ACT AUDITOR-GENERAL'S OFFICE

ACT Government

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Performance Audit Report

Gastroenterology and Hepatology Unit, Canberra Hospital

ACT Auditor-General, Dr Maxine Cooper, today presented a report, the **Gastroenterology and Hepatology Unit, Canberra Hospital,** to the Speaker for tabling in the ACT Legislative Assembly.

Dr Cooper says the Gastroenterology and Hepatology Unit (the Unit) outpatient waiting list is not being managed effectively which is due to inadequate strategic management rather than a lack of resources. The Unit has the capacity to see more outpatients.

The waiting list has been around 1500 patients during 2012, 2013 and for the early part of 2014; the lowest number of patients on this list was 621 in March 2012 with the highest being 2000 in May 2013. Several actions are needed to reduce the number of patients on the waiting list.

'The Gastroenterology and Hepatology Unit service delivery is likely to be improved through focusing actions on:

Triaging - Patients of the Unit have not been receiving treatment within the timeframes recommended by the Health Directorate's triage categories. Addressing this will help provide the best possible care to patients.

Clinic organisation - More initial (rather than review) appointments are needed in clinics to manage the waiting list. The process to establish new, or vary current, clinics needs to be more responsive to changes in demand.

Equitable Access – Patient access to the Unit consultants does not occur according to a patient's medical need. A patient's symptoms (which determine their triage category) need to be the basis for their priority to see a consultant, rather than the referral type (i.e. to a named consultant (Specialist) or generic/Not to a Named Specialist) or the sub-speciality to which they were referred.

Referral processing and triage targets - Acceptance of patient referrals from General Practitioners is not guided by referral criteria. Furthermore, the Unit does not have defined triaging targets or guidelines. Referral criteria, triaging targets and guidelines are needed to assist in managing the waiting list. Additionally, there is an opportunity for increased electronic processing of referrals within the Unit and between the Unit and General Practitioners to reduce administration processing and the risk of referrals being lost or doubled up.

Scheduling - A patient on the Unit waiting list, if an appointment is not booked immediately, is not informed of their probable waiting time to see a consultant or of alternative treatment options they could consider during this time. This information is particularly important for those who are likely to be on the waiting list for a lengthy period.

Tertiary health care - The Unit is not being used effectively to provide specialist, tertiary healthcare as General Practitioners are referring patients who require primary health care to the Unit, when the General Practitioners themselves could provide this care.

'Open' endoscopy – Currently, other than patients referred through the National Bowel Cancer Screening Program, those requiring an endoscopy are required to see a Unit consultant first. An alternative is for General Practitioners to request an endoscopy directly, after performing sufficient tests (primary healthcare) and a Unit Senior Registered Nurse seeing patients prior to the procedure. While this 'open' endoscopy approach may have limitations, it merits consideration.

Strategic use of data - Reports to the Canberra Hospital Division of Medicine Executive do not include information on the Unit triaging categories and times, waiting times for appointments and whether patients attend appointments. (The majority of reporting is focused on endoscopy activity.) Broader reporting is needed so that the Unit can be strategically managed to ensure its resources are used to deliver services in a manner which reduces the waiting list and delivers the best possible patient care.

Incident reporting - Not all adverse events, that may be the result of poor referral, triage or scheduling practices, appear to be reported. This could be done using the centralised electronic Riskman system which would provide information to assist in strategically managing the Unit.

IT systems - There is a lack of integration between IT systems used in the Unit which creates inefficiencies. Controls and logging in the e-Referral system over who can enter and change triage categories, booking and triage dates, and the status of referrals (open, triaged, booked, closed) are nonexistent. These are needed to control work flows.

Dr Cooper says 'as part of the audit an independent gastroenterology expert reviewed a selection of 35 patients to assess the Gastroenterology and Hepatology Unit triaging. The expert found that the triage category was appropriate in the vast majority of patients however four of the 35 patients reviewed should have been triaged at a higher level and seen earlier'.

In addition to service delivery issues, Dr Cooper found that 'the governance of the Unit to be inadequate which comprises the Unit's ability to align its activities with the strategic direction of the Health Directorate and to be held accountable.'

Two recommendations, with multiple parts, were made; one to address the waiting list and the other to improve the governance of the Unit.

Dr Cooper 'thanked the Health Directorate, in particular the Gastroenterology and Hepatology Unit staff, who contributed to indentifying possible solutions to address issues raised in this audit. As a consequence some changes in the Unit were made during the audit.'

Copies of the report are available from the ACT Auditor-General's Office website, www.audit.act.gov.au, and the Office (please phone 6207 0833 or go to 11 Moore Street, Canberra City)