



PAXTON PARTNERS

Elective Surgery Waiting List Audit Royal Women's Hospital

Department of Human Services
29 March 2009



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1. Terms of Reference

Elective surgery waiting list data are required to be reported to the Department of Human Services (DHS) each month by Victorian public health services. The requirements are as specified in the Elective Surgery Information System (ESIS) manual, periodically updated, provided by DHS on the following web-site: www.health.vic.gov.au/hdss

Independent auditors have been engaged to investigate and evaluate the accuracy, reliability and fitness for purpose of data reported to DHS by the Royal Women's Hospital (RWH).

The auditors will review and report to DHS on the following matters:

1. The circumstances which gave rise to the recent issues discovered by the RWH in the reporting of Elective Surgery Waiting List data.
2. Data entry practices, concentrating on changes to the 'Ready for Care' status and urgency category of patients on the Elective Surgery Waiting List.
3. Remedial action taken by RWH to ensure appropriate data entry practices relating to Elective Surgery Waiting Lists have been implemented and are being followed. If necessary, the auditors will provide recommendations for further action required.

(continued next page)

1. Terms of Reference (continued)

4. The impact of findings on ‘Your Hospitals’ and ‘Statement of Priorities’ Elective Surgery Key Performance indicators for 2007-08 and July to December 2008.
5. Any other matters the auditors believe may be relevant.

All data submissions to DHS from July 2007 to February 2009 will be provided to the auditors by DHS. In the course of their investigation, the auditors should be granted access to Royal Women’s Hospital staff and individual paper and computer records as requested.

Auditors will commence the audit at the hospital on 20 March 2009 with a report, detailing findings and recommendations, to be completed and provided to the Minister for Health by 31 March 2009.

Scope of Review

The review was conducted over the period 20 March 2009 – 27 March 2009.

Our methodology included interviews with relevant existing RWH Executive Management, Senior Management and staff. Interviews were also conducted with a number of former staff members.

The methodology also involved reviewing the current waiting list management systems and processes and various related documents.

DHS has also provided Paxton Partners with various waiting list reports, policies and procedures (including business rules relating to the ‘Not Ready for Care’ ESIS waiting list categorisations)

The views expressed in this report are based on the representations made to Paxton Partners by interviewees and the information and data contained in the documents provided.

2. Synopsis of our Approach

We would like to acknowledge the full co-operation provided to this review by the Chair of the Board, the Executive Management, Senior Management and other operational staff of the Royal Women's Hospital.

Our Approach:

- 2.1 Undertake initial interviews with the following Executive Management from the Royal Women's Hospital:
 - RWH Corporate Counsel (Legal Counsel)
 - RWH Chief Executive Officer
 - RWH Executive Director Strategy Planning and Performance
- 2.2 Undertake interviews with Senior Management (Operational Directors), Operational/Line management and relevant clerical staff.
- 2.3 Undertake interviews with former staff previously employed at RWH identified from the interviews with existing RWH staff.
- 2.4 Conduct a review and develop a process map of the waiting list data entry and recording procedures, including referral, bookings, scheduling and suspensions/deferrals identified as "Not Ready for Care".

2. Synopsis of our Approach (continued)

- 2.5 Establish and prepare a chronology of events based on discussions and a review of available documentation.
- 2.6 Analyse the impact and implications of our findings on key stakeholders, RWH compliance with the Statement of Priorities (SOP) and the impact on information included in the 'Your Hospitals' report.
- 2.7 Develop recommendations (if appropriate) re:
 - expanding the remedial actions by RWH; and
 - process improvement for ESIS waiting list recording and management.

2. Synopsis of our Approach (continued)

2.8 Throughout this report there are many references to RWH Staff by way of their title. The following table is provided to assist in understanding these references. Some references made were titles at the time of a staff members recollection of events and do not necessarily translate to the titles of the current RWH staff:

Report Reference	Based on Appendix C. Interviewees
Executive Management: (generically refers to the CEO and direct reports)	RWH CEO (Chief Executive Officer) Corporate Counsel (Legal Counsel) Executive Director – Strategy, Planning and Performance Executive Director – Clinical Support and Contracts Executive Director – Clinical Services (including perioperative services)
Senior Management: (generically refers to the level of management reporting directly to Executive Management other than the CEO)	Director and/or Co-Director Gynaecology and Cancer Services Director – Clinical Operations Associate Director – Perioperative Services Acting Director of Women’s Specialty Health

2. Synopsis of our Approach (continued)

2.8 (continued)

Report Reference	Based on Appendix C. Interviewees
Operational and/or Line Management: (generically refers to the level of management reporting directly to the Senior Management)	Manager – Operational Planning and Performance Elective Surgery Access Manager Business Manager (waiting Lists)
Booking Office Staff and/or Perioperative Services Booking Office	Perioperative Services Booking staff Waiting List clerk
Other	Information and Performance Analyst

3. Executive Summary

Key Finding

A data entry process in the Royal Women’s Hospital (RWH) elective surgery booking office resulting in:-

The systematic manipulation of data to meet waiting list targets. This resulted in the misrepresentation of the ‘Not Ready for Care’ (NRFC) status of some patients included in the RWH ESIS patient profile, the consequence of which was the falsification of reported ESIS elective surgery waiting list data and patient waiting times. This has been a long standing practice dating back to at least 2000 (in excess of 8 years), and potentially longer.

Key Comments and Observations:

Background

- 3.1 RWH Executive Management identified the systematic practice of data manipulation of some patient’s waiting list status on 12 February 2009. The RWH CEO advised, the Board Chair was provided with a written brief on 17 March 2009. The RWH CEO verbally reported to DHS, on 23 February 2009 at the quarterly performance review, that an RWH “data entry practice” also referred to as an “administrative deferral” relating to the recording and management of ESIS waiting lists had been identified as inconsistent with DHS ESIS guidelines.
- 3.2 Comments in this report are predominantly based on information obtained from interviews with RWH staff (current and former). We have not identified any documentary evidence to source who/when/why this practice commenced, although we have been provided with a copy of a “data entry instruction” sheet, we were advised relates to the data entry process (undated, original source and author unknown, refer Appendix D).

3. Executive Summary

Background (continued)

- 3.3 We have not identified any specific documented evidence of the RWH Executive Management being made aware of this process, prior to 12 February 2009.
- 3.4 Earliest definitive recollections (by RWH staff) of the practice date back to October 2000 (based on discussion with the Director of Clinical Operations, however one former staff member considers the practice was in place during the late 1990's. We cannot be specific about the date or origin of the said practice.
- 3.5 We were advised, based on the recollection of booking office staff, the motivation underpinning this process was to ensure – Category 1 and 2 patients on the ESIS waiting list did not exceed the ESIS target days (30 days and 90 days respectively).

Governance

- 3.6 Our enquiries indicate there were not/are no substantive independent internal controls (i.e. from outside of the perioperative services booking office) over waiting list data recording, management and reporting practices during the period October 2000 to 12 February 2009 (the identified period for this practice).
- 3.7 Our review of the RWH Strategic Internal Audit Plan for the three years to 30 June 2010 did not indentify any completed or proposed specific review of waiting list recording, management and reporting practices.

3. Executive Summary (continued)

Governance (continued)

- 3.8 The identified extended period (i.e. October 2000 until 12 February 2009 - in excess of 8 years), over which this embedded data manipulation process operated undetected through the normal governance structures, indicates there was inadequate scrutiny and/or no effective line of enquiry by the Board, by Board sub committees or by the Executive Management into the functioning of this operational area which directly impacts on patients access to elective surgery.
- 3.9 During the period of this practice, RWH has experienced three changes to its legal structure (Women's and Children's Healthcare Network, Women's and Children's Health Service and The Royal Women's Hospital Health Service), with consequential changes to its organisation/management structure. It has also had numerous changes in staff. This may have contributed to the continuation of this custom and practice.

Patient Impacts

- 3.10 Based on a RWH report dated 19 March 2009 (provided to us), the affected patients numbered 62 (some 10% of the ESIS waiting list). All 62 patients were Category 2, however we were advised by perioperative services booking office staff that Category 1 patients were also subject to this practice of data manipulation at various points in time.
- 3.11 The average waiting times for patients subjected to this data manipulation process were materially longer than the average waiting times for Category 2 patients treated in accordance with the ESIS business rules (as reported by RWH for year to date 2008/2009). They were also greater than the 90 day limit.
(note: average waiting times = number of days between the date a patient is entered on the waiting list up until the date they receive their procedure, less legitimate suspension days):

3. Executive Summary (continued)

Patient Impacts (continued)

- 3.11 a) Average waiting time for the 62 patients improperly suspended (as at 19 March 2009) was some 132 days;
- b) Maximum waiting time for patients included in the 62 improperly suspended patients 189 days (2 patients), minimum waiting time 105 days (2 patients);
- c) The average reported waiting times (year to date 2008/2009) for RWH Category 2 patients is some 37 days. This average compared to the patients suspended under the data manipulation process (i.e. an average of 132 days) equates to a difference of 95 day. The average time for the group of suspended patients is also 42 days greater than the 90 day target.

3.12 Remedial actions by RWH

Remedial Actions

- a) RWH CEO directed the practice to cease immediately (i.e. no further administrative suspension of patients) ;
- b) RWH management identified all patients subject to the data manipulation practice (i.e. 62 patients as at 19/3/09) ;
- c) All of the 62 suspended patients were allocated a theatre booking date for their procedures (60 patients will be treated by end of April with the remaining 2 by 12 May 2009);
- d) RWH are conducting a historical review of patient complaints relating to elective surgery waiting lists;
- e) A review of the internal audit schedule is being discussed with the independent internal auditors;
- f) RWH have indicated a process review of the Elective Surgery Waiting List (ESWL) booking procedures will be initiated.

3. Executive Summary (continued)

*Remedial
Actions
(continued)*

- 3.12 During our review we noted that RWH had not fully rectified the suspension of some of the 62 patients on the waiting list system (iPM) restoring them to a “Ready for Care” status (this was discussed with them on 25 March 2009).

RWH management subsequently advised us (on 26 March 2009), that all patients previously suspended as a result of the identified data manipulation process were now recorded as ‘Ready For Care’ on the RWH ESIS waiting list.

*Who knew of
the practice?*

- 3.13 Our investigations have not identified a definitive start date or source of instructions initiating this practice. Our enquiries indicated (based on the recollections of staff directly involved in the perioperative services booking office), that this has been a “long standing” custom and practice of the booking office staff. One former RWH staff member has indicated the practice was in place in the late 90’s, other staff’s recollections identify the practice was in place as far back as October 2000. Staff identified as knowing the practice existed include:

- Perioperative Services Management (at least two staff who held perioperative services Director level positions)
- A number of booking office staff who admitted to knowing of the practice, stated they had concerns about the process of data manipulation however, they were firmly of the belief that the practice was known to Senior/Executive Management and that the process was condoned.

All staff interviewed commented that they held some concerns but did not question the practice further in light of the above.

3. Executive Summary (continued)

*Who knew of the practice?
(continued)*

- 3.13 However, none of those staff, other than clerical staff identifying the perioperative services Directors, were able to expressly identify which Senior/Executive Management knew of or condoned the practice in question.

Further, our investigations indicate the process essentially became ‘custom and practice’ which was ‘baton passed’ from one group of staff to another as changes in staffing within the perioperative services area and booking office occurred.

Implications

- 3.14 The main implications are:
- a) RWH - consistently met SOP waiting list KPI’s (green traffic light); and
 - under reported surgical demand
 - b) DHS - Inaccurate data supplied by RWH used for various reports including published documents (under reported surgical demand);
 - c) Patients (refer comments in 3.10 and 3.11 above).
- 3.15 Whilst the degree of misrepresentation in the reported data/information for RWH is material in terms of the hospital’s ESIS reportable results (i.e. approximately a 10% under statement of the ESIS waiting list numbers), this understatement will not translate to a material misstatement of the state-wide elective surgery information and indicators published in the DHS ‘Your Hospitals’ report.

3. Executive Summary (continued)

*Recommendations
Specific to RWH:*

- 3.16 The key recommendations are:
- 3.16.1 Priority of access for bookings for surgery should be made on the basis of clinical requirements in accordance with the three clinical urgency categories adopted in the ESIS business rules. The system of categorising patients should ensure proper clinical oversight.
 - 3.16.2 RWH should initiate a process of clinical review of patients classified as 'Not Ready For Care' (NRFC).
 - 3.16.3 RWH need to establish a protocol for all reporting to DHS. This must include the confirmation that data has been captured and recorded in accordance with the business rules. This protocol needs to also include methods of a continuous verification of data accuracy to ensure there is periodic confirmation that internal hospital reports are consistent with the equivalent information reported to DHS.
 - 3.16.4 RWH should be requested to review and resubmit ESIS data for the 2008/2009 year to date.

3. Executive Summary (continued)

*Recommendations
Specific to RWH
(continued):*

- 3.16.5 RWH should conduct a full process review of data entry practices, recording and reporting procedures including developing a manual for the guidance of clerical staff. Such a manual should include a section outlining and explaining the ESIS business rules together with RWH's responsibility in complying with such rules.
- 3.16.6 RWH management should regularly monitor access to ensure that no specific groups of patients are disadvantaged (e.g. for RWH Gynaecology 1 and Gynaecology 2 specialty groups).

*Systemic
Recommendations:*

- 3.16.7 Changes initiated to the waiting list status of a patient should be automatically communicated in writing to the patient (automated letter or email sent by ESWL/Patient Management System). The letter should request the patient note such changes and request they advise the hospital if they do not agree with or do not understand the reasons for such changes.
- 3.16.8 DHS should introduce a process of sign-off by Health Service Executives/Boards attesting to the accuracy/integrity of the data lodged with DHS.

4. Background and Context

- 4.1 Metropolitan Health Services agree and execute a Statement of Priorities (SOP) each year which include elective surgery waiting list targets/Key Performance Indicators(KPIs).
- 4.2 Surgical waiting lists are divided into 3 categories representing an assessment of the patient's clinical needs/acuity:
 - a) Category 1 (target waiting time - to be admitted within 30 days);
 - b) Category 2 (target waiting time - to be admitted within 90 days);
 - c) Category 3 (target waiting time - to be admitted within 365 days).
- 4.3 Health Services are required to report ESWL data twice per month to DHS through the Elective Surgery Information System (ESIS) via the lodgment of electronic extracts.
- 4.4 A Health Service's performance in terms of its achievement relative to its SOP targets/KPIs is monitored under the DHS Performance Monitoring Framework (PMF) which includes a Bonus Funding Framework (BFF). Under the BFF, designated hospitals may receive bonus funding allocations in relation to their quarterly performance/achievement of the relevant SOP KPIs (including Elective Surgery KPIs).

4. Background and Context (continued)

- 4.5 The Royal Women's Hospital (RWH), whilst measured and monitored against its designated KPIs under the PMF process, is specifically excluded from receiving bonus funding allocations relating to elective surgery performance under the BFF (i.e. Current PMF/BFF system in place since 2005/2006). The RWH KPIs are measured but the Health Service does not qualify for a bonus funding allocation (See section 8. Governance and Funding).

5. Relevant ESIS guidelines

- 5.1 Guidelines relevant to the specific issue in question incorporate provision for patients to be categorised on a waiting list as “suspended” due to being designated as “Not Ready for Care” under the following allowable circumstances:
- a) Clinically Initiated suspension (i.e. a doctor has assessed the patient is not clinically ready to have their procedure); and/or
 - b) Patient Initiated suspension (i.e. the patient has specifically requested a deferral of their procedure or has advised they are unavailable for some reason).
- 5.2 Hospital Initiated Postponements (HIPs) occur when a patient’s procedure has been deferred by the hospital due to operational reasons (e.g. the cancellation of a theatre list).
- 5.3 Changes to the categorisation of patients is reported to DHS as part of the data submitted in the electronic extracts lodged into ESIS.

Terms of Reference:

1. The circumstances which gave rise to the recent issues discovered by the RWH in the reporting of Elective Surgery Waiting List data;

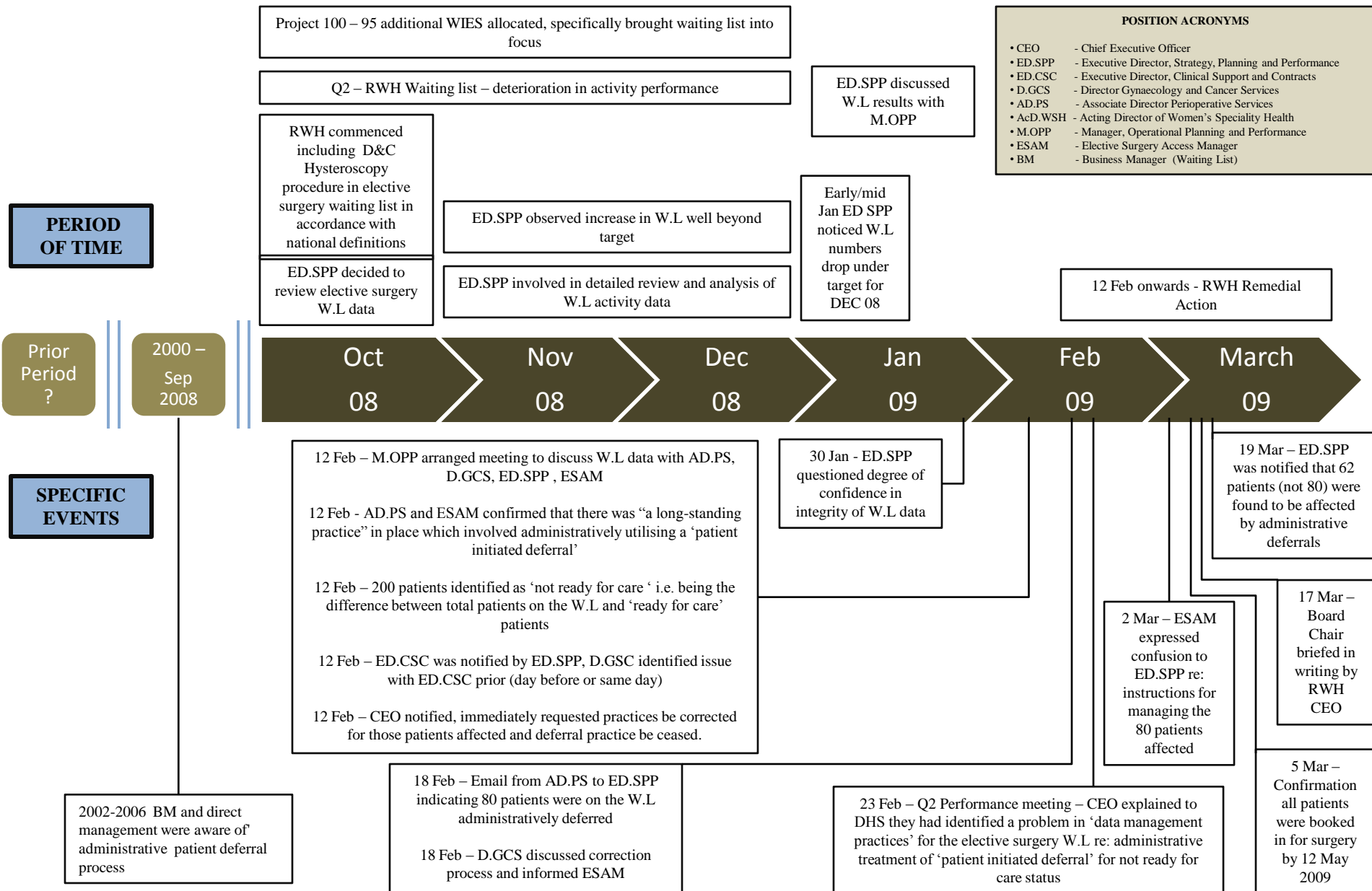
6. Sequence of Events

- 6.1 On the basis of information obtained from interviews with current and former RWH staff, we have identified the perioperative booking office, responsible for the recording and management of elective surgery waiting list data, established a data entry process which was designed to ensure RWH elective surgery waiting list patients did not exceed the Category 1 and 2 ESIS waiting time targets.

The earliest definitive recollections of the practice date back to October 2000, however one former staff member considers the practice was in place during the late 1990's. We cannot be specific about the date or origin of the said practice.

- 6.2 This became custom and practice and was not actively questioned by future 'generations' of waiting list clerks and perioperative line management. A data entry procedural document was reviewed which detailed instructions for the entry of data in accordance with this practice (as advised by the current Waiting List Clerk, refer copy of document in Appendix D).
- 6.3 The view of those perioperative services line managers interviewed was, that "management" were aware of this practice. There were inconsistencies in recollections/interpretations relating to this issue (refer 6.7).
- 6.4 Our investigations to date have not identified any documentary evidence to support that senior management (existing and/or former) were specifically advised of this practice. A timeline outlining the sequence of events based on recollections from Executive Management, Senior Management and other staff is presented on the following page.

6. Sequence of Events (continued)



6. Sequence of Events (continued)

- 6.5 The effect of this systematic manipulation of data was to ensure the reporting of waiting list data for RWH consistently showed achievement of ESIS targets in accordance with the SOP (i.e. “green” KPI traffic light indicators).
- 6.6 The consistent trend of the achievement of targets over many years has masked the ESIS waiting time and effectively lead to a lack of management action in terms of any further lines of enquiry.
- 6.7 Comments from perioperative services management indicated that they considered Senior/Executive Management were aware of the waiting list data adjustments (the data manipulation process) which resulted in the misrepresentation of waiting times, by virtue of comments made in monthly review meetings. Such comments were to the effect of, there being “two waiting lists”. Perioperative services management indicated such references were to the two ESIS waiting lists (i.e. the adjusted list based on misrepresented data reported to DHS as opposed to the list excluding the impact of the administrative referrals).
- 6.8 Executive and Senior management comments on this matter were to the effect that they believed the reference was to the ESIS waiting list (i.e. as reported to DHS) and a listing of patients which included both ESIS patients and Non-ESIS patients procedures (i.e. some surgical procedures are not included in waiting lists under the ESIS business rules consistent with national definitions).

7. How was this Discovered? And When?

- 7.1 During early January 2009 the Executive Director of Strategy, Planning and Performance (ED. SPP) reviewed RWH elective surgery statistics for the previous half year and identified a material reduction in the ESWL numbers during December 2008 (total reported ESIS waiting list October 2008 – 619, November 2008 – 608, reducing to December 2008 - 519). The December 2008 figure of 519 was only 1 less than the December ESIS target of 520.

Having reviewed these statistics, the ED. SPP sought an explanation from staff in her department of the reduction of 89 patients between November and December 2008. Follow-up on this issue at a meeting on 12 February 2009 led to a confirmation by the perioperative services Associate Director (previously Co-director) of “a long standing practice” which “involved administratively utilising a patient initiated deferral to suggest that a patient was not ready for care”.

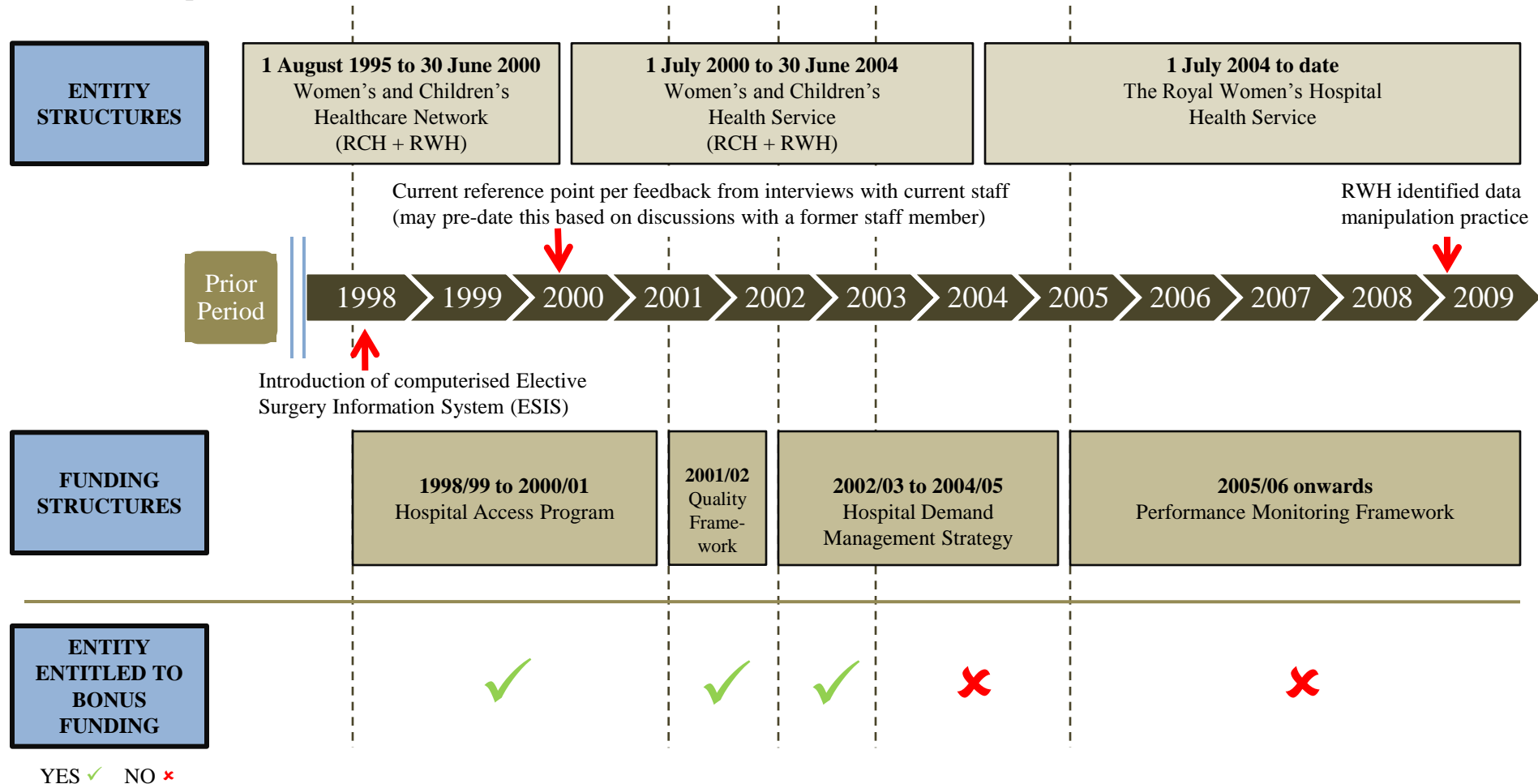
- 7.2 On 23 February 2009 at the DHS/RWH quarterly performance review meeting (Q2- Oct '08 – Dec '08), the RWH CEO verbally reported that a RWH “data entry practice” also referred to as an “administrative deferral” relating to the recording and management of ESIS waiting lists had been identified as inconsistent with DHS ESIS business rules.

7. How was this Discovered? When? (continued)

- 7.3 The administrative deferral meant patients were recorded as “Not Ready For Care” (‘NRFC’) – “Patient Initiated”, in the elective surgery waiting list Patient Management System (PMS) (i.e. iPM/HealthSmart – implemented at RWH November 2007, prior to this RWH utilised the HOMER PMS).
- 7.4 The investigation indentified the administrative deferral was not as a result of a patient request, but rather a data entry process focused on patients approaching the ESIS waiting time target thresholds (i.e. Cat 1 – 30 days, Cat 2 – 90 days, Cat 3 – 365 days).
- 7.5 The impact of a classification of NRFC in the waiting list computer system, is to “Stop the Clock” with regards to the calculation of “days waiting”. Therefore patients that have been “administratively deferred” with a status of “Not Ready for Care”, do not continue to accumulate waiting days and as such are not recorded as exceeding the ESIS waiting time category targets.

8. Governance and Funding

During the period of this practice, RWH has experienced three changes to its legal structure (Women's and Children's Healthcare Network, Women's and Children's Health Service and The Royal Women's Hospital Health Service), with consequential changes to its organisation/management structure. It has also had numerous changes in staff. This may have contributed to the continuation of this custom and practice.



YES ✓ NO ✗

9. Key Issues from Interviews with Staff

Details of key relevant information provided during interviews with the RWH Executive Management, Senior Management and operational staff are included in Appendix A.

- 9.1 Comments in this report are predominantly based on information obtained from interviews with RWH staff (current and former). We have not identified any documentary evidence to source who/when/why this practice commenced.
- 9.2 We have been provided with a copy of a “data entry instruction” sheet we were advised relates to the data entry process (undated, original source and author unknown).
- 9.3 The earliest definitive recollections (by RWH staff) of the practice date back to October 2000, however one former staff member considers the practice was in place during the late 1990’s. We cannot be specific about the date or origin of the said practice.
- 9.4 We were advised, based on the recollection of booking office staff, the motivation underpinning this process was to ensure – Category 1 and 2 patients on the ESIS waiting list did not exceed the ESIS target days (30 days and 90 days respectively).


9. Key Issues from Interviews with Staff (cont.)

- 9.5 RWH CEO advised the problem with the elective surgery waiting list was first reported to her on 12 February 2009, when she immediately instructed that the process be stopped. She requested a report on how many patients were affected and further instructed that the affected patients be given a booking time for their procedures “over the next few months”.
- 9.6 RWH CEO briefed DHS on issues and advised actions taken at the quarterly performance meeting on 23 February 2009.
- 9.7 RWH CEO advised that the RWH senior executives were not previously aware of this practice.

Terms of Reference:

2. Review data entry practices, concentrating on changes to 'Ready for Care' status and urgency category of patients on the Elective Surgery Waiting List;

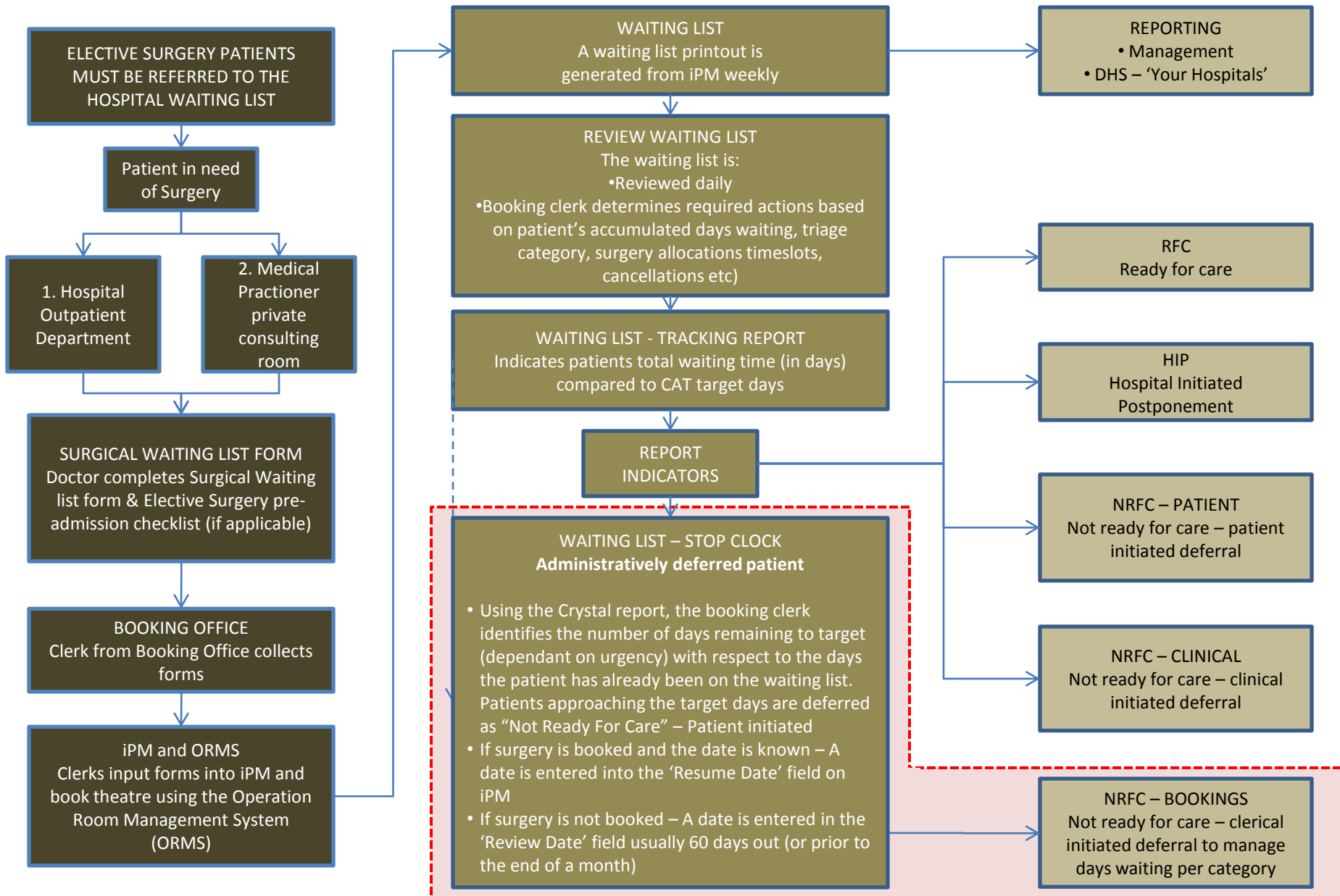
10. Waiting List Process

A process map depicting the Elective Surgery Waiting List processes is presented on the following page. This map was developed based on our observations and explanations provided to us by staff in the RWH perioperative services booking office. Its purpose is to depict the day to day tasks and activities of the booking office which directly impact on the recording and management of the waiting lists. The specific functions relating to the data manipulation process which results in the inappropriate recording of patients as being “Not Ready for Care” is highlighted as  and is described as “Waiting List – Stop Clock”.

- 10.1 Patients are entered on the ESWL following referral from public outpatient clinics or referral from private rooms (if the patient elects to be public).
- 10.2 A patients status on the ESWL will be recorded as “Ready for Care” unless this status is changed due to either:
 - a) a clinically Initiated suspension (i.e. a doctor has assessed the patient is not clinically ready to have their procedure); or
 - b) a patient Initiated suspension (i.e. the patient has specifically requested a deferral of their procedure or has advised they are unavailable for some reason).

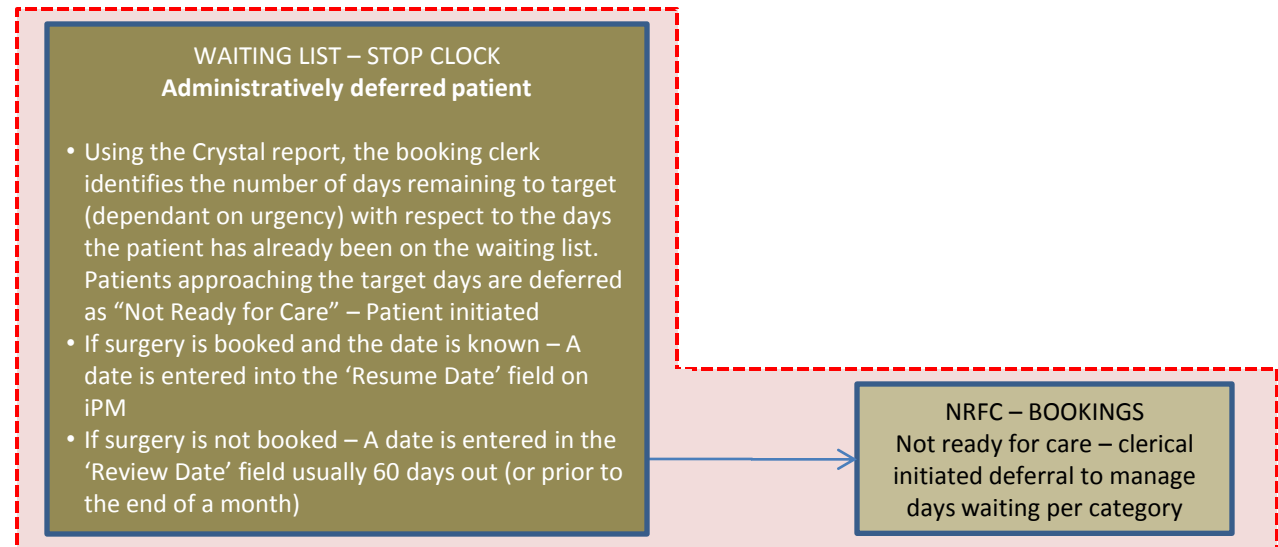
Initiation of either suspension would result in the patient status changing to “Not Ready for Care” which effectively “stops the clock” in terms of counting the number of days a patient waits for their elective surgery procedure.

10. Waiting List Process – Process Map



10. Waiting List process (continued)

- 10.3 As is indicated on the process map on the previous page (and indicated previously in this report), the procedure adopted at RWH, over an extended period of time, differs from the process as prescribed by the DHS ESIS business rules.
- 10.4 The modified process referred to previously in the report as “data manipulation”, has been confirmed through interviews with current and former RWH booking office staff, as “custom and practice”. This custom and practice is represented by the following elements of the process map:



Terms of Reference:

3. Remedial action taken by RWH to ensure appropriate data entry practices relating to elective surgery waiting lists have been implemented and are being followed. If necessary, the auditors will provide recommendations for further action required;

11. Remedial Actions

11.1 Remedial actions by RWH:

- a) RWH CEO directed the practice to cease immediately (i.e. no further administrative suspension of patients);
- b) RWH management identified all patients subject to the data manipulation practice (i.e. 62 patients as at 19 March 2009);
- c) All of the 62 suspended patients were allocated a theatre booking date for their procedures (60 patients will be treated by end of April with the remaining 2 by 12 May 2009);
- d) RWH are conducting a historical review of patient complaints relating to elective surgery waiting lists;
- e) A review of the internal audit schedule is being discussed with the independent internal auditors;
- f) RWH have indicated a process review of the Elective Surgery Waiting List (ESWL) booking procedures will be initiated.

11.2 We note that as at 25 March 2009 the RWH had not fully rectified the suspension of some of the 62 patients on the waiting list system (iPM) (this was discussed with them on 25 March 2009).

RWH management subsequently advised us on 26 March 2009, that all patients previously suspended as a result of the identified data manipulation process were now recorded as 'Ready For Care'.

Terms of Reference:

4. The impact of findings on 'Your Hospitals' and 'Statement of Priorities' Elective Surgery Key Performance indicators for 2007/08 and July to December 2008.

12. Implications/Impacts

12.1 Based on the current Bonus Funding Framework RWH does not presently receive bonus funding for achievement of Elective Surgery Waiting List. (i.e. RWH is one of the hospitals specifically excluded under its SOP's). As such, there was no direct funding benefit resulting from the misrepresentation of data under the BFF.

12.2 The data manipulation practice outlined was embodied into the normal weekly process (i.e. patients were either deferred as “Not Ready for Care” if close to the threshold days or became “Ready for Care” on or about their procedure date). The records available for review presented a “snap-shot” of those patients affected at a point in time – 19 March 2009, 62 patients. Historical reports were/are routinely discarded on a weekly basis, as new reports were generated. This meant it was not possible to easily re-establish the historical impact in terms of numbers of patients. Based on the available information, the following estimates have been made:

12.2.1 Number of Patients Impacted Annually

Information Available:

- There were 62 patients affected as at 19 March 2009;
- The average waiting time of those patients was 132 days

12. Implications/Impacts (continued)

12.2.1 Estimate of number of patients suspended per annum

- In the absence of more definitive information we have assumed a constant pattern of suspension of patients in terms of number and average waiting times. As such we estimate as follows:
- 62 patients
- Waiting time 132 days
- Turn rate 2.76 (365 divided by 132)
- **Estimated Patients impacted annually approximately 171 (62 multiplied by 2.76),... say 170 to 180 patients**

12.2.2 Difference in average waiting times

Information Available:

- The reported average waiting time for Category 2 patients for RWH – Year to Date February 2009 is 37 days (sourced from RWH internal management Report – MARM report).

Estimated Difference

- The average waiting time for the 62 affected patients was 132 days
- Less the reported RWH YTD average waiting time for Category 2 patients (37) days

Estimated Difference

(days in excess of reported Category 2 average)

95 days

12. Implications/Impacts (continued)

12.2.3. Estimated Impact on Reported Average Waiting Times Information Available:

- RWH Admission Target 2008/2009 for All Admissions from the ESIS Waiting List. 2,280 (refer February 2009 MARM Report);
- Proportion relating to Category 2 patients proportioned by actual YTD February Admissions (sourced from February 2009 MARM Report).

$$\frac{\text{Category 2 admissions } 1,128}{\text{All admissions } 1,639} = 68.8\%$$

$$2,280 \text{ Total Target} \times 68.8\% = 1,570 \text{ proportion of total target relating to Category 2}$$

Estimated adjustment to average waiting time:	Admissions	Days	W/Ave. Calc.
Estimated Patients - Not Affected	1,395 x	37	51,615
Estimated Patients Affected (mid point assumed between 170 and 180)	175 x	132	23,100
Total Admitted Patients (Target Cat 2)	1,570	47.6*	74,715

* The derived figure of 47.6 days equates to the estimated average waiting time for Category 2 patients admitted, assuming the data manipulation practice did not occur (i.e. assuming no suspension)

12. Implications/Impacts (continued)

12.2.4 Calculation of average days in excess of the Category 2 90 day target (based on average waiting times)

Information Available:

- The average waiting time of affected patients was 132 days

Calculation of Excess:

- The average waiting time for the 62 affected patients was 132 days
- Less the Category 2 target (90) days

Excess over Category 2 target 42 days

Other Background Information

13. Other background information

Introduction of categorisation of a patients urgency on elective surgery waiting lists

Categorisation of patients on elective surgery waiting lists according to the degree of urgency was introduced in Victoria in 1991 and is designed to identify the relative priority of patients so that they are treated on the bases of their clinical need. Three clinical urgency categories are defined, which have been adopted as a national standard.

Introduction of performance indicators and bonus funding incentives

Elective surgery performance indicators, targets and incentives, were introduced in 1994-1995 to encourage improved performance in the management of health care provision to elective surgery patients.

Introduction of 'Statement of Priorities'

In August 2003 The Victorian Public Hospital Governance Reform Panel Report made 44 recommendations on a range of governance issues. Among the recommendations, the Panel suggested that an annual 'Statement of Priorities' with each public health service be developed to outline performance expectations for each financial year, replacing the previous contractual documents called Health Service Agreements. The Government accepted the broad thrust of the recommendations and in July 2004, the Health Services Act 1988 was amended to include sections 65ZFA and 65ZFB that mandate that each public health service have a Statement of Priorities and outline the requirements to fulfill the requirements under legislation.

Source: DHS (archive)

14. Hospital Access Program (HAP) – 2000/01

Performance bonus funding

EXTRACT 1

2.2 The Performance Indicators

2.2.1 Performance Indicators linked to Bonus Payments

The performance of participating hospitals in 2000/2001 will be measured against the following indicators

for the purposes of calculating each hospital's quarterly bonus:

- The proportion of Category 1 patients admitted within the recommended time (30 days);
- The proportion of Category 2 patients admitted within the recommended time (90 days);
- The average waiting times of Category 2 and Category 3 patients on the waiting list;
- The total number of patients on the waiting list (including booked patients);
- Data quality and timeliness.

The RWH (as part of Women's and Children's Health) participated in the HAP program during 2000/01 and was subject to Bonus funding for Elective Surgery

EXTRACT 2

5 Appendix: List of Participating Hospitals

Hospital	Elective Surgery	Emergency Services	Critical Care
The Alfred	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The Angliss Health Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Austin & Repatriation Medical Centre	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ballarat Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Barwon Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Bendigo Health Care Group	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Box Hill Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dandenong Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Frankston Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Goulburn Valley Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
New Latrobe Regional Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Maroondah Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Monash Medical Centre	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The Northern Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Royal Children's Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Royal Melbourne Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The Royal Victorian Eye and Ear Hospital	<input checked="" type="checkbox"/>		
Royal Women's Hospital	<input checked="" type="checkbox"/>		
Sandringham & District Memorial Hospital	<input checked="" type="checkbox"/>		
St Vincent's Hospital (Melbourne)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sunshine Hospital	<input checked="" type="checkbox"/>		
Wangaratta District Base Hospital	<input checked="" type="checkbox"/>		
West Gippsland Healthcare Group	<input checked="" type="checkbox"/>		
Western Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Source: Hospital Access Program Business Rules 2000/01

14. Hospital Access Program (HAP) – 2000/01

Elective Surgery Performance Indicators and Bonus Calculations

EXTRACT 3

Performance Indicator		Bonus Calculation	
2.4.1 Category 1 Admitted Patients		The elective surgery bonus will be reduced by 20% for each patient admitted during the quarter whose total waiting time is more than 30 days.	
Indicator	The percentage of Category 1 patients admitted from the waiting list during the quarter with a total waiting time prior to admission of 30 days or less.	<i>Example:</i>	
Target	100% of Category 1 patients to be admitted from the waiting lists within 30 days.	<i>Total Cat. 1 patients admitted during the quarter</i>	= 78
Denominator	The total number of Category 1 patients admitted from the waiting lists during the quarter.	<i>Total Cat. 1 patients admitted within 30 days or less during the quarter</i>	= 75
Numerator	The total number of Category 1 patients admitted from the waiting list during the quarter whose total waiting time prior to admission is 30 days or less.	<i>Target (100%)</i>	= 78
		<i>Patients waiting longer than recommended</i>	= 3
		Percentage Bonus Reduction (20% per patient)	60%
2.4.2 Category 2 Admitted Patients		The elective surgery bonus will be reduced by 2% for each percentage point by which the Category 2 patients admitted from the waiting list during the quarter within 90 days is below target.	
Indicator	The percentage of Category 2 patients admitted from the waiting list during the quarter with a total waiting time of 90 days or less.	<i>Example:</i>	
Target	75% of Category 2 patients admitted from the waiting list during the quarter with a total waiting time of 90 days or less.	<i>Total Cat. 2 patients admitted from the waiting list during the quarter</i>	= 1050
Denominator	The total number of Category 2 patients admitted from the waiting or booking list during the quarter.	<i>Total Category 2 patients admitted from the waiting list during the June quarter in 90 days or less</i>	= 819
Numerator	The total number of Category 2 patients admitted from the waiting list during the quarter with a total waiting time prior to admission of 90 days or less.	<i>Percentage admitted within 90 days</i>	= 73.5%
		<i>Target</i>	= 75%
		Bonus reduction (2 x 1.5)	= 3.0%

EXTRACT 4

Performance Indicator		Bonus Calculation	
2.4.3 Average Waiting Time: Category 2 Patients on the Waiting List		A 2% reduction for each percentage point by which the average total waiting time of Category 2 patients on the waiting list at the census date is below target.	
Indicator	The average total waiting time of Category 2 patients on the waiting list at the census date.	<i>Example:</i>	
Target	85 days.	<i>Sum of the total waiting time of all Category 3 patients on the waiting list at the end of the quarter</i>	= 20,675 days
Denominator	The number of Category 2 patients on the waiting list at the census date.	<i>Total number of Category 3 patients on the waiting list at the end of the quarter</i>	= 175
Numerator	The sum of the total waiting time of all Category 2 patients on the waiting list at the census date.	<i>Average total waiting time of Category 3 patients on the waiting list at the end of the quarter.</i>	= 118.1 days
		<i>Target</i>	= 85 days
		<i>Days over target (118.1-85)</i>	= 33.1
		<i>Percent over target (33.1/85 * 100)</i>	= 38.9%
		Bonus Reduction (2 x 38.9)	= 77.8%

Source: Hospital Access Program Business Rules 2000/01

14. Hospital Access Program (HAP)– 2000/01

Elective Surgery Performance Indicators and Bonus Calculations

EXTRACT 5

Performance Indicator		Bonus Calculation
2.4.4 Average Waiting Time of Category 3 Patients on the Waiting List		A 1% reduction for each percentage point by which the average total waiting time of Category 3 patients on the waiting list at the census date is below target.
Indicator	The average total waiting time of Category 3 patients on the waiting list at the census date.	<i>Example:</i>
Target	300 days.	<i>Sum of the total waiting time of all Category 3 patients on the waiting list at the end of the quarter</i> = 141,100 days
Denominator	The number of Category 3 patients on the waiting list at the census date.	<i>Total number of Category 3 patients on the waiting list at the end of the quarter</i> = 452
Numerator	The sum of the total waiting time of all Category 3 patients on the waiting list at the census date.	<i>Average total waiting time of Category 3 patients on the waiting list at the end of the quarter.</i> = 312.2 days
		<i>Target</i> = 300 days
		<i>Days over target (312.2-300)</i> = 12.2 days
		<i>Percentage over target (12.2/300*100)</i> = 4.1%
		Bonus Reduction (1 x 4) = 4.1%
2.4.5 Multiple Postponements of Elective Surgery		
Indicator	The total number of multiple Hospital-Initiated Postponements experienced by patients during the quarter as a proportion of quarterly admitted patients.	As this is a new performance indicator, no performance targets have been set.
Target	Not applicable.	Bonus reductions will not be attached to this indicator for the 2000/2001 financial year.
Denominator	The number of patients admitted during the quarter.	
Numerator	The number of postponements (greater than one) experienced by patients who were on the waiting list at any time during the quarter.	

EXTRACT 6

Performance Indicator		Bonus Calculation
2.4.6 Total Number of Patients on the Waiting List		A 1% reduction for each percentage point by which the total waiting list exceeds the targeted reduction at the end of each quarter.
Indicator	The total number of patients (all Categories) on each hospital's waiting list.	<i>Example:</i>
Target	The number of patients (all Categories) on the waiting list at 31 December 1999.	<i>Total number of patients on the waiting list at 31 December 1999</i> = 2,356
Denominator	The number of patients on each hospital's waiting list at 31 December 1999	<i>Quarterly target</i> = 2,356
Numerator	The total number of patients on the elective surgery waiting list (including booked patients) at the census date.	<i>Total number of patients on the waiting list at census date</i> = 2,470
		<i>Patients waiting at census date as a percentage of target</i> = 104.8%
		Bonus reduction = 4.8%

Source: Hospital Access Program Business Rules 2000/01

15. RWH Performance Data

July 2006 to June 2007	
Elective surgery data - patients who have been treated	
Total number of patients admitted from the elective surgery list	2221
Total number of patients cancelled from the elective surgery list	457
Number of elective surgery Category 1 patients treated within 30 days	302
% elective surgery Category 1 patients treated within 30 days	100
Number of elective surgery Category 2 patients treated within 90 days	1547
% elective surgery Category 2 patients treated within 90 days	100
Number of elective surgery Category 3 patients treated within 365 days	368
% elective surgery Category 3 patients treated within 365 days	99

Elective surgery data - patients listed for treatment as at June 2007	
Number of elective surgery Category 1 patients	19
Number of elective surgery Category 1 patients listed for less than 30 days	19
Number of elective surgery Category 2 patients	335
Number of elective surgery Category 2 patients listed for less than 90 days	335
Number of elective surgery Category 3 patients	117
Number of elective surgery Category 3 patients listed for less than 365 days	116

July 2007 to June 2008	
Elective surgery data - patients who have been treated	
Total number of patients admitted from the elective surgery list	2127
Total number of patients cancelled from the elective surgery list	396
Number of elective surgery Category 1 patients treated within 30 days	269
% elective surgery Category 1 patients treated within 30 days	100
Number of elective surgery Category 1 patients overdue	0
Number of elective surgery Category 2 patients treated within 90 days	1541
% elective surgery Category 2 patients treated within 90 days	99
Number of elective surgery Category 2 patients overdue	14
Number of elective surgery Category 3 patients treated within 365 days	303
% elective surgery Category 3 patients treated within 365 days	100
Number of elective surgery Category 3 patients overdue	0

Elective surgery data - patients listed for treatment as at June 2008	
Number of elective surgery patients waiting	489
Number of elective surgery Category 1 patients	19
Number of elective surgery Category 1 patients listed for less than 30 days	19
Number of elective surgery Category 2 patients	325
Number of elective surgery Category 2 patients listed for less than 90 days	322
Number of elective surgery Category 3 patients	145
Number of elective surgery Category 3 patients listed for less than 365 days	144

The RWH is perceived to maintain close to perfect performance for all three categories of urgency

Appendix A. Summary of Interviews

- A.1 RWH CEO advised the problem with the elective surgery waiting list was first reported to her on 12 February 2009, when she immediately instructed that the process be stopped. She requested a report on how many patients were affected and further instructed that the affected patients be given a booking time for their procedures “over the next few months”.
- A.2 RWH CEO briefed DHS on issues and advised actions taken at the quarterly performance meeting on 23 February 2009.
- A.3 RWH CEO advised that the RWH senior executives were not aware of this practice.
- A.4 ED Strategy Planning & Performance (commenced at RWH January 2008) noted during Q2 (Oct-Dec 08) that there was a deterioration in activity performance (i.e. WIES behind target) RWH initiated ‘Project 100’ – targeted at doing an additional 100 elective surgery patients within Q2. As a result of these two issues a more detailed internal analysis/review was commenced relating to elective surgery waiting list data and perioperative admissions.
- A.5 The outcome of the review identified D&C Hysteroscopy procedures, previously not included under the DHS business rules for ESIS, could have been considered relevant (for ESIS). This was discussed with DHS and it was agreed the inclusion of D&C Hysteroscopies was appropriate. This resulted in an increase of the ESIS reported numbers.

Appendix A. Summary of Interviews (continued)

- A.6 In January 2009 the ED Strategy Planning & Performance observed and queried the material correction (i.e. reduction) in the ESIS waiting list for the Q2 results (i.e. ESIS waiting list at 31 December 2008 dropped by 89 patients from end of November).
- A.7 In January 2009, a new Director of Gynecology & Cancer was appointed who subsequently (February 2009) also took over responsibility for perioperative services (which included oversight of waiting list booking staff).
- A.8 The previous Director left the employment of RWH towards to end of December 2008.
- A.9 On 30 January 2009, a specific query was raised by ED Strategy Planning & Performance with the new Director and the existing Co-Director of Perioperative Services (overseeing Perioperative Services) as to the degree of confidence they had in the integrity of waiting list data.
- A.10 On 12 February 2009, the Gynaecology and Cancer co-directors responsible for perioperative booking staff confirmed a “long standing practice” involving the “administrative deferral” of patients utilising the “patient initiated deferral” categorisation under the ESIS business rules. The Associate Director (formally the Co-director) stated she believed that “senior management” were aware of the practices. Our feedback from other interviews did not corroborate this and no documentary evidence was available as support (as such we are unable to conclude on this matter).

Appendix A. Summary of Interviews (continued)

- A.14 A existing staff member took up a role as the “Business Manager” in Clinical Operations in early 2002 which included overseeing waiting list management/booking clerks.
- A.15 A handover process from the previous incumbent included comments relating to the need to focus on waiting list management/achieving targets (booking clerks already did the adjustment for NRFC – however the process was not documented).
- A.16 The Business Manager Clinical Operations did not understand why this process was adopted, given no apparent benefit to RWH. The process was brought to the attention of the then Director Clinical Operations, who confirmed she was aware the process was in place (from October 2000) however, she also commented she was inexperienced at the time and did not appreciate the consequences of this practice.
- A.17 There has been substantial turnover by natural attrition of booking clerks in the perioperative services booking office.

Appendix A. Summary of Interviews (continued)

- A.23 The now Associate Director of perioperative services confirmed that in mid February 2009 she was instructed to cease the data manipulation practice and provide bookings for those patients who were deferred as a result of this practice.
- A.24 The Associate Director of perioperative services noted that the deferral flags were still in place (as at 24 March 2009) for a number of those patients.
- A.25 The Associate Director of perioperative services provided a copy of email correspondence from the Information and Performance Analyst which had attached a monthly report identifying those patients approaching the target times for Category 1, 2 and 3 patients on the waiting list.
- A.26 The then Director of Clinical Operations (DCO) oversaw the waiting list booking staff as part of various roles held during the period October 2000 to July 2006. She now holds a non-clinical senior management role at RWH.
- A.27 The data manipulation practice was in place prior to her commencement and she believed it had been in place for sometime (i.e. predating her employment).
- A.28 The DCO believed that this was accepted practice and didn't question it. She said this matter was reported to the performance unit in place at the time (by what ever name it was called – unable to recollect).

Appendix A. Summary of Interviews (continued)

- A.29 The DCO confirmed there was a procedural manual in place for the old system (HOMER) which was replaced November 2007 by the iPM Health Smart System. RWH booking office staff were not able to provide a copy of this manual, stating they believed it had been “thrown out” following the implementation of iPM (i.e. November 2007).

- A.30 DCO was not aware of Executive Management discussing this matter as waiting lists were consistently reported as ‘under control’.

Appendix B. Meeting Minutes made Available for Review

1. Monthly Activity Review Meeting – 27 August 2008 – 25 February 2009
2. Governance and Risk Committee – 1 July 2008 - 23 December 2008
3. RWH Executive Meeting – 16 June 2008 – 22 December 2008
4. Clinical Executive Meeting – July 2008 – December 2008
5. Clinical Operations Executive Meetings January 2009

Relevant minutes:

Monthly Activity Review Meeting	27 August 2008
Governance and Risk Committee	22 July 2008
Clinical Executive Meeting	13 October 2008
RWH Executive Meeting	6 October 2008
Monthly Activity Review Meeting	24 September 2008
Governance & Risk Committee	9 September 2008
Monthly Activity Review Meeting	22 October 2008
Monthly Activity Review Meeting	17 December 2008
ESIS Report	23 March 2009
Clinical Operations Executive	3 March 2009
Monthly Activity Review Meeting	28 February 2009

Appendix C. Interviewees

Chief Executive Officer

Corporate Counsel (Legal Counsel)

Executive Director, Strategy, Planning and Performance

Executive Director, Clinical Support and Contracts

Executive Director, Clinical Services (including perioperative services)

Director Gynaecology and Cancer Services

Associate Director Perioperative Services

Director, Clinical Operations

Acting Director of Women's Speciality Health

Manager, Operational Planning and Performance

Elective Surgery Access Manager (various, some former staff)

Waiting list clerk

Perioperative Services Booking staff

Business Manager (Waiting List)

Information and Performance Analyst

Appendix D. RWH Data Entry Instruction Document

REPORTS

Every **Monday morning** the following reports are printed out automatically.

- ESAS
Check patients that have been admitted as [28] not [2]. If you find any change it to 2. (check with [REDACTED] first that she hasn't submitted that date range)
ESAS from other hospitals are exempt. PPP's are to be 200
ESAS from RWH PPP's are non exempt and are to be coded.
- Bookings with no RFC dates (6,3,14)
Go through the list and add RFC dates 1 day before their scheduled admission date.
- Bookings with DEF FLG but RFC date in the past (is included with)
Remove the RFC date for patients that have had a cancellation.
Match the RFC to the booking date if patient has been offered another date.
- Overdue bookings (6, 3, 13)
This report will pick up any cancellations that have been missed and patients who's admission date differs from the W/L admission date. For these patients you have to either bring their date forward or cancel that date and insert the actual date. **Always check on HASS first** to check that the surgery has been done and not cancelled.

The following reports are to be printed out every **Monday morning**.

- Deferrals (6, 3, 19, 8)
Units to include gyn 1, 2, 3 and ESAS, Dys RBU Urgn and Choices/FPC
You need to keep a watch on patients who have been deferred but have a date. Patients need to be undeferred when the days remaining match up to the admission date. Your goal is to have patients undeferred sitting around the 25-29 days for cat 1 and 80-89 days for cat 2 with surgery dates.
- HIP's (6,3,19,9)
Enter the date range for the current month. Always check "Doctor cancelled booking date". If the incorrect cancellation code has been entered & the patient hasn't been offered another date, check with [REDACTED] whether she has submitted that date. If not change it to the correct code.
- Cancellations for the previous week on HASS
Ask [REDACTED] to run a Crystal cancellation report (my Crystal folder) for the previous week & check JBase that they have all been cancelled or reinstated.

Every **Friday morning** run the W/L report again and go through the same process of deferring and undeferring.

Individual's names have been "blacked out" to acknowledge their privacy.

Management comments provided by Royal Women's Hospital Executive are attached.

RWH Management Comments

Paxton report page reference	Paragraph reference	RWH Management comments
9	3.2	The data entry procedural document has no official status and is at odds with the RWH policy and procedure manual for this area (policy and procedures reviewed in 2007).
10	3.6	There were controls however the existing internal controls were not adequate to detect this localised practice.
11	3.8	<p>It is important to note that Elective surgery performance monitoring was in place through monthly reports to the Executive and quarterly reports to Finance Committee. The Board Quality Committee regularly reviews access and waiting list reports at its meeting. As monthly performance was tracking consistently well, there was no trigger for a more detailed review of local controls. In the absence of an indication that reports are inadequate or inaccurate, Board Directors are entitled to accept as correct, information provided to them by management.</p> <p>The consistent trend of the achievement of targets over many years has masked the ESIS waiting time and effectively did not lead management to pursue any further lines of enquiry</p>

RWH Management Comments

Paxton report page reference	Paragraph reference	RWH Management comments
12	3.11(c)	Query the validity of comparing the average waiting time for the affected and unaffected cohorts of patients where the benchmark is the 90 day target.
13	3.12	<p>The RWH internal auditors Deloitte have been briefed to specifically include patient database and reporting systems as part of the annual audit plan for 09/10. In addition supplementary audits have been commissioned this year for the patient database information systems operating in perioperative services.</p> <p>Other remedial actions by RWH include:</p> <ul style="list-style-type: none"> -The new Director with the responsibility for Perioperative Services has been specifically instructed by the CEO to review all operational practices in the area. -The Clinical Quality and Safety Unit has been instructed to conduct a patient care audit to assess the impact on patient care for these affected women. -DHS has been advised to remove RWH ESIS data from reports until the data is corrected, verified and re-submitted. -ED SPP is to develop a plan to centralise all patient related activity data to improve data entry controls and practices, to ensure integrity of data.

RWH Management Comments

Paxton report page reference	Paragraph reference	RWH Management comments
15	3.16.1	RWH does categorise patients for elective surgery according to triage guidelines described in the ESIS Business Rules. Systems for proper clinical oversight do exist. Patients were treated when their turn came up. The incorrect practice of adjusting the waiting time affected the reporting figure, not the clinical pathway.
15	3.16.4	RWH Board Finance Committee has resolved to review and resubmit ESIS data for the 08/09 year and DHS has been notified.
16	3.16.5	Agreed and actioned
16	3.16.6	Agree. RWH Clinical Governance Unit is to conduct a review
21	6.2	The data entry procedural document has no official status and is at odds with the RWH policy and procedure manual for this area. (reviewed in 2007)

RWH Management Comments

Paxton report page reference	Paragraph reference	RWH Management comments
27	9.2	The data entry procedural document has no official status and is at odds with the RWH policy and procedure manual for this area. (reviewed in 2007)
34	11.1	<p>The RWH internal auditors Deloitte have been briefed to specifically include patient database and reporting systems as part of the annual audit plan for 09/10. In addition supplementary audits have been commissioned this year for the patient database information systems operating in perioperative services.</p> <p>Other remedial actions by RWH include:</p> <ul style="list-style-type: none"> -The new Director with the responsibility for Perioperative Services has been specifically instructed by the CEO to review all operational practices in the area. -The Clinical Quality and Safety Unit has been instructed to conduct a patient care audit to assess the impact on patient care for these affected women. -DHS has been advised to remove RWH ESIS data from reports until the data is corrected, verified and re-submitted. -ED SPP is to develop a plan to centralise all patient related activity data to improve data entry controls and practices, to ensure integrity of data.

RWH Management Comments

Paxton report page reference	Paragraph reference	RWH Management comments
37	12.2.2	Query the validity of comparing the average waiting time for the affected and unaffected cohorts of patients where the benchmark is the 90 day target.