

WAITING LIST REDUCTION PROGRAM

MARCH TO DECEMBER 1995

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The Waiting List Reduction Program was introduced as an initiative to improve access to elective surgery services in public hospitals throughout NSW. The main aim was to halve elective surgery waiting lists within 12 months. Particular emphasis was to be placed on those people who had been waiting more than six months for surgery.

The Minister for Health held meetings with a range of health professionals who indicated their support for the program. A State task force was formed, including representatives of the health professions, to oversee and advise on the program. The role of the task force was to monitor and guide progress towards achieving the principal targets of the program, in particular the establishment of best practice principles. It also dealt with clinical and workforce issues.

The success of the Waiting List Reduction Program would not have been possible without the partnership developed between NSW Health, the health professions and unions.

At the inception of the program, each Area and District Health Service developed an implementation plan. Local areas of greatest need were identified and priorities set. Specialists, general practitioners, nurses, allied health professionals, support staff and managers were involved in consultation at hospital, Area, District and State levels, and they formed Area and District steering committees.

There was extensive liaison with Areas and Districts over the development of their plans, with support provided by the NSW Health Department.

The program was an ambitious undertaking involving enormous commitment from health professionals. As far as is known, no program of this kind has been successfully undertaken anywhere in Australia or overseas.

RESULTS

Between March 31 and December 31, 1995 the elective surgery waiting list in NSW decreased by 25,118 patients, or 56.2 per cent – down to 19,589 – thus attaining the 50 per cent reduction target of the Waiting List Reduction Program launched in May 1995 (Table 1). All Areas and Districts, except four, exceeded their 50 per cent target (Table 2).

The combined medical and surgical list was reduced by 50.0 per cent – from 52,740 in March (44,707 surgical and 8,033 medical) to 26,365 (19,589 surgical and 6,776 medical) at the end of December.

By December, all Areas and Districts except four reduced their surgical lists by more than 50 per cent. Areas and the larger Districts with relatively big waiting list reductions were Western Sydney (68.5 per cent), Northern Sydney (62.9 per cent), South Eastern Sydney (59.8 per cent), Hume (76.3 per cent), New England (73.3 per cent), North West (60.9 per cent) and Central Western, despite shortage of operating theatres until September, (59.0 per cent). The Greater West (Western, South Western Sydney and Wentworth Areas) reduced its lists by 6,605 – or 58.5 per cent.

- The number of patients waiting more than 12 months fell by 78 per cent from 2,265 to 497. The number of patients waiting between six and 12 months fell by 71 per cent, from 6,379 to 1,850. This amounted to a reduction of 6,297 – or 73 per cent – (down from 8,644 to 2,347) of all patients waiting longer than six months.
- Expected waiting time shortened by half a month to 40 days.
- The average time on list declined by one month to 2.5 months. The average waiting time for those admitted during December dropped by nine days to 36 days.

Waiting lists, expected waiting times and average waiting times decreased in each specialty.

There were major reductions in the number of people waiting more than six months for the following key procedures: cataract extraction (80 per cent), coronary artery bypass graft (95 per cent), myringotomy (80 per cent), tonsillectomy (75 per cent), total hip replacement (50 per cent), total knee replacement (35 per cent) and varicose vein stripping and ligation (90 per cent).

Elective surgery admissions increased by 26,019 – or 14.4 per cent – over the corresponding period last year.

NEW EMPHASIS

The Waiting List Reduction Program to date has achieved a substantial reduction in the number of patients on surgical waiting lists and it is now appropriate to be directing the focus of attention towards waiting times. The NSW Health Department, in consultation with the NSW Branch of the Royal Australasian College of Surgeons and Area and District Health Services, is developing benchmarks for the length of time patients should wait for their surgery.

Benchmarks will reflect the priorities of the new waiting list focus. They will cover the wait of both urgent and long-wait patients.

Benchmarks will also be developed with an aim of reducing disruptions to patients which occur as a result of rescheduling admissions following unforeseen demand. The emergency workload of a hospital is difficult to predict. When this is under-estimated, elective patients may need to be rescheduled. The aim is to minimise the number of delays through improved scheduling systems. In this area, performance indicators would cover the number of delays relative to the number of admissions.

The program has resulted in longer-term improvements such as increases in peri-operative and early discharge programs. These programs enable improvements in service, such as patients being admitted on the day of their operation.

Other benchmarks are being proposed to improve patient management. These include:

- development of benchmarks for same day surgery;
- reduction of unplanned returns to theatre;

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TABLE 1

ELECTIVE SURGERY WAITING LISTS
MARCH TO DECEMBER, 1995

Month	Number on list (excl. list transfers)	% Reduction	Number waiting 6-12 months	% Reduction	Number waiting >12 months	% Reduction
March	44,707		6,379		2,265	
June	42,163	6	5,689	11	2,074	8
July	39,628	11	4,785	25	2,059	9
August	37,341	17	4,235	34	1,783	21
September	34,299	23	3,762	41	1,428	37
October	29,780	33	2,705	58	922	59
November	24,701	45	2,132	67	637	72
December	19,589	56	1,850	71	497	78

TABLE 2

REDUCTIONS IN WAITING LISTS BY AREA AND DISTRICT HEALTH SERVICE,
MARCH TO DECEMBER, 1995

Elective Surgery Waiting List Reduction Program, NSW Health Department

AREA/DISTRICT	NUMBER WAITING				TOTAL REDUCTION	
	Mar 31, 95 Original list	Dec 31, 95 Including transfers*	Transfers* April-December	Dec 31, 95 Excluding transfers*	March to December	
					Number	%
Central Sydney	2,779	1,668	327	1,341	-1,438	-51.7
Northern Sydney	2,708	1,150	144	1,006	-1,702	-62.9
Western Sydney	4,650	2,165	698	1,467	-3,183	-68.5
Wentworth	2,122	1,075	18	1,057	-1,065	-50.2
South West Sydney	4,514	2,392	235	2,157	-2,357	-52.2
Central Coast	2,317	1,646	516	1,130	-1,187	-51.2
Hunter	4,178	2,547	101	2,446	-1,732	-41.5
Illawarra	2,778	1,324	-	1,324	-1,454	-52.3
South Eastern Sydney	7,190	3,288	395	2,893	-4,297	-59.8
Royal Alexandra Hospital	792	485	66	419	-373	-47.1
Barwon	43	3	-	3	-40	-93.0
Castlereagh	51	9	9	-	-51	-100.0
Central Western	588	321	80	241	-347	-59.0
Clarence	199	15	-	15	-184	-92.5
Evans	330	92	19	73	-257	-77.9
Far West	204	88	-	88	-116	-56.9
Hume	413	160	62	98	-315	-76.3
Lachlan	111	48	-	48	-63	-56.8
Lower North Coast	1,071	555	52	503	-568	-53.0
Macleay-Hastings	385	138	40	98	-287	-74.5
Macquarie	813	484	47	437	-376	-46.2
Mid North Coast	887	422	28	394	-493	-55.6
Monaro	59	27	-	27	-32	-54.2
Murray	16	-	-	-	-16	-100.0
Murrumbidgee	-	105	105	-	-	0.0
New England	404	108	-	108	-296	-73.3
North West	1,213	589	115	474	-739	-60.9
Orana	33	1	-	1	-32	-97.0
Richmond	681	395	71	324	-357	-52.4
Riverina	1,276	620	-	620	-656	-51.4
South Coast	89	172	172	-	-89	-100.0
Southern Tablelands	187	66	43	23	-164	-87.7
Tweed Valley	824	456	95	361	-463	-56.2
Port Macquarie Base Hospital	802	413	-	413	-389	-48.5
New South Wales	44,707	23,027	3,438	19,589	-25,118	-56.2

Source: DOHRS, January 11, 1996

* List transfers, in general, are an administrative change and not a change in local demand, and are therefore not taken into account when estimating the CHANGES in the number of patients on a list.

Waiting List Reduction Program

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- development of benchmarks for theatre utilisation; and
- reduction of unplanned readmissions.

The new emphasis on waiting times will not only involve inpatient care, but also outpatients and community-based health services. Although much is known about waiting times for inpatient treatment, information on how long people wait for services in outpatient clinics or community health services is limited. It is clear, however, that some people are waiting unacceptably long periods for services such as podiatry, physiotherapy and speech therapy. The Department is undertaking a survey to provide information in this area.

AUDITS

Between March and December 1995, Area and District Health Service compliance with Departmental policy on waiting lists was continually audited by the State Waiting List Auditor.

In addition, an audit and review of NSW public hospital waiting lists conducted by Coopers and Lybrand found, inter alia:

"... no evidence of any material errors or direct manipulation of data ... The figures, results and qualitative statements included in the report were arrived at in accordance with the methodology outlined in the survey and are consistent with previous reports" and "... have been recorded in accordance with the Health Department policies and procedures on waiting lists ..."

"The source data used for reporting purposes was consistent with information contained in DOHRS and WLCOS (Departmental Information Systems). This data was also consistent with unit record information maintained at Area/District Health Service level."

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The *Bulletin* aims to provide its readers with population health data and information to motivate effective public health action. Articles, news and comments should be 1,000 words or less in length and include a summary of the key points to be made in the first paragraph. References should be set out using the Vancouver style, the full text of which can be found in *British Medical Journal* 1988; 296:401-5.

Please submit items in hard copy and on diskette, preferably using WordPerfect, to the editor, NSW Public Health Bulletin, Locked Mail Bag 961, North Sydney 2059. Facsimile (02) 391 9029.

Please contact your local Public Health Unit to obtain copies of the *NSW Public Health Bulletin*.

This issue of the *NSW Public Health Bulletin* contains information on infectious disease notifications for December 1995 and January 1996, as well as cumulative notifications for the 1995 year received to January 31, 1996.

NOTIFICATION TRENDS

In December 1995 notification levels were higher than historical levels for hepatitis A and rubella (Figure 7). Notification trends for rubella were discussed in the August, September and October issues of the *NSW Public Health Bulletin*.

Notification rates were lower than historical levels in December 1995 for foodborne illness (not otherwise specified), gastroenteritis, *Haemophilus influenzae* type b (Hib) infection, measles, meningococcal disease, pertussis and Q fever (Figure 7).

HEPATITIS A

There has been a steady increase in hepatitis A notifications from the inner Sydney area since October 1995 (Figure 8). Of the 162 notifications for hepatitis A received for the period December 1995-January 1996, 82 were residents of Eastern Sydney. Central Sydney Public Health Unit reported a similar but less marked increase.

COMMITTEES OF THE AIDS/INFECTIOUS DISEASES BRANCH

The AIDS/Infectious Diseases Branch provides the secretariat for several key advisory committees on communicable disease issues. The committees bring together a wide range of expertise and their deliberations guide the Department in the development of policy and legislative change. This section of the *Bulletin* will report from time to time on their recommendations. The committees include:

CAS	Ministerial Advisory Committee on AIDS Strategy
HAC	Hepatitis Advisory Committee
ICAG	Infection Control Advisory Group
IDAC	Infectious Diseases Advisory Committee
IAC	Immunisation Advisory Committee
SHAC	Sexual Health Advisory Committee
TBAC	Tuberculosis Advisory Committee
LSAC	Laboratory Surveillance Advisory Committee

IDAC met for the first time in 1996 on January 31. One of its main roles is to review the Infectious Diseases Notification Schedule and to advise the Department on proposed changes. When the current schedule was introduced in 1991, the main criterion for inclusion of a condition on the list of notifiable diseases was that notification should lead to immediate public health action. For conditions such as meningococcal meningitis, measles and pertussis this has led to consistent action guided by clear protocols. For conditions such as syphilis and hepatitis C the difficulty in distinguishing prevalent and incident cases has made response more difficult. A further consequence of the more limited NSW schedule introduced in 1991 is that data for conditions such as chlamydia and campylobacter are no longer available to complement that of other States.

IDAC has recommended that the criteria for inclusion on the Notification Schedule be reviewed and that the

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