One State, One Health System, Better Outcomes

DELIVERING SAFE AND SUSTAINABLE CLINICAL SERVICES

Supplement No.5

ELECTIVE SURGERY

Department of Health and Human Services

Tasmanian Government

REBUILDING TASMANIA'S HEALTH SYSTEM ELECTIVE SURGERY

The One State, One Health System, Better Outcomes reform program features the development of a White Paper outlining the Government's plan for the delivery of safe and sustainable clinical services. The White Paper will clearly define what clinical services can be delivered safely and where, and how care can be linked across the primary, secondary and tertiary health care sectors.

To inform the development of the White Paper, a Green Paper has been released for public consultation detailing options for a comprehensive, evidence-based proposal for an efficient state-wide and regional service profile.

A series supplementary documents have been developed to support the Green Paper. These documents will provide a deeper insight into particular areas of the health system, assisting the Tasmanian community to contribute to the public consultation process.

There are five supplementary documents. The first three are focussed on system wide issues that are key factors in the development of the clinical services profile. The latter two are focussed on key areas of ongoing stress and poor performance in our public hospitals;

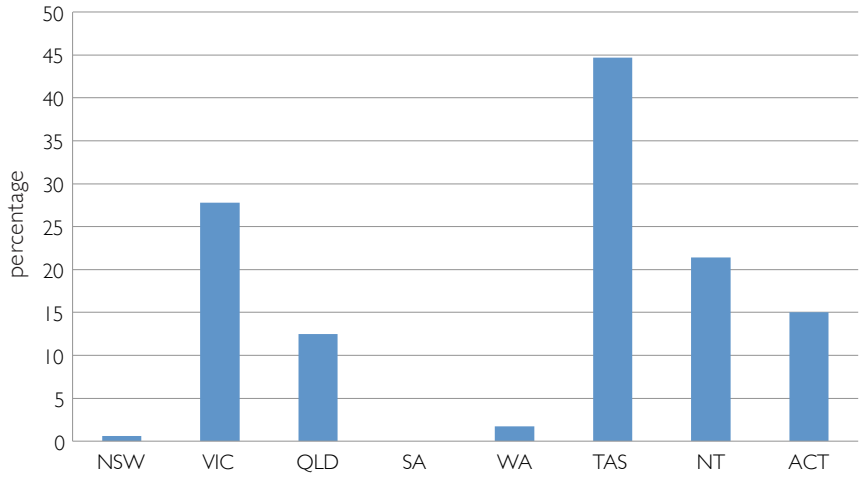
1. Sustainability and the Tasmanian Health System
2. Tasmania's Health Workforce
3. Building a Stronger Community Care System
4. Emergency care
5. Elective Surgery

This document focusses on elective surgery in Tasmania. Elective Surgery must be a significant focus for reform – our performance remains much poorer than it should be and remains the worst in the country.

Patients are waiting longer for surgery in Tasmania than anywhere else in Australia

Background

Patients waiting too long for their Elective Surgery has been a long standing problem in Tasmania. The issue is frequently reported in the media and is often used – not always appropriately - as an overall barometer of the performance of the public health system in Tasmania. The Tasmanian Government has set a clear priority to rebuild health services by increasing the volume of elective surgery undertaken in our public hospitals.



Patients waiting (and ready for care) at census date, 31 December 2013, by overdue status, all urgency categories, state/territory. [1]

What is the difference between elective and emergency surgery?

Elective surgery is the term used for non-emergency surgery that is medically necessary, but which can be delayed for at least 24 hours. People who require emergency surgery are not placed on the waiting list.

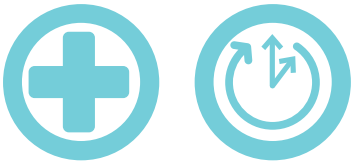
Emergency Surgery Overview

Emergency surgery is a major component of Tasmanian surgical services. The number of emergency surgery procedures has increased in line with increased emergency department (ED) presentations. Emergency surgery serves as a baseline for the surgical system and the planning of theatre, surgical and medical services. It is often complex surgery, requiring after-hours resourcing and comes with a high level of community expectation.

Emergency surgical caseloads can be highly disruptive to scheduled elective surgery sessions and can cause delays for those patients who are displaced by emergency cases. Strategies for managing emergency and elective surgery will be more efficient if there is recognition of the impact that emergency surgery has on the access to elective surgery and other health services.

Hospital theatre utilisation data indicates that emergency surgical procedures have increased by approximately 9 per cent between 2010 and 2014. This increase has been steady, although the data demonstrates emergency procedure numbers are typically higher in the summer months compared to winter. This pattern is reversed for elective surgery theatre procedures. Corresponding Departmental data for Emergency Department (ED) presentations shows an increase in patient presentations of 3 per cent per annum over the last 6 years. These additional ED presentations place further demand on medical services and create delays in patient flow within the broader hospital system.

Elective patients *are those patients who have been placed on the hospital's waiting list for planned elective surgery, and where emergency surgery within 24 hours is not required.*



Emergency patients *are those whose clinical conditions indicate they require admission to hospital within 24 hours.*

[1] Elective Surgery Waiting Times – Census (ESWT-C) dataset, 2012-13, NMDS

Elective Surgery Overview

The term "elective" surgery is somewhat deceptive in so far as it may imply that such surgery is not essential, and that patients have some choice as to whether it is necessary. Most often this is not the case. In reality the majority of all surgery performed is elective, and it includes patients requiring the removal of cancers, lifesaving cardiothoracic surgery and neurosurgery. Many of these patients would die without their surgery. Discretion over elective surgery generally relates to when the surgery may take place, rather than whether it is needed.

In 2013 – 2014 the Tasmanian public hospitals delivered 15 334 elective surgeries.

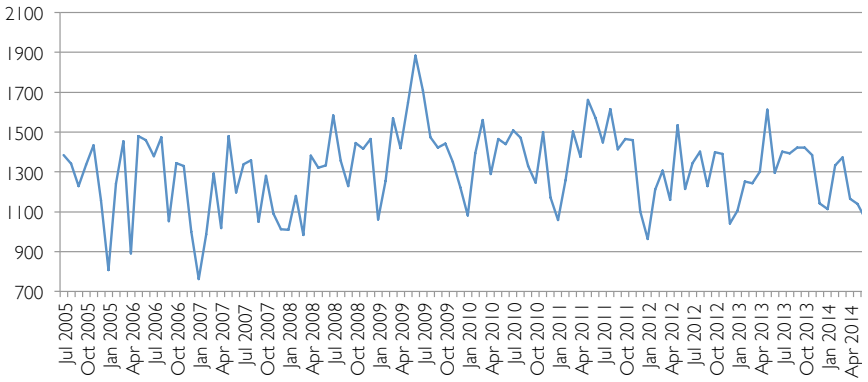
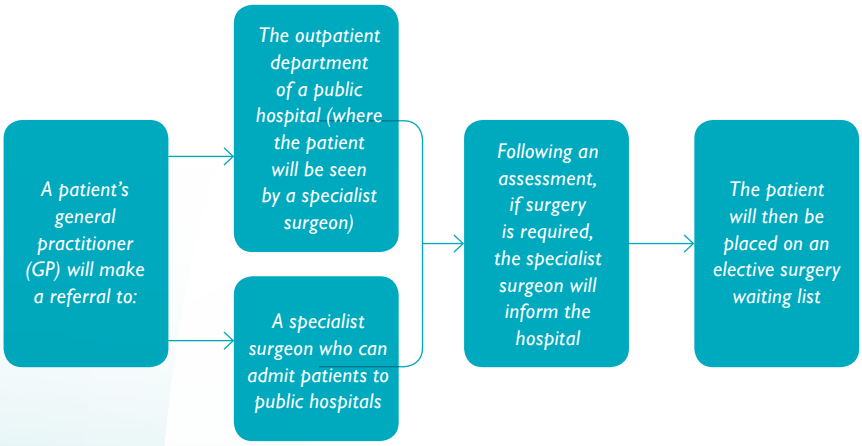


Figure 1: Number of elective surgery admissions per month, July 2005 to June 2014.

How are patients assessed as needing surgery?

The patient journey for public hospital elective surgery typically commences with a referral from a General Practitioner to an outpatient clinic to consult with a relevant specialist surgeon. Most outpatient clinics operate a waiting list for this first consultation with a specialist.



It is, however, important to note that a significant minority of patients are referred to the public elective surgery waiting list directly, following a consultation with a surgeon in their private consulting rooms. Patients following this latter route are able to bypass any wait for an initial public outpatient appointment.

At the beginning of April 2014, there were 25 692 people on outpatient waiting lists for clinics of all varieties across Tasmania's public hospitals, of which 14 405 were waiting for 'surgical' clinics. A significant proportion of patients who attend surgical clinics will not ultimately require elective surgery. Surgical outpatient appointments are required for a range of reasons: assessment; diagnostic tests; follow up appointments following surgery; and non-surgical treatment. The surgical outpatient clinic throughput for the 2013 calendar year was 36 899 patients.

The waiting list for outpatient appointments is quite separate from the elective surgery waiting list and the two waiting lists (or waiting times) cannot simply be added together.

How do patients get added to The Elective Surgery Waiting List?

If a patient is assessed during their outpatient appointment as requiring surgery, the surgeon assigns a clinical urgency for the surgery to be undertaken and the patient is added to the elective surgery waiting list. This is described as an "addition" to the waiting list. The flow of patients from outpatient appointments and rooms onto the waiting list is crucial for overall performance – if additions to the waiting list exceed removals, then the waiting list and/or waiting times will grow. There has been limited examination of the flow of additions onto the waiting list in Tasmania to date.

The number of additions to the waiting list increased by 7 per cent in 2013-14 when compared with 2012-13. An increase of 7 per cent represents an additional 1 208 patients coming on to the waiting list.

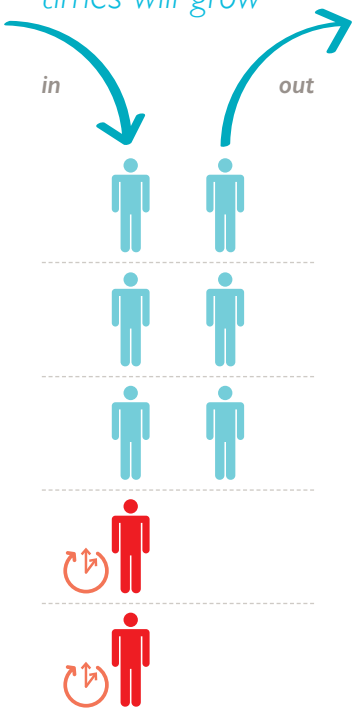
In addition to the list, a **clinical urgency category** is assigned by the surgeon, according to clinical need and based on a nationally agreed scale.

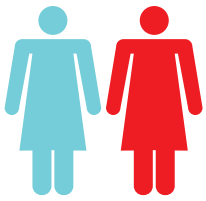
The categories are:

- Category 1 – Urgent patients who require surgery within 30 days.
- Category 2 – Semi-urgent patients who require surgery within 90 days.
- Category 3 – Non-urgent patients who need surgery at some time in the future. While previously not time limited, national definitions now specify that Category 3 patients should be treated within 365 days.

The **waiting time** is the amount of time (reported in days, weeks or months) that a patient has waited for admission to hospital. Patients who have waited for admission beyond the above clinically recommended time for their urgency category are classified as being **over boundary.**

If additions to the waiting list exceed removals, then the waiting list and/or waiting times will grow





Tasmania is the only state in Australia where half the patients on the elective surgery waiting list have exceeded the clinically recommended waiting times.

The key concern is not so much the number of patients waiting, but how long they must wait.

What are the challenges in providing Elective Surgery?

Often when discussing elective surgery performance, the size of the waiting list is seen as the predominant issue. While it is true that the size of the waiting list is important, the key concern is not so much the number of patients waiting, but how long they must wait. It is the lack of timely treatment for long waiting patients that remains Tasmania's most significant challenge - what matters is the numbers of patients who fail to receive their treatment within the clinically recommended timeframes (the number of over boundary patients).

Many patients on the waiting list today have already waited for significant periods of time. Of all patients on the elective surgery waiting list, 3 678, or 43 per cent, have waited longer than the clinically recommended time for their surgery. In 2013-14, of all the patients' admitted from the waiting list, 17 per cent waited longer than 365 days for their treatment.

The waiting times for elective surgery are by far the worst out of all Australian jurisdictions and well above the national average.

The number of over boundary patients is increasing despite the focus on treating long waiting patients from the waiting list. This is occurring because overall there are more patients who are becoming over boundary than there are being removed, including those being removed who were considered long waiting patients.

As at June 2014, the Royal Hobart Hospital treated 52 percent of patients within clinically recommended time, the Launceston General Hospital 50 percent, the North West Regional 76 percent and the Mersey 84 percent.

In Tasmania, almost 12 per cent of total removals from the waiting list have waited longer than 365 days for their treatment (Figure 4), by far the worst performance out of all of the jurisdictions and well above the national average. This highlights the issue of long waiting patients in Tasmania.

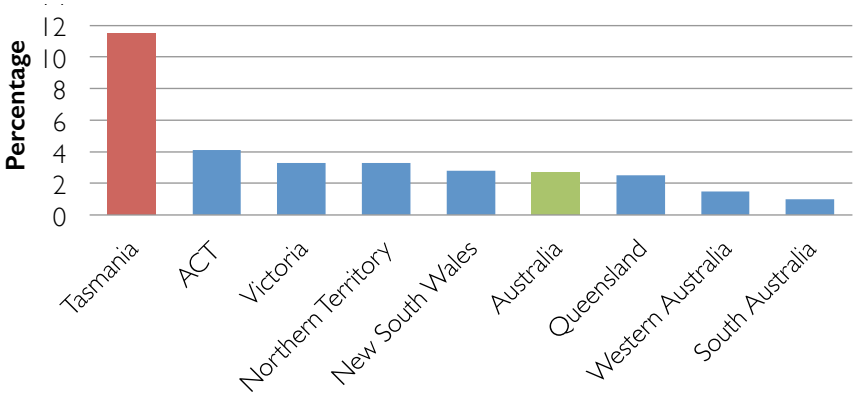
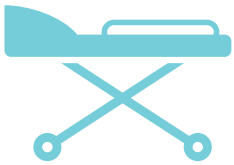
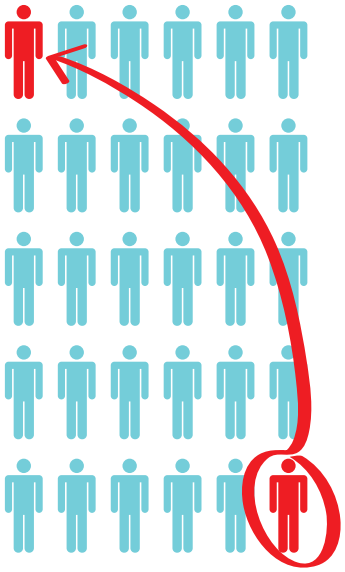


Figure 4: Percentage of total removals waiting longer than 365 days by jurisdiction

We need to address the failure of the system to prioritise overdue patients and address inconsistent management practices.



We need to improve our theatre utilisation including categorisation of surgical patients.



Patients are not being admitted effectively "in turn", and implies that capacity is not being managed as effectively as it could be to ensure the timeliest possible treatment within each urgency category

Why do patients wait too long for surgery?

43 per cent of patients on the elective surgery waiting list have already waited beyond the clinically recommended timeframe for their surgery. In addition to hospital-initiated cancellations, there are five key reasons for this:

1. Inappropriate urgency categorisation of patients
2. Elective surgery waiting list not being effectively managed
3. Some surgery types not being admitted
4. Large waiting lists concentrated in a small number of surgeons
5. Significant variance in elective surgery performance between the THOs

1. Inappropriate urgency categorisation of patients for Elective Surgery

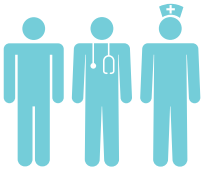
Patients on the elective surgery waiting list are placed into one of three urgency categories. These categories determine the clinically recommended timeframe for each patient's surgery.

A key factor which results in the high number of over boundary patients is inconsistent urgency categorisation practices across the State. Compared with other states and territories, there is a significant and long-standing trend in Tasmania towards higher categorisations of patients for elective surgery procedures, which means that a larger (and unsustainable) proportion of capacity is spent on treating highly categorised patients within short timeframes. This trend is a distortion of the actual clinical urgency of some patients, who could safely have waited longer and should have been categorised as less urgent.

For example, many category 2 patients in Tasmania would typically be classed as category 3 in other jurisdictions. Category 2 patients have a clinically recommended timeframe of 90 days, as opposed to 365 days for category 3. This results in a very high proportion of category 2 patients, and a high proportion of these wait longer than 90 days for their surgery and therefore become over boundary patients (47 per cent). Any permanent solution to the number of over boundary patients in Tasmania will require addressing the issue of inappropriate patient categorisation. A major national initiative on improving Elective Surgery Urgency Categorisation is under way, and will be implemented by states over the coming year.

2. Elective surgery waiting list not being effectively managed

Linked directly to the inappropriate categorisation of patients is the issue of patients on the elective surgery waiting list not being treated in turn by hospitals. There is substantial variation in the timeframes that patients are waiting even within a given patient category. For example, 36 per cent of category 3 patients (who can safely wait up to one year for surgery) are being admitted within 90 days, which is the recommended timeframe for category 2 patients. Meanwhile, only 53 per cent of category 2 patients are being admitted within 90 days. Indeed a full 16 per cent of category 3 patients are admitted within 30 days, which is the clinically recommended timeframe for those in urgency category 1, while 27 per cent of category 3 patients wait more than a year. This means that patients are not being admitted effectively "in turn", and implies that capacity is not being managed as effectively as it could be to ensure the timeliest possible treatment within each urgency category.



We need to match demand for surgery to theatre allocation and workforce requirements.

3. Some surgery types not being admitted

There are a number of surgical procedures for which patients are waiting disproportionately long periods for admission. Among the top 10 per cent of patients waiting the longest for their surgery, Laparoscopic Adjustable Gastric Banding (16 per cent), Cataract (11 per cent), and Total Knee Replacement (12.5 per cent) are the three most common procedure types. This suggests that more targeted approaches to the referral and management of such patients will be required – and that more consideration may be needed on exactly which patients might benefit most from these procedures, and whether all current referrals are clinically appropriate.

4. Large waiting lists concentrated in a small number of surgeons

Linked directly to the preceding issue of some surgery types not being admitted is the fact that a high number of patients who have waited very long periods for surgery are concentrated in a small number of surgeons.

Just five surgeons in Tasmania have half of all the patients who have waited for longer than a year for surgery on their waiting lists. Each of these surgeons perform a large number of procedures each year, so the issue relates to de-prioritisation of long-waiting patients and sub-optimal selection of patients rather than the total number of surgeries performed.

Just five surgeons in Tasmania have half of all patients who have waited longer than a year for surgery on their waiting lists.

5. Significant variance in elective surgery performance between hospitals

Elective surgery is only one element of public health services, and one priority among many. Whereas health services must be provided to address emergency health needs, elective surgery is one of the few areas within health provision where there is capacity to displace demand, through postponement of procedures or dedication of resources to other hospital priorities. Elective surgery has previously been used as a tool for delivering short-term budget savings (by "slowing down") activity, but such slow-downs tend simply to store up longer waits and demand for the future.

The overall number of patients on the elective surgery waiting list has decreased markedly at the Royal Hobart Hospital over the past several years; however this has been offset by an increase in the number of patients waiting for elective surgery at the Launceston General Hospital.

Won't more funding fix the problem?

Delivering additional elective surgery with a corresponding reduction in the waiting list and time waited for surgery is highly desirable. However, in recent years, the high percentage of over boundary patients has not been materially affected by either positive (new initiatives, reform activities, additional funding etc.) or negative (budget savings strategies) interventions. Excessively long waiting times experienced by some patients therefore seems to be a structural feature of the Tasmanian health system, which is likely to require a range of coordinated interventions to be tackled collectively

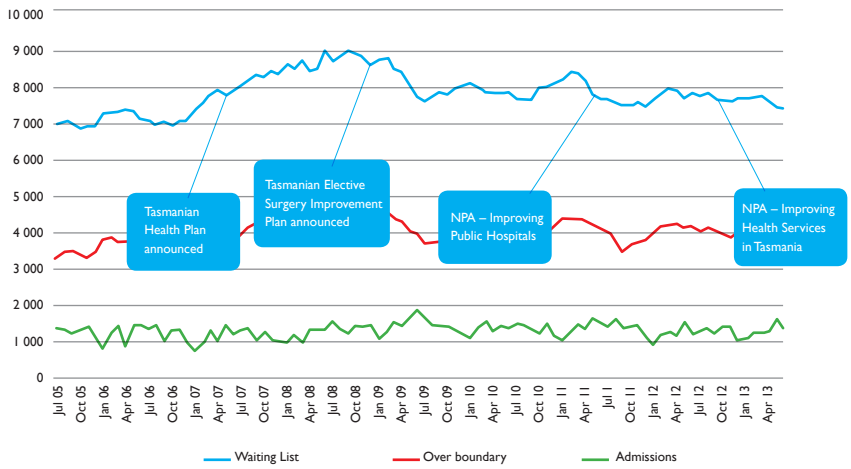


Figure 4: Waiting list, over boundary, and admissions: 2005–2013

The table above demonstrates that a series of initiatives and injections of funding directed at reducing the waiting list have had a limited impact and have not significantly reduced the overall numbers of patients waiting or the number of patients being admitted for surgery.

Additional funding/capacity alone is unlikely to address the issues Tasmania has with long waiting patients. Systemic change is required to improve long term efficiency, effectiveness, and sustainability. Such change will need to involve the reform of how patients get placed on the waiting list, how they are categorised, how they are 'treated in turn', and how their cancellations are managed.

We need to improve the relationship between the public and private sectors to improve access to elective surgery and reduce waiting times.

Rebuilding health services:

The Tasmanian Government is committed to rebuilding essential health services in Tasmania and reducing elective surgery waiting lists by increasing elective surgery. Initiatives include:

- $76 million over four years to provide up to 15 000 additional elective surgery procedures, focusing on treating long waiting patients who have waited too long for their surgery.
- Mobilise appropriate capacity to ensure that acceptable performance can be sustained into the future
- Establishment of 'Surgical Precincts' at the Royal Hobart Hospital to separate emergency and elective surgery to reduce the incidences of cancellation.
- Published waiting lists to provide regular, transparent information on waiting times in each surgical speciality to enable patients and their General Practitioners to make more informed decisions about their healthcare options.
- Implementation of standardised statewide 'Treat in Turn' guidelines and performance benchmarks.

For more information on the *One State, One Health System, Better Outcomes* reform package please visit: www.dhhs.tas.gov.au/onehealthsystem
or alternatively send an email to: onehealthsystem@dhhs.tas.gov.au

Tasmanian Government