GOVERNMENT SUBMISSION TO THE
Standing Committee on Public Accounts

Auditor-General's Report No. 1 of 2011
Waiting times for elective surgery and medical treatment

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Submission by:
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1 Overview

1.1 On 23 June 2010, the Legislative Assembly passed a resolution that requested the Auditor General to:

> " conduct an audit of 'Waiting Lists for Elective Surgery and Medical Treatment' and consider, as part of the audit, concerns raised about the management of the elective surgery waiting list."

1.2 In response to the request, the Auditor General decided to conduct a performance audit on waiting lists for elective surgery and medical treatment.

1.3 The Auditor General provided the Speaker of the ACT Legislative Assembly with her completed report, Auditor General's Report No.1 of 2011, *Waiting Lists for Elective Surgery and Medical Treatment* (the Audit Report) on 17 January 2011.

1.4 The Audit Report contains 11 recommendations in relation to improvements to the management of the elective surgery waiting list.

1.5 This Submission to the Standing Committee on Public Accounts provides the Government Response to the Audit Report.

2 General Comments

2.1 The Government agrees fully to nine of the 11 recommendations; agrees in-principle to one recommendation; and agrees in-part to one recommendation. The ACT Government's position is provided at Paragraph 3 of this submission.

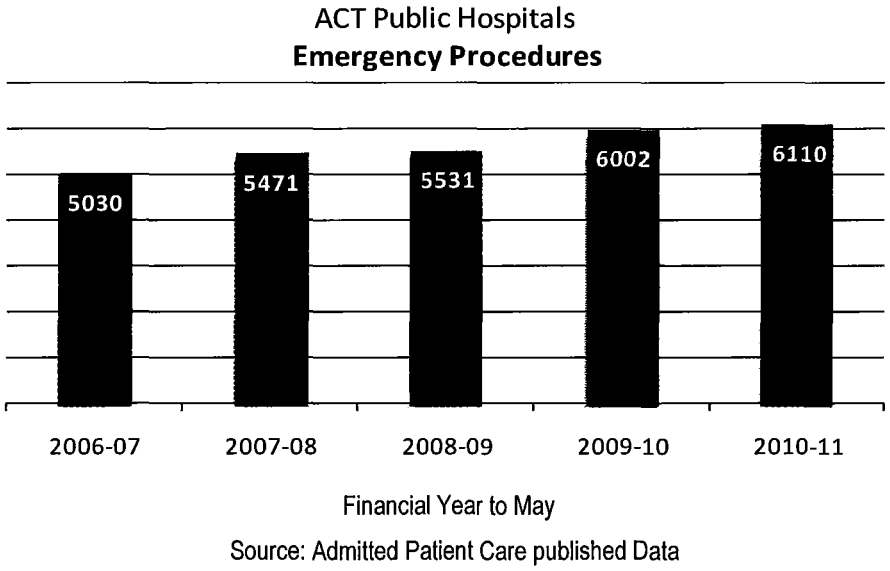
2.2 Notwithstanding the general endorsement of the recommendations, and the recognition that a number of systems need to be improved in relation to documentation relative to elective surgery, the Government is concerned that the Audit Report failed to give sufficient weight to the need by our public hospitals to balance the demand for elective and emergency surgery, as well as failing to note the considerable increase in access to elective surgery and reductions in waiting times being achieved in the 2010-11 financial year.

2.3 Elective surgery is not provided in a vacuum. The resources required to provide elective surgery (including doctors, nurses and operating theatres) are the same resources required to provide emergency surgery services.

2.4 Significant growth in demand for emergency surgery can hamper the capacity of our public hospitals to meet growing demand for elective surgery, despite the provision of additional resources by Government.

2.5 Over the four-year period of the Audit Report (from 2006-07 to 2010-11), our public hospitals reported a 21 percent increase in demand for emergency surgery. This unprecedented increase in demand for emergency surgery reduced the capacity of our public hospitals to meet growing demand for elective surgery. This increase is continuing into 2010-11, with an increase in demand reported over the first eleven months of this year compared with last financial year (Fig 1).

Fig 1



Source: Admitted Patient Care published Data

2.6 Despite this considerable increase in emergency surgery, our public hospitals did manage to provide a 5.1 percent increase in elective surgery in 2009-10 compared with 2006-07. However, the Government accepts that this level of growth is not sufficient to meet growing demand for elective surgery and address the number of people on the waiting list with longer than recommended waiting times.

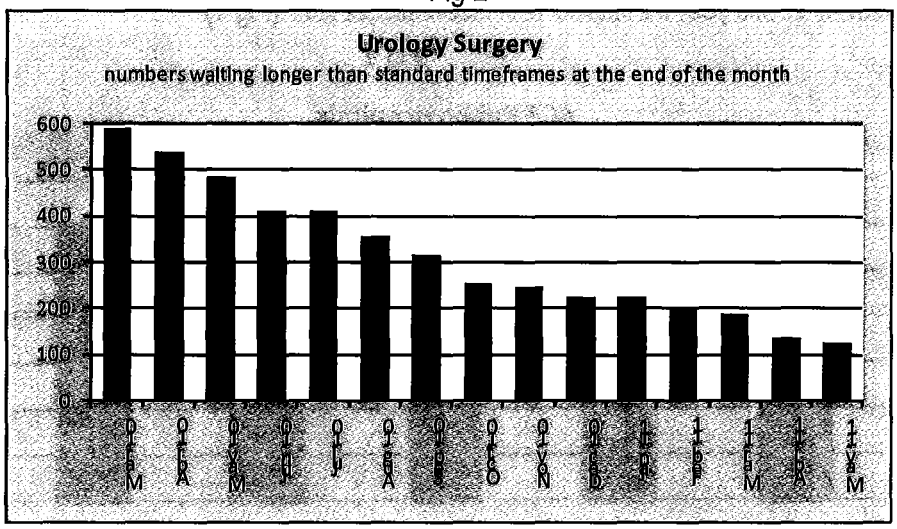
2.7 As a result, the ACT Government, together with a commitment from the Commonwealth under the new National Health and Hospitals Reform Program, committed more than $14 million over the four years to 2013-14 to significantly increase access to elective surgery.

2.8 This funding will be directed to specifically target those specialties with large proportions of long wait patients, such as urology, ear, nose and throat surgery, orthopaedic surgery and plastic surgery. The Government's focus on purchasing services from the private sector will also focus on these surgical specialties.

2.9 Activity over the 18 months from January 2010 to June 2011 demonstrates that this additional investment is working to significantly boost access to surgery and reduce the numbers of people on the elective surgery waiting list with longer than recommended waiting times.

2.10 Over the last 18 months our public hospitals reported a 21 percent drop in the number of people with extended waiting times for elective surgery. In urology surgery – an area which had been noted as experiencing considerably long waiting times – the number of people with extended waiting times dropped by 79 percent between March 2010 and May 2011 (Fig 2).

Fig 2



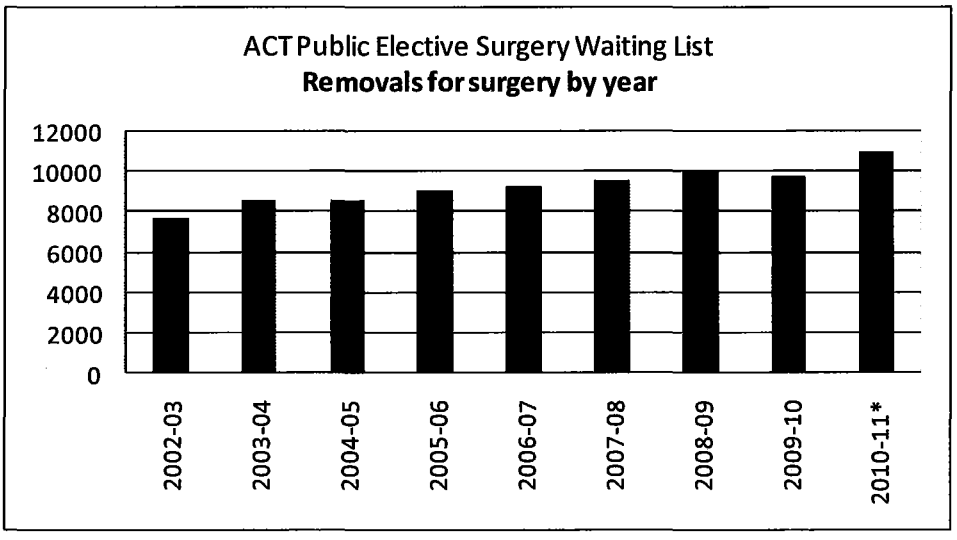
Source: Elective Surgery Data Set (Census Data) 2009-10 and 2010-11

2.11 Our public hospitals are on track to provide over 10,930 elective surgery operations over the 2010-11 financial year – a 12 percent increase on the previous year's activity, with activity to the end of May 2011 suggesting that this total may be exceeded. On top of this, we have entered into partnerships with a number of private providers to further boost access to elective surgery. Additional activity in the public sector and work provided in the private sector will provide approximately 300 more operations by 30 June 2011.

2.12 The Government is committed to continuing this increased access to surgery into 2011-12 - including the continuation of partnerships with private providers – to maximise access to elective surgery for our community, with the potential to provide an extra 300 elective surgery cases in the private sector in 2011-12.

2.13 The Government accepts that too many people have been waiting too long for surgery over recent years. However, the Government was required to balance increasing demands for elective surgery (and other health services) at a time when the then Commonwealth Government was reducing its share of hospital funding. This placed considerable pressures on the ACT Budget. Despite these pressures, the Government managed to significantly increase access to elective surgery from 7,661 in our first full year of Government (2002-03) to 9,778 in the most recent full year (2009-10), with an estimated total of over 11,000 in the current financial year (Fig 3).

Fig 3



Source: Elective Surgery Data Set by year (* 2010-11 estimated only)

2.13 However, the commitment by the ACT Government was not sufficient to meet growing demands. The new national health reform program provides the biggest change to health system funding in a generation and provides the potential to both meet growing demand for surgery while addressing the number of people on the waiting list with longer than recommended waiting times.

2.14 I have directed the Health Directorate to develop an Action Plan to ensure that each of the Auditor General's recommendations is addressed as agreed by Government. That Action Plan will be reviewed each month by the Surgical Services Taskforce, a body which includes representation by senior surgeons and anaesthetists as well as senior health administrators. The Taskforce is chaired by either the Health Minister or the Director General of the Health Directorate and meets on a monthly basis from February 2011.

3 Response to the Recommendations

The following provides details of the Government's responses to each of the individual recommendations in the Audit Report.

3.1 Recommendation one

3.1.1 The Health Directorate should progress with the development of a single waiting list by integrating the two hospitals' databases to better manage the waiting list across the ACT.

Agreed in Principle

3.1.2 The Health Directorate is working to establish a single waiting list for access to public elective surgery in the ACT. A single waiting list will assist in ensuring that patients are provided with access to surgery according to clinical priority across the Territory. As identified in the report, this can only happen if we have a single patient administration system (PAS) across both public hospitals.

3.1.3 While work to implement a single PAS across the ACT is estimated to be finalised in October 2012, the Health Directorate does not have operational control of Calvary Public Hospital. The establishment of a single ACT waiting list will remove some control of access to elective surgery at the Calvary site from Calvary Public Hospital, by placing that control within the Health Directorate. Accordingly, any agreement will require changes to the operation of Calvary Public Hospital and agreement from the Little Company of Mary Health Care.

3.2 Recommendation two

3.2.1 The Health Directorate should:

- review and revise the hospitals' Request for Admission (RFA) forms and patient's consent form to ensure the standardised forms be used by both public hospitals;
- provide additional guidelines to medical staff to ensure that patients' consent forms be properly completed; and
- provide additional information to, and seek commitment from, doctors and surgeons, for improvements in the timeliness of lodging RFAs to the hospitals.

Agreed

3.2.2 This issue will be discussed by the Surgical Services Taskforce in order to develop systems and processes that minimise errors or missing information in the documentation provided by surgeons to place a person on the elective surgery waiting list.

3.2.3 The Request for Admission (RFA) form for access to elective surgery is often completed within surgeons' private rooms, by surgeons operating as contractors to the Health Directorate (not health Directorate employees). This can limit the health Directorate's capacity to ensure that RFAs are completed as required prior to submission to the Health Directorate.

3.2.4 Where information is missing on an RFA prepared in private rooms, correcting the information requires that the hospital sends the form back to the rooms. This takes time and can delay the listing of a patient on the waiting list, and the impact of any delays on patients needs to be taken into account when deciding whether the forms should be returned to the private rooms to correct them or to provide further information.

3.3 Recommendation three

3.3.1 The Health Directorate should in consultation with each hospital, implement and monitor the regular conduct of clerical audit by surgical booking staff to mitigate the risks of processing errors.

Agreed

3.3.2 The Health Directorate conducts a regular clerical audit of the waiting list at a Territory wide level which includes contact with all patients on the waiting list but the Health Directorate agrees that processes for clerical audit by surgical bookings staff at each Hospital should be improved.

3.3.3 Both public hospitals are developing new Standard Operating Procedures for the management of elective surgery that include processes to ensure that records are audited to ensure that all aspects of the Health Directorate waiting list policy are being implemented.

3.4 Recommendation four

3.4.1 The Health Directorate, in conjunction with both hospitals, should:

- develop a comprehensive procedural manual for surgical bookings in line with Health Directorate policy; and
- provide adequate training to booking staff to ensure consistent and correct practices and procedures are being adopted

Agreed

3.4.2 The Health Directorate has developed a new procedure manual for surgical booking clerks at both public hospitals, which includes a range of Standard Operating Procedures for each aspect of the waiting list policy. These manuals provide clear direction for administrative staff on the procedures that need to be followed. These were completed early in 2011 and are utilised at Calvary and Canberra Hospitals.

3.4.3 In addition to the development of the manuals, all staff will be trained in the use of the Standard Operating Procedures with a quarterly audit of performance of staff against the procedures. All staff will undertake individual training sessions. This training is to be repeated every three months for the first twelve months and reviewed regularly to ensure that the information is conveyed in an appropriate manner.

3.5 Recommendation five

3.5.1 The Health Directorate, in conjunction with both hospitals should:

- ensure that all reclassification of patients' clinical urgency category be properly documented by an authorised doctor based on sound medical reasons;
- enhance controls and procedures in recording reclassifications on the electronic waiting lists and the RFA forms; and
- improve accountability and transparency in the priority change processes by advising patients of any category reclassification

Agreed

3.5.2 The Health Directorate has already established processes to ensure all reclassifications of a patient's urgency category are undertaken in line with Health Directorate policy. This includes a monthly audit of all reclassifications

of category one patients to ensure all aspects of the policy are fully documented.

3.5.3 However, it is important to note that audit found no evidence that surgical booking clerks or any other administrative officer made any changes to the reclassification of patient without the direction of the treating surgeon. The principal issue relates to adequate documentation – not deliberate manipulation of data to achieve a required result.

3.5.4 It is also important to emphasise that patients reclassified from Category 1 to Category 2 represent 2.5 percent of all elective surgery patients in 2009-10. While the Government accepts that processes for these patients should reflect established policies, it is important to understand the breadth of the issue in the context of overall elective surgery activity.

3.5.5 The reclassification of patients is an essential tool for surgeons to ensure that changes to patient conditions are reflected in their current clinical urgency category. It is possible for the public to have the idea that, based on comments made in the media, reclassifications only occur when a patient is downgraded from a higher category to a less urgent category. However, over 2009-10 there were almost as many people upgraded to a more urgent category (47 percent) as there were downgrades (53 percent).

3.6 Recommendation six

3.6.1 The Health Directorate, in conjunction with both hospitals should:

- Clarify the circumstances that warrant clinical review of patients on the elective surgery waiting list; and
- Ensure that the Canberra Hospital and Calvary Public Hospital conduct regular clinical reviews of patients on the elective surgery waiting list within the recommended timeframes.

Agreed in part

3.6.2 The purpose of clinical review is to identify whether a patient's condition has changed and would require a change to a patient's urgency category. The Health Directorate encourages all patients to stay in regular contact with their GPs, and to contact the Health Directorate if they believe their condition has changed to determine the need for a clinical review.

3.6.3 This provides flexibility to organise a timely clinical review rather than waiting for a set time period, and minimises the potential for a large number of clinical reviews which are not required to effectively manage a person's condition.

3.6.4 As such, the Government **agrees** that there are times when it is appropriate for the hospital to undertake clinical review of patients. The current waiting list policy includes some advice on the processes for clinical review. However, the revised ACT Elective Surgery Access Policy, which is currently under development will provide clearer guidance about the circumstances in which clinical review should occur.

3.6.5 However, the Government **does not agree** to the second part of the recommendation which states that

> "....the Canberra Hospital and Calvary Public Hospital [should] conduct regular clinical reviews of patients on the elective surgery waiting list within the recommended timeframes."

3.6.6 The Health Directorate policy does not recommend that all patients who wait longer than the recommended waiting times be clinical reviewed. If all patients were reviewed it would mean diverting the Health Directorate resources from caring for other patients to provide reviews for patients for whom the review may provide no benefit.

3.7 Recommendation seven

3.7.1 The Health Directorate should, in consultation with doctors, implement strategies as outlined in its policy to avoid elective surgery patients waiting longer than their clinical urgency timeframes. This includes transferring patients to other doctors with a shorter waiting list, to another hospital and increasing theatre utilisation.

Agreed

3.7.2 The Government will work with the ACT Surgical Services Taskforce to ensure that processes are agreed across the ACT to minimise delays in accessing surgery. The membership of the ACT Surgical Services Taskforce comprises senior surgeons, anaesthetists and administrators and is chaired by either the Minister for Health or the Director General of the Health Directorate. As such,

it has the experience and authority to make decisions about the management and operation of elective surgery in the ACT.

3.7.3 While there has been some opposition to the sharing of patients within a specialty group in the past, there has been progress in this area in recent times. In addition, there is evidence of improvements in the utilisation of our operating theatres over the last three years.

3.7.4 In 2009-10 surgical activity was 10.1 percent higher than in 2006-07, the year immediately prior to the audited period. In addition, in the 2009 calendar year, 516 patients were transferred between hospital waiting lists to improve access to elective surgery, increasing to 695 in the 2010 calendar year.

3.7.5 This practice is continuing into 2011, with the provision of additional options for surgery in the private sector, which includes options for patients to transfer between surgeons in some specialties.

3.7.6 The Health Directorate is undertaking the establishment of a new theatre management system to provide surgeons, anaesthetists, nurses and administrators with better information to make decisions about how our operating theatres are managed. The new system is expected to be in place by the end of 2011.

3.7.8 Notwithstanding these improvements, the Government will work with the Surgical Services Taskforce to identify further options for improving both the utilisation of public hospital operating theatres and the establishment of new processes to minimise waiting times for elective surgery.

3.8 Recommendation eight

3.8.1 The Health Directorate, in conjunction with the doctors, should develop and implement systems and procedures to manage more effectively doctors' leave and patients' management plans, to ensure that the surgical need of affected patients has not been compromised.

Agreed

3.8.2 The Government will work with the Surgical Services Taskforce to develop procedures that further reduce delays to surgery caused by doctors' leave arrangements that are inconsistent with the agreed waiting list policy.

3.8.3 However, it is important to note that postponements due to surgeon unavailability with less than four weeks' notice comprises only 18.5 percent of total postponements – and one quarter of this total relates to surgeons being away due to illness (which is not under the control of ACT Government). It is also important to note that doctors need to be especially cautious with their own illnesses while working within a hospital environment

3.8.4 The 148 postponements relating to a surgeon being away without sufficient notice (due to illness or other reasons) comprised just 1.4% of total planned elective surgery over 2009-10.

3.9 Recommendation nine

3.9.1 The Health Directorate should establish appropriate systems to monitor and manage 'avoidable' factors to minimise the number of postponements and cancellations of surgery initiated by hospitals

Agreed.

3.9.2 The Government will work with the Surgical Services Taskforce to identify the issues related to the postponement of elective surgery and develop initiatives to address these issues.

3.9.3 However, it must be noted that half of all hospital initiated postponements (49.9 percent) are due to substitution by a patient with more urgent needs. As the majority of surgeons working in our public hospitals are Visiting Medical Officers with busy private practices, it is not always possible to provide access to alternative surgeons where a surgeon has to postpone a patient's surgery due to the urgent needs of another patient.

3.9.4 Notwithstanding this, over the three years to 2009-10, the proportion of patients who had their elective surgery postponed dropped from 11.9 percent to 7.6 percent. This result was driven by improvements at the Canberra Hospital, with postponements there dropping from 17.0 percent to 7.1 percent over the same period.

3.9.5 This drop is a result of systems being put in place to monitor and manage postponements. However, as noted above, the Government is continuing to work through the Surgical Services Taskforce to improve these systems and reduce the rate of postponements further.

3.10 Recommendation ten

3.10.1 The Canberra Hospital should implement processes for routine data integrity audits of all outpatient department waiting lists to ensure that all data is valid, complete and accurate. All waiting lists should be subject to a detailed audit at least annually.

Agreed.

3.10.2 A national minimum data set for outpatient services has been developed recently and the Health Directorate has worked with both hospitals over the last two years to ensure that outpatient collections meet the new national requirements. However, regular annual audits of the outpatient data set will be initiated to highlight areas that need to be addressed over time.

3.10.3 A thorough process related to the management of the endoscopy waiting list was completed in April 2010. This process included the development of clear procedure manuals to ensure that data entered into the system is timely and accurate. The Health Directorate will conduct similar processes across all outpatient services.

3.10.4 In addition, as part of the review of the outpatient service at the Canberra Hospital, the Health Directorate is implementing additional data validation and reporting processes. Senior managers will be responsible for a range of waiting time performance measures and the collection and collation of data will be subject to regular reviews and audits.

3.11 Recommendation eleven

3.11.1 The Health Directorate should develop appropriate governance and accountability framework to monitor, review and report on the progress of the implementation of the agreed recommendations arising from the *Review of The Canberra Hospital Outpatients Service Redesign Project.* Particular attention should be paid to:

- implementing a strategy to manage increased demand for services within the outpatients department (OPD)of the Canberra Hospital; and
- implementing consistent policies, practices and procedures for managing the waiting lists for individual OPD units.

Agreed

3.11.2 Demand for outpatient services at the Canberra Hospital has grown by 17 percent in just two years between March 2009 and March 2011. This level of increased demand has place considerable pressures on outpatient services. The level of increased demand could not be predicted over such a short period, resulting in difficulties in providing additional capacity for outpatient services.

3.11.3 The outpatient services redesign project is being governed by the Canberra Hospital Outpatient Services Governance Committee, which reports to the General Manager of the Canberra Hospital.

3.11.4 The Canberra Hospital Outpatient Services Redesign Project commenced in July 2010 with the principle objective to review current business processes within the Outpatient Service and implement changes to improve efficiency and to support access to services for consumers

3.11.5 Development of recommendations and implementation plans arising from the review were completed in February 2011.

3.11.6 The governance of the management of outpatient clinics has been placed under a single governance arrangement within the Capital Region Cancer Service. This will ensure a coordinated and consolidated approach to improvements in the management of outpatient care. However, the responsibility for clinical services within outpatient services will remain with the head of the relevant clinical unit.