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# **Review of Hospital Waiting List Management**

**FINAL REPORT**

*November 2005*

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# 1. EXECUTIVE SUMMARY

## 1.1 Introduction

The review of Elective Surgery Waiting Lists has been conducted based on a commitment made prior to the 2004 Queensland State Government election, to conduct an independent audit of elective surgery waiting lists in Queensland. Therefore Queensland Health sought to acquire the services of a professional audit firm to undertake a review that assesses the level of compliance with Queensland Health's Policy Framework for Elective Surgery Services.

The facility reviews were undertaken during the 2 weeks beginning 11 July 2005.

## 1.2 Objectives

The objectives of the audit are to determine whether:

- The patient details on the waiting lists were accurate, valid and complete.
- To ensure that patients on the waiting list were appropriately included on the waiting list according to their classification.
- The urgency reclassification of patients had the appropriate documentation to validate the reclassification process.
- To ensure that the management of hospital waiting times was in accordance with Queensland Health Policy Framework for Elective Surgery Services.

## 1.3 Terms of Reference

As agreed contractually between Queensland Health and Walter Turnbull, the terms of reference set for the audit would review:

- Documentation standards for patient details to ensure they meet minimum data requirements for appropriate waiting list management.
- Clinical urgency categorisation assignment to patients by surgeons when placed on the waiting list to identify whether patients are being prioritised appropriately according to their clinical condition.
- Compliance with Policy Framework regarding administrative audit of patients on the waiting list to ensure that patient details are updated appropriately.
- Reporting methodology of the 'ready for care' status is appropriate to ensure published waiting time figures capture all patients waiting for surgery.

- Clinical review processes to confirm they are in place and appropriate to ensure that patients waiting longer than clinically recommended are monitored effectively.
- Management procedures to ensure that they are in place to maximise the number of patients treated within recommended time frame and to expedite the treatment of any patient not treated within time.
- Clinical review processes to ensure they are in place to verify appropriateness of priorities allocated to patients when deterioration or an increase in complexity occurs.

## 1.4 Scope

The audit included a sample of all Queensland Health Hospitals that are required to report on hospital waiting lists to the Department of Health. Seven hospitals were selected based on the number of patients occupying the Waiting List. Each facility was allocated a ranking based on the total number of patients and the highest ranked facilities from the following categories were selected:

- Two of the three tertiary referral hospitals;
- Two metropolitan hospitals (non tertiary referral);
- Two major regional hospitals; and
- One regional hospital.

The facilities selected were as follows:

1. **Royal Brisbane and Women's Hospital** (Ranked 1 with 5,498 patients on the Waiting List)
2. **Princess Alexandra Hospital** (Ranked 2 with 3,780 patients on the Waiting List)
3. **Mater Adults' Hospital** (Ranked 6 with 1,960 patients on the Waiting List)
4. **QE II Hospital** (Ranked 7 with 1,473 patients on the Waiting List)
5. **Ipswich Hospital** (Ranked 4 with 2,541 patients on the Waiting List)
6. **Gold Coast Hospital** (Ranked 5 with 2,415 patients on the Waiting List)
7. **Nambour Hospital** (Ranked 8 with 1,368 patients on the Waiting List)

The audit concentrated on discussions with key waiting list staff in addition to testing of a statistically selected sample focussing on internal controls, risk exposures, and governance in respect to the Queensland Health waiting list management function at each Hospital.

The audit consisted of testing requirements including the following:

- ensuring that the details on the waiting list are accurate, valid and complete;
- ensuring that the date as indicated on the booking form correlates with the waiting list date;
- ensuring that the urgency classification indicated on the booking form has been appropriately completed by the Attending Medical Officer and that the classification correlates with the waiting list;
- where no classification has been recorded ascertaining the reason;
- ensuring that the appropriate level of detail exists in relation to the reclassification of patients;
- review the documentation and/or procedures in relation to the weekly, monthly and six-monthly elective surgery administrative audit;
- ensuring that the management of waiting list times at each Hospital is conducted in accordance with Policy Framework for Elective Surgery Services; and

The scope of the review did not encompass assessment of any procedure outside the parameters of the management of the Elective Surgery Waiting List.

## 1.5 Summary of Major Issues

No significant issues were identified during the audit period. There were some minor instances of non-compliance to the Queensland Health Policy Framework for Elective Surgery Services and general process issues distinguished at individual facilities, which have been outlined in Section 3 of this report.

## 1.6 Conclusion

We conclude, based on the sample of hospitals selected, that in general:

- The patient details on the waiting list were accurate, valid and complete.
- Patients on the waiting list were appropriately included on the waiting list according to their urgency classification.
- The urgency reclassification of patients generally had the appropriate documentation to validate the reclassification process. A small number of exceptions have been noted at some of the facilities visited, as outlined in Section 3 of this report.
- Other than the noted exceptions in Section 3 of this report, the management of Hospital waiting times was in accordance with the Queensland Health Policy Framework for Elective Surgery Services.
- There is no clear succession planning procedures in place to ensure the intellectual knowledge contained within the Elective Surgery Coordinator position is maintained.

- The system's, procedures and documentation relating to elective surgery waiting list management, including the booking forms, differed in each of the seven facilities reviewed.
- In general, there is a lack of procedural documentation maintained within each facility that relate appropriate systems, procedures and controls which would ensure a correct and consistent approach.

The conclusions with regard to each Hospital are contained in Section 3 of this report.

During the review it became clear as a result of information with which we were provided, that the ways in which clinical selection comes into the process is a critical issue. As a result, it has been decided to undertake a second stage to this review. The terms of reference for this second stage are currently being developed.

## **1.7 Acknowledgment**

We wish to acknowledge the assistance and co-operation received from the management and staff of Queensland Health during the course of the audit.

## 2. THE AUDIT

### 2.1 Background

The audit of waiting lists has been conducted based on a commitment made prior to the 2004 Queensland State Government election, to conduct an independent audit of elective surgery waiting lists in Queensland. Queensland Health sought to acquire the services of a professional audit firm to undertake a review that assesses the level of compliance with Queensland Health's Policy Framework for Elective Surgery Services.

There is an Elective Surgery Zonal Coordinator responsible for Waiting List management and reporting within each of the three zones (Northern, Central and Southern), while each Hospital employed an Elective Surgery Coordinator/Liaison Officer who is responsible for the management of the waiting list function at that particular facility.

The seven facilities selected were based on the number of patients occupying the Waiting List, with each facility allocated a ranking based on the total number of patients. The sample summary is outlined below in section 2.2 of this report.

### 2.2 Sample Summary Table

Hospital	Total Population	Sample Size
Royal Brisbane and Women's Hospital	5,498	235
Princess Alexandra Hospital	3,780	173
Ipswich Hospital	2,541	127
Gold Coast Hospital	2,415	120
Mater Adult's Hospital	1,960	98
QE II Hospital	1,473	73
Nambour Hospital	1,368	63

The audit team obtained the elective surgery waiting list in its entirety at each Hospital as at 6 July 2005. The sample of patients was randomly selected using the URN identification within each Urgency Classification one, two and three.

In most instances the total sample size as indicated in the report was not needed to obtain a sufficient level of consistency in the patients reviewed. Therefore the total number of patient records in some instances did not match the total sample selected.

### 3. REVIEW FINDINGS

In general the review findings were positive. We believe that of the sample of facilities reviewed, management have developed and implemented processes that effectively record and manage the elective surgery waiting list.

We have outlined findings specific for each facility however we do have several generic comments relating to Queensland Health's overall elective surgery waiting list management as follows:

- There were no standard Queensland Health procedures or systems followed at each Hospital. We note in this regard the Policy Framework For Elective Surgery Services developed and circulated to each facility during 2004;
- Each Hospital undertook a different process for entering patients on the Waiting List and in most instances, the process was not documented;
- There is no requirement within any of the facilities to record urgency reclassification other than within HBCIS (Hospital Based Computerised Information System), which becomes difficult due to the lack of data that can be recorded within the data fields of the HBCIS system. Furthermore it is difficult to assess the validity of a reclassification by reviewing notes within these data fields;
- The elective surgery booking form was different at each facility as were the number of copies and the process for maintaining the booking form within records; and
- There did not appear to be any succession planning that ensured the intellectual knowledge within each elective surgery facility was maintained.

We believe that Queensland Health would benefit from developing and implementing standard procedures and systems across the State, including an identical booking form and process for entering the information on HBCIS and maintaining the forms at medical records.

The Department should also ensure that there is staff available, with the appropriate training, to undertake the role of Elective Surgery Coordinator with a view to succession planning.

We have outlined findings specific for each facility below.

### 3.1 Royal Brisbane and Women's Hospital

Initial discussions with Ms Michelle Bruckner (Elective Surgery Coordinator, Central Zone Management Unit and QH Coordinator for the ESWL Audit) were held regarding the conduct of the audit, while detailed waiting list process discussions and testing took place with Mr James Black (A/Elective Surgery Coordinator, RBWH).

#### 3.1.1 Sample Size

The following table provides the population and sample selected at Royal Brisbane and Women's Hospital.

<b>Total Population</b>	5,498
<b>Sample Selected</b>	
- Category 1	25
- Category 2	80
- Category 3	130

#### 3.1.2 Audit Findings

With regard to the specific audit objectives, we found that for Royal Brisbane and Women's Hospital:

- The patient details on the waiting list were accurate, valid and complete.
- The patients on the waiting list were appropriately included on the waiting list according to their classification.
- There does not appear to be an appropriate process for documenting Urgency reclassifications. The reclassification is noted within HBCIS if possible within the system, however no documentation is required. We note that a Cancellation / Re-schedule memo is utilised however this does not incorporate reclassification.
- The management of the hospital waiting list have implemented steps to ensure the facility has documented processes in accordance with the Guidelines as outlined in Queensland Health's Policy Framework for Elective Surgery.
- There are appropriately trained staff members to ensure the intellectual knowledge within the waiting list management is maintained with regard to succession planning.
- The booking form is not maintained within medical records or any other area of the Hospital after the operation is performed.

No errors affecting the validity of the waiting list were identified. There were 7 instances where the booking form details did not correlate with the waiting list and the details have been outlined as specific findings below.

### 3.1.3 Specific Audit Findings

Specific findings for the Royal Brisbane and Women's Hospital, were:

- The date entered on the waiting list differed by up to twenty days from the date on the booking form on four occasions within the sample. This appears to result from keying errors, and did not appear to impact the accuracy, completeness or validity of the waiting list.
- The attending medical officer signature was not on the booking form on one occasion. We note in this regard the Waiting List staff have taken steps to ensure the attending medical officer's comply with this requirement and in general have been successful.
- The reason for the reclassification of urgency was not being appropriately detailed on the booking form. We note that Waiting List staff enter this on HBCIS as outlined above.

### 3.1.4 Recommendations

1. The Waiting List staff may benefit from a peer review of entries into HBCIS. This will provide greater assurance that the issues of non-compliance are appropriately identified and remedied in a timely manner.
2. Queensland Health management could assist waiting list staff by ensuring that the attending medical officer's are appropriately communicated the importance of the procedures and completing the booking form, including the date on the form. Furthermore, booking staff should not enter the patient on the waiting list until the form is completed appropriately.
3. The Waiting List staff / Case Manager should document any reasons for an urgency reclassification and the details entered on HBCIS. This should be incorporated within a standard approach adopted by Queensland Health at each facility.

For example, a duplicate booking form could be implemented, the original sent to the booking office for entry and the duplicate sent to the case manager. Upon reclassification, a memo such as the 'Cancellation / Re-Schedule Memo' currently in use could be sent to the booking office for entry and attached to the original booking form. Following the performance of the operation/procedure, the original with the attached memo would be sent to medical records and maintained in the patient record.

### **3.1.5 Other Comments**

We note that the booking form differs in each Hospital within the Queensland Health. We believe that both management and staff in the Queensland Health would benefit from a uniform, standard form that is used at each Hospital.

We also noted that the Hospital was conducting an internal audit on the waiting list process on a timely basis.

### **3.1.6 Queensland Health Management Comments**

Queensland Health Management commentary regarding the findings and recommendations identified in the report have been consolidated and are noted in Section 4 – Queensland Health Management Summary (Page 31).

## 3.2 Princess Alexandra Hospital

Initial discussions with Ms Michelle Bruckner (Elective Surgery Coordinator, Central Zone Management Unit and QH Coordinator for the ESWL Audit) were held regarding the conduct of the audit, while detailed waiting list process discussions and testing took place with Ms Vicki Latham (A/Elective Surgery Coordinator, Princess Alexandra Hospital).

### 3.2.1 Sample Size

The following table provides the population and sample selected at Princess Alexandra Hospital.

<b>Total Population</b>	3780
<b>Sample Selected</b>	
- Category 1	18
- Category 2	69
- Category 3	86

### 3.2.2 Audit Findings

With regard to the specific audit objectives, we found that for Princess Alexandra Hospital:

- The patient details on the waiting list were accurate, valid and complete.
- The patients on the waiting list were appropriately included on the waiting list according to their classification.
- There does not appear to be an appropriate process for documenting Urgency reclassifications. The reclassification is noted within HBCIS data fields if possible, however no documentation is required.
- The management of the hospital waiting list have implemented steps to ensure the facility has documented processes in accordance with the Guidelines as outlined in Queensland Health's Policy Framework for Elective Surgery.
- The management of the hospital waiting list are attempting to attract appropriately trained staff members to ensure the intellectual knowledge within the waiting list management is maintained with regard to succession planning however this is not a formalised process.

No errors affecting the validity of the waiting list were identified. There were 9 instances where the booking form details did not correlate with the waiting list and the details have been outlined as specific findings below.

### 3.2.2 Specific Audit Findings

Specific findings for the Princes Alexandra Hospital, were:

- The date entered on the waiting list differed by up to forty four days from the date on the booking form on four occasions within the sample. The forty-four day variance was due to the form not being completed by the attending medical officer but entered on the waiting list by booking staff from verbal direction by the attending medical officer. This appears to be a one-off occurrence, while the other three variances appear to be the result of keying errors, none appeared to impact the accuracy, completeness or validity of the waiting list.
- There were five instances where the date was not completed on the booking form.
- The reason for the reclassification of urgency was not being appropriately detailed on the booking form. We note that Waiting List staff enter this on HBCIS as outlined above.

### 3.2.3 Recommendations

1. The Waiting List staff may benefit from a peer review of entries into HBCIS. This will provide greater assurance that the issues of non-compliance are appropriately identified and remedied in a timely manner.
2. Queensland Health management could assist waiting list staff by ensuring that the attending medical officer's are appropriately communicated the importance of the procedures and completing the booking form, including the date on the form. Furthermore, booking staff should not enter the patient on the waiting list until the form is completed appropriately.
3. The Waiting List staff should document any reasons for an urgency reclassification and the details entered on HIBISCUS. This should be incorporated within a standard approach adopted by Queensland Health at each facility.

For example, a duplicate booking form could be implemented. The original sent to the booking office for entry and the duplicate sent to the case manager / the patient. Upon reclassification a memo/short form could be sent to the booking office for entry and attached to the original booking form. Following the performance of the operation/procedure, the original with the attached memo would be sent to medical records and maintained in the patient record.

4. Ensuring the intellectual knowledge of the waiting list function is maintained could be addressed by a formalised process with short and long term succession planning options.

### **3.2.4 Other Comments**

We note that the booking form differs in each Hospital within Queensland Health. We believe that both management and staff in Queensland Health would benefit from a uniform, standard form that is used at each Hospital.

We also noted that the Hospital was conducting an internal audit on the waiting list process on a timely basis.

### **3.2.5 Queensland Health Management Comments**

Queensland Health Management commentary regarding the findings and recommendations identified in the report have been consolidated and are noted in Section 4 – Queensland Health Management Summary (Page 31).

### 3.3 Ipswich Hospital

Initial discussions with Ms Michelle Bruckner (Elective Surgery Coordinator, Central Zone Management Unit and QH Coordinator for the ESWL Audit) were held regarding the conduct of the audit, while detailed waiting list process discussions and testing took place with Ms Rebecca Winstone (Elective Surgery Coordinator, Ipswich Hospital).

#### 3.3.1 Sample Size

The following table provides the population and sample selected at Ipswich Hospital.

<b>Total Population</b>	2541
<b>Sample Selected</b>	
- Category 1	8
- Category 2	48
- Category 3	66

#### 3.3.2 Audit Findings

With regard to the specific audit objectives, we found that for Ipswich Hospital:

- The patient details on the waiting list were accurate, valid and complete.
- The patients on the waiting list were appropriately included on the waiting list according to their classification.
- There does not appear to be an appropriate process for documenting Urgency reclassifications. The reclassification is noted within HBCIS data fields if possible, however no documentation is required.
- The management of the hospital waiting list have implemented steps to ensure the facility has processes in accordance with the Guidelines as outlined in Queensland Health's Policy Framework for Elective Surgery, however there are no documented procedures.
- The management of the hospital waiting list does not have appropriately trained staff members, or have implemented steps to ensure the intellectual knowledge within the waiting list management is maintained with regard to succession planning.

No errors affecting the validity of the waiting list were identified. There were 14 instances where the booking form details did not correlate with the waiting list. The instances were higher than we expected given the size of the sample and the details have been outlined as specific findings below.

#### 3.3.3 Specific Audit Findings

Specific findings for the Ipswich Hospital, were:

- The date entered on the waiting list differed by up to 28 days from the date on the booking form on 10 occasions within the sample.
- There were 4 instances where no urgency classification was completed on the booking form.
- The reason for the reclassification of urgency was not being appropriately detailed on the booking form. We note that Waiting List staff enter this on HBCIS as outlined above.

### 3.3.2 Recommendation

1. The Waiting List staff may benefit from a peer review of entries into HBCIS. This will provide greater assurance that the issues of non-compliance are appropriately identified and remedied in a timely manner.
2. Queensland Health management could assist waiting list staff by ensuring that the attending medical officers are appropriately communicated the importance of the procedures and completing the booking form, particularly the urgency classification on the form. Furthermore, booking staff should not enter the patient on the waiting list until the form is completed appropriately.
3. The Waiting List staff should document any reasons for an urgency reclassification and the details entered on HIBISCUS. This should be incorporated within a standard approach adopted by Queensland Health at each facility.

For example, a duplicate booking form could be implemented. The original sent to the booking office for entry and the duplicate sent to the case manager / the patient. Upon reclassification a memo/short form could be sent to the booking office for entry and attached to the original booking form. Following the performance of the operation/procedure, the original with the attached memo would be sent to medical records and maintained in the patient record.

4. Waiting list management should considering documenting the process booking process to enable replacement staff and current staff to follow the correct procedure and ensure a consistent approach is adopted.
5. Ensuring the intellectual knowledge of the waiting list function is maintained could be addressed by a formalised process with short and long term succession planning systems implemented.

### 3.3.5 Other Comments

We note that the booking form differs in each Hospital within Queensland Health. We believe that both management and staff in Queensland Health would benefit from a uniform, standard form that is used at each Hospital.

We also noted that the Hospital was conducting an internal audit on the waiting list process on a timely basis.

### **3.3.6 Queensland Health Management Comments**

Queensland Health Management commentary regarding the findings and recommendations identified in the report have been consolidated and are noted in Section 4 – Queensland Health Management Summary (Page 31).

### 3.4 Gold Coast Hospital

Initial discussions with Ms Michelle Bruckner (Elective Surgery Coordinator, Central Zone Management Unit and QH Coordinator for the ESWL Audit) were held regarding the conduct of the audit, while detailed waiting list process discussions and testing took place with Ms Ethelann Low (Elective Surgery Coordinator, Gold Coast Hospital).

#### 3.4.1 Sample Size

The following table provides the population and sample selected at Gold Coast Hospital.

<b>Total Population</b>	2415
<b>Sample Selected</b>	
- Category 1	10
- Category 2	66
- Category 3	49

#### 3.4.2 Audit Findings

With regard to the specific audit objectives, we found that for Gold Coast Hospital:

- The patient details on the waiting list were accurate, valid and complete.
- The patients on the waiting list were appropriately included on the waiting list according to their classification.
- There does not appear to be an appropriate process for documenting Urgency reclassifications. The reclassification is noted within HBCIS data fields if possible, however no documentation is required.
- The management of the hospital waiting list have implemented steps to ensure the facility has documented processes in accordance with the Guidelines as outlined in Queensland Health's Policy Framework for Elective Surgery.
- The management of the hospital waiting list is attempting to attract appropriately trained staff members to ensure the intellectual knowledge within the waiting list management is maintained with regard to succession planning however this is not a formalised process.

No errors affecting the validity of the waiting list were identified. There was 1 instance where the booking form details did not correlate with the waiting list. The details have been outlined as specific findings below.

#### 3.4.3 Specific Audit Findings

Specific findings for the Gold Coast Hospital, were:

- There was 1 instance where the date on the waiting list preceded the date on the booking form by 20 days. This occurs when attending medical officers ring the booking staff and request that a patient be entered on the list. Staff enter a field that indicates no booking form has been received however there is no process for ensuring the booking form is followed-up, therefore there is a risk that the form may never be received, particularly if the patient is reclassified to a long wait patient.
- The reason for the reclassification of urgency was not being appropriately detailed on the booking form. We note that Waiting List staff enter this on HBCIS as outlined above.

#### 3.4.4 Recommendation

1. Staff could run a report that indicates which booking forms are outstanding for bookings that were verbally communicated by the attending medical officers and make the appropriate enquiries as to the location of the form.
2. Queensland Health management could assist waiting list staff by ensuring that the attending medical officers are appropriately communicated the importance of the procedures and completing the booking form, including submitting the form on a timely basis. Furthermore, booking staff should not enter the patient on the waiting list until the form is completed appropriately.
3. The Waiting List staff should document any reasons for an urgency reclassification and the details entered on HBCIS. This should be incorporated within a standard approach adopted by Queensland Health at each facility.

For example, a duplicate booking form could be implemented. The original sent to the booking office for entry and the duplicate sent to the case manager / the patient. Upon reclassification a memo/short form could be sent to the booking office for entry and attached to the original booking form. Following the performance of the operation/procedure, the original with the attached memo would be sent to medical records and maintained in the patient record.

4. Ensuring the intellectual knowledge of the waiting list function is maintained could be addressed by a formalised process with short and long term succession planning options.

#### 3.4.5 Other Comments

We note that the booking form differs in each Hospital within the Queensland Health. We believe that both management and staff in the Queensland Health would benefit from a uniform, standard form that is used at each Hospital.

We also noted that the Hospital was conducting an internal audit on the waiting list process on a timely basis.

### **3.4.6 Queensland Health Management Comments**

Queensland Health Management commentary regarding the findings and recommendations identified in the report have been consolidated and are noted in Section 4 – Queensland Health Management Summary (Page 31).

### 3.5 Mater Adults' Hospital

Initial discussions with Ms Michelle Bruckner (Elective Surgery Coordinator, Central Zone Management Unit and QH Coordinator for the ESWL Audit) were held regarding the conduct of the audit, while detailed waiting list process discussions and testing took place with Mr Jeff Anderson (A/Elective Surgery Coordinator, Mater Health Services) and two senior administration staff Ms Cathy Perrin and Ms Loreto Lotz.

#### 3.5.1 Sample Size

The following table provides the population and sample selected at Mater Adult Hospital.

<b>Total Population</b>	1960
<b>Sample Selected</b>	
- Category 1	6
- Category 2	21
- Category 3	32

#### 3.5.2 Audit Findings

With regard to the specific audit objectives, we found that for Mater Adult Hospital:

- The patient details on the waiting list were accurate, valid and complete.
- The patients on the waiting list were appropriately included on the waiting list according to their classification.
- There does not appear to be an appropriate process for documenting Urgency reclassifications. The reclassification is noted within HBCIS data fields if possible, however no documentation is required.
- The management of the hospital waiting list have implemented steps to ensure the facility has documented processes in accordance with the Guidelines as outlined in Queensland Health's Policy Framework for Elective Surgery.
- The management of the hospital waiting list are attempting to attract appropriately trained staff members to ensure the intellectual knowledge within the waiting list management is maintained with regard to succession planning however this is not a formalised process.

No errors affecting the validity of the waiting list were identified. There were 8 instances where the booking form details did not correlate with the waiting list and the details have been outlined as specific findings below.

#### 3.5.3 Specific Audit Findings

Specific findings for the Mater Adult Hospital were:

- The date entered on the waiting list differed by up to 21 days from the date on the booking form on 8 occasions within the sample.
- There was 1 instance where no urgency classification was completed on the booking form.
- The reason for the reclassification of urgency was not being appropriately detailed on the booking form. We note that Waiting List staff enter this on HBCIS as outlined above.

### 3.5.4 Recommendation

1. The Waiting List staff may benefit from a peer review of entries into HBCIS. This will provide greater assurance that the issues of non-compliance are appropriately identified and remedied in a timely manner.
2. Queensland Health management could assist waiting list staff by ensuring that the attending medical officers are appropriately communicated the importance of the procedures and completing the booking form, particularly the urgency classification on the form. Furthermore, booking staff should not enter the patient on the waiting list until the form is completed appropriately.
3. The Waiting List staff should document any reasons for an urgency reclassification and the details entered on HIBISCUS. This should be incorporated within a standard approach adopted by Queensland Health at each facility.

For example, a duplicate booking form could be implemented. The original sent to the booking office for entry and the duplicate sent to the case manager / the patient. Upon reclassification a memo/short form could be sent to the booking office for entry and attached to the original booking form. Following the performance of the operation/procedure, the original with the attached memo would be sent to medical records and maintained in the patient record.

4. Ensuring the intellectual knowledge of the waiting list function is maintained could be addressed by a formalised process with short and long term succession planning systems implemented.

### 3.5.5 Other Comments

We note that the booking form differs in each Hospital within the Queensland Health. We believe that both management and staff in Queensland Health would benefit from a uniform, standard form that is used at each Hospital.

We also noted that the Hospital was conducting an internal audit on the waiting list process on a timely basis.

### **3.5.6 Queensland Health Management Comments**

Queensland Health Management commentary regarding the findings and recommendations identified in the report have been consolidated and are noted in Section 4 – Queensland Health Management Summary (Page 31).

## 3.6 QE II Hospital

Initial discussions with Ms Michelle Bruckner (Elective Surgery Coordinator, Central Zone Management Unit and QH Coordinator for the ESWL Audit) were held regarding the conduct of the audit, while detailed waiting list process discussions and testing took place with Ms Sharon Sparke (Elective Surgery Coordinator, QE II Hospital).

### 3.6.1 Sample Size

The following table provides the population and sample selected at QE II Hospital.

<b>Total Population</b>	1473
<b>Sample Selected</b>	
- Category 1	5
- Category 2	24
- Category 3	144

### 3.6.2 Audit Findings

With regard to the specific audit objectives, we found that for QE II Hospital:

- The patient details on the waiting list were accurate, valid and complete. The specialist units such as Urology and Orthopaedics undertake an alternative process for booking patients on the waiting list. The Case Manager model is utilised at the QE II Hospital, with alternative management/treatment pathways. Therefore it was difficult to assess the date the patient was seen by the surgeon as an outpatient compared to the date on the waiting list.
- The patients on the waiting list are appropriately included on the waiting list according to their classification.
- There does not appear to be an appropriate process for documenting Urgency reclassifications. The reclassification is noted within HBCIS if possible within the system, however no documentation is required.
- The management of the hospital waiting list have implemented steps to ensure the facility has documented processes in accordance with the Guidelines as outlined in Queensland Health's Policy Framework for Elective Surgery.
- The management of the hospital waiting list does not have appropriately trained staff members, or implemented steps to ensure the intellectual knowledge within the waiting list management is maintained with regard to succession planning. Management do however recognise the issue.

No errors affecting the validity of the waiting list were identified. There were 10 instances where the booking form details did not correlate with the waiting list and the details have been outlined as specific findings below.

### 3.6.3 Specific Audit Findings

Specific findings for the QE II Hospital were:

- There were 10 instances where the booking form did not have a date or there was no attending medical officer signature. These occurred 9 times within Urology and once within Orthopaedics.
- The date entered on the waiting list also differed by up to 15 days from the date on the booking form on 1 occasion within the specialty of Gynaecology.
- The reason for the reclassification of urgency was not being appropriately detailed on the booking form. We note that Waiting List staff enter this on HBCIS as outlined above.

### 3.6.4 Recommendation

1. Queensland Health management could assist waiting list staff by ensuring that the attending medical officers and the Case Managers are appropriately cognisant with the endorsed procedures for waiting list management, in particular completing the booking form, the attending medical officers signature and the date on the form. Furthermore, booking staff should not enter the patient on the waiting list until the form is completed appropriately.
2. The Waiting List staff should document any reasons for an urgency reclassification and the details entered on HBCIS. This should be incorporated within a standard approach adopted by Queensland Health at each facility.

For example, a duplicate booking form could be implemented. The original sent to the booking office for entry and the duplicate sent to the case manager / the patient. Upon reclassification a memo/short form could be sent to the booking office for entry and attached to the original booking form. Following the performance of the operation/procedure, the original with the attached memo would be sent to medical records and maintained in the patient record.

3. Ensuring the intellectual knowledge of the waiting list function is maintained could be addressed by a formalised process with short and long term succession planning systems implemented.

### 3.6.5 Other Comments

We note that the booking form differs in each Hospital within the Queensland Health. We believe that both management and staff in the Queensland Health would benefit from a uniform, standard form that is used at each Hospital.

We also noted that the Hospital was conducting an internal audit on the waiting list process on a timely basis.

### **3.6.6 Queensland Health Management Comments**

Queensland Health Management commentary regarding the findings and recommendations identified in the report have been consolidated and are noted in Section 4 – Queensland Health Management Summary (Page 31).

### 3.7 Nambour Hospital

Initial discussions with Ms Michelle Bruckner (Elective Surgery Coordinator, Central Zone Management Unit and QH Coordinator for the ESWL Audit) were held regarding the conduct of the audit, while detailed waiting list process discussions and testing took place with Ms Diana Novy (Elective Surgery Coordinator, Sunshine Coast Health Service District).

#### 3.7.1 Sample Size

The following table provides the population and sample selected at Nambour Hospital.

<b>Total Population</b>	1368
<b>Sample Selected</b>	
- Category 1	10
- Category 2	21
- Category 3	32

#### 3.7.2 Audit Findings

With regard to the specific audit objectives, we found that for Nambour Hospital:

- The patient details on the waiting list were accurate, valid and complete.
- The patients on the waiting list are appropriately included on the waiting list according to their classification.
- There does not appear to be an appropriate process for documenting Urgency reclassifications. The reclassification is noted within HBCIS if possible within the system, however no documentation is required.
- The management of the hospital waiting list have implemented steps to ensure the facility has documented processes in accordance with the Guidelines as outlined in Queensland Health's Policy Framework for Elective Surgery.
- The management of the hospital waiting list does not have appropriately trained staff members, or implemented steps to ensure the intellectual knowledge within the waiting list management is maintained with regard to succession planning. Management recognise this issue.

No errors affecting the validity of the waiting list were identified. There were 2 instances where the booking form details did not correlate with the waiting list and the details have been outlined as specific findings below.

### 3.7.3 Specific Audit Findings

- The date entered on the waiting list differed by up to 7 days from the date on the booking form on 1 occasion within the sample. This appears to result from keying errors, and did not appear to impact the accuracy, completeness or validity of the waiting list.
- There was 1 instance where no urgency classification was completed on the booking form.
- The reason for the reclassification of urgency was not being appropriately detailed on the booking form. We note that Waiting List staff enter this on HBCIS as outlined above.

### 3.7.4 Recommendation

1. Queensland Health management could assist waiting list staff by ensuring that the attending medical officers are appropriately communicated the importance of the procedures and completing the booking form, particularly the urgency classification on the form. We recognise that occurred on 1 occasion. Furthermore, booking staff should not enter the patient on the waiting list until the form is completed appropriately.

2. The Waiting List staff should document any reasons for an urgency reclassification and the details entered on HBCIS. This should be incorporated within a standard approach adopted by Queensland Health at each facility.

For example, a duplicate booking form could be implemented. The original sent to the booking office for entry and the duplicate sent to the case manager / the patient. Upon reclassification a memo/short form could be sent to the booking office for entry and attached to the original booking form. Following the performance of the operation/procedure, the original with the attached memo would be sent to medical records and maintained in the patient record.

3. Waiting list management should consider documenting processes to enable replacement staff and current staff to follow the correct procedure and ensure a consistent approach is adopted.
4. Ensuring the intellectual knowledge of the waiting list function is maintained could be addressed by a formalised process with short and long term succession planning systems implemented.

### 3.7.5 Other Comments

We note that the booking form differs in each Hospital within the Queensland Health. We believe that both management and staff in the Queensland Health would benefit from a uniform, standard form that is used at each Hospital.

We also noted that the Hospital was conducting an internal audit on the waiting list process on a timely basis.

### **3.7.6 Queensland Health Management Comments**

Queensland Health Management commentary regarding the findings and recommendations identified in the report have been consolidated and are noted in Section 4 – Queensland Health Management Summary (Page 31).

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## 4. QUEENSLAND HEALTH MANAGEMENT SUMMARY

As the findings and recommendations are corresponding for all facilities, it has been determined that resultant actions will be developed and implemented through stakeholder engagement and effected from a statewide approach.

Collaboration with Elective Surgery representatives of the Districts and Area Health Services has commenced, with the following activities being actioned.

### 4.1 Policy Framework Compliance

Queensland Health endeavours to create an environment whereby all patients can receive access to services dependent on their clinical need and in a timely manner. The Queensland Health Policy Framework for Elective Surgery Services provides a consistent, structured approach to support the provision of elective surgery within Queensland public hospitals.

Although recognition of the diversity of client services, client culture and clinic requirements must be considered and supported, the establishment of consistent and standardised work practices across the state is necessary to ensure delivery of best practice activity.

The Policy Framework will collaboratively be evaluated and maintained through continued engagement with all key stakeholders, of particular note elective surgery coordinators/liaison officers and medical officers. Continued consultation and assistance will be provided to the facilities to ensure an understanding of and compliance to essential processes to meet the requirements of the surgical services program.

### 4.2 Elective Surgery Booking Form

A review will be undertaken to determine current practices at Queensland Health facilities, with all Area Health Services moving towards a standardised process of managing the elective surgery booking form.

Options regarding the development of an electronic version (with mandatory fields) will be undertaken. This is not currently viable in many public facilities as the availability of computers is not accessible in all areas where this documentation is originated.

### 4.3 Reclassification Documentation

Urgency reclassification may take place following either clinical review of the patient in the outpatient setting or administrative chart review following request. Any reclassification is noted on HBCIS during subsequent data entry. Currently the request for change may be written or verbal. In some instances the clinician notes

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the medical record with the change, this however is not mandatory and may be inconsistently filed within the chart.

A review will be undertaken to determine current practices at Queensland Health facilities, with all Area Health Services moving towards a standardised process of managing the urgency reclassification process.

#### **4.4 Elective Surgery Practices Guide**

Development of an Elective Surgery Practices Guide incorporating generic statewide processes, and those unique to each site is currently being undertaken. This will provide a comprehensive resource for incumbent and relieving staff ensuring consistent practices are engaged statewide.

#### **4.5 Succession Planning**

The essential contribution of the Elective Surgery Coordinator is pivotal to the success of the Surgical Services Program. It is acknowledged that this position progresses the statewide coordinated strategy from a corporate perspective, and provides the clinical and administrative management of surgical services at the facility level.

Hospital executives have appointed Accountable Officers to oversee the surgical program and have been strongly encouraged to ensure processes are in place to support the Elective Surgery Coordinator role.

Consultation has revealed that activities for continuity of services and reporting obligations during periods of leave and position vacancy have been catered to or are currently being undertaken in many facilities. Identification of facilities that are undergoing difficulties in this area are being assisted and supported by the Area Health Services Zonal Coordinators through consultation with the Accountable Officers and Elective Surgery Coordinators.