

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

PROGRESS REPORT No.2

on achievements against recommendations

January 2012

Preamble

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.”

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

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.

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

This report provides a progress report on achievements against the recommendations over the twelve months since the audit report was tabled. The progress report also includes information about access to elective surgery in the ACT.

Progress against recommendations is monitored by the ACT Surgical Services Taskforce. Members of the taskforce include the ACT Minister for Health, senior surgeons and anaesthetists, and senior hospital managers from both the Canberra Hospital and Calvary Public Hospital.

Access to elective surgery in the ACT

The Government has allocated almost \$200 million over the past two years to increase access to elective surgery. This is in addition to the \$216 million added to the health budget since 2002-03 to increase access to elective surgery. The 5,742 people who accessed elective surgery over the first six months of 2011-12 is the highest on record (fig 1). This increase in access to care has resulted in a major improvement in the median waiting time to surgery (fig 2). The six month moving median, which provides the median waiting time over the preceding six months to smooth out monthly variations, has fallen from over 80 days in mid 2011 to 59 days in December 2011. In addition, the number of people waiting longer than recommended waiting times at December 2011 was well below the level reported over the past two years (fig 3).

Fig 1

ACT Public Hospitals
Total elective surgery operations
Year to December each year

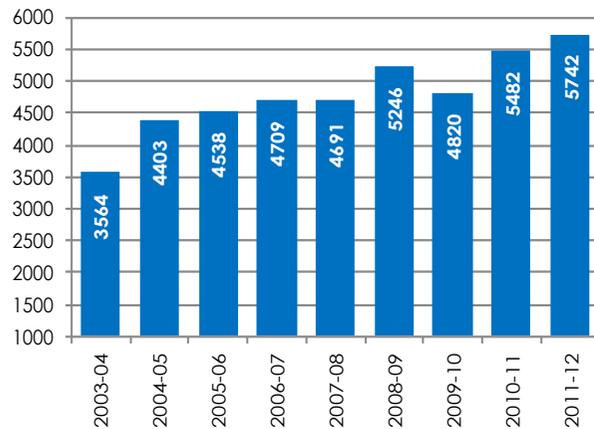


Fig 2

ACT Public Hospitals
Six-month moving median waiting time
By Month to December 2011

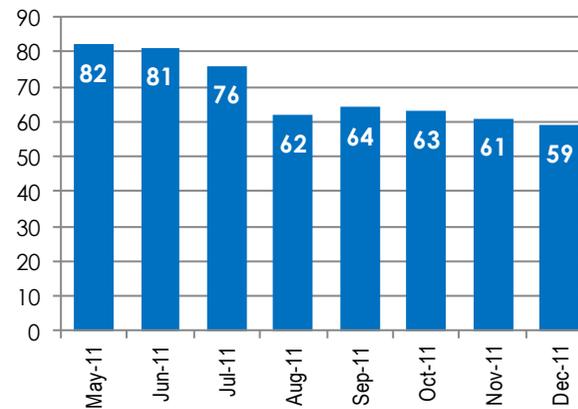
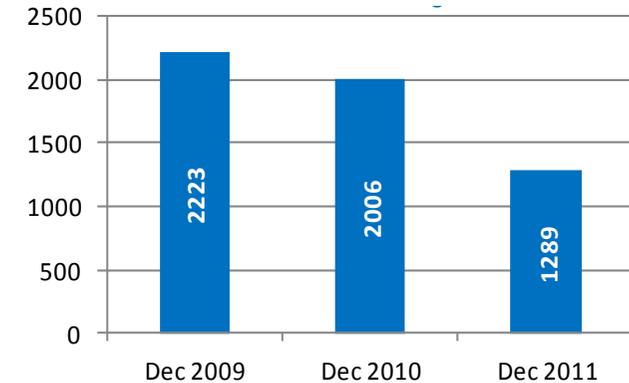


Fig 3

ACT Public Hospitals
People waiting longer than recommended
At 31 December each year



Progress against recommendations

Recommendation ONE	Action	Desired Outcome	Performance Measure	Timing	Progress
	Develop a single waiting list by integrating the two hospitals' databases to better manage the waiting list across the ACT.	Establish protocols for the management of a single waiting list and Implement the ACT Health Patient Administration System (PAS) at Calvary Public Hospital	Implementation of the ACT PAS and agreed protocols for management of a single waiting list	October 2012	The Health Directorate is working with Calvary Public Hospital to manage the transition to the ACT Patient Administration System. This work is on track.

Recommendation TWO	Action	Desired Outcome	Performance Measure	Timing	Progress
	Establish standard request for admission (RFA) and patient consent forms	Agreement reached on a standard ACT RFA	Agreement reached on the development of a new standard RFA	Agreement reached	Agreement has been reached on the development of a Standard "Request for Admission" form to ensure consistent collection of information. RFA's have been reviewed at both hospitals with the front sheet collecting standard information. While the forms contain minor differences that relate to specific hospital issues, the bulk of the form is consistent.
	Establish process of regular audit of compliance with consent processes	Audit process initiated to determine compliance with policy	Audit process established and audits undertaken	Complete and ongoing. Audit of compliance of consent processes conducted in April 2011 and January 2012. January audit reported 70 percent compliance. However, hospitals have noted some ambiguity in the waiting list policy in terms of the mandating of written consent which will be reviewed by the surgical services taskforce in 2012	

Recommendation THREE	Action	Desired Outcome	Performance Measure	Timing	Progress
	Implement and monitor the regular conduct of clerical audits by surgical booking staff to mitigate the risks of processing errors.	Develop procedures for completing clerical audits of the waiting lists (incl training programs for staff) and establish audit process to ensure compliance	Procedures developed and audits completed	Procedures in place by May 2011 and audit plan in place	Completed. Audit procedures in place. Audits completed every three months. Results of audits are discussed at the Surgical Booking Offices' team meetings to inform practice.

Progress against recommendations (continued)

Recommendation FOUR	Action	Desired Outcome	Performance Measure	Timing	Progress
	Develop a procedural manual including detailed standard operating procedures (SOPs) for surgical bookings in line with ACT Health policy	Each hospital to develop procedures manuals with complementary standard operating procedures	Procedures manual and SOPs developed	By June 2011	Completed. Procedures manuals, and associated standard operating procedures, completed for both ACT public hospitals. Training schedule developed for surgical bookings' managers and staff. Training complete for all current staff.

Recommendation FIVE	Action	Desired Outcome	Performance Measure	Timing	Progress
	Ensure Reclassifications are processed as provided for in the Waiting list policy	Establish processes for managing and recording of reclassifications (incl advice to patients and monthly reporting to surgical services taskforce (SST)	Report provided to each SST meeting	From March 2011	Completed. Audit system in place. Monthly reports completed and provided to hospitals and the Surgical Services Taskforce

Recommendation SIX	Action	Desired Outcome	Performance Measure	Timing	Progress
	Clarify the circumstances that warrant clinical review of patients on the elective surgery waiting list	Ensure that the new policy is unambiguous in relation to the need for clinical reviews	New policy contains unambiguous statement in relation to requirements for clinical review	By April 2011	Completed. New policy endorsed by the ACT Surgical Services Taskforce in February 2011 and by the Health Directorate's Executive Council in March 2011. The policy can be found on the Health website, at http://health.act.gov.au/c/health?a=dlpubpoldoc&document=2738

Progress against recommendations (continued)

Recommendation SEVEN	Action	Desired Outcome	Performance Measure	Timing	Progress
	Implement strategies to reduce waiting times.	Reduced numbers of patients waiting longer than recommended waiting times through increased access to surgery at ACT public hospitals and through partnerships with private providers	Provide 10,712 elective surgery operations in 2010-11 - a 10% increase on the previous year, and continue into 2011-12 and beyond	Ongoing	The ACT Government provided 11,336 elective surgery operations, 570 above the original target for the 2010-11 financial year and over 1,500 more than provided in the 2009-10 year. Over the first 6 months of 2011-12 our public hospitals provided 5742 elective surgery procedures, up 4% on last year. At 31 December 2011 there were 1,289 people on the waiting list waiting longer than recommended waiting times. .

Recommendation EIGHT	Action	Desired Outcome	Performance Measure	Timing	Progress
	Establish doctor leave plans and patient management plans where doctors schedule leave	Establish doctor leave plans and processes for providing patient management plans	Leave plans in place and processes developed for managing patients	Ongoing	Completed. System in place at both ACT public hospitals. Compliance with Policy monitored 3 monthly and reported to Hospital Executive and SSTF.

Recommendation NINE	Action	Desired Outcome	Performance Measure	Completion date/date of effect	Monitoring/Review requirements
	Regularly monitor avoidable factors for surgery postponements	Report hospital initiated postponements to the SST	Report to SST	From March 2011	Completed. Report provided to every meeting of the Surgical Services Taskforce

Progress against recommendations (continued)

Recommendation TEN	Action	Desired Outcome	Performance Measure	Completion date/date of effect	Monitoring/Review requirements
	The Canberra Hospital should implement processes for routine data integrity audits of all OPD waiting lists to ensure that all data is valid, complete and accurate.	Establish formal annual audit of outpatient data set	Annual audit of outpatient data set	Annually	Initial audit completed. Validation processes established for outpatient data sets. Additional validations are also being developed for outpatient services to meet this recommendation and to ensure that the ACT provides accurate data to national bodies as part of the activity-based funding component of the National Health Reform Agreement. These validations will be built into the 2012-13 data collection and processing schedule.

Recommendation ELEVEN	Action	Desired Outcome	Performance Measure	Completion date/date of effect	Monitoring/Review requirements
	Establish a governance and accountability framework to monitor, review and report on the progress of agreed recommendations of the outpatients review	Establish a mechanism to oversee implementation of recommendations	New governance process established	April 2011	Completed. Administration of general outpatient services has been consolidated under the management of a new position of Director Outpatient Services. This position will work day to day to the Executive Director of the Capital Region Cancer Services & Outpatients. A steering committee chaired by the Deputy Director-General of the Canberra Hospital and Health Services has been implemented to steer outpatient redesign and redevelopment.