

General Surgery Referral Project

**‘Back to basics’ approach helps reduce waiting
times**

Kerryn Allen & Galina Ramensky-Manoiloff

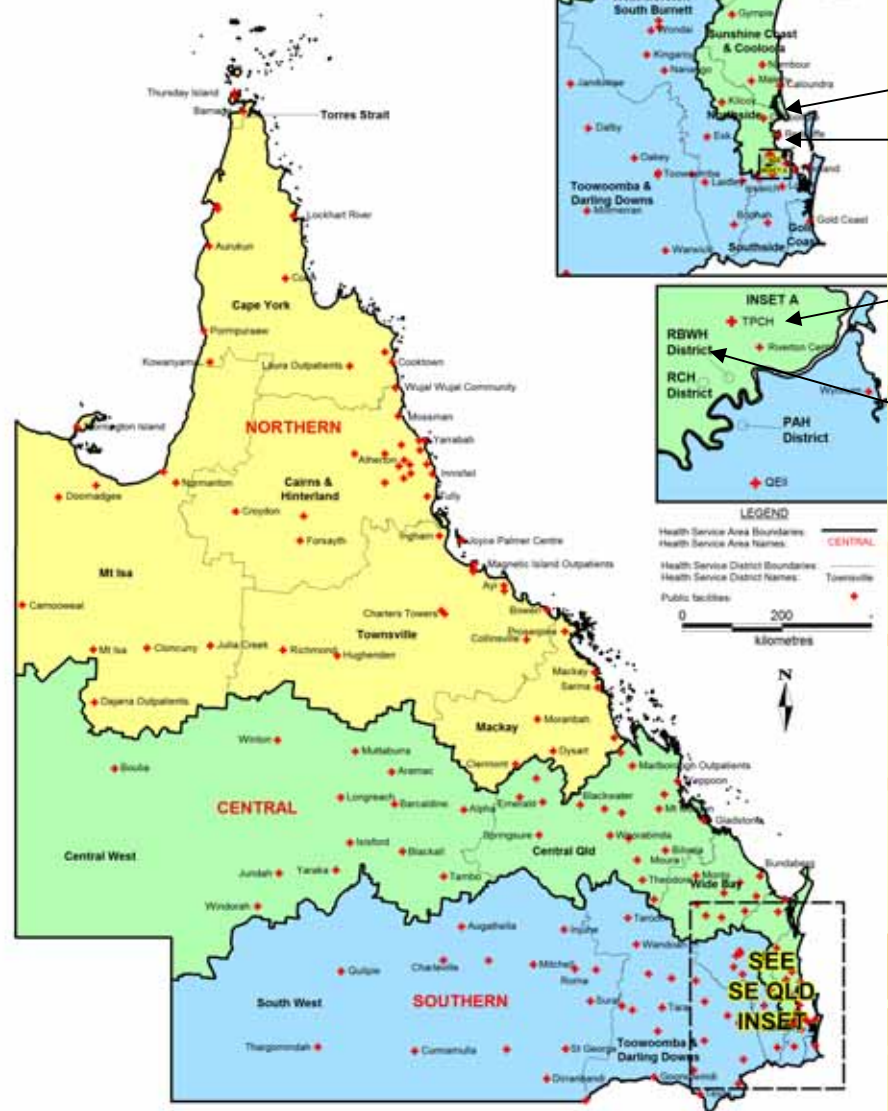
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Clinical Service Coordinators – Redcliffe & Caboolture Hospitals

Northside Health Service District

August 2008

QUEENSLAND HEALTH
Health Service Areas & Health Service Districts



Caboolture Hospital

Redcliffe Hospital

The Prince Charles Hospital

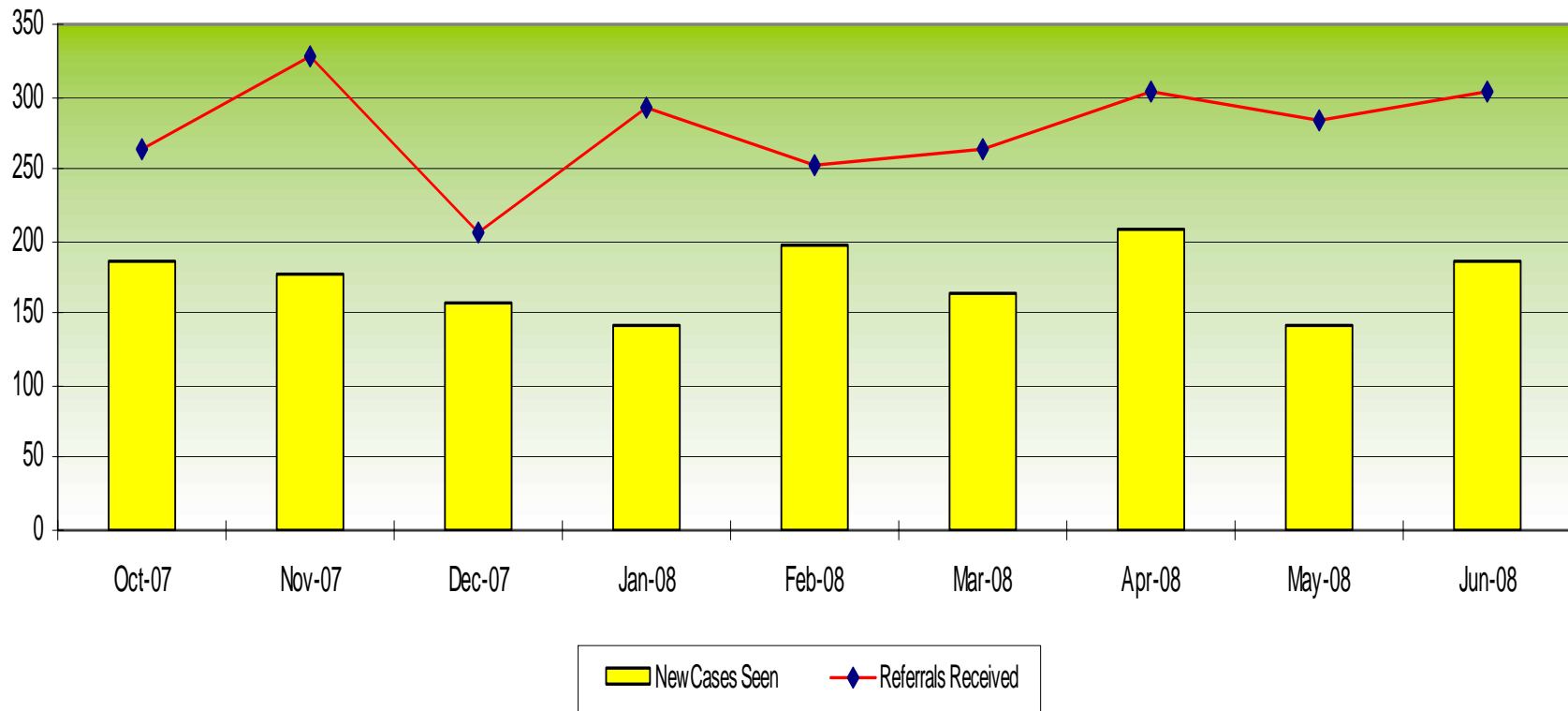
The Royal Brisbane & Women's Hospitals

Background 1 RBWH

- High demand on services
- Long wait patients on elective surgery waiting lists
- Long wait patients on specialist outpatient waiting lists
- No current capacity to increase services

RBWH unable to meet General Surgical SOPD demand

New Cases Seen against Referrals Received





Background 2 Caboolture

- September 2006 election promise
- Commission additional operating theatre complete with resources
- Objectives:
 - Increase activity
 - Clean waiting lists
 - Decrease number of 'long wait' patients
 - Decrease number of patients on the elective surgery waiting list
 - Assist other facilities with 'long wait' patients

Caboolture's General Surgery Elective Surgery Data

	CAT 1				CAT 2				CAT 3			
	snapshot : pts waiting < 30 days	snapshot : pts waiting > 30 days	% longwait	Patients Waiting	snapshot : pts waiting < 90 days	snapshot : pts waiting > 90 days	% longwait	Patients Waiting	snapshot : pts waiting < 365 days	snapshot : pts waiting > 365 days	% longwait	Patients Waiting
Aug06	31	0	0.0%	31	138	4	2.8%	142	39	41	51.3%	80
Jun-07	26	0	0.0%	26	141	0	0.0%	141	47	10	17.5%	57
Jan-08	26	0	0.0%	26	169	0	0.0%	169	57	2	3.4%	59
May-08	49	0	0.0%	49	182	0	0.0%	182	69	0	0.0%	69

Background 3 The Prince Charles Hospital

- Election promise 2006
- Commence general surgical service
- Activity to be initially sourced from RBWH elective Surgery waiting list – long wait patients
- Issues arising –
 - Process for transferring patients
 - Consultants hesitant to release patients
 - Patients hesitant to transfer
 - Numbers not able to meet increasing capacity
 - Risk of failure to achieve targets

Overview

- Recognition of facilities with extensive waiting lists
- Facilities with capacity
- Share the load
- Service capability
- Recognise the types of patients/referral
- Patient selection



Approach

Patient Focused Approach

- Consultation with stakeholders, including GP's
- Identification of facility resource people
- Review of original processes
- Identification of potential gaps and risks
- Consultation with resource people
- Appropriate model of care
- Development of project action plan
- Communication strategy
- Development of work place instruction
- Development of data set
- Development of performance indicator

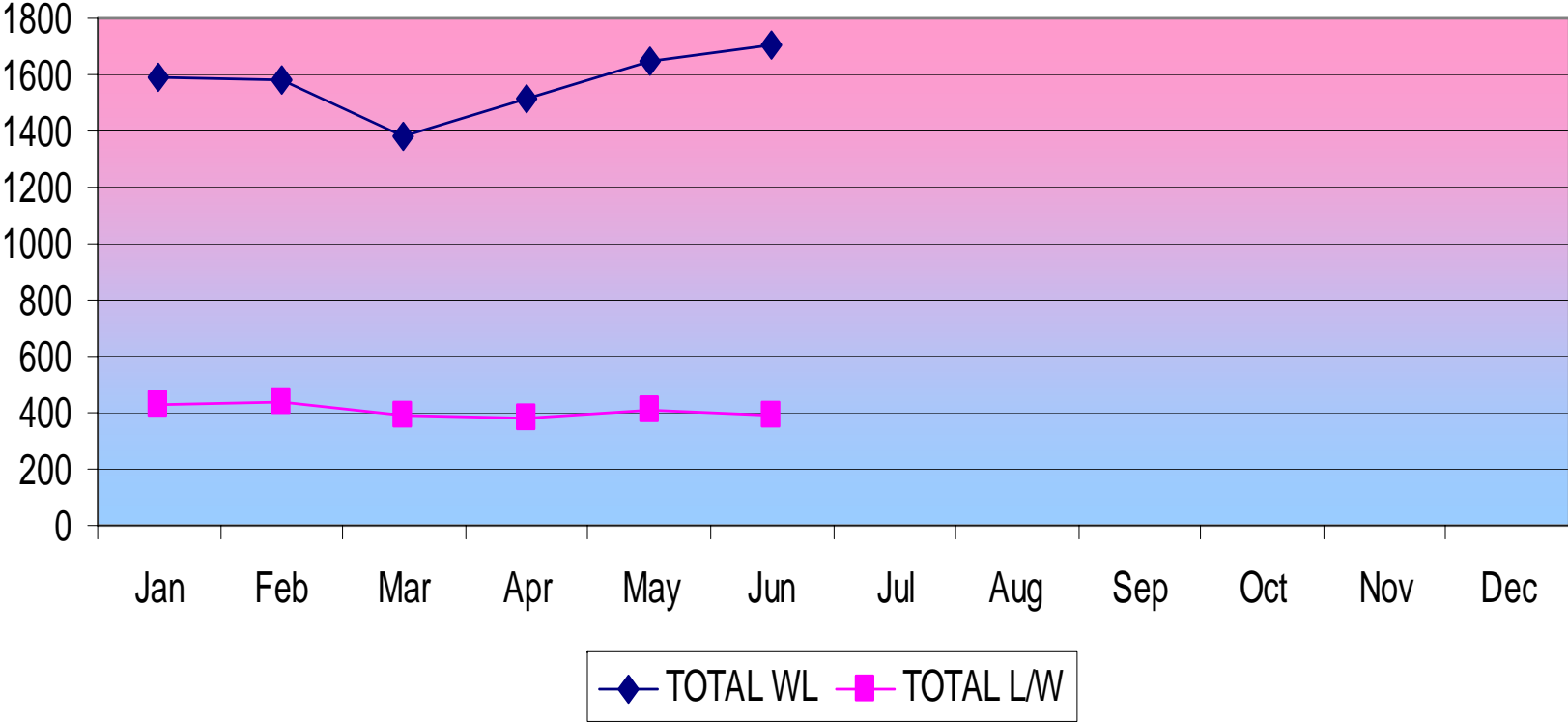


Management by Postcode

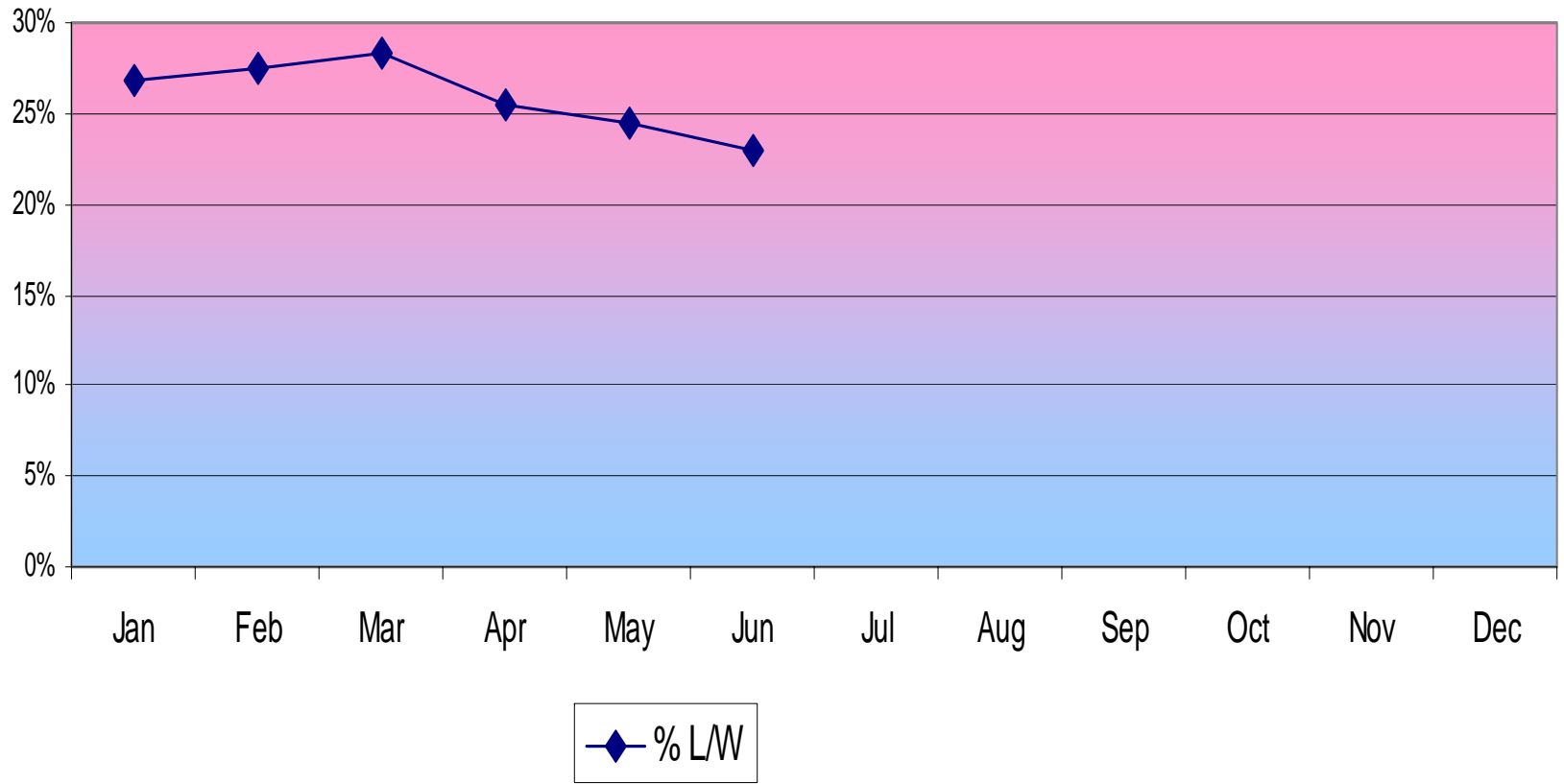
Management by Postcode

- Decision to transfer
- Role of transfer officer
- Receiving hospital takes responsibility for patient
- Identify demand and capacity of each facility
- Percentage of patients by postcode requiring service
- Ability to change area boundaries to meet demand
- Flexibility to provide timely access for patients
- Workplace instruction to meet needs of patients
- Regular monitoring and maintenance

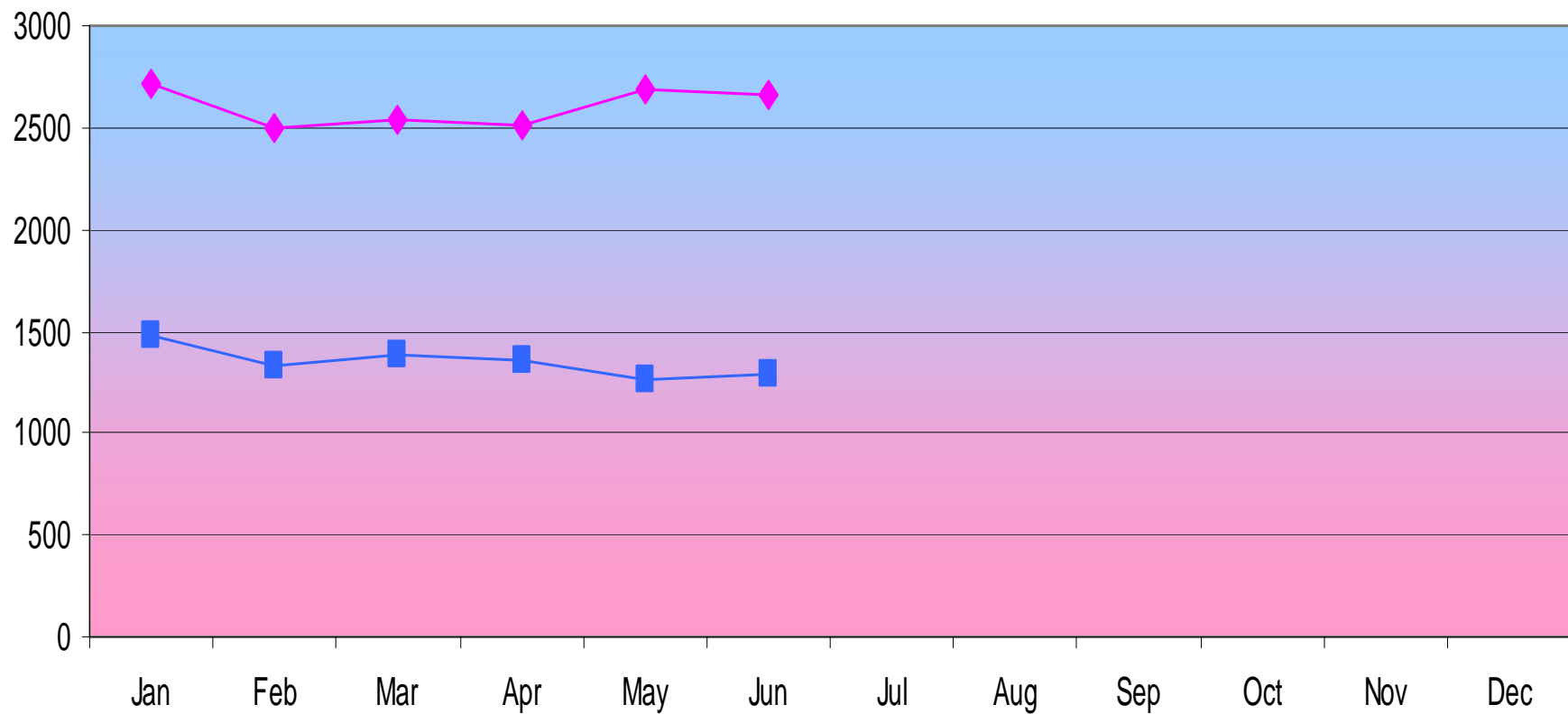
Combined Elective Surgery Waiting List Total Number of Patients & Long Waits



Elective Surgery Combined Percentage Long Waits



Combined SOPD Waiting List Total Numbers & Long Waits



◆ TOTAL WL ■ TOTAL L/W

SOPD & Elective Surgery Data Analysis

Month: April

	Total SOPD Booked	Total Additions OT Wait List	Percentage Conversion	Non Conversion	SOPD required Appt to meet Capacity	OT Capacity	Variance to Capacity
Caboolture	299	142	47%	53%	274	130	12
Redcliffe	271	127	47%	53%	245	115	12
TPCH	203	77	38%	62%	237	90	-13
RBWH	1077	151	14%	86%	1027	144	7
TOTAL	1850	497	27%	73%	1783	479	18

Regular Monitoring & Maintenance

- Elective surgery coordinators
- NUM's of SOPD
- Second monthly meetings
- Review data set
- Review performance indicators
- Discuss potential barriers for the future
- Review and change postcode areas as required

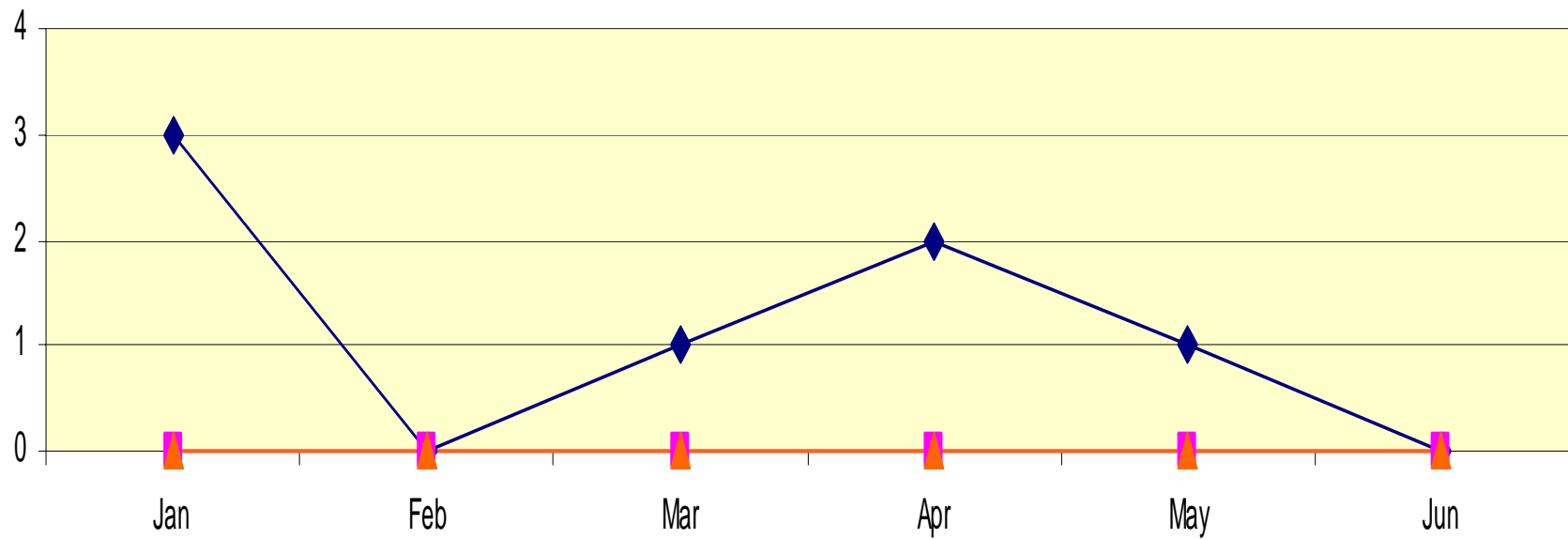


Performance Indicators of the Project

Performance Indicator 1

The number of patients re referred due to inappropriate initial allocation

Inappropriate Referrals Returned/Forwarded

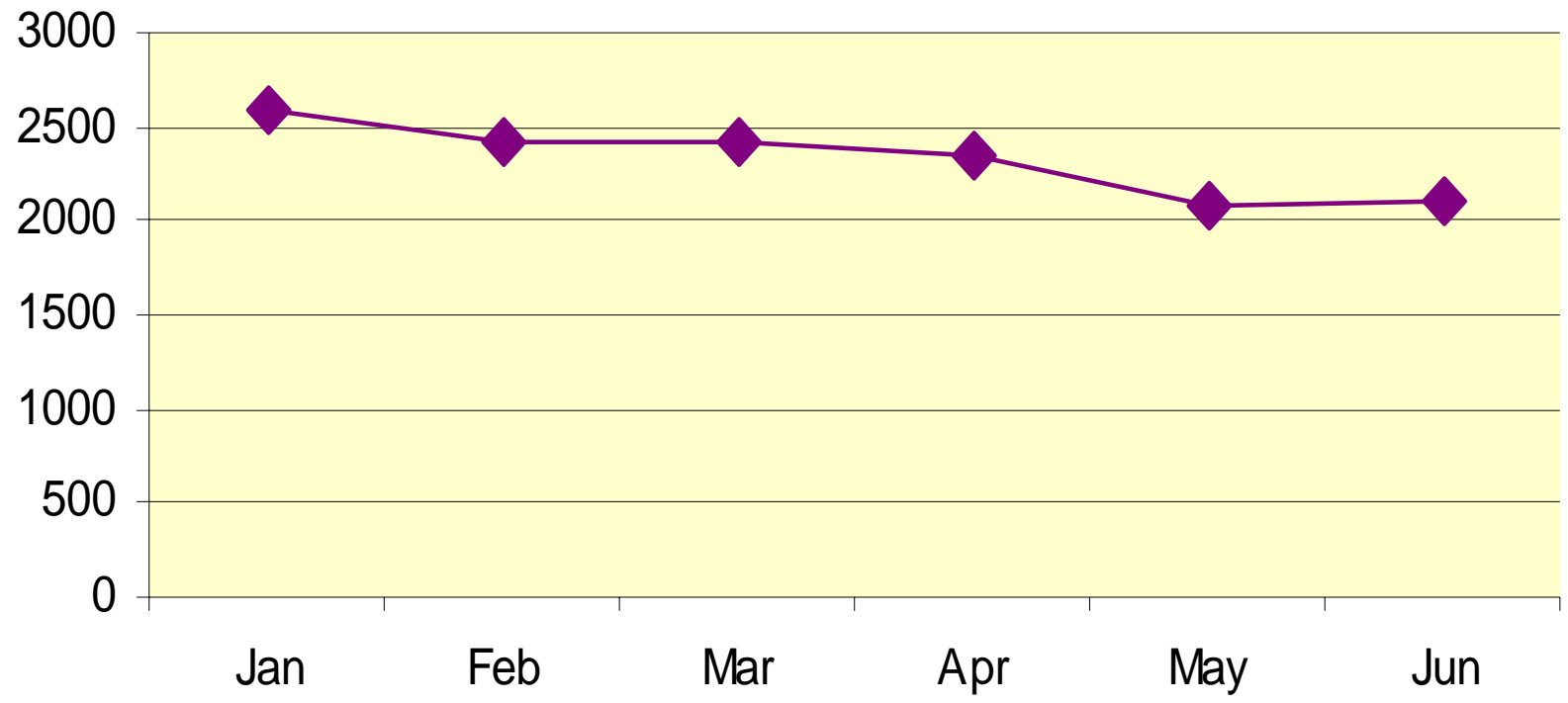


◆ Caboolture ■ Redcliffe ▲ TPCH

Performance Indicator 2

Total number of patients on the Royal
Brisbane and Women's Hospitals
SOPD waiting list

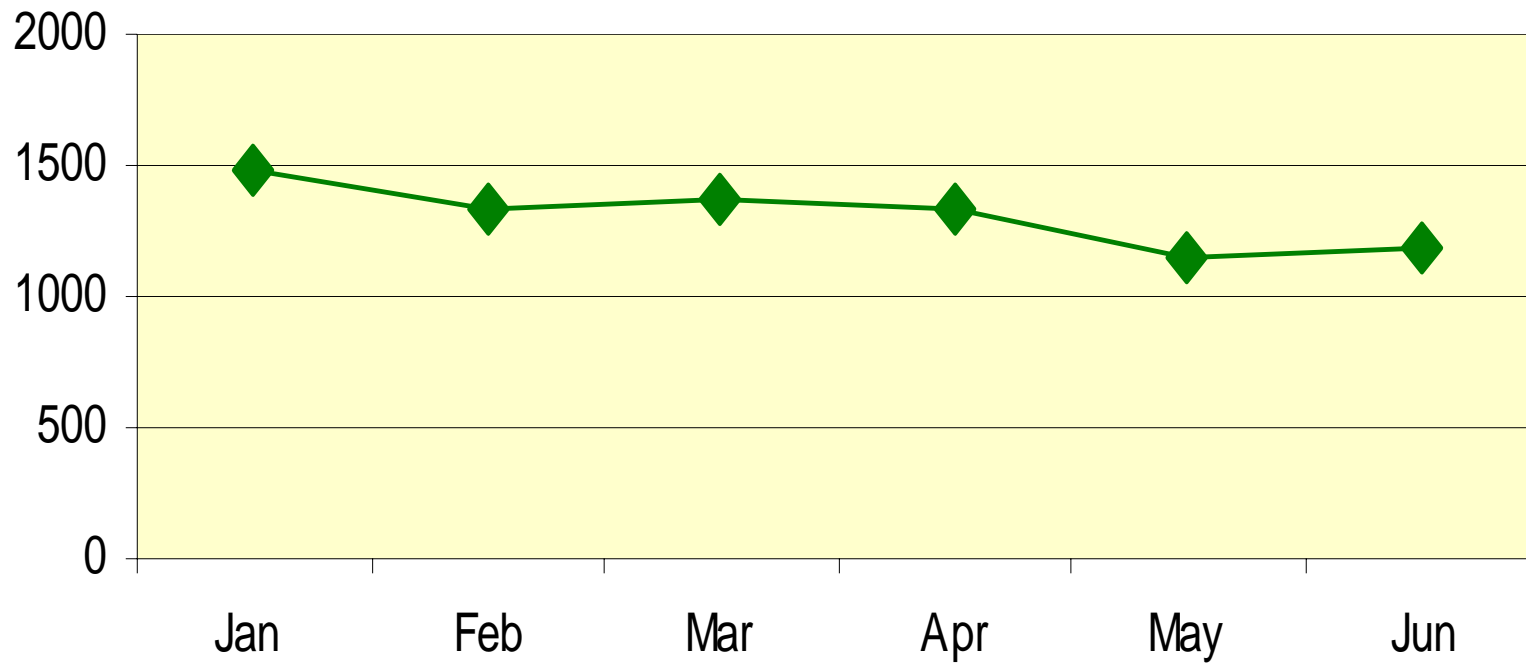
Total number of SOPD wait list patient



Performance Indicator 3a

Total number of 'long wait' patients on the SOPD waiting list at the Royal Brisbane and Women's Hospitals.

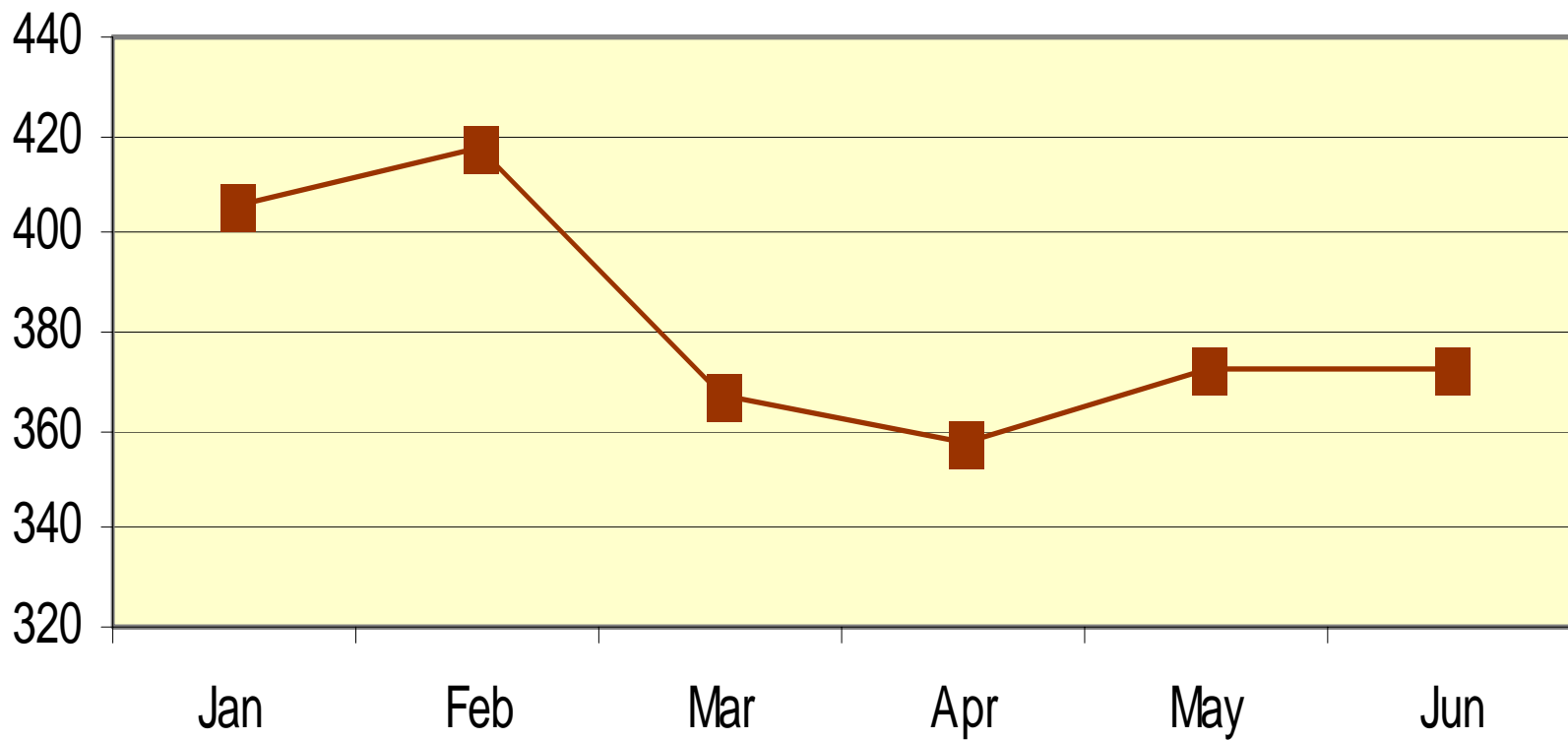
RBWH Long Wait SOPD data Total



Performance Indicator 3b

Total number of 'long wait' patients on the elective surgery waiting lists at the Royal Brisbane and Women's Hospitals.

Long Wait RBWH Elective Surgery patients



Total number of patients access by the referral management project

General Surgery

		Jan	Feb	Mar	Apr	May	Jun	Progressive Total
Caboolture	LW SOPD	82	0	79	50	76	5	293
	LW Elec Surg	0	0	0	0	0	20	20
TPCH	LW Elec Surg	22	43	36	22	10	12	145
Grand Total								457

Additional

103 long wait SOPD Nambour Gynaecology patients access the project in May

35 long wait SOPD Redcliffe Gynaecology patients access the project in June

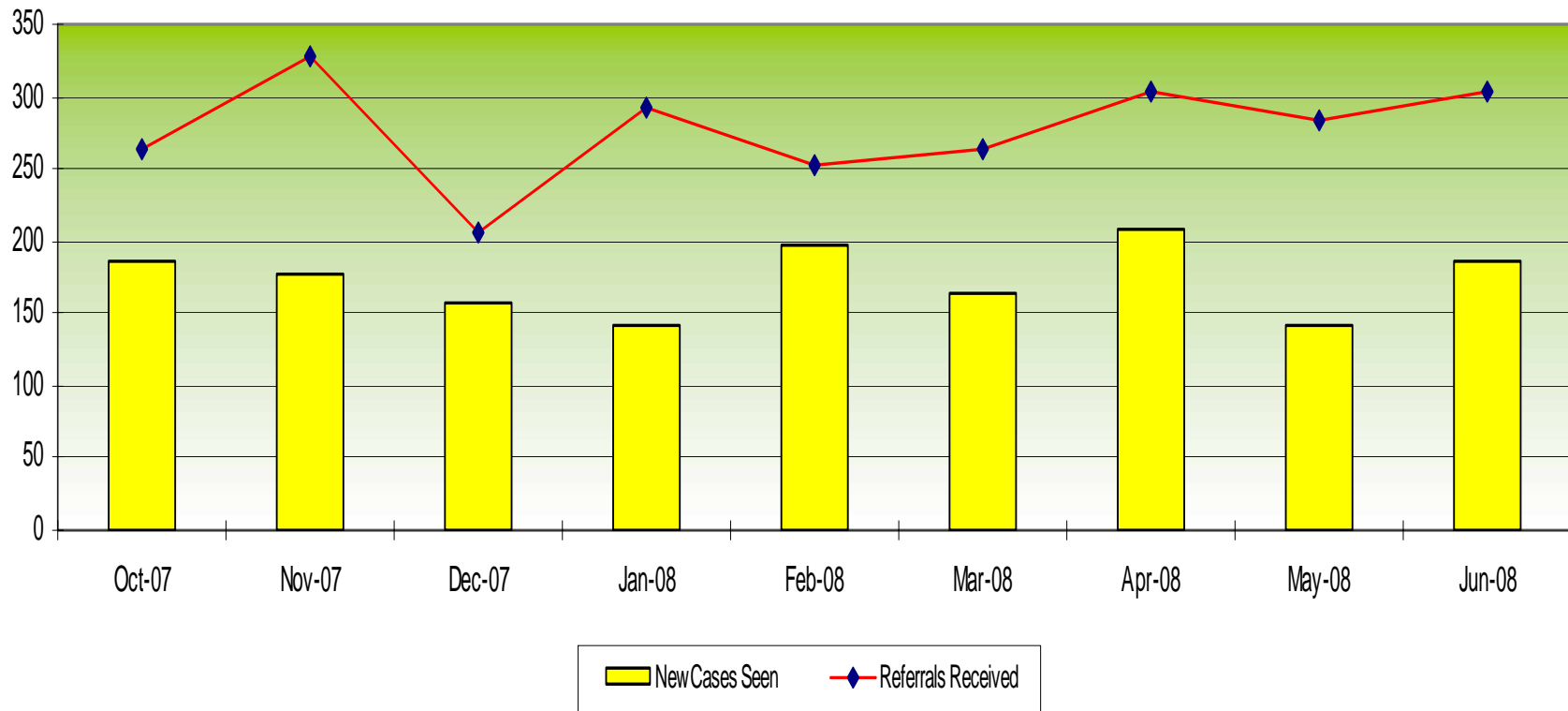
595 patients in total have accessed the project since Jan 08

Lessons Learnt

- Importance of first contact with patients
- Problem's with 'no waiting list'
- Keep it simple
- Importance of vigilance
- Workload in relation to long wait V's short wait
- Patient and GP feedback
- Marketing a product that works

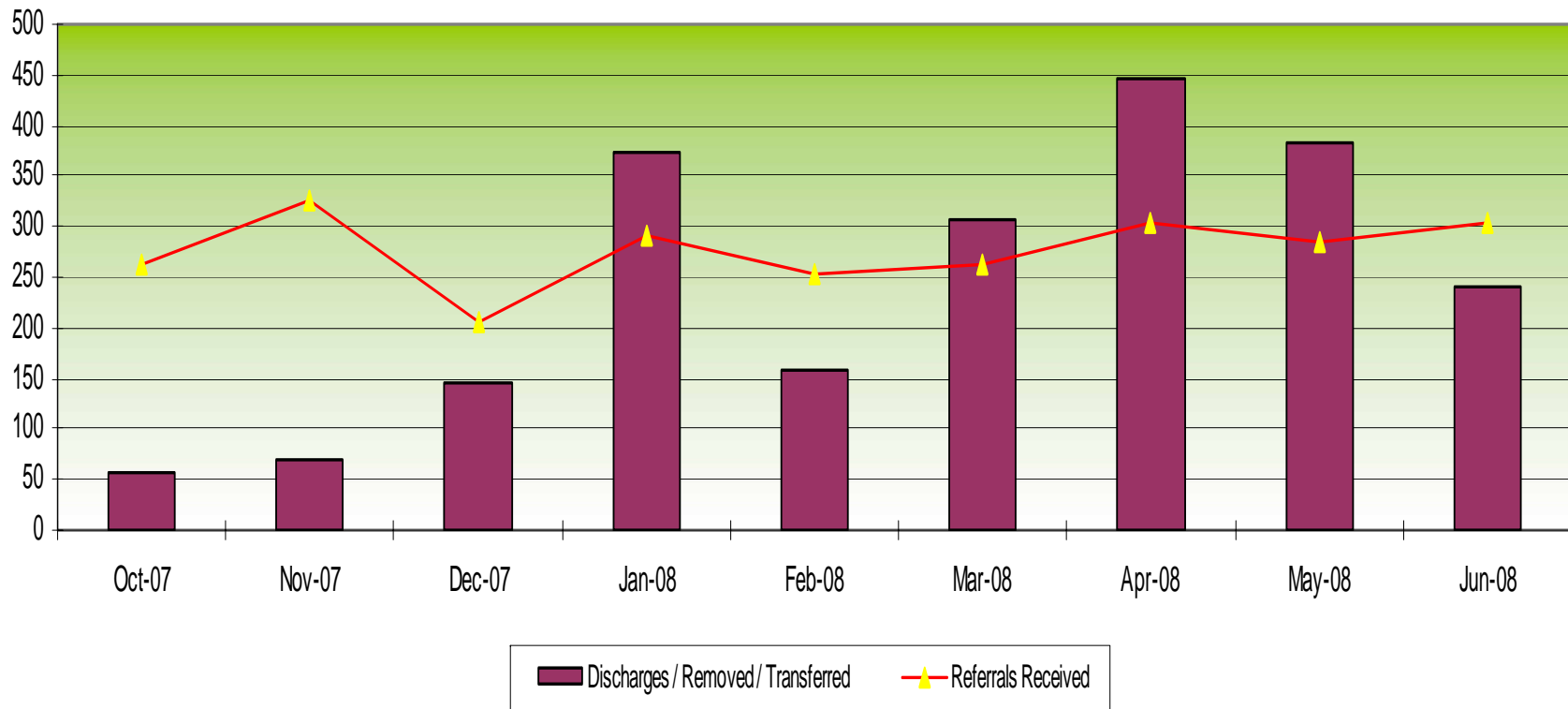
RBWH unable to meet General Surgical SOPD demand

New Cases Seen against Referrals Received

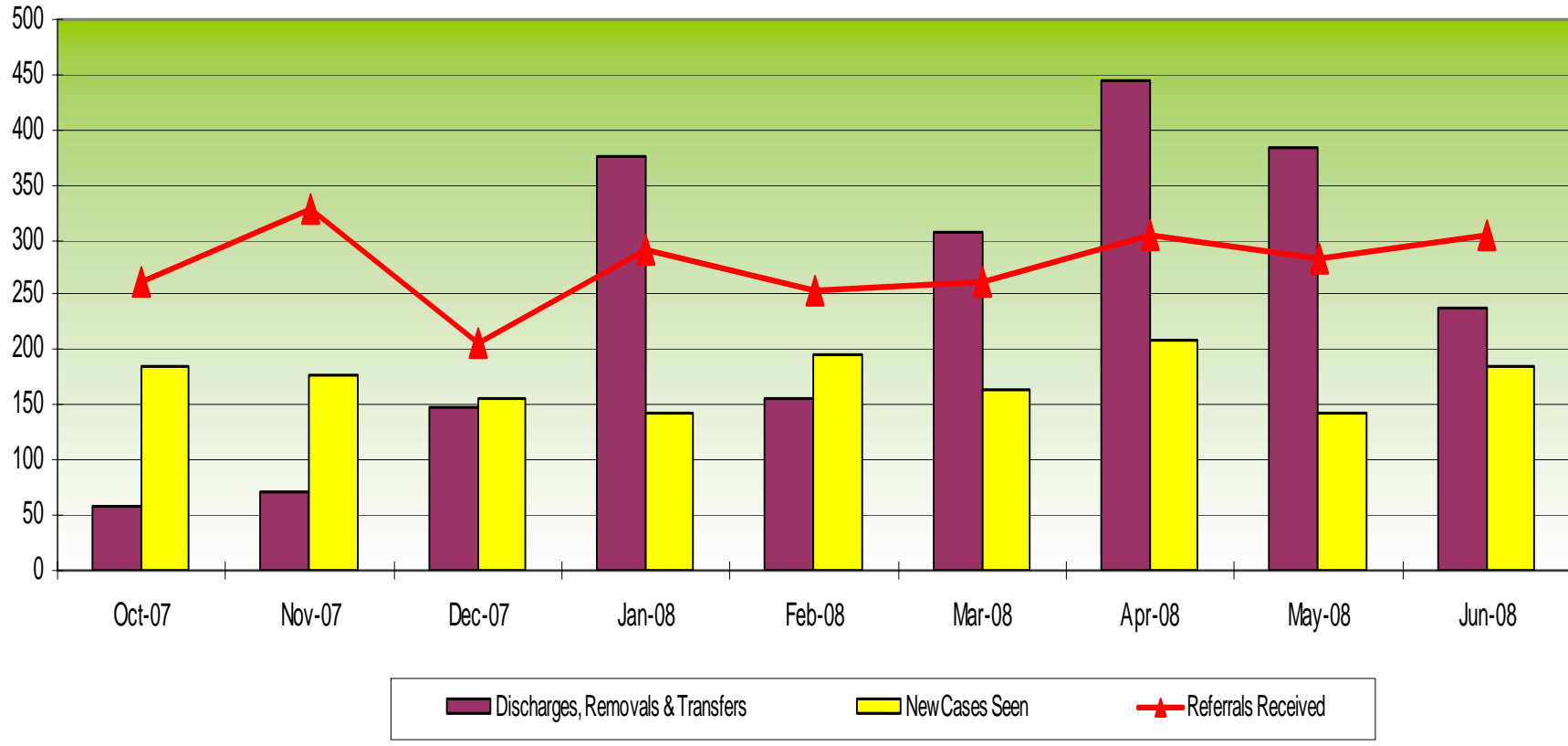


Outcomes resulted from sharing the load

Referrals Received with Discharges, Removed & Transferred



Comparative Analysis New Cases Seen Referrals Received with Discharges, Removals & Transfers



Summary

- Working together has reduced the amount of time patients must wait for elective surgery and outpatient appointments for General Surgery
- Predicted changes in referral patterns over time will reduce the volume of redirection

Future Plans

- Transferring Gynaecology & General Surgery patients between Redcliffe and Caboolture
- Transferring Gynaecology patients between Nambour and Caboolture
- New Project relating to Urology referral management
- Orthopaedic implications

Acknowledgements

- **James Black** – Elective Surgery Coordinator RBWH
- **Mary Montgomery** – Northside District Manager
- **Deborah Locke** – Executive Director, DON of Nursing & Midwifery Redcliffe Hospital
- **Kylie Black** – Elective Surgery Coordinator TPCH
- **Belinda Faulkner** – A/NUM Specialist Medical Services TPCH
- **Karen Adcock** – A/ADON Critical Care & Clinical Support Services RBWH
- **Members of the Working Party** – WPI Development
- **Directors of Surgery** – All Facilities

Thanks to all those that helped along the way there are so many of you!!

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