

Specialist Outpatient Review Committee

A report on access to specialist outpatient services in Queensland public hospitals

June 2007



Queensland Government

Queensland Health

Foreword

Specialist outpatient services in Queensland public hospitals require the urgent attention of Government, Queensland Health and hospital managers alike.

Specialist outpatient services are an integral part of the Queensland public hospital system and are a key point of entry for people to access inpatient hospital care. These services are currently enduring a significant level of stress in a health system struggling to cope with increasing demand, broadening consumer expectations and higher levels of public scrutiny.

The Specialist Outpatient Review Committee (the Committee) has been tasked to provide the Government with a synopsis of some of the major issues impacting on the delivery of specialist outpatient services in Queensland public hospitals.

The findings and recommendations outlined in this report are directly related to the feedback provided by staff involved in the review process. The Committee wish to recognise the significant contribution made by Queensland Health staff and General Practitioner (GP) representatives throughout the review process.

In developing this report, the Committee was extremely focused on ensuring that the recommendations presented valid improvement opportunities for staff working in this challenging environment, but more importantly provide real opportunities for patients utilising specialist outpatient services.

Many staff are concerned that the current water shortage in Queensland may overshadow what they see as a real crisis in the specialist outpatient services domain, which is also a finite resource that is being overwhelmed by increasing demand and a historic lack of commitment by Governments to effectively plan for future service delivery.

The issues identified through the review are real and pose significant challenges to Government, Queensland Health and hospital managers.

However, there are clear solutions. The Committee has made a series of recommendations to address the issues outlined in this report and consider that with the support of the Government they are achievable and will significantly improve the quality and timeliness of the health care afforded to Queenslanders through specialist outpatient services.

Failure to address these issues will result in further deterioration in the provision of specialist outpatient services in Queensland.

Professor Ken Donald

Chairperson, Specialist Outpatient Review Committee

June 2007

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EXECUTIVE SUMMARY

This report outlines the major findings from the review of specialist outpatient services conducted between October 2006 and April 2007. The report provides a series of recommendations which serve to deliver greater equity, efficiency and quality in relation to the delivery of specialist outpatient services in Queensland public hospitals.

It was evident throughout the review process that specialist outpatient services provided in Queensland public hospitals are struggling to effectively cope with issues arising from increases in demand resulting from Queensland's growing and ageing population.

Long and sometimes inappropriate waiting times for specialist outpatient services are widespread and are presenting serious clinical risks for significant numbers of patients waiting to see a specialist.

Throughout the duration of the review, the Committee identified a number of recurring issues adversely affecting the delivery of specialist outpatient services across the state. Key issues that staff highlighted, and which the committee confirmed were:

- ✚ Access to specialist outpatient services has not been a priority for Government. Subsequently, Queensland Health has focussed attention on other health service priorities such as elective surgery.
- ✚ There is no formal Queensland Health corporate policy that defines the scope of practice and governs the provision of specialist outpatient services in Queensland public hospitals.
- ✚ Queensland Health does not evaluate the performance of specialist outpatient services at a level required to support effective strategic and service delivery planning.
- ✚ Significant increases in demand for public hospital specialist outpatient services are not funded at a level commensurate with growth and there is considerable antipathy for the current 'Option A' bulk billing arrangements.
- ✚ Unacceptable waiting times for specialist outpatient appointments are increasing the risk of adverse clinical outcomes for a significant number of patients, particularly those who are 'assumed' to be non-urgent.
- ✚ Queensland Health is not effectively or consistently advising patients, GPs and other users of the health system of the waiting times to access specialist outpatient appointments.
- ✚ Innovative models of care have not been widely adopted as an approach to improving the clinical management of patients and reducing demand on specialist appointments.
- ✚ Current communication systems and processes do not support the timely transfer of clinical and general information between Queensland hospitals, GPs and other health service providers, compromising continuity of patient care.
- ✚ There is considerable disparity across the State in relation to accountability for the day-to-day management of specialist outpatient services by District executives.
- ✚ Current information management systems do not comprehensively support the business needs of specialist outpatient services.
- ✚ The specialist outpatient department is a vital teaching and learning environment for undergraduate and post graduate health professionals that must be preserved.

SUMMARY OF RECOMMENDATIONS

Recommendation 1

That Government, as a health service priority, invests in improving access to and delivery of specialist outpatient services in Queensland public hospitals.

That there is bi-partisan political recognition of the issues and support for the recommendations outlined in this report.

Recommendation 2

That Queensland Health establishes a Strategic Advisory Committee, chaired by a member of Queensland Health's Executive Management Team, to lead the development and statewide implementation of a Specialist Outpatient Services Governance Policy. This Policy should clearly articulate:

- ✚ The role of specialist outpatient services in a whole-of-system context and accurately define the scope-of-practice around which Health Service Districts are to provide specialist outpatient services;
- ✚ The types of services to be provided through specialist outpatients including developing clinical protocols for patients to be discharged for ongoing care in the community;
- ✚ The rights of patients utilising specialist outpatient services including the right to receive timely specialist advice through the implementation of a maximum waiting time policy;
- ✚ The responsibilities of patients and referring practitioners in accessing specialist outpatient services;
- ✚ The responsibilities of Queensland Health practitioners in the delivery of specialist outpatient services.

Recommendation 3

That Queensland Health establishes a state-wide performance management framework (scorecard) including the development of KPIs, including but not limited to:

- ✚ Number of patients waiting for new case appointments by specialty;
- ✚ Number of patients waiting longer than 12 months for an appointment;
- ✚ New case attendances by specialty;
- ✚ Review case attendances by specialty;
- ✚ Ratio of new cases to review cases by specialty;
- ✚ Failed to attend rates by specialty;
- ✚ Occasions of unplanned medical leave by specialty;
- ✚ Number of patients discharged from specialist outpatient care.

Recommendation 4

That Queensland Health ensures access to specialist outpatient services is optimised through the review and consideration of alternative funding and service delivery models. This may include:

- ✚ State funding commensurate with service growth and allocation of health dollar per capita equal to other states;
- ✚ Negotiating with the Australian Government as part of the 2008-2013 AHCA that all outpatient services be funded by the Australian Government;
- ✚ Increasing access to specialist outpatient appointments within the public hospital system by providing new bulk billing clinics;
- ✚ Increasing access to specialist outpatient appointments within the public hospital system by identifying where new or expanded services have been provided since 1 July 1998 and, consistent with the current AHCA, converting those clinics to bulk billing with the increased revenue being retained to fund increased access to outpatient services not covered by bulk billing revenue.

Recommendation 5

That Queensland Health monitors and manages waiting times for urgent and semi urgent patients in accordance with agreed clinical urgency category timeframes of:

Category 1 – Appointment within 30 days desirable; and

Category 2 – Appointment within 90 days desirable.

That Queensland Health implements a waiting time guarantee for accessing specialist outpatient services. The Committee agrees that a 12-month maximum waiting time for non-urgent (Category 3) patients is reasonable.

Recommendation 6

That Queensland Health publishes waiting times for new patient appointments by hospital and by individual clinic.

Recommendation 7

That Queensland Health provides funding to support mainstreaming complementary models of care within Queensland specialist outpatient services including, but not limited to:

- ✚ Orthopaedic Physiotherapy Screening Program;
- ✚ Nurse practitioner, allied health and primary referral (GP) assessment clinics to enable fast track of referrals in specific specialties (eg. Orthopaedics, Urology and Ophthalmology) and for chronic disease management;
- ✚ Increase in the use of telemedicine to improve services to rural and remote communities.

Recommendation 8

That Queensland Health ensures that all patients, referring specialists and/or GPs are informed of services available through the development of a state-wide directory of specialist outpatient services detailing:

- ✚ Minimum referral requirements (including diagnostic tests) for GPs referring to specialist outpatient clinics;
- ✚ The types of specialist outpatient clinics/services provided and not provided by Queensland public hospitals by location;
- ✚ Information for patients to obtain advice in relation to their treatment options;
- ✚ Clinical guidelines, by specialty, to determine patient priority.

Develop standards and protocols for clinical information requirements (referral) aimed at improving the triage process in specialist outpatient clinics (e.g. ensuring appropriate diagnostic tests prior to outpatient appointments).

Investigate and develop standardised electronic tools endorsed by Queensland Health for use by referring practitioners to improve referral processes to specialist outpatient services.

Queensland Health and the Queensland Divisions of General Practice (QDGP) collaboratively establish and reach an accord on referral processes and communication systems.

Recommendation 9

Local (hospital) level management teams are established involving representation from key stakeholders including:

- ✚ Member of District Executive
- ✚ Local GPs
- ✚ General Practice Division Representative
- ✚ Nurse Unit Manager, Specialist Outpatient Department
- ✚ Physician
- ✚ Surgeon

Key accountabilities will include, but not be limited to:

- ✚ Providing a single point of advice to the Clinical CEO/District Manager for the management of specialist outpatient services;
- ✚ Providing strategic direction in the management of specialist outpatient services;

- ✚ Monitoring the performance of specialist outpatient services with regard to access, failed to attend rates, new/review ratios, audit, patient satisfaction and demand.

Recommendation 10

That Queensland Health develops a comprehensive information management strategy for specialist outpatients and provides funding to support the implementation of a new specialist outpatient department information system, which provides the following functionality as a minimum:

- ✚ Enhanced clinical management capabilities including providing on-line access to clinical information to support decision-making for patient care across the spectrum of specialist outpatient services;
- ✚ Support the development of care plans and treatment protocols in line with the multi-disciplinary model of care necessary in delivering specialist outpatient services.
- ✚ Support the high level of complexity required for appointment and resource scheduling for delivering specialist outpatient services;
- ✚ Support the collection, analysis and reporting of longitudinal outcomes data;
- ✚ Electronic referral and discharge summary capabilities (sending and receiving);
- ✚ Automated text and/or e-mail messaging functionality for appointment reminders;
- ✚ Electronic waiting list functionality.

That Queensland Health makes the necessary investment in this area as a priority.

Recommendation 11

That Queensland Health continues to support the training of medical officers and other health professionals in the specialist outpatient services environment, and investigates the expansion of the teaching opportunities to provide further exposure for undergraduate and post graduate health professionals to specialist outpatient services.

INTRODUCTION

Queensland Health provides a diverse network of specialist outpatient services for patients requiring initial and/or ongoing medical care. The services provided are a key contributor to Queensland Health's mission of improving the health and well-being of Queenslanders.

Through Queensland's public hospital system, non-admitted patients are able to access free specialist services within the public hospital system under an agreement between the Australian and State Governments. Through these arrangements, patients have access to multidisciplinary health care, including all diagnostic tests, at no cost to the individual.

Waiting times for specialist outpatient services vary considerably throughout the State dependent on patient numbers, referral volumes, location and specialty. Each of these factors influence the time taken to attain a specialist outpatient appointment.

Waiting times for specialist outpatient services are not currently published by Queensland Health and have sometimes been referred to as the 'hidden' waiting list. It is a fact that the waiting time for specialist outpatient services adds considerably (in some specialties) to the overall waiting time for patients awaiting admission into hospital.

This was highlighted through the *Queensland Health Systems Review* (Forster, 2005) where references were made to inappropriate waiting times for specialist outpatient services and a lack of information available to the public.

In September 2006, the Minister for Health, the Hon Stephen Robertson (MP), appointed Professor Ken Donald, Head of the School of Medicine, University of Queensland, to Chair the Committee to investigate the current status of specialist outpatient services in Queensland public hospitals.

TERMS OF REFERENCE

The Terms of Reference for the Committee included:

- ✚ Review processes used in five major hospitals (Royal Brisbane and Women's, Princess Alexandra, Gold Coast, Cairns & Rockhampton) to:
 - Allocate specialist outpatient appointments to patients upon referral;
 - Review categorisation of patients waiting for outpatient appointments or diagnostic procedures for longer than clinically desirable;
 - Establish priorities between (and within) specialties for outpatient access taking into account the number of referrals received and new appointments offered; and
 - Provide advice to patients and/or referring clinicians of expected waiting times.
- ✚ Evaluate the effectiveness of internal hospital processes by undertaking a review of a sample of patient records waiting for outpatient appointments (on referral from emergency departments) or diagnostic procedures for longer than clinically desirable.
- ✚ Make recommendations about best practice in terms of review and prioritisation of patients waiting for an outpatient appointment or diagnostic procedures and provide appropriate advice to patients and/or referring clinicians.

A full list of Committee members is at Appendix 1.

REVIEW METHODOLOGY

The Committee invited key stakeholders from specialist outpatient services at each of the review hospitals to participate in an open forum based around a series of pre-determined questions. These questions are provided at Appendix 2.

The Committee also conducted a number of forums with GP representatives to gain greater understanding of the issues affecting access to services.

An invitation was extended by the Committee to all providers of public specialist outpatient services within Queensland Health to provide feedback regarding the issues impacting on the provision of services in this area.

A review of a sample of patient records was undertaken by Committee members at the Gold Coast Hospital to evaluate the effectiveness of internal hospital processes in line with the terms of reference.

FINDINGS

The Committee has completed reviews of specialist outpatient services at five hospitals, including the Royal Brisbane and Women's, Princess Alexandra, Gold Coast, Cairns and Rockhampton Hospitals.

Through these reviews, the Committee identified a number of recurring issues adversely affecting the delivery of specialist outpatient services across the state. These issues have been broadly grouped into six main categories:

- ✚ Elevating Specialist Outpatient Services as a Government priority;
- ✚ Establishing Corporate Governance for Specialist Outpatient Services;
- ✚ Managing Access and Demand for Specialist Outpatient Services;
- ✚ Enhancing Communication Systems and Processes;
- ✚ Focusing on the Local Management and Reporting of Specialist Outpatient Services;
- ✚ Teaching for Health Professionals.

SPECIALIST OUTPATIENT SERVICES - GOVERNMENT PRIORITIES

Access to specialist outpatient services has not been a priority for Government. Subsequently, Queensland Health has focussed attention on other health service priorities such as elective surgery.

Specialist outpatient services are the front door to Queensland's public hospital system providing access to specialist assessment and treatment, diagnostic testing, management of chronic and complex conditions, and consultations prior to admission and following discharge from hospital. They are important in a patient focused model and are critical to attaining optimal clinical outcomes for patients.

Timely access to specialist outpatient services is the key to ensuring that patients are appropriately managed in their journey through the hospital system. The early diagnosis and treatment of many conditions reduces a patients future reliance on, and cost to the public health system in the longer term.

Historically, Governments and their opposition have used elective surgery and emergency department statistics as the public gauge as to how the hospital system is performing as a whole. In line with this, significant funding has been made available to enhance service delivery in these areas. In contrast, access to specialist outpatient services as a measure of performance of the health service has been largely overlooked and therefore no dedicated funding has been made available to address reform in this area.

As a result of the limited attention afforded to specialist outpatient services by Governments over the years, there has been minimal strategic impetus to improve the effectiveness, efficiency and quality of services provided through specialist outpatient departments.

This was recognised in the *Queensland Health Systems Review Report* (Forster, 2005) where references were made about patients being placed on long referral (specialist outpatient) waiting lists to see a specialist without clarity as to the extent of the time they would need to wait. The *Report* identified this situation as requiring the undivided attention of health officials.

The Committee recognises that with the growing rate of demand and with increasing consumer expectations on the level of services provided, it is imperative that Government invest in this area as a priority. The Committee is concerned that if the Government does not take an active interest in this area, services will continue to deteriorate, compromising the health of many Queenslanders.

To successfully introduce reforms in specialist outpatient services to improve the quality and timeliness of services afforded to patients, Government must raise the profile of these services and make access to specialist outpatient services a Government priority.

Ideally, bi-partisan political support for the reforms outlined in this report would ensure longer-term continuity of care and promote optimal outcomes for the people of Queensland.

Recommendation 1

That Government, as a health service priority invests in improving access to and delivery of specialist outpatient services in Queensland public hospitals.

That there is bi-partisan political recognition of the issues and support for the recommendations outlined in this report.

ESTABLISHING CORPORATE GOVERNANCE FOR SPECIALIST OUTPATIENT SERVICES

There is no formal Queensland Health corporate policy that defines the scope of practice and governs the provision of specialist outpatient services in Queensland public hospitals.

One of the most significant findings of the Committee is that there is no clear corporate policy that sets the strategic direction for the delivery of specialist outpatient services in Queensland public hospitals. The Committee found that the types and levels of services provided through specialist outpatient services vary considerably across the five review hospitals.

Without any clear definition of the role of specialist outpatient services identified through the review process, the Committee concluded that specialist outpatient departments are extensively viewed and loosely defined as a one-stop-shop for a wide and ill-defined gamut of non-admitted specialty services often with unlimited service demand.

Throughout the review, it became increasingly apparent that the current breadth of specialist outpatient services has evolved with limited strategic consideration or forethought leading to what was termed on more than one occasion as 'not so organised chaos'. The Committee found that the current range of services offered through Queensland public specialist outpatient departments has evolved more in response to individual hospital service demands rather than through a whole-of-system strategic planning approach.

Through consultation with key stakeholder groups, the Committee also identified that:

- ✚ There has been limited political and corporate attention given to the role of specialist outpatient services in a system-wide context;
- ✚ The planning for and management of specialist outpatient services at the Corporate, Area Health Service and District levels has been disparate.

The Committee recognises that Queensland Health has, over the last five years, attempted to provide a level of policy guidance to assist hospitals in the management and organisation of specialist outpatient services. This is most readily demonstrated through the development and implementation of the *Policy Framework for Specialist Outpatient Services*.

The *Framework* was developed as a working document to provide a consistent, structured approach to assist Queensland Health staff in the coordination and management of specialist outpatient services and waiting lists at an operational level. However, as no funding was provided to assist with the implementation of the *Framework* across the State, it was not widely adopted by hospital management. A recent post-implementation review conducted by Queensland Health showed implementation compliance rates as low as 20% in some hospitals.

Furthermore with regard to governance, the Committee found that there is no clear understanding of the rights and responsibilities of both patients and health professionals who utilise specialist outpatient services which consequently led to inefficient and ineffective processes creating system wastage.

Recommendation 2

That Queensland Health establishes a Strategic Advisory Committee, chaired by a member of Queensland Health's Executive Management Team, to lead the development and statewide implementation of a Specialist Outpatient Services Governance Policy. This Policy should clearly articulate:

- ✚ ***The role of specialist outpatient services in a whole-of-system context and accurately define the scope-of-practice around which Health Service Districts are to provide specialist outpatient services;***

- ✦ ***The types of services to be provided through specialist outpatients including developing clinical protocols for patients to be discharged for ongoing care in the community;***
- ✦ ***The rights of patients utilising specialist outpatient services including the right to receive timely specialist advice through the implementation of a maximum waiting time policy;***
- ✦ ***The responsibilities of patients and referring practitioners in accessing specialist outpatient services;***
- ✦ ***The responsibilities of Queensland Health practitioners in the delivery of specialist outpatient services.***

Queensland Health does not evaluate the performance of specialist outpatient services at a level required to support effective strategic and service delivery planning.

The availability of reliable and accurate information to assess the performance of individual specialty services is paramount to support the strategic and service delivery planning process. Such information currently does not exist in the specialist outpatient services environment.

The Committee recognises that past attempts by Queensland Health to establish a statewide reporting framework for specialist outpatient services have not been successful, predominantly due to the existence of legacy information systems such as the widely-used Hospital-Based Corporate Information System (HBCIS) Appointment Scheduling Module.

Whilst matters relating to information systems are described in more detail later in this report, the issue of data collection and performance reporting simply cannot be discussed in exclusivity of the systems which provide that data.

The Committee found that the HBCIS Appointment Scheduling Module does not effectively support reliable corporate reporting. The establishment of a reporting framework for specialist outpatient services is highly reliant on the existence of a more sophisticated information system. Other barriers to the successful development of a statewide performance framework identified by the Committee included:

- ✦ Key data items used to describe specialist outpatient services are poorly defined and/or understood by staff;
- ✦ Significant variance in work practices and processes across the review hospitals

These barriers aside, the Committee found that KPIs for specialist outpatient services are virtually non-existent and that there appears to be little corporate impetus to develop any such KPIs.

At present there are only two corporate reporting requirements for hospitals in relation to specialist outpatient services. The first is the *Monthly Activity Collection* which reports occasions of service, collated by Queensland Health's Data Services Unit (DSU). This information is published monthly on the Queensland Health internet site.

Secondly, as a response to recommendations from the Forster enquiry, the *Health Services Amendment Act* was passed mandating Queensland Health publish a *public hospitals performance report* (annually) to include specialist outpatient waiting list information. This report includes the following:

- ✦ The number of patients on surgical outpatient waiting list as at a date stated in the report; and
- ✦ The number of patients who attended an appointment at a surgical outpatient clinic for a period stated in the report.

This specialist outpatient service waiting list data is collected manually from 31 of Queensland's largest hospitals and published annually on the Queensland Health internet site. A summary of the results from the latest collection (as at 1 March 2007) is provided at Appendix 3.

The Committee acknowledges that the development and implementation of a robust performance management framework to support future strategic and service delivery planning will be a large task and will require a significant commitment from multiple levels within the organisation. The introduction of standardised processes and data collection is also required to support improved reporting and analysis of specialist outpatient services to monitor performance and identify areas of need.

Recommendation 3

That Queensland Health establishes a state-wide performance management framework (scorecard) including the development of KPIs, including but not limited to:

- + Number of patients waiting for new case appointments by specialty;***
- + Number of patients waiting longer than 12 months for an appointment;***
- + New case attendances by specialty;***
- + Review case attendances by specialty;***
- + Ratio of new cases to review cases by specialty;***
- + Failed to attend rates by specialty;***
- + Occasions of unplanned medical leave by specialty;***
- + Number of patients discharged from specialist outpatient care.***

Significant increases in demand for public hospital specialist outpatient services are not funded at a level commensurate with growth and there is considerable antipathy for the current 'Option A' bulk billing arrangements.

As outlined above, every year Queensland Health conducts a manual collection of information on specialist outpatient waiting lists. Results from the 1 March 2007 survey shows that the demand for surgical and medical specialist outpatient services is continuing to grow with over 143,900 patients waiting for a new case appointment. This is an increase of over 21,800 patients (18%) from that reported at 1 March 2006.

Of these, 94,128 patients (65%) were waiting for a surgical outpatient appointment. This is an increase of 14% when compared to the 1 March 2006 survey which identified 82,925 patients waiting for a surgical outpatient appointment.

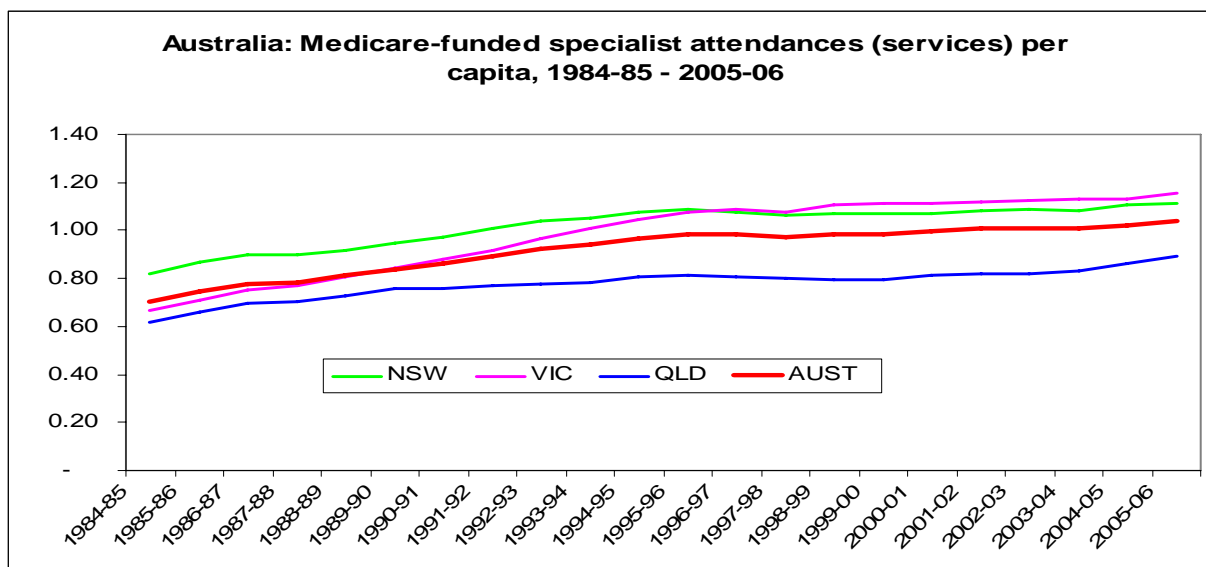
There have also been significant increases in the number of patients waiting for a medical outpatient appointment. At 1 March 2007, over 35,300 patients were awaiting a medical outpatient appointment, compared to nearly 27,100 patients reported at 1 March 2006. This represents an increase of 31%.

Although funding was outside the Committee's terms of reference, this important issue cannot be excluded from any discussions involving increasing demand for specialist outpatient services.

The primary question raised by the review hospitals is how these increasing rates of demand for outpatient services could be met within static and often over-stretched budgets. The Committee was informed on numerous occasions that the level of funding provided for the provision of specialist outpatient services was not commensurate with the increasing rates of demand for these services, resulting in longer and often clinically inappropriate waiting times.

It is evident, through data compiled by the *Australian Government Department of Health and Ageing*, that Queensland receives less funding per capita for Medicare funded specialist attendances compared to other States and Territories (see Graph 1 below). It is apparent that the funding mechanisms in place need to be assessed to determine if it is financially viable to continue the way in which specialist outpatient services are provided in Queensland public hospitals under existing arrangements with the Australian Government.

Graph 1



Source: Australian Government Department of Health and Ageing. (2007). *Medicare Statistics – March Quarter 2007*. Canberra: Commonwealth of Australia.

In Queensland, patients are able to access free specialist outpatients services within the public hospital system under an agreement between the Australian and Queensland Governments. Through these arrangements patients receive multidisciplinary tertiary-level care including access to all diagnostic tests at no cost. Services are provided by Visiting Specialists who are paid an hourly rate and full-time Staff Specialists employed under Option A or Option B agreements.

Under Option A arrangements full-time staff are paid a loading with any revenue generated from private practice being retained by Queensland Health. Under Option B full-time staff have right of private practice, however the revenue generated is shared with the hospital. The committee acknowledged that Option A has been widely taken up by full-time staff, with minimal private practice revenue generated in return. This is mainly attributed to the complexities associated with having patients who present for care within the public system electing to be treated privately.

There is a high level of substitutability between public hospital outpatient services and specialist services provided in private practice. The main distinguishing features between the two types of services are:

- ✚ No out-of-pocket costs for patients for public hospital outpatient services;
- ✚ Organisation of simultaneous multidisciplinary consultation is easier in public hospital outpatient services;
- ✚ There is a greater level of teaching of medical trainees undertaken in public hospital outpatient services.

Under the current Australian Health Care Agreement (AHCA), the Queensland Government is committed to providing funding to support a pre-determined level of specialist outpatient services across this State. This activity level is commensurate with that level provided in 1997. Any activity provided over and above this level can be charged back to the Australian Government through the Medicare Benefits Schedule (MBS).

The dual funding streams for specialist outpatient clinics (Queensland Health public and MBS billed) creates complexity for Health Service Districts in making decisions about service delivery. Arrangements for MBS clinics also bring legal complexities, which if not fully understood and managed appropriately, can place health services and the state at risk of non-compliance with the AHCA or the *Health Insurance Act (1973)*.

One of the major barriers identified through the review is that individual outpatient services in Queensland, be they centralised or decentralised services, are not set up in a way that

enables hospitals to identify when agreed activity levels are reached and when subsequent services can be billed back to the Australian Government through the MBS.

Many hospital staff, particularly medical officers, are alarmed that Queensland Health will follow the example of some of the southern states (NSW in particular) where public specialist outpatient services are either outsourced to consultants' private rooms or public clinics have been converted to bulk billing clinics.

Queensland Health has previously advised and published guidelines in relation to this matter. However the information is not widely understood and is open to interpretation. Queensland Health needs to work closely with hospitals to ensure standards of practice in this area are clearly defined and that facilities comply with the AHCA and the *Health Insurance Act (1973)* requirements as they relate to specialist outpatient services.

Whilst issues relating to the management of access and demand are addressed later in this report, the Committee considers it important to also address the issue of funding as a key component to improving access.

Recommendation 4

That Queensland Health ensures access to specialist outpatient services is optimised through the review and consideration of alternative funding and service delivery models. This may include:

- ✚ State funding commensurate with service growth and allocation of health dollar per capita equal to other states;***
- ✚ Negotiating with the Australian Government as part of the 2008-2013 AHCA that all outpatient services be funded by the Australian Government;***
- ✚ Increasing access to specialist outpatient appointments within the public hospital system by providing new bulk billing clinics;***
- ✚ Increasing access to specialist outpatient appointments within the public hospital system by identifying where new or expanded services have been provided since 1 July 1998 and, consistent with the current AHCA, converting those clinics to bulk billing with the increased revenue being retained to fund increased access to outpatient services not covered by bulk billing revenue.***

MANAGING ACCESS AND DEMAND FOR SPECIALIST OUTPATIENT SERVICES

Unacceptable waiting times for specialist outpatient appointments are increasing the risk of adverse clinical outcomes for a significant number of patients, particularly those who are 'assumed' to be non-urgent.

The Committee is concerned that long waiting times to obtain an appointment with a specialist within the public system are impacting on patient's physical and psychosocial well-being.

To this end, the Committee was alarmed by examples of Category 1 patients (the most urgent) in some facilities waiting over twelve months to be allocated a new case appointment. Whilst these were reported as isolated cases, the Committee considered this type of situation as unacceptable from a clinical and ethical perspective.

The review process also identified evidence of patients waiting for extended periods on specialist outpatient waiting lists subsequently presenting to Emergency Departments as a result of their clinical condition deteriorating. In relation to this issue the Committee was provided with a recent internal review at the Gold Coast Hospital which identified cases where failure to provide timely access to specialist treatment resulted in critical adverse patient outcomes. The committee considered this report an insightful representation of the issues shared by many hospitals and reinforces the need to focus attention on this area of the health portfolio.

Each of the five hospitals reviewed also reported the presence of 'never to be seen' outpatient waiting lists in certain specialties. This has occurred due to the reality that in some circumstances the likelihood of particularly non-urgent patients being seen is 'never'. Examples were provided where some patients have been waiting for several years to access a specialist appointment.

It was reported that in many cases patients are unaware of this situation. This fact alone is cause for great concern and one which places Queensland public hospitals at serious medico-legal risk. A report provided to the Committee by the Queensland Health Legal and Administrative Law Unit identified that Queensland Health has a legal obligation to inform patients and their GPs of the waiting time to access an appointment. This issue is addressed as a specific area of need later in this report.

The Committee acknowledges that the existence of long and often inappropriate waiting times for specialist outpatient services is multi-factorial and complex. One of the major reasons for this situation however is the continued effect that ongoing clinical reviews and follow-up appointments present to the system as a whole.

At present approximately 25 to 30 per cent of patients accessing outpatient services are new patients attending for an initial consultation and assessment, with review and follow-up patients constituting the remainder. The level of clinical priority for these patients is variable from urgent to non-urgent. The committee believes that there is considerable scope within the community sector to transfer the ongoing care of many review and follow up patients. This will provide additional capacity to see more new case patients thereby reducing waiting times. The committee recognises the significant challenges that this action may present in terms of managing the consequential and likely increase in demand for inpatient services such as elective surgery.

Additional factors identified during the review process as contributing to extended waiting times for specialist outpatient appointments include:

- ✚ Inability to attract medical staff to regional and rural communities, thereby limiting specialty provision in some services;
- ✚ Reluctance of hospitals to discharge outpatients back to their GP – the new to review ratios indicate that a number of specialties are continuing the care of the patient although the

need for specialist intervention is no longer required and can be provided by another health professional;

- ✚ Insufficient consultation and treatment area at some hospitals despite recent capital re-development initiatives;
- ✚ Failed to attend (FTA) rates are currently as high as 30 per cent at some hospitals;
- ✚ General perception that public hospitals are the only avenue for “free” treatment;
- ✚ The inability of patients to pay the “gap” between private charges and the Medicare rebate.

Recommendation 5

That Queensland Health monitors and manages waiting times for urgent and semi urgent patients in accordance with agreed clinical urgency category timeframes of: Category 1 – Appointment within 30 days desirable; and Category 2 – Appointment within 90 days desirable.

That Queensland Health implements a waiting time guarantee for accessing specialist outpatient services. The Committee agrees that a 12-month maximum waiting time for non-urgent (Category 3) patients is reasonable.

Queensland Health is not effectively or consistently advising patients, GPs and other users of the health system of the waiting times to access specialist outpatient appointments.

The Committee was informed throughout the review that Queensland hospitals are not consistently advising patients and other users of the health system, for example GPs and other referring doctors, of the waiting time to access specialist outpatient appointments.

The Committee found that there is a general perception from staff working in specialist outpatient services that Queensland Health, as an organisation, discourages the disclosure of waiting times. The Committee also found that the non-disclosure of specialist outpatient services waiting times information has a significant effect on the morale of staff working at the coalface as the practice of non-disclosure is contradictory to their professional ethics.

Whilst the Committee acknowledges recent attempts by Queensland Health and Government to provide this waiting list information in the public domain, feedback from staff and more notably from GPs, identified that the data currently published by Queensland Health has a limited effect in terms of supporting effective decision making in relation to the clinical management of individual patients.

Moreover, the current published data is not effective in assisting patients and GPs to make more informed decisions about the health care options available to them. The publication of the numbers of new case patients waiting and the number of new cases treated provides only limited insight for GPs and patients as to the likely waiting time to be seen by a specialist.

GPs also provided feedback to the Committee that they are not consistently informed of the services provided at individual hospitals or more importantly when these services alter or close. This fact alone has a profound impact on the effectiveness of their referral processes, with many patients being referred to specialist services that do not exist. GPs display only a limited understanding of the specialty specific referral requirements, including clinical investigations, needed for accessing individual specialist outpatient clinics.

The Committee recognises that whilst the open disclosure of this waiting times information may evoke some negative publicity for Queensland Health and Government, it is a necessary step in addressing future reforms in specialist outpatient services in Queensland.

Recommendation 6

That Queensland Health publishes waiting times for new patient appointments by hospital and by individual clinic.

Innovative models of care have not been widely adopted as an approach to improving the clinical management of patients and reducing demand on specialist outpatient appointments.

As detailed throughout this report, the demand for specialist outpatient services in Queensland public hospitals is growing at a substantial rate every year. Like many of the services provided by Queensland hospitals, these increases in demand are managed within finite resources often resulting in growing waiting lists and increased waiting times to access these services.

Throughout the review, the Committee were provided with examples of innovative models of care implemented at hospitals aimed at reducing the demand on services traditionally provided by specialists.

These complementary models of care, including allied health and nurse practitioner first contact clinics and primary health care management alternatives, have proven to be extremely effective in improving the clinical management of patients and more efficient use of available specialist appointments.

One such program is the 'Orthopaedic Physiotherapy Screening Clinic' (OPSC). This initiative implemented in four sites – Ipswich, Townsville, Princess Alexandra and Royal Brisbane and Womens Hospitals – has physiotherapists working in conjunction with orthopaedic specialists in an outpatient environment. The OPSCs are used to promote alternatives to surgery for suitable patients, at the same time monitoring the patient's progress and promoting faster access to specialist care if their condition deteriorates.

Another example of an effective complementary model of care described to the Committee was the establishment of a remote rheumatology outpatient clinic. Through this model a clinical nurse provides holistic health care education for patients with chronic rheumatology and actively coordinates the ongoing care of the patient, referring to other health professionals where appropriate.

The Committee were also provided with information related to the use of telemedicine as a complimentary model of care. Telemedicine enables the medical workforce to provide outreach support to regional or remote facilities with workforce shortages or with insufficient service volume to warrant a local specialist service. Queensland Health currently has extensive tele-health coverage with over 300 functional sites. However, the Committee were informed that telemedicine services are significantly underutilised at some hospitals. The Committee determined that Queensland Health could make significant gains in terms of improving access to health services through utilising this technology.

An example cited to the Committee was that of a patient from Weipa who was treated and discharged from a major facility and required a discharge review appointment in the specialist outpatient clinic. This consultation could have been provided through telemedicine facilities at Weipa or through collaborative measures with the patient's GP. Instead the patient endured a three day journey to an appointment that took no longer than five minutes. This situation resulted in significant inconvenience to the patient and unnecessary costs to the system (eg: patient transport and accommodation).

Similarly, the Committee were informed of an alternative model of care utilising regional/rural facilities in collaboration with GPs in step-down care from the acute hospital setting. Step-down arrangements to regional/rural facilities enables patients to be discharged from the hospital on clinical pathways to be managed by their local GP. Follow-up with the original specialist (either face-to-face or via telemedicine) occurs if there is a deviation to the management plan or the GP has concerns that require specialist advice or intervention.

The Committee recognises the advances that these complementary models can make in improving the level and quality of services afforded to patients. There are significant gains to be made through investment in the expansion of current models locally utilised and the

development of new complementary models of care and the mainstreaming of evidence-based models currently being implemented and utilised interstate and internationally.

Recommendation 7

That Queensland Health provides funding to support mainstreaming complementary models of care within Queensland specialist outpatient services including, but not limited to:

- + Orthopaedic Physiotherapy Screening Program;***
- + Nurse practitioner, allied health and primary referral (GP) assessment clinics to enable fast track of referrals in specific specialties (eg. Orthopaedics, Urology and Ophthalmology) and for chronic disease management;***
- + Increase in the use of telemedicine to improve services to rural and remote communities.***

ENHANCING COMMUNICATION SYSTEMS AND PROCESSES

Current communication systems and processes do not support the timely transfer of clinical and general information between Queensland hospitals, GPs and other health service providers, compromising continuity of patient care.

Through the review consultation process all stakeholders agreed that improving communication systems and processes is required to promote more efficient use of scarce clinical resources, both internal and external to Queensland Health.

At the most basic level, GPs and patients do not have easy access to information, for example via the internet, about the types and locations of specialist outpatient services Queensland Health provides.

Information on the waiting times for specialist outpatient services at individual hospital level and by specialty is also not readily available, other than by telephone enquiry. GPs advised the Committee that making enquiries to specialist outpatient departments is often frustrating and confusing. Numerous examples were provided by GPs of where multiple service enquiry contact points within some hospitals hindered the effective management of patients, particularly facilities with decentralised specialist outpatient services. The Committee considers that a single point of contact for outpatient services information in each hospital would improve communication within the health care sector.

The Committee acknowledges that significant improvements have been made in relation to identifying pre-hospital specialist referral requirements in a number of Australian states and also overseas. These referral requirements are specialty specific and require the patient to meet particular clinical criteria and undergo specific diagnostic testing before referral to the specialist is accepted. This process facilitates improved clinical assessment and management of patients prior to being referred for specialist intervention. In some circumstances the patient receives interim care by non-specialist health professionals until such time that their condition warrants specialist attention.

Under these arrangements access to specialist services is based on accepting patients with the greatest clinical need. The process also makes more efficient use of specialist time and facilitates enhanced clinical management prior to referral by non-specialist health practitioners.

The Committee determined that the development of similar clinical guidelines and processes to facilitate referral to specialist outpatient services in Queensland needs to be corporately driven. There are minimal specialty specific protocols available to GPs that identify pre-hospital clinical referral requirements. Service delivery profiles which identify the types of specialist services that are publically offered are non-existent. This results in Queensland Health accepting all referrals for all types of conditions, of which there is insufficient capacity to provide. The Committee concurred that improving access to this information is imperative to empower patients and health care providers to make informed health care decisions.

From an information technology perspective, the Committee acknowledges that despite the advances in communications generally, accessing vital patient information across internal and external providers has been slow to evolve. Through the review process it became apparent that Queensland Health has not demonstrated a strong commitment to the concept of developing and maintaining partnerships with the broader information technology community, and is often perceived to be tunnelled and autocratic rather than cooperative. Queensland Health has a number of information management systems that contain clinical and other information that could be accessed by referring practitioners to aid the referral and patient management process without compromising the confidentiality and privacy of patient information.

Queensland Health would benefit considerably by providing improved information at the District level, particularly on the availability and waiting times for specialist outpatient services as primary health care providers could consider interim treatments while the patient waits for

access to specialist services. The Committee considers that the use of complementary mediums such as short messaging service (SMS), electronic referral and read only access to information systems that contain test results, discharge planning and management care plans or pathways would improve the effective management of patients.

Recommendation 8

That Queensland Health ensures that all patients, referring specialists and/or GPs are informed of services available through the development of a state-wide directory of specialist outpatient services detailing:

- + Minimum referral requirements (including diagnostic tests) for GPs referring to specialist outpatient clinics;***
- + The types of specialist outpatient clinics/services provided and not provided by Queensland public hospitals by location;***
- + Information for patients to obtain advice in relation to their treatment options;***
- + Clinical guidelines, by specialty, to determine patient priority.***

Develop standards and protocols for clinical information requirements (referral) aimed at improving the triage process in specialist outpatient clinics (e.g. ensuring appropriate diagnostic tests prior to outpatient appointments).

Investigate and develop standardised electronic tools endorsed by Queensland Health for use by referring practitioners to improve referral processes to specialist outpatient services.

Queensland Health and the Queensland Divisions of General Practice (QDGP) collaboratively establish and reach an accord on referral processes and communication systems.

FOCUSING ON THE LOCAL MANAGEMENT AND REPORTING OF SPECIALIST OUTPATIENT SERVICES

There is considerable disparity across the State in relation to accountability for the day-to-day management of specialist outpatient services by District executives.

Specialist outpatient services in Queensland public hospitals are structured as either centralised services - where all services and specialties are provided in a central location within the hospital, or decentralised services – where services and individual specialties are provided in differing locations throughout the hospital.

Throughout the review process, the Committee found that there is considerable uncertainty amongst staff as to where the accountability for specialist outpatient services exists within the organisation.

At the hospital level, it is clear to staff that the ultimate accountability for the delivery and management of specialist outpatient services lies at the District Manager/Clinical Chief Executive Officer level. Many staff commented that they feel there is little, if any, executive level ownership of specialist outpatients departments. Some senior executive members, by their own admission, confirmed this position.

It was apparent through the review that some executives have implemented restricting access to specialist outpatients services to reduce the internal demand for inpatient services as a budget management strategy. Similar practices have also been adopted by some hospitals to improve their elective surgery waiting list performance as a means of gaining access to incentive funding.

The Committee noted that many decisions made in relation to specialist outpatient services at the hospital level are done to satisfy the needs of visiting specialists with little consideration of the impact on other staff and hospital resources. For example the introduction of new services without prior consultation and rescheduling of existing clinics without sufficient notice. Many staff expressed frustration with the level of recognition, priority and support they perceive specialist outpatient services are afforded within their hospital.

The Committee determined that some major localised issues impacting on service delivery will require significant and urgent attention by individual hospital executive teams. These issues are:

Cancellations/postponements

Hospital initiated postponements/cancellation of clinics often caused by a lack of specialist availability was identified as a common occurrence in public outpatient departments. While unplanned absences are often unavoidable, planned absences at short notice are problematic. All health services have policies requiring specific periods of notice for planned leave. However compliance with these policies by specialists is poor and not monitored by management. This situation results in a lack of service credibility, patient dissatisfaction and unnecessary workloads for staff.

Impact of review patients on new case appointments

As previously mentioned the majority of patients accessing outpatient services are for review of their medical condition. Because of the high demand for new case appointments it is critical that return patients are recalled for review only where clinically necessary. GPs expressed a willingness to manage their patients in the primary care setting by following clinical pathways, care plans or share care models.

The need for administrative and clinical audit

The Committee was advised that outpatient waiting lists are not always accurate. Patients who have been on lists for a long time may no longer need their appointment, either because their medical condition has changed or because they have been treated elsewhere. Auditing waiting lists can identify patients who no longer need their appointment, potentially reducing numbers of patients who 'fail to attend' and freeing up appointments for other patients. Currently only limited auditing is taking place throughout the state, with the most mitigating factor attributed to staff availability. Auditing waiting lists is a labour intensive exercise and with limited resources, health services often have to give priority to other aspects of outpatient delivery.

Inefficient clinic booking processes

Many hospitals overbook already full clinics to compensate for high 'fail to attend' rates. Rates of 'fail to attend' patients at outpatient clinics range from 5% to 30% of booked patients. While this action provides a safety net to ensure available clinic time is optimised, it can also lead to greater waiting times for those attending the clinic or a clinic running over time if the specialist has to see more patients.

In the absence of clear accountability for the management of specialist outpatient services and with an obvious lack of executive ownership in this area, the Committee have identified a need for an increased focus on the management of specialist outpatient services at the local level. The Committee believe that an investment in this area, coupled with a clearer and more consultative structure, will lead to significant efficiency gains in terms of improving the delivery of specialist outpatient services across the State.

Recommendation 9

Local (hospital) level management teams are established involving representation from key stakeholders including:

- + District Executive Member***
- + Local GPs***
- + General Practice Division Representative***
- + Manager, Specialist Outpatient Department***
- + Physician***
- + Surgeon***

Key accountabilities will include, but not be limited to:

- + Providing a single point of advice to the Clinical CEO/District Manager for the management of specialist outpatient services;***
- + Providing strategic direction in the management of specialist outpatient services;***
- + Monitoring the performance of specialist outpatient services with regard to compliance with the operational policy framework, access, failed to attend rates, new/review ratios, audit, patient satisfaction and demand.***

Current information management systems do not comprehensively support the business needs of specialist outpatient services.

The Committee identified that there has been a lack of attention to the information management needs of specialist outpatient departments. This was evident in discussions with hospital staff who expressed overall dissatisfaction with the established information systems and support from Queensland Health's Information Directorate. A particularly high level of dissatisfaction was expressed because of the minimal investment and support of clinical systems.

The HBCIS Appointment Scheduling Module is utilised in the majority of Queensland hospitals. The system is cumbersome, not user friendly, and unable to produce meaningful managerial reports. In addition the system is unable to support the provision of information for clinicians at critical decision points of care that need to be co-ordinated with other clinicians or treatment modalities. This lack of integration and potential for communication breakdown carry a direct risk of harm to patients from an adverse event.

The Committee acknowledges that effective integration of services provided by primary carers in the community and clinicians in hospitals is rare and that health care is generally poorly co-ordinated. This is a particular disadvantage for the growing number of patients with chronic conditions requiring sustained long-term care from a team of providers, as compared with those requiring occasional medical services.

To improve this situation there is a need to support the delivery of access to information at the point of clinical care from systems internal and external to Queensland Health. For this to be facilitated an investment in information technology infrastructure is required. For example PCs on desks in consulting rooms for specialists and registrars will allow online communication with GPs and other colleagues, and more efficient and realistic appointment scheduling with patients.

There is an immediate need to develop a comprehensive information management strategy to support specialist outpatient services. The strategy must provide the foundation on which other information and communication initiatives that complement the specialist outpatient environment can be built. In addition this strategy must address the implementation of a more effective information management system to support business and clinical needs.

The Committee determined that the information system currently being utilised at the RBWH and PAH has the potential to fulfil the business and clinical needs of the specialist outpatient services environment. It is recognised that this system could be readily deployed to other facilities as Queensland Health has existing contractual and business relationships with the vendor.

The Committee acknowledges that the appropriate procurement processes need to be complied with in terms of evaluating and purchasing an information management system. However, the Committee advocates that this process needs to be fast-tracked to facilitate timely implementation of a much needed improved information management system within specialist outpatients in Queensland.

Recommendation 10

That Queensland Health develops a comprehensive information management strategy for specialist outpatients and provides funding to support the implementation of a new specialist outpatient department information system, which provides the following functionality as a minimum:

- ✚ Enhanced clinical management capabilities including providing on-line access to clinical information to support decision-making for patient care across the spectrum of specialist outpatient services;***

- + Support the development of care plans and treatment protocols in line with the multi-disciplinary model of care necessary in delivering specialist outpatient services;**
- + Support the level of complexity required for appointment and resource scheduling for delivering specialist outpatient services;**
- + Support the collection, analysis and reporting of longitudinal outcomes data;**
- + Electronic referral and discharge summary capabilities (sending and receiving);**
- + Automated text and/or e-mail messaging functionality for appointment reminders;**
- + Electronic waiting list functionality.**

That Queensland Health makes the necessary investment in this area as a priority.

TEACHING FOR HEALTH PROFESSIONALS

The specialist outpatient department is a vital teaching and learning environment for undergraduate and post graduate health professionals that must be preserved.

The Committee strongly sanctions the notion that the presence of public specialist outpatient services provides an invaluable training resource for health professionals and that this element must be preserved and fostered in the development of any future reform agenda for specialist outpatient services.

The teaching model which has been used in Queensland public hospitals for decades is renowned for producing high quality medical, nursing and allied health graduates. The Committee were told on numerous occasions that medical officers who trained in Queensland with exposure to the specialist outpatient environment possess superior medical assessment skills compared with those of their interstate counterparts. Specialist outpatient services in Queensland also provide an important component of the general practice training program.

Specialist outpatient services provide students with exposure to the clinical management of acute, sub-acute, primary care and chronic conditions – a spectrum not offered in any other health care training environment in Australia.

The opportunity to teach remains one of the key drivers for attracting medical specialists to work within the public hospital system. This significantly limits the volume of patients that are seen through specialist outpatient clinics across the State, compared to private sector throughput where teaching is not undertaken. Despite this, any paradigm change to this teaching model would need to be carefully evaluated to ensure that continuing to produce highly trained medical officers in Queensland is not compromised.

In summary, the Committee found that specialist outpatient services in Queensland public hospitals serve a critical function in relation to the training of future health professionals and as such, it is vitally important in a system-wide context that this valuable teaching ground is preserved and fostered into the future.

Recommendation 11

That Queensland Health continues to support the training of medical officers and other health professionals in the specialist outpatient services environment, and investigates the expansion of the teaching opportunities to provide further exposure for undergraduate and post graduate health professionals to specialist outpatient services.

APPENDIX 1 - Committee Membership

Committee Member	Position / Site
Professor Ken Donald (Chair)	Head of the School of Medicine, Queensland University
Dr Stephen Duckett (ex officio)	Executive Director, Reform and Development Division
Ms Pam Lane	District Manager, West Moreton South Burnett Health Service District
A/Professor Maarten Kamp	Director Chronic Disease, Gold Coast Health Service District
Ms Karen Adcock	Nurse Unit Manager, SOPD, Nambour Hospital
Mr David Smith	Program Manager, Fit for Surgery Program
Dr David Green	District Director of Emergency, Gold Coast Health Service District
Dr John Kastrissios	Queensland Divisions of General Practice (QDGP)
Ms Josie Di Donato	Queensland Divisions of General Practice (QDGP)

APPENDIX 2 – Review Topics/Questions

Question 1

Does your hospital have an accountable Executive Officer responsible for the operation/management of specialist outpatient services? Please outline your structure.

Question 2

Is the planning and management of specialist outpatient services effective at your hospital? What are the major strategic concerns in relation to planning and management of specialist outpatient services at your hospital?

Question 3

Is the planning and management of specialist outpatient services effective from a corporate /statewide perspective? What are the major strategic concerns in relation to planning and management of specialist outpatient services at the corporate/statewide level? Has your hospital developed any strategic and/or operational links with Queensland Health and/or other services providers?

Question 4

What are the major *resource* constraints impacting on the provision of specialist outpatient services within your hospital?

Question 5

What are the major constraints affecting *access* to specialist outpatient services within your hospital?

Question 6

Does your hospital monitor the performance of your specialist outpatient services against any KPIs? Please outline those KPIs. Do these KPIs contribute to performance planning at your hospital? Who owns these KPIs?

Question 7

Do waiting lists for public specialist outpatient services vary between individual specialists? Are there processes in place to redirect referrals to specialists with shorter waiting times?

Question 8

What processes are in place at your hospital to inform patients about the waiting times for specialist outpatient appointments? Does this vary for Category 1, Category 2 and Category 3 referrals? Are these waiting times notified to the referring GP?

Question 9

Has your hospital developed any discharge policies/guidelines for specialist outpatient services?

Question 10

Has your hospital fully/partially implemented the “Policy Framework for Specialist Outpatient Services? Please detail.

Question 11

What innovative models of care within specialist outpatient services have been implemented at your hospital? (I.e. Fit for Surgery, nurse practitioner clinics, clinical pathway developments). Are there any that you would like to implement?

Question 12

What processes are in place to ensure appropriate communication between referring GPs and specialist outpatient clinics?

APPENDIX 3 – Waiting List Information

Queensland Public Hospitals

**Number of New Patients Waiting for an Outpatient Attendance as at 1 March 2007
and Number of New and Repeat Patients seen 1 July 2006 to 31 December 2006**

<i>Specialty</i>	as at 01 March 2007			Jul-Dec 2006
	<i>booked</i>	<i>unbooked</i>	<i>TOTAL</i>	<i>Total Seen</i>
Cardiology	2,204	1,884	4,088	37,848
Dermatology	480	857	1,337	13,467
Endocrine/Diabetes	732	1,659	2,391	36,208
Gastroenterology	1,222	7,264	8,486	13,912
General Medicine	1,735	2,153	3,888	46,347
Genetics	25	36	61	0
Geriatric	206	61	267	2,532
Haematology	218	136	354	14,621
Immunology/Allergy	152	216	368	1,582
Infectious Diseases	141	48	189	10,226
Nephrology	444	793	1,237	20,507
Neurology	1,164	3,933	5,097	6,735
Oncology	398	122	520	68,894
Palliative/Pain	552	590	1,142	4,800
Respiratory Medicine	798	1,096	1,894	28,586
Rheumatology	452	687	1,139	6,807
Other Medicine	1,066	1,865	2,931	19,216
Total Medicine	11,989	23,400	35,389	332,288
Cardiothoracic Surgery	170	17	187	2,747
ENT Surgery	1,422	15,955	17,377	20,110
General Surgery	3,609	16,140	19,749	57,237
Neurosurgery	266	4,061	4,327	6,336
Ophthalmology	1,572	11,353	12,925	33,905
Orthopaedic Surgery	2,849	20,847	23,696	120,846
Plastics	532	3,332	3,864	12,270
Urology	972	7,604	8,576	18,417
Vascular Surgery	541	1,449	1,990	7,229
Other Surgery	418	1,019	1,437	4,978
Total Surgery	12,351	81,777	94,128	284,075
Gynaecology	3,313	5,121	8,434	36,299
Obstetrics	3,911	1,752	5,663	144,426
Total Obstetrics/Gynaecology	7,224	6,873	14,097	180,725
Psychiatry	295	31	326	46,528
TOTAL OUTPATIENTS	31,859	112,081	143,940	843,616

Outpatients Waiting by Facility

Queensland Public Hospitals

**Number of New Patients Waiting for an Outpatient Attendance as at 1 March 2007
and Number of New and Repeat Patients seen 1 July 2006 to 31 December 2006**

Facility	as at 01 March 2007			Jul-Dec 2006
	booked	unbooked	TOTAL	Total Seen
Atherton Hospital	153	0	153	2,919
Beaudesert Hospital	30	37	67	1,455
Bundaberg Hospital	664	3,021	3,685	12,880
Caboolture Hospital	179	1,745	1,924	18,059
Cairns Base Hospital	1,560	4,818	6,378	47,724
Caloundra Hospital	119	0	119	3,130
Emerald Hospital	87	15	102	1,070
Gladstone Hospital	212	127	339	4,910
Gold Coast Hospital	1,244	7,878	9,122	57,085
Gympie Hospital	169	510	679	5,028
Hervey Bay Hospital	241	887	1,128	9,196
Innisfail Hospital	137	62	199	1,722
Ipswich Hospital	1,285	5,236	6,521	27,153
Kingaroy Hospital	211	183	394	2,111
Logan Hospital	857	6,618	7,475	35,029
Mackay Base Hospital	1,446	2,516	3,962	19,658
Maryborough Hospital	132	1,176	1,308	6,339
Mater Adult Hospital	2,057	5,697	7,754	22,019
Mater Children's Hospital	2,462	3,903	6,365	16,050
Mt Isa Hospital	670	618	1,288	6,641
Nambour Hospital ¹	695	5,069	5,764	30,529
Princess Alexandra Hospital	3,424	9,871	13,295	103,669
QEll Hospital	1,623	1,715	3,338	18,894
Redcliffe Hospital	873	3,719	4,592	27,589
Redland Hospital	824	2,291	3,115	23,184
Rockhampton Hospital	943	5,650	6,593	24,414
Royal Brisbane and Women's Hospital	2,768	15,853	18,621	159,206
Royal Children's Hospital	995	393	1,388	21,027
The Prince Charles Hospital	1,069	398	1,467	33,045
The Townsville Hospital	3,562	14,568	18,130	68,389
Toowoomba Hospital	1,168	7,507	8,675	33,492
TOTAL OUTPATIENTS	31,859	112,081	143,940	843,616

¹ includes Noosa