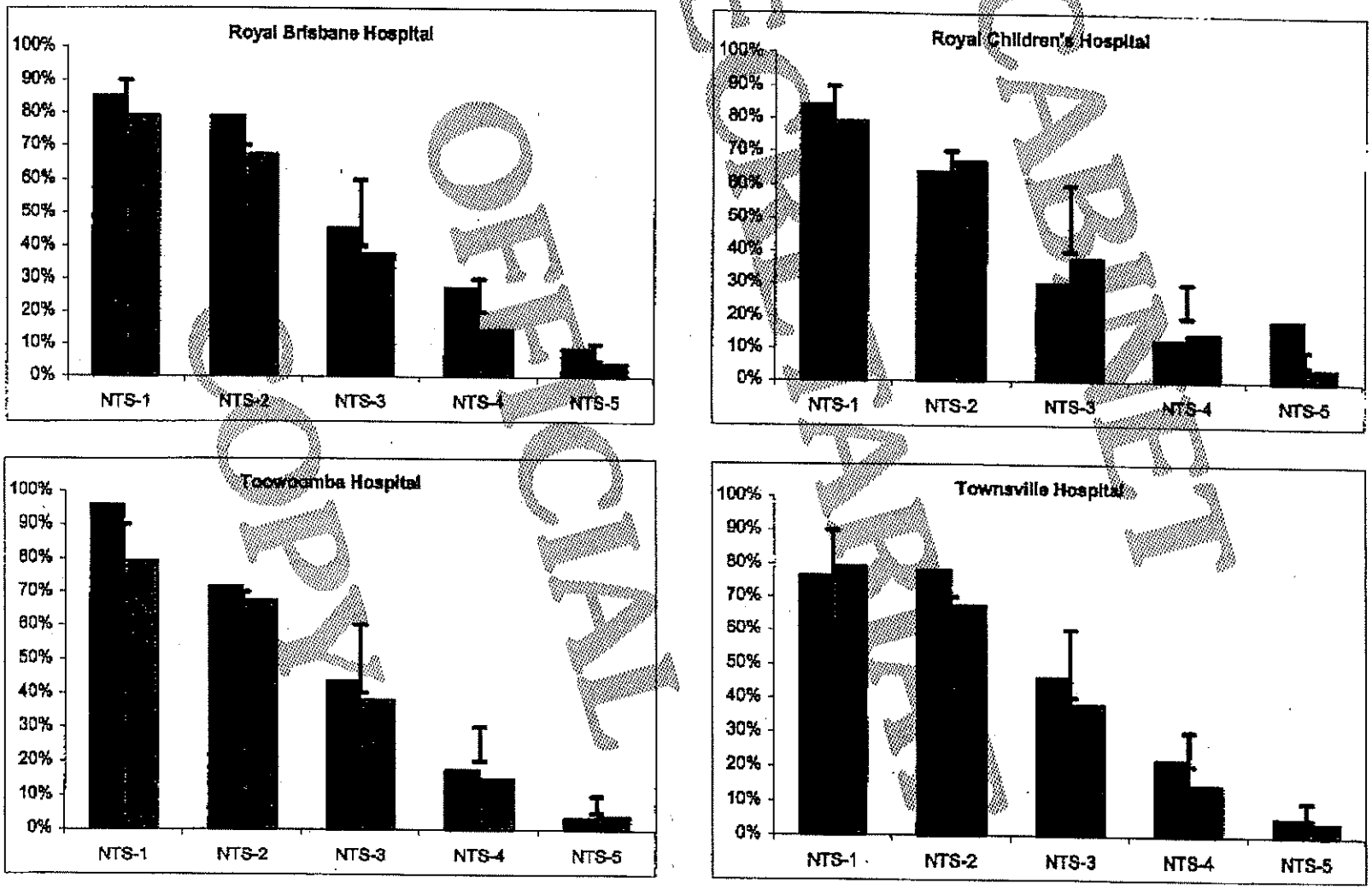


Figure 3: Hospital Performance – Admission/Transfer Rate – June Quarter 1999 (cont)



Glossary of Terms

Triage Categories: On presentation at a hospital emergency department patients are classified according to the urgency of their clinical condition. The National Triage Scale identifies appropriate waiting times for each triage category.

Triage Performance Targets: The performance targets identified for use in Queensland indicate the percentage of patients which should be seen within the recommended times and are based on those identified in the *Development of Agreed Set of National Access Performance Indicators for Elective Surgery, Emergency Departments and Outpatient Services* produced by the Commonwealth Department of Health and Family Services July 1997.

Category	Treatment acuity	Performance target
Triage Category 1 – Resuscitation	immediate	100%
Triage Category 2 – Emergency	within 10 minutes	80%
Triage Category 3 – Urgent	within 30 minutes	75%
Triage Category 4 – Semi-urgent	within 60 minutes	70%
Triage Category 5 – Non-urgent	within 120 minutes	70%

Admission Rate: The admission rate per triage category is an indicator of the accuracy and effectiveness of the triage process within an emergency department.

Admission Rate Reference Range: The admission rate reference range has been identified by the *Australian Council for Healthcare Standards* and the *Australasian College for Emergency Medicine*.

Category	Admission rate reference range
Triage Category 1 – Resuscitation	75-90%
Triage Category 2 – Emergency	60-70%
Triage Category 3 – Urgent	40-60%
Triage Category 4 – Semi-urgent	20-30%
Triage Category 5 – Non-urgent	5-10%

Access Block: The waiting time in the emergency department prior to admission or transfer is known as access block. This report identifies the waiting time from 'presentation to admission/transfer' and from 'time seen by doctor to admission/transfer'.

Specialist Outpatient Waiting List

Attachment 3

Corporate Grouping 1	Corporate Grouping 2	Data	1/07/1999
Surgical	Cardio-thoracic Surgery	With appointments	63
		Without appointments	0
	ENT Surgery	With appointments	4001
		Without appointments	1675
	General Surgery	With appointments	5367
		Without appointments	348
	Neurosurgery	With appointments	358
		Without appointments	17
	Ophthalmology	With appointments	2907
		Without appointments	1121
	Orthopaedic Surgery	With appointments	6517
		Without appointments	3199
	Other Surgery	With appointments	22
		Without appointments	0
	Plastics	With appointments	776
		Without appointments	2
	Urology	With appointments	1721
		Without appointments	752
	Vascular Surgery	With appointments	518
		Without appointments	2
Surgical With appointments			22250
Surgical Without appointments			7116
Medical	Cardiology	With appointments	1292
		Without appointments	26
	Dermatology	With appointments	880
		Without appointments	73
	Endocrine/Diabetes	With appointments	384
		Without appointments	34
	Gastroenterology	With appointments	1300
		Without appointments	836
	General Medicine	With appointments	1341
		Without appointments	24
	Genetics	With appointments	19
		Without appointments	51
	Geriatric	With appointments	23
		Without appointments	0
	Haematology	With appointments	42
		Without appointments	0
	Immunology	With appointments	178
		Without appointments	0
	Infectious Diseases	With appointments	165
		Without appointments	4
	Nephrology	With appointments	82
		Without appointments	3
	Neurology	With appointments	985
		Without appointments	13
	Oncology	With appointments	148
		Without appointments	0
	Palliative/Pain	With appointments	338
		Without appointments	110
	Pharmacology/toxicology	With appointments	17
		Without appointments	0
	Respiratory Medicine	With appointments	506
		Without appointments	120
	Rheumatology	With appointments	281
		Without appointments	0
Medical With appointments			7981
Medical Without appointments			1294

Specialist Outpatient Waiting List

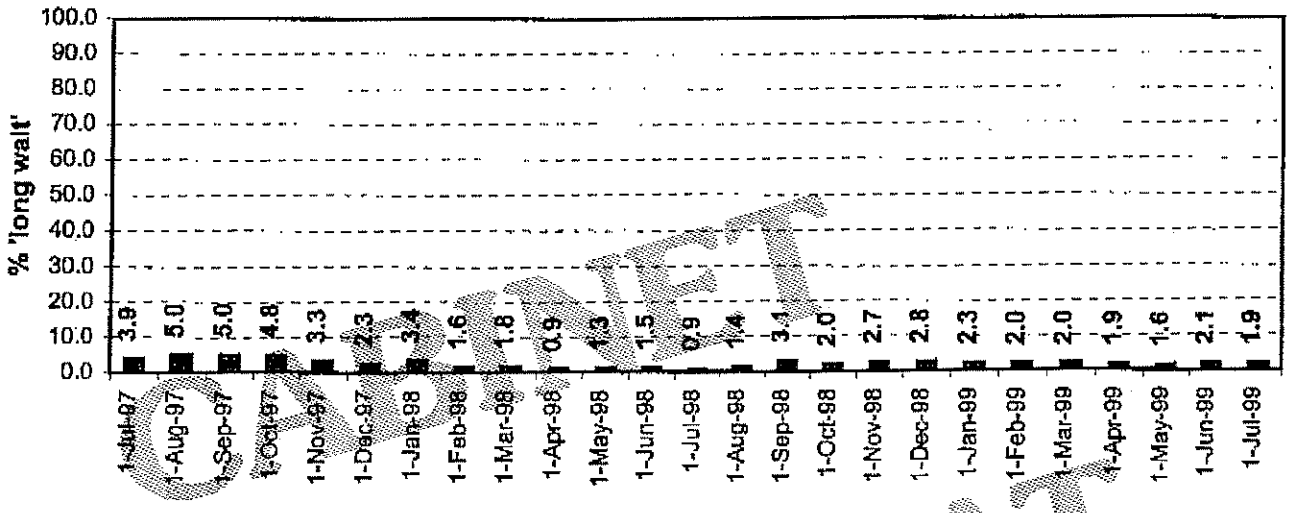
Corporate Grouping 1	Corporate Grouping 2	Data	1/07/1999
Obstetrics/Gynaecology	Gynaecology	With appointments	4135
		Without appointments	314
	Obstetrics	With appointments	1467
		Without appointments	0
Obstetrics/Gynaecology With appointments			5602
Obstetrics/Gynaecology Without appointments			314
Paediatric-Medical	Cardiology	With appointments	53
		Without appointments	0
	Dermatology	With appointments	103
		Without appointments	0
	Endocrine/Diabetes	With appointments	68
		Without appointments	25
	Gastroenterology	With appointments	192
		Without appointments	10
	General Medicine	With appointments	703
		Without appointments	24
	Immunology	With appointments	11
		Without appointments	0
	Nephrology	With appointments	27
		Without appointments	0
	Neurology	With appointments	35
		Without appointments	0
	Respiratory Medicine	With appointments	38
		Without appointments	0
	Rheumatology	With appointments	1
		Without appointments	0
Paediatric-Medical With appointments			1231
Paediatric-Medical Without appointments			59
Paediatric-Other	Assessment	With appointments	48
		Without appointments	48
	Development	With appointments	27
		Without appointments	14
	Rehabilitation	With appointments	4
		Without appointments	0
Paediatric-Other With appointments			79
Paediatric-Other Without appointments			62
Paediatric-Surgery	Cardiac Surgery	With appointments	19
		Without appointments	0
	ENT Surgery	With appointments	211
		Without appointments	1088
	General Surgery	With appointments	89
		Without appointments	29
	Neurosurgery	With appointments	52
		Without appointments	0
	Ophthalmology	With appointments	150
		Without appointments	0
	Orthopaedic Surgery	With appointments	296
		Without appointments	0
	Plastics	With appointments	29
		Without appointments	0
Paediatric-Surgery With appointments			846
Paediatric-Surgery Without appointments			1117
Psychiatry	Psychiatry	With appointments	15
		Without appointments	0
Psychiatry With appointments			15
Psychiatry Without appointments			0
Total With appointments			38004
Total Without appointments			9962
Grand Total			47966

ADDITIONAL ELECTIVE SURGERY FUNDING BY DISTRICT

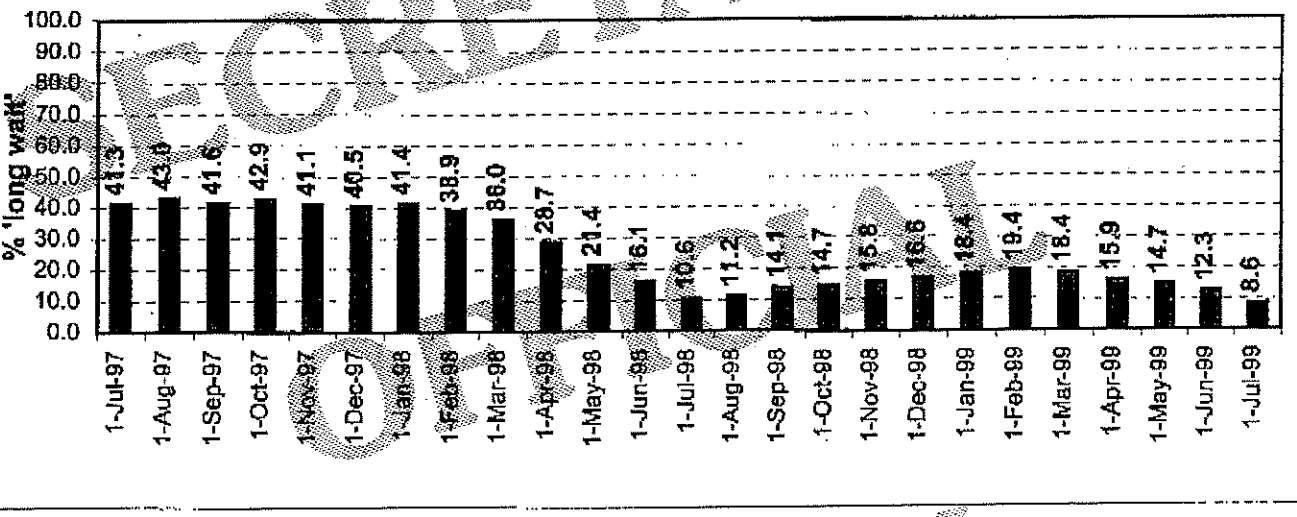
District	HOSPITAL	Surgical Incentives Fund (Total)	Waiting List Incentive + 1998/99 New Initiative +Day Surgery	Complex Procedures 1998/99 New Initiative	One off (Non Recurrent) funding
		$	$	$	$
Bundaberg	Bundaberg	425,000	300,000	125,000	
Cairns	Cairns	300,000	150,000	50,000	100,000
Central Highlands		62,000	62,000		
Gympie	Gympie	120,000	120,000		
Gold Coast	Gold Coast	500,000	450,000	50,000	
Logan/Beaudesert	Logan/beaudesert	500,000	325,000		175,000
Mackay	Mackay	725,000	500,000	25,000	200,000
Mater	Mater Adults	1,900,000	1,200,000	200,000	500,000
	Mater Children's	350,000	350,000		
Princess Alexandra	Princess Alexandra	2,500,000	1,300,000	1,200,000	
Queen Elizabeth II	Queen Elizabeth II	1,500,000	1,400,000	100,000	
Redcliffe/Caboolture	Redcliffe	1,300,000	500,000	700,000	100,000
	Caboolture	700,000	700,000		
Rockhampton	Rockhampton	431,000	431,000		
Royal Brisbane	Royal Brisbane	2,000,000	600,000	1,100,000	300,000
Royal Children's	Royal Children's	110,000	110,000		
Sunshine Coast	Nambour/Caloundra	500,000	200,000	200,000	100,000
The Prince Charles	The Prince Charles	2,000,000	1,000,000	1,000,000	
Toowoomba	Toowoomba	500,000	300,000	200,000	
Townsville	Townsville	2,700,000	2,300,000	300,000	100,000
	Kirwan	100,000	100,000		
West Moreton	Ipswich	850,000	600,000	250,000	
		20,073,000	**12,998,000**	**5,500,000**	**1,575,000**

ELECTIVE SURGERY REPORTING HOSPITALS: PERCENTAGE 'LONG WAITS' BY URGENCY CATEGORY

Urgency Category 1



Urgency Category 2



Urgency Category 3