

Surgery Connect: Beating the Waiting Game.

Michelle Bruckner

Team Leader, Clinical Services.
Health Systems Development Unit
Reform and Development Division
Queensland Health

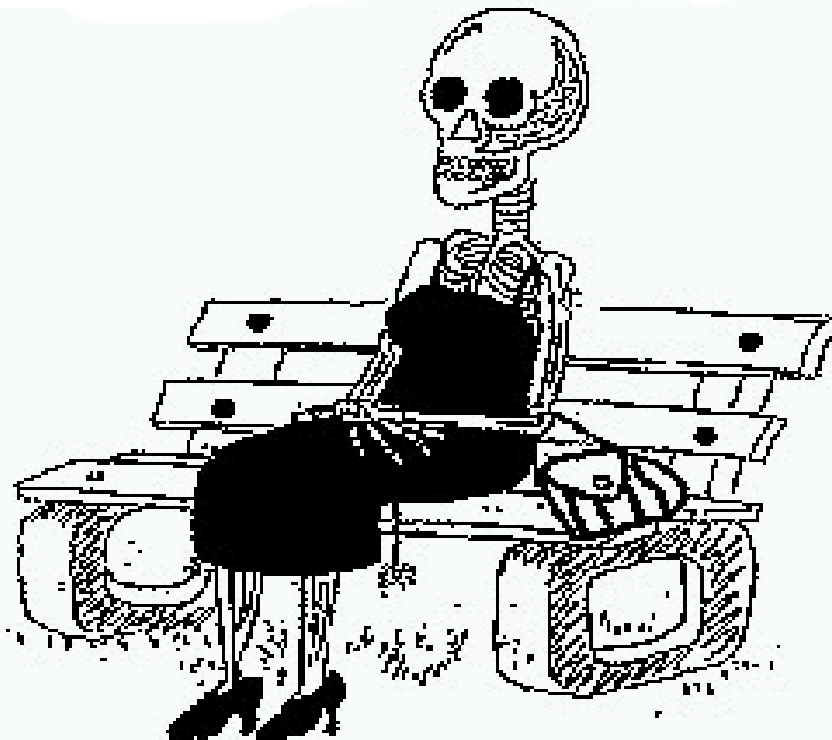
**Presentation to Change Champions Conference
7th - 8th August 2008**

Waiting for the birds to leave their nest



Waiting for the “perfect man”

Waiting...



In life we invariably wait for someone or something!

© Original Artist

Reproduction rights obtainable from
www.CartoonStock.com



"CAN YOU BE HERE AT 9 A.M.? THE DOCTOR WILL SEE YOU
SOMETIME BETWEEN THEN AND 4."

What do we want from our public health system?

- Australians hold an expectation that the health system provided by our Commonwealth and State governments will be there when they need it – from birth through to death
- Australians expect when someone suffers an emergency, an ambulance will arrive quickly, they will be dealt with speedily on arrival at the hospital and they will get the care required.

-
- Australians also expect that when someone requires surgery for a condition that is not an emergency, they will be able to access that care in a public facility in a timely manner.
 - Ideally within the recognised elective surgery category timeframes
 - They do appreciate the adage that if you can't pay with money you will pay with time, however, how long should one have to wait?

© Original Artist
Reproduction rights obtainable from
www.CartoonStock.com



Challenges to Surgical Services in Queensland

- Struggles to meet demand
- Under pressure from emergency surgery
- Category 1 and high-end Category 2 patients taking priority
- Low-end Category 2 and Category 3 patients waiting inordinate periods of time
- Training implications
- Human Resource Deficits
- Physical Resources
- Resource Utilisation and Efficiency
- Service Trends
- Patient Demographic Demands

© Original Artist
Reproduction rights obtainable from
www.CartoonStock.com



"THERE'S A FIFTEEN-MINUTE WAIT FOR PEOPLE WE LIKE, AND
A FORTY-FIVE-MINUTE WAIT FOR PEOPLE LIKE YOU."

Throughout the June quarter 2008 in Queensland Health statewide:

- 515,051 people were treated as inpatients or emergencies
- 219,295 people were admitted to hospital
- 104,412 people were admitted for same day care in a hospital
- 114,873 people had a hospital admission of more than one day
- 372,406 people were treated in emergency departments
- 896,159 outpatient services were provided
- 33,732 people received elective surgery
- 10,647 babies were born

Compared with the same quarter last year (June quarter 2007)

- Number treated as inpatients or emergencies:
24,196 extra patients, or a 4.9 per cent **increase**
- Number admitted to hospital:
10,438 extra patients, or a 5.0 per cent **increase**
- Number admitted for same day care in a hospital:
5,250 extra patients, or a 5.3 per cent **increase**
- Number admitted for more than one day:
5,178 extra patients, or a 4.7 per cent **increase**
- Number treated in emergency departments:
23,693 extra patients, or a 6.8 per cent **increase**
- Number of outpatient services:
31,519 extra services, or a 3.6 per cent **increase**
- Number receiving elective surgery:
5,316 extra patients, or an 18.7 per cent **increase**
- Number of births:
92 more births, or a 0.9 per cent **increase**

What are we doing to meet the challenges?

- Become more efficient – lean thinking
- Different culture – stop the blame game
- Innovation in:
 - Workplace practices
 - Service delivery
 - Models of care
 - Teaching opportunities
 - Partnerships with the private sector

Responding to the Challenges

- Surgical Strategy Workshops biannually
- Convening of a Queensland Health Surgical Advisory Committee (July 2008)
- Review of clinical urgency categorisation of elective surgery patients.
- Defining the scope-of-practice for elective surgery provision in Queensland Health.

-
- Review and standardisation of surgical plans across the State.
 - Benchmarking of clinical outcomes for elective surgery.
 - Determining what the extent of outsourcing elective surgery to the private sector should be.
 - Development of dedicated standalone elective surgery facilities

Surgery Connect

- Surgery Connect represents an approach that has been designed to maximise treatment options for Queenslanders waiting longer than nationally recommended for their surgery.
- The purpose of the program is to facilitate the transfer of “long wait” elective surgery Category 2 and Category 3 patients from Queensland hospitals to selected service providers in the private sector (through a brokerage process) for the receipt of treatment for a surgical/medical condition.

-
- Surgery Connect is an excellent opportunity for Queensland Health to forge new partnerships and strengthen existing partnerships with private sector health care providers.
 - With demand on our public hospital system increasing every day, it is only logical that we explore opportunities within the private sector to improve the timeliness of health care afforded to Queenslanders

-
- The outsourcing arrangement takes place when public sector capacity has been optimised and/or resources are currently unavailable.
 - External brokerage services were appointed via a tendering process by Queensland Health, to manage the private sector outsourcing component of the Surgery Connect initiative on QH's behalf.
 - There are four brokers working for the program. Healthscope, Mater Broker, Vision Group and Dr Petar Vujovic Pty Ltd.

- Patient selection is the responsibility of the Health Systems Development Unit through liaison with Area Surgical Coordinators, District/Hospital Elective Surgery Coordinators and listed specialists at Queensland public hospitals.
- It is the responsibility of the Elective Surgery Coordinators to audit the elective surgery waiting lists to identify eligible patients, ready for care, ready for surgery.

-
- A patient is eligible to participate in the Surgery Connect program if he or she has waited longer than is clinically recommended for elective surgery at a public hospital in Queensland.
 - Eligibility is measured as a Category 2 patient who has waited longer than 90 days and a Category 3 patient who has waited longer than 365 days.
 - The patient must not have a booked date for surgery at the hospital and must be wait-listed for the surgery currently being offered by a service provider.

-
- Patients who require quaternary services, such as continuing care following organ transplant and specialty medical units, including spinal services, are not eligible to participate in the Surgery Connect program.
 - Those patients who are identified as having significant or multiple co-morbidities will be assessed on an individual basis by the selected provider to establish eligibility for Surgery Connect.

-
- Should a patient be assessed as unsuitable, the Elective Surgery Coordinator at the listed hospital should receive notification from the Surgery Connect Team outlining the reasons for the patient's unsuitability to participate in Surgery Connect.
 - The Elective Surgery Coordinator should contact the listed surgeon at the originating hospital to discuss the patient's case and future care pathway.
 - These pathways will be designed to address the factors that prevented the patient from participating in the Surgery Connect program.

The selected service provider might choose to refer the patient back to the target hospital for the following reasons:

- the patient does not meet the required selection criteria
- the patient is assessed by the surgeon as no longer requiring surgery
- the patient is found to require surgery that is outside the scope of the Surgery Connect program
- the patient has significant co-morbidities that were not previously identified and these would be best managed at the a Queensland Health public hospital
- the patient declines the offer of Surgery Connect after they have attended the initial consultation.

Insights and challenges from the first phase of Surgery Connect

- There is limited evidence of ongoing communication between surgeons and GPs in clinically monitoring and managing patients while they are on the elective surgery waiting list.
- Some patients referred to Surgery Connect from the elective surgery waiting list did not require surgery.

-
- Evidence to suggest that some hospitals do not effectively audit waiting lists.
 - A generally held opinion that category 3 patients are not a priority and can wait indefinitely.
 - Treatment delays for patients who had been on the elective surgery waiting list for a long time without being adequately monitored have resulted in Surgery Connect inheriting the increased care needs and costs for patients treated through the Program.

-
- Concerns were raised that continuity of patient care would be compromised by treating patients through Surgery Connect.
 - Concerns were also raised that, due to Surgery Connect's focus on 'long wait' category 2 and 3 patients, category 3 patients referred through Surgery Connect would be unfairly given priority over category 1 and higher end category 2 patients.
 - Some surgeons have been unwilling to 'release' patients from the public hospital waiting list to be treated by Surgery Connect.

Initial procedure list

procedure	Specialty
CABGs ^{1,2}	Cardio-Thoracic
Valve Repair/ Replacement ^{1,3}	Cardio-Thoracic
Parathyroidectomy ^{1,4}	General Surgery
Abdominal Hysterectomy ^{1,5}	Gynaecology
Biopsy/ Surgery of Cervix +/- Biopsy ^{1,6}	Gynaecology
Laparoscopy +/- D & C ^{1,7}	Gynaecology
Vaginal Hysterectomy +/- Repair ^{1,8}	Gynaecology
Corrective Eyelid Surgery ^{1,9}	Ophthalmology
Vitrectomy ^{1,10}	Ophthalmology
Shoulder Surgery (not Joint Replacement) ^{1,11}	Orthopaedic
Total Hip Replacement ^{1,12}	Orthopaedic
Total Knee Replacement ^{1,13}	Orthopaedic
Cystoscopy ^{1,14}	Urology
Prostatectomy ^{1,15}	Urology
Abdominal Aortic Aneurysm ^{1,16}	Vascular
Endarterectomy ^{1,17}	Vascular
Femoral-popliteal bypass ^{1,18}	Vascular

Specialties now included in the program

- Cardio-Thoracic
- ENT
- General Surgery
- Gynaecology
- Neurosurgery
- Ophthalmology
- Orthopaedics
- Other (Scopes)
- Plastics & Reconstructive Surgery
- Urology
- Vascular

Statistics

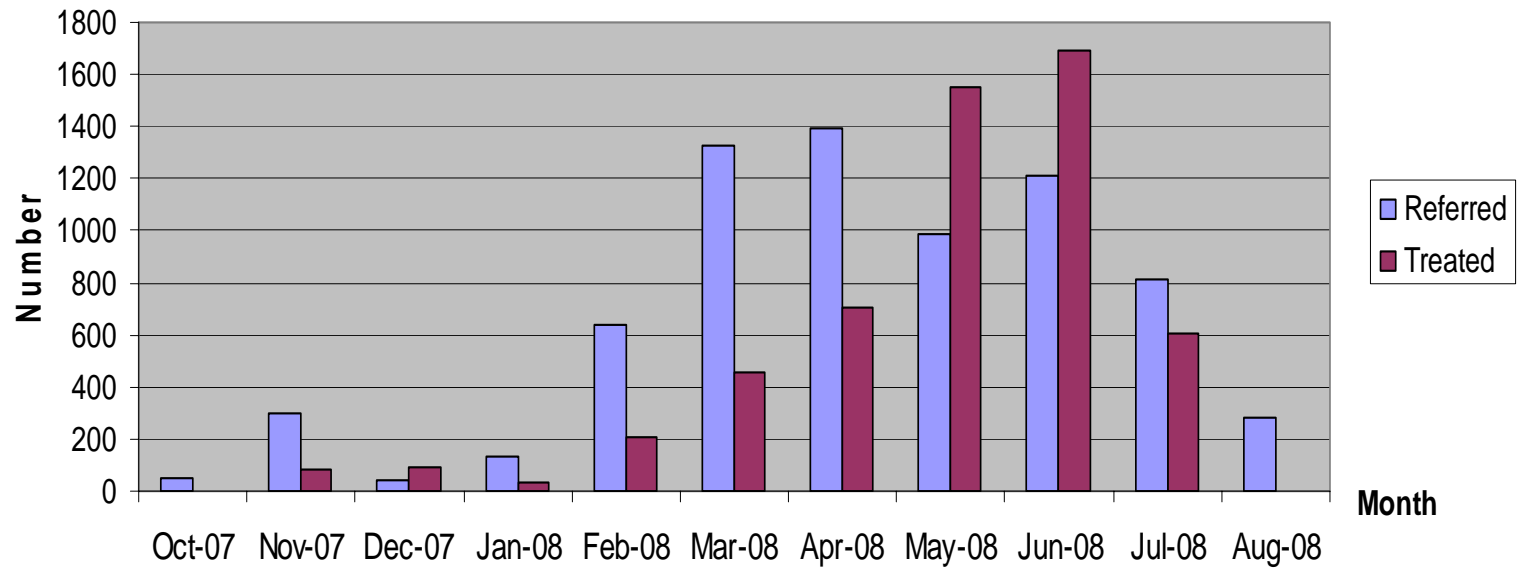
As at 30 June 2008:

- 5815 referred to the program
- 5287 accepted into the program
- 528 rejected
- 4831 treated
- 456 progressing to surgery
- \$18M spent

Referred and Treated

Date	Referred	Treated
Oct-07	52	4
Nov-07	295	84
Dec-07	40	95
Jan-08	129	37
Feb-08	639	210
Mar-08	1326	458
Apr-08	1395	701
May-08	986	1551
Jun-08	1213	1691
Jul-08	810	607
Aug-08	280	4

Surgery Connect



-
- Gentleman from Brisbane on a Neurosurgery elective surgery waiting list.
 - Placed on the waiting list as a Category 3 for Right & Left Carpel Tunnel Releases on the 27/11/06.
 - Waiting 449 days until transfer to the Surgery Connect program.
 - Case transferred to the Mater Broker 19/02/2008.
 - Surgery performed by Queensland Health Staff Specialist at the Mater Private Hospital, South Brisbane.
 - Treated right hand 05/03/2008. Surgery for left hand 29/04/2008.
 - Feedback received via phone call from the patient - extremely happy with the program and the speed with which the treatment was provided.

-
- Gentleman from Hervey Bay on an Orthopaedic elective surgery waiting list.
 - Placed on the waiting list as a Category 3 for a Right Total Hip Replacement on the 26/04/2006.
 - Waiting 558 days until transfer to the Surgery Connect program.
 - Case transferred to the Mater Broker 18/12/2008.
 - Surgery performed by Queensland Health VMO at Mater Private Hospital Bundaberg.
 - Treated 05/02/2008.
 - Patient quoted as saying “I feel great, I have my life back. I can now return to my community work with meals on wheels”.

-
- Lady from the Gold Coast on a General Surgery elective surgery waiting list.
 - Placed on the waiting list as a Category 2 for a Reversal Ileostomy.
 - Waiting 243 days until transfer to the Surgery Connect program.
 - Case transferred to Healthscope Broker 15/02/2008.
 - Surgery performed by Queensland Health VMO at the Allamanda Private Hospital. Treated 29/02/2008.
 - Patient phoned two weeks post operatively: “It’s such a relief to have this surgery done, thanks so much”.

-
- Gentleman from Rockhampton on an Ophthalmology elective surgery waiting list.
 - Placed on the waiting list as a Category 3 for a Left Phaco & IOL (Cataract).
 - Waiting 672 days until transfer to the Surgery Connect program.
 - Case transferred to Vision Group Broker 01/03/2008. Surgery performed at the Central Queensland Eye Centre Rockhampton 17/03/2008.
 - Feedback from the patient: “It all happened so quickly, one day a phone call from the hospital, within a couple of weeks the surgery was done”.

-
- Little girl from Brisbane on an ENT elective surgery waiting list.
 - Placed on the waiting list as a Category 3 for an Adenotonsillectomy and Cautery of Inferior Turbinates.
 - Waiting 1117 days until transfer to the Surgery Connect program.
 - Case transferred to Healthscope Broker 20/02/2008. Surgery performed by Queensland Health VMO at Brisbane Private Hospital. Treated 31/03/2008.
 - Feedback from the patient's parents: "We understand that there are other children that have priority for surgery, but it's such a relief to finally have our little girl's surgery done. We can see an improvement already'.



Thank – you