ACT Elective Surgery ACCESS

POLICY 2011

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1. INTRODUCTION

Each year approximately 10,000 people from the ACT and surrounding region have elective surgery as patients of the ACT public hospital system.

Elective surgery is defined as surgery that, in the opinion of the treating clinician is necessary, and for which admission can be delayed for at least 24 hours. Elective surgery in the public hospital system is provided through the use of waiting lists, which are registers of patients who are waiting for elective care. Patients are placed on a waiting list and given a clinical priority category depending on the seriousness of their condition. Categories 1, 2, and 3 referred to in this document align with National Health and Hospitals Network 2010 definitions. These enable hospitals and clinicians to manage the demand for surgery based on the level of clinical need and the availability of appropriate facilities and clinical staff. Examples of elective surgery include cataract removal, gall bladder removal, coronary artery surgery, inguinal hernia repair, total hip replacement and total knee replacement.

The capacity of the public health system to provide elective surgery is governed by a number of crucial factors. These include the demand for emergency surgery, demand for hospital beds due to emergency and urgent medical care, the supply of surgeons, anaesthetists and nursing staff, theatre capacity, scheduling and management practices, and effective planning of patient discharge from hospital.

Managing elective patients and waiting lists is a key priority for the ACT Government and ACT Health. The community insists on transparency and accountability and patients expect timely, accessible and high quality patient centred services.

The 'Waiting Time and Elective Patient Management Policy' was developed in 2007 to promote clinically appropriate, consistent and equitable management of elective patients and waiting lists in public hospitals across the ACT. Since its original publication, hospitals and stakeholders have provided feedback and suggestions to strengthen the policy. This revised policy, 'ACT Elective Surgery Access Policy 2011' reflects this input and retains a strong focus on the active management of elective surgery patients.

2. SCOPE

This policy replaces the 'Waiting Time and Elective Patient Management Policy – October 2007' including its appendices: Advice for Referring and Treating Doctors – Allocation of Clinical Priority Categories for elective patients in ACT public hospitals and Advice for Referring and Treating Doctors – Managing elective patients and waiting lists in ACT public hospitals.

The ACT Elective Surgery Access Policy 2011 has been developed to promote clinically appropriate, consistent and equitable management of elective patients and waiting lists in public hospitals in the ACT.

Hospitals have a responsibility for ensuring compliance with the contents of this document, including ensuring there are processes in place to:

- Implement the policy
- Identify staff roles and responsibilities
- Validate the accuracy and integrity of reported data
- Regularly review individual hospital performance
- Train and educate staff managing elective patients and the waiting lists.

3. POLICY OBJECTIVES

The policy seeks to:

- Support active management of elective surgery patients
- Support best practice in elective surgery waiting list management
- Identify the rights and responsibilities of hospitals, referring surgeons and patients
- Improve communication among patients, hospitals, referring surgeons and community providers
- Support meaningful reporting to the public by hospitals and the government.

4. POLICY PRINCIPLES

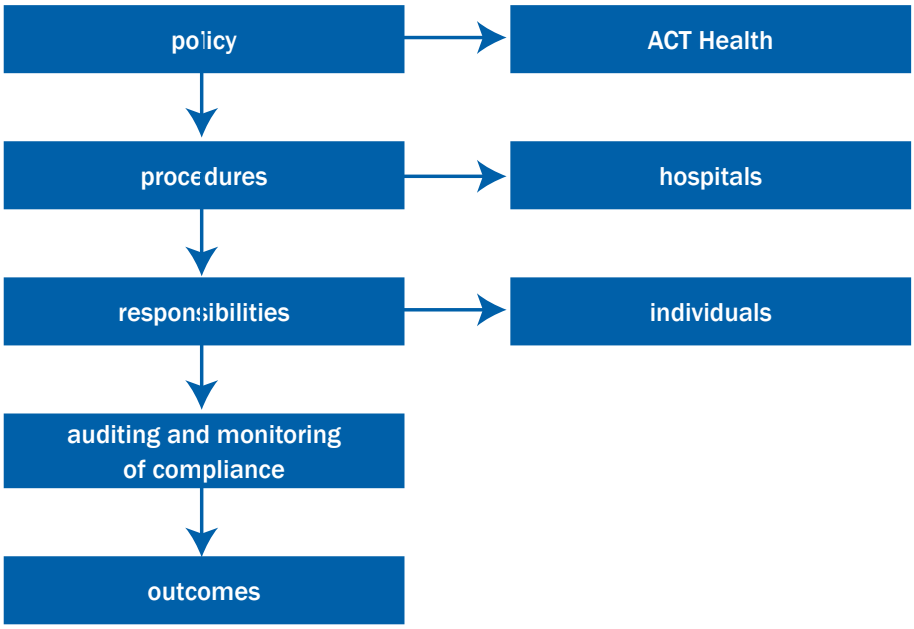
The following principles underpin the policy:

- Referrals for elective surgery are clinically appropriate and represent a suitable treatment for the patient's condition
- Patients are provided with easy to understand information about access to elective surgery and their rights and responsibilities
- Public patients are the shared responsibility of the hospital, the referring surgeon and the relevant specialty
- Patients waiting for elective surgery are fully informed about, and have consented to, the procedure/treatment
- All documentation is complete, legible and accurate
- Waiting list management services are provided in an efficient, transparent and patient centred manner
- The elective surgery waiting list is managed to ensure patients are treated equitably within clinically appropriate timeframes and with priority given to patients with an urgent clinical need
- The scheduling of surgery is undertaken in consideration of available capacity
- Hospitals minimise the impact and inconvenience to patients whose surgery they postpone
- The elective surgery waiting list is managed to promote the most effective use of available resources
- When a surgical specialty is unable to cope with increased demand, the hospital will be informed to escalate options for the patient
- There is valid, reliable and accountable reporting of access to elective surgery.

5. ACT HEALTH'S RESPONSIBILITIES

Responsibilities of ACT Health:

- To develop a policy including principles, accountabilities and defined roles and responsibilities
- To ensure system wide equity of access for patients by monitoring a range of performance indicators
- To ensure hospitals have a process of consultation and communication with appropriate clinicians and services regarding reduced activity periods
- To collect data and disseminate waiting list information based on a robust reporting and accountability framework
- Distribute and monitor the use of any additional government funding allocated to improving the management of elective surgery.



6. ELECTIVE SURGERY CLINICAL PROCESSES

6.1 Referring Patients for Elective Surgery

Policy Principles

- Referrals for elective surgery are clinically appropriate and represent a suitable treatment for the patient's condition
- Patients are provided with easy to understand information about access to elective surgery and their rights and responsibilities
- Public patients are the shared responsibility of the hospital, referring surgeon and relevant specialty
- Patients waiting for elective surgery are fully informed about, and have consented to the procedure
- All documentation will be complete, legible and accurate.

Policy Statement

Decisions to undertake surgery will be made on the basis of evidence, with due consideration of treatment options, and with the consent of the patient.

Policy Implementation Guidelines

The referring surgeon must be currently contracted and appropriately credentialed with the Medical and Dental Appointments Advisory Committee and the respective hospital.

The referring surgeon must inform the patient of:

- The proposed procedure/treatment
- The risks associated with the proposed procedure/treatment
- Other options for management of the condition
- The need for consent
- The reason for referral to the waiting list
- The waiting list process, including clinical priority categories
- Their clinical priority category
- The circumstances in which care might be provided by another doctor or hospital
- The difference between admission as a public or private patient
- Prioritisation is according to clinical need, regardless of whether the patient elects to be treated as a public or private patient
- The associated costs of treatment and that priority of treatment will be based on clinical priority regardless of insurance status, where a patient elects to be treated as a private patient.

All public patients must be told that their treatment may be provided by a hospital appointed doctor, not a doctor of their choice. This must be explained when they agree to be treated as a public patient.

The referring surgeon must complete the approved Request for Admission Form (RFA).

The RFA must contain all relevant information required by the hospital in order to manage the patient's waiting list episode.

Patients must be fully informed and have consented to the procedure/ treatment offered.

Cosmetic and Discretionary Surgery – Inclusion/Exclusion Criteria

Surgery should meet an identified clinical need to improve the physical health of the patient.

The referring surgeon should seek the approval of the Clinical Director of Surgical Services (TCH)/Director of Medical Services (CHC), in consultation with senior management before cosmetic and discretionary procedures are undertaken in any public hospital facility.

The referring surgeon should document on the RFA, at the time a patient is referred, objective medical criteria supporting the decision for surgery for all procedures that may be considered cosmetic or discretionary. This requirement supports appropriate documentation of clinical decision making and the review process.

For procedures not appearing on the list below or where there is doubt about the nature of the proposed surgery, the request should be referred to the Clinical Director of Surgical Services (TCH)/Director of Medical Services (CHC) for review prior to the patient being added to the elective surgery waiting list. Advice from the Health Technologies Assessment Committee may also be required.

The following list of surgical procedures should not routinely be performed in public hospitals in the ACT unless there is a clear clinical need to improve a patient's physical health.

Cosmetic Procedure	Exception
Bilateral breast reduction	Severe disability due to breast size
Hair transplant	Disfiguring hair loss due to severe burn
Reduction of upper or lower eyelid	Severe visual impairment
Total rhinoplasty	Major facial trauma Congenital abnormality - paediatrics
Liposuction	Nil
Abdominal lipectomy (Abdominoplasty)	Nil
Bilateral breast augmentation	Nil
Facelifts	Nil
Correction of bat ear (>16 years old)	Nil
Tattoo removal procedures	Nil
Removal of benign moles	Nil
Candela Laser	Congenital abnormality – paediatrics < 17 years

Discretionary Procedure	Exception
Gender reassignment surgery	Congenital abnormalities in children
Lengthening of penis procedure	Congenital abnormalities in children
Insertion of artificial erection devices	Nil
Reversal of sterilization	Nil
Social circumcision	Nil

Approval must be obtained from the Clinical Director of Surgery to perform discretionary procedures. Admitting surgeons must provide sufficient evidence to demonstrate there is a clear clinical need for these procedures

New Procedures – The Health Technologies Assessment Committee must formally approve new procedures not previously undertaken and the clinicians appropriately accredited to undertake the procedure before patients are added to the elective surgery waiting list. A doctor may only refer patients for addition to the elective surgery waiting list for procedures for which the doctor has been accredited by Medical and Dental Appointments Advisory Committee. Surgical procedures should only be conducted at the hospital with the appropriate role delineation to support the infrastructure to perform the procedure.

Monitoring and Reporting - Monitoring of the addition of these excluded procedures to the elective surgery waiting list will be undertaken by the Elective Surgery Access Coordinator at each hospital as part of normal waiting list management according to the Policy.

Responsibilities Statement

Responsibilities of the Patient

- Follow the procedures and advice outlined in the information provided by the hospital
- Advise the hospital of any change in desire to undergo the procedure/treatment
- Follow hospital admission procedure and advise of any changes to the proposed admission such as availability or change of address
- Attend any preadmission appointments as required and present on the day of admission.

Responsibilities of the GP

- Arrange referral for patients to a hospital which has surgeons with the appropriate expertise and the least waiting time for the anticipated elective surgical procedure (outpatient waiting time, travelling time and patient choice should be considered)
- Provide the hospital with appropriate patient information
- Liaise with the referring surgeon if there is a change in any indications for surgery after referral.

Responsibilities of the Surgeon

- Explain proposed procedure/treatment, anticipated length of stay and obtain written informed consent from the patient
- Assign a clinical priority category for the procedure/treatment, as it applies to the individual patient
- Ensure that RFA forms are legible and complete
- Initiate prompt and appropriate communication with the referring GP regarding management of the patient.

Responsibilities of the Surgical Booking Clerk

- Ensure all relevant data is entered on the waiting list system in a timely manner, including changes notified by the patient, GP, surgeon, registrar, administrative or other staff
- Ensure all documentation and electronic data input is accurate, legible and complete
- Comply with local procedures/protocols for administrative processes that support this Policy
- Ensure procedures included in the excluded or discretionary list of procedures are not added to the waiting list without approval from the Clinical Director of Surgery (TCH)/Director of Medical Services (CHC).

Responsibilities of the Clinical Director of Surgical Services (TCH)/Director of Medical Services (CHC)

- Ensure clinician compliance with this Policy
- Review and manage applications to perform discretionary procedures
- Promote efficient and effective waiting list management by clinicians within their hospital.

Responsibilities of the Executive Director Surgical and Critical Care Services (TCH)/Chief Executive Officer (CHC)

- Ensure compliance with this Policy
- Ensure that mechanisms, including clear administrative and clinical procedures/protocols, are in place to implement this Policy and promote efficient and effective waiting list management within all levels of hospital management. This includes the provision of adequate facilities/staff/work environment to facilitate the surgical management of patients referred to the hospital
- Facilitate prompt and appropriate communication with the referring GP regarding management of the patient.

6.2 Elective Surgery Categorisation

Policy Principle

The elective surgery waiting list is managed to ensure patients are treated equitably within clinically appropriate timeframes and with priority given to patients with an urgent clinical need.

Policy Statement

All patients will be assigned a clinical priority category, prior to being registered on an elective surgery waiting list.

Policy Implementation Guidelines

All elective surgery patients are categorised based on clinical urgency and according to the following National Access Guarantee Categories, as defined by the National Health and Hospitals Network:

Category 1 Admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it might become an emergency

Category 2 Admission within 90 days is desirable for a condition causing some pain, dysfunction or disability, but which is not likely to deteriorate quickly or become an emergency

Category 3 Admission within 365 days is acceptable for a condition which is unlikely to deteriorate quickly and which has little potential to become an emergency.

Clinical priority categories are to be based on the patient's clinical need.

Recategorisation of patients should reflect a change in clinical need and occur following a clinical review. The task of recategorisation may be delegated to a nominated officer, including an appropriate registrar, senior registered nurse or named delegate of the referring surgeon.

Clear and concise documentation must be completed by the referring surgeon or nominated officer and be returned to the relevant Surgical Booking Clerk.

Responsibilities Statement

Responsibilities of the Surgeon

- Assign a clinical priority category for the procedure/treatment, as it applies to the individual patient
- Ensure that RFA forms are legible and complete
- Initiate prompt and appropriate communication with the referring GP regarding management of the patient
- Authorise recategorisation of patients from the elective surgery waiting list in accordance with this Policy.

Responsibilities of the Surgical Booking Clerk

- Ensure all relevant data is entered on the waiting list system in a timely manner, including changes notified by the patient, GP, surgeon, registrar, administrative or other staff
- Ensure all documentation and electronic data input is accurate, legible and complete
- Comply with local procedures/protocols for administrative processes that support this Policy
- Patients must be advised within three working days of any change in their clinical priority category. All changes must be documented on the RFA and on the electronic waiting list, including a brief summary of telephone conversation.

6.3 Timeliness of Elective Surgery — Patient Review and Management Process

Policy Principles

- The elective surgery waiting list is managed to ensure patients are treated equitably within clinically appropriate timeframes and with priority given to patients with an urgent clinical need
- Public patients are the shared responsibility of the hospital, referring surgeon and relevant specialty
- The scheduling of surgery is undertaken in consideration of available capacity.

Policy Statement

The hospital will oversee a system of clinical and administrative monitoring to maximise the number of patients treated within the recommended times and to expedite the treatment of any patient not treated within time.

Policy Implementation Guidelines

All patients should be reviewed whilst on the elective surgery waiting list, this review may be either 'Clinical' or 'Administrative'.

A Clinical Review

A Clinical Review is a clinical assessment of a patient on the waiting list. A Clinical Review:

- Will be conducted for a deteriorating patient
- Will be conducted by the referring surgeon or appropriate clinician, by face to face or telephone interview
- Should be at no cost to the patient.

Administrative Review

All elective surgery patients will be reviewed by the Surgical Booking Clerk as follows:

Patient Category	Administrative Review	Trigger	Action
Category 1	On receipt of RFA	No surgical booking date Surgery not possible within 30 days	Discuss date/s and other options with surgeon Book surgery No date, escalate
Category 2	On receipt of RFA	Surgery not possible within 90 days No date scheduled after 60 days	Confirm patient still requires surgery Discuss date/s and other options with surgeon Book surgery No date, escalate
Category 3	Bi-monthly	No date scheduled after 270 days	Confirm patient still requires surgery Discuss date/s and other options with surgeon Book surgery No date, escalate

Surgeons submitting RFA's for patients that require surgery in less than 90 days but greater than 30 days must indicate a timeframe or discuss directly with the Surgical Booking Clerk.

When a surgical booking date cannot be established within the appropriate timeframes, the Surgical Bookings Manager will explore the following options with the referring surgeon:

1. Extra theatre sessions
2. Transfer of the patient to another surgeon
3. Transfer of the patient to another hospital
4. Transfer of category 2 or 3 patients to a private provider
5. Recategorisation with a surgical booking date, if clinically appropriate.

Following discussion of the above options with no appropriate outcome, the Surgical Bookings Manager will escalate the issue to the Head of Unit, Clinical Director and Hospital Executive.

If the Surgical Bookings Manager regularly finds no resolution with the above options, the hospital should conduct a formal review of the referring surgeon's session allocation.

Responsibilities Statement

Responsibilities of the Surgeon

- Assign a clinical priority category for the procedure/treatment, as it applies to the individual patient
- Liaise with Surgical Booking Clerk when submitting RFA's for category 2 patients that require surgery in less than 90 days but can wait greater than 30 days
- Ensure that RFA forms are legible and complete
- Initiate prompt and appropriate communication with the referring GP regarding management of the patient
- Liaise with Surgical Bookings Manager to identify long wait patients on the list and facilitate their admission
- Authorise recategorisation and removal of patients from the waiting list in accordance with this Policy.

Responsibilities of the Surgical Bookings Manager

- Monitor and ensure compliance with this Policy and take remedial action where issues are identified
- Management and performance of all Surgical Booking Clerks
- Monitor all audits and clinical and administrative reviews and take remedial action where issues are identified.

Responsibilities of the Surgical Booking Clerk

- Ensure all relevant data is entered on the waiting list system in a timely manner, including changes notified by the patient, GP, surgeon, registrar, administrative or other staff
- Handle patient enquiries and make requested changes to the computerised waiting list system as required
- Following administrative review, liaise with referring surgeon or appropriate registrar to enable the facilitation of the patient's admission and timely date of surgery
- Ensure all documentation and electronic data input is accurate, legible and complete
- Comply with local procedures/protocols for administrative processes that support this Policy
- Liaise with surgeons regarding category 2 patients that require surgery in less than 90 days but can wait greater than 30 days.

Responsibilities of the Heads of Unit

- Ensure clinical compliance with this Policy
- Liaise with surgeons to actively manage and regularly review long wait patients on their list and to facilitate timely admission
- Facilitate transfer of patients between surgeons/units/hospitals in consultation with Clinical Director of Surgical Services (TCH)/Director of Medical Services (CHC) to minimise waiting time, where necessary
- Authorise recategorisation and removal of patients from the waiting list in accordance with this Policy.

Responsibilities of the Clinical Director of Surgical Services (TCH)/ Director of Medical Services (CHC)

- Ensure clinician compliance with this Policy
- Promote efficient and effective waiting list management by clinicians within their hospital
- Authorise recategorisation and removal of patients from the waiting list in accordance with this Policy.

Responsibilities of the Executive Director Surgical and Critical Care Services (TCH)/Chief Executive Officer (CHC)

- Ensure compliance with this Policy
- Ensure that mechanisms, including clear administrative and clinical procedures/protocols, are in place to implement this Policy and promote efficient and effective waiting list management within all levels of hospital management. This includes the provision of adequate facilities/staff/work environment to facilitate the surgical management of patients referred to the hospital
- Facilitate prompt and appropriate communication with the referring GP regarding management of the patient
- Make recommendations to the Surgical Services Taskforce about the allocation of resources between specialties/disciplines/hospitals for efficient waiting list management.

6.4 Doctor's Leave

Policy Principle

The elective surgery waiting list is managed to promote the most effective use of available resources.

Policy Statement

The hospital will administer systems to maximise elective surgery service efficiency.

Policy Implementation Guidelines

To ensure appropriate theatre scheduling, doctors are requested to provide as much notice of intended leave as possible (minimum 4 weeks). Leave includes annual, study and conference.

The hospital will ensure appropriate communication of scheduled reduced activity periods, promulgated public holidays and recognised holiday periods. The hospital will develop and implement plans, in consultation with appropriate clinicians and services, regarding these periods.

A patient's clinical priority category and listing date does not change as a result of doctor's leave.

Patients whose clinical priority cannot be met during a period of leave may not be booked on that surgeon's waiting list. A management plan for affected patients should be developed and implemented for all leave.

Affected patients are those who during the leave period:

- Already had a planned admission date
- Will exceed their clinical priority timeframe during the leave period.

A patient's management plan should ensure affected patients:

- Are assured that their queue order will not be affected
- Know who the replacement doctor will be
- Are advised if clinical review is required
- Are provided with information regarding their expected waiting time.

A management plan for affected patients should be developed and implemented for all leave in consultation with the referring surgeon, Head of Unit, Clinical Director of Surgical Services (TCH)/Director of Medical Services (CHC), Perioperative Suite Management, Elective Surgery Access Coordinator and Surgical Booking Clerk.

Resignation or Retirement

Following notification of planned and unplanned resignation or retirement, or failure to be reappointed, no further patients should be added to the doctor's waiting list beyond the capacity to ensure patients receive their surgery within clinically appropriate timeframes.

A management plan for resignation, retirement (planned and unplanned) or failure to be reappointed requires:

- Consultation with Head of Unit, Clinical Director of Surgical Services (TCH)/ Director of Medical Services (CHC), Perioperative Suite Management, Surgical Bookings Manager and relevant Booking Clerk
- Location of a replacement treating doctor in consultation with Head of Unit, Clinical Director of Surgical Services (TCH)/Director of Medical Services (CHC)
- Clinical review (within 3 months) is required for patients remaining on departing doctor's waiting list
- Need to consider if nominated doctor is willing to take on additional patients and has capacity to undertake the work.

All patients will be clinically and/or administratively reviewed and a plan developed by the Head of Unit.

Responsibilities Statement

Responsibilities of the Surgeon

- Initiate prompt and appropriate communication with the referring GP regarding management of the patient
- Ensure adequate notification (minimum of 4 weeks) is received by hospital of planned leave
- Authorise recategorisation and removal of patients from the waiting list in accordance with this Policy.

Responsibilities of the Surgical Booking Clerk

- Ensure all relevant data is entered on the waiting list system in a timely manner, including changes notified by the patient, GP, surgeon, registrar, administrative or other staff
- Following clinical and/or administrative review, liaise with referring surgeon or appropriate Registrar to enable the facilitation of the patient's admission and timely date of surgery
- Ensure all documentation and electronic data input is accurate, legible and complete
- Comply with local procedures/protocols for administrative processes that support this Policy
- Co-ordinate actions of management plan developed by the relevant Head of Unit.

Responsibilities of the Heads of Unit

- Ensure clinical compliance with this Policy
- Develop management plan in consultation with Craft Group
- Facilitate transfer of patients between surgeons/units/hospitals in consultation with Clinical Director of Surgical Services (TCH)/Director of Medical Services (CHC) to minimise waiting time, where necessary
- Authorise recategorisation and removal of patients from the waiting list in accordance with this Policy.

Responsibilities of the Clinical Director of Surgical Services (TCH)/ Director of Medical Services (CHC)

- Ensure clinician compliance with this Policy
- Promote efficient and effective waiting list management by clinicians within their hospital
- Authorise recategorisation and removal of patients from the waiting list in accordance with this Policy.

Responsibilities of the Executive Director Surgical and Critical Care Services (TCH)/Chief Executive Officer (CHC)

- Ensure compliance with this Policy
- Ensure that mechanisms, including clear administrative and clinical procedures/protocols, are in place to implement this Policy and promote efficient and effective waiting list management within all levels of hospital management. This includes the provision of adequate facilities/staff/work environment to facilitate the surgical management of patients referred to the hospital
- Facilitate prompt and appropriate communication with the referring GP regarding management of the patient.

7. ELECTIVE SURGERY ADMINISTRATIVE PROCESSES

7.1 Elective Surgery Accountable Officer

Policy Principles

- Patients are provided with easy to understand information about access to elective surgery and their rights and responsibilities
- Waiting list management services are provided in an efficient, transparent and patient centred manner
- The elective surgery waiting list is managed to ensure patients are treated equitably within clinically appropriate timeframes and with priority given to patients with an urgent clinical need
- The elective surgery waiting list is managed to promote the most effective use of available resources.

Policy Statement

The hospital will identify an accountable officer who is responsible for elective surgery services.

Responsibilities Statement

Responsibilities of the Elective Surgery Accountable Officer

- Monitor compliance with this Policy
- Monitor elective surgery performance and targets to ensure the hospital is meeting or progressing positively towards targets
- Work with clinical staff to instigate positive change and enhance elective surgery performance and throughput
- Initiate administrative and clinical reform in order to improve patient access, maximise patient outcomes and support the provision of consistent high quality and efficient elective surgery services.

Responsibilities of the Executive Director Surgical and Critical Care Services (TCH)/Chief Executive Officer (CHC)

Identify an Elective Surgery Accountable Officer.

7.2 Registering Patients on the Waiting List

Policy Principles

- Waiting list management services are provided in an efficient, transparent and patient centred manner
- Patients are provided with easy to understand information about access to elective surgery and their rights and responsibilities
- All documentation will be complete, legible and accurate.

Policy Statement

All data entered on to the electronic waiting list will be accurate, concise and auditable.

Policy Implementation Guidelines

Registration requirements:

- The date stamped on the RFA is the date used for elective surgery waiting list registration (this is the date when the RFA is first received by the hospital)
- RFAs should not be registered until complete
- Patients should be placed on the elective surgery waiting list within 3 working days of receiving a completed RFA.

Elective Surgery Access Coordinators are required to advise patients in writing within three working days of registration that they have been placed on the elective surgery waiting list.

At the time of registering a patient on the elective surgery waiting list, hospitals must consider their capacity to admit the patient within the recommended timeframe associated with the patient's clinical priority category.

Responsibilities Statement

Responsibilities of the Surgeon

- Ensure that RFA forms are legible and complete.

Responsibilities of the Elective Surgery Access Coordinator

- Advise patients in writing within three working days of registration that they have been placed on the elective surgery waiting list.

Responsibilities of the Surgical Booking Clerk

- Ensure all relevant data is entered on the waiting list system in a timely manner, including changes notified by the patient, GP, surgeon, registrar, administrative or other staff
- Ensure all documentation and electronic data input is accurate, legible and complete
- Comply with local procedures/protocols for administrative processes that support this Policy.

7.3 Managing Patient Status

Policy Principles

- Waiting list management services are provided in an efficient, transparent and patient centred manner
- Patients are provided with easy to understand information about access to elective surgery and their rights and responsibilities.

Policy Statement

Treatment of patients from the elective surgery waiting list will be prioritised on the basis of clinical urgency.

Policy Implementation Guidelines

Treatment of patients from the elective surgery waiting list is based on prioritisation according to clinical need. It is acknowledged that this process may be complex and influenced by a range of factors.

A patient on the elective surgery waiting list must be identified as being 'Ready for Care' or 'Not Ready for Care'.

Ready for Care patients are those who are prepared to be admitted for the awaited procedure/treatment or to begin the preadmission process. This includes investigations that can be performed on an outpatient basis within the usual preoperative preparation process. Examples include autologous blood collection, pre-operative diagnostic imaging or blood tests.

Not Ready for Care patients are those who are not in a position to be admitted or to begin the preadmission process for the awaited procedure/treatment. Patients can be Not Ready for Care for any of the following reasons:

Clinical: Unfit for surgery. The patient's health status has temporarily declined to the extent it is inadvisable to proceed with the awaited procedure; or the patient is awaiting investigations that cannot be performed on an outpatient basis within the usual preoperative preparation process.

Staged procedures. There is a planned clinical pathway that requires a predictable series of treatments on successive occasions with each treatment depending on the successful completion of the previous; for example, a patient who has had external fixation of a fractured bone and who will require removal of the fixation device after the fracture has healed.

Patients for routine check cystoscopy should be staged to return to the waiting list on the month they are due for their surgery.

Personal: Deferred procedures. The patient is not yet prepared to be admitted for the proposed procedure/treatment due to social, work or other commitments that prevent them from being admitted to hospital for a time.

The hospital must record the reason for staging or deferring patients on the electronic waiting list.

The hospital must minimise the time patients are 'Not Ready for Care' through early, active management of co-morbidities and fitness for surgery. If a patient's health has permanently declined to the extent they will be unable to undergo the planned procedure/treatment, the patient should be removed from the elective surgery waiting list (see section 7.6) of this document.

Patients who advise the hospital that they are 'Not Ready for Care' for personal reasons must be informed of the threshold for their urgency category and advised that the hospital will contact them before they exceed the threshold. The following thresholds apply to 'Not Ready for Care' status for personal reasons:

- 30 days for Category 1 patients
- 90 days for Category 2 patients
- 180 days for Category 3 patients.

The hospital is responsible for contacting a patient before they exceed a threshold for 'Not Ready for Care' for personal reasons, and may remove a patient from the waiting list if they exceed a threshold.

Status Review Date

Status Review Date is defined as the date when it is estimated that a staged or deferred patient will become 'Ready for Care'. A status review date must be set each time a patient:

- Is added to the waiting list as a staged admission (Not Ready for Care) or defers admission whilst on the waiting list
- Status changes from 'Ready for Care' to 'Not Ready for Care'
- Status remains 'Not Ready for Care' after assessment
- Specifies a forward planned admission date for his or her own nonmedical reasons.

Calculation of a patient's waiting time includes only the time a patient spends as 'Ready for Care'. Waiting time thus reflects a genuine waiting period. Periods when patients are 'Not Ready for Care' should be excluded in determining waiting time.

A decision to remove a patient from the elective surgery waiting list may be made if a patient defers on more than two occasions, or exceeds the maximum number of 'Not ready for Care' days. The hospital should exercise discretion to avoid disadvantaging patients in the case of hardship, and other extenuating circumstances.

'Not Ready for Care' patients should not be confused with patients whose operation is postponed for reasons other than their own unavailability; for example, the unavailability of a surgeon or operating theatre time due to emergency workload. These patients are still 'Ready for Care' (National Health Data Dictionary 2005).

Responsibilities Statement

Responsibilities of the Patient

- Advise the hospital of any change in desire to undergo the procedure/treatment
- Follow hospital admission procedure and advise of any changes to the proposed admission such as availability or change of address.

Responsibilities of the Surgical Booking Clerk

- Ensure all relevant data is entered on the waiting list system in a timely manner, including changes notified by the patient, GP, surgeon, registrar, administrative or other staff
- Record the reason for staging or deferring patients on the electronic waiting list
- Ensure staged patients are returned to the waiting list and have a date for surgery within the allocated month
- Inform patients of the threshold for their urgency category and advise that the hospital will contact them before they exceed the threshold
- Contact a patient before they exceed a threshold for 'Not Ready for Care' for personal reasons, and may remove a patient from the waiting list if they exceed a threshold
- Handle patient enquiries and make requested changes to the computerised waiting list system as required
- Ensure all documentation and electronic data input is accurate, legible and complete
- Comply with local procedures/protocols for administrative processes that support this Policy.

Responsibilities of the Surgical Bookings Manager

- Monitor and ensure compliance with this Policy and take remedial action where issues are identified
- Monitor and ensure compliance with local procedures/protocols for administrative processes that support this Policy
- Management and performance of all Surgical Booking Clerks
- Monitor all audits and clinical and administrative reviews and take remedial action where issues are identified.

7.4 Scheduling Patients for Surgery (Admission Process)

Policy Principles

- The elective surgery waiting list is managed to ensure patients are treated equitably within clinically appropriate timeframes and with priority given to patients with an urgent clinical need
- The scheduling of surgery is undertaken in consideration of available capacity.

Policy Statement

The hospital will manage preadmission, discharge planning, admission and post acute care processes to ensure appropriate preparation for surgery, co-ordinated care and maximisation of services efficiency.

Policy Implementation Guidelines

When scheduling patients for surgery, the following criteria must be considered when choosing patients from the elective surgery waiting list:

- Clinical priority
- The length of time the patient has waited in comparison with similar category patients
- Previous postponements
- Preadmission assessment issues/factors (for example elderly people living alone or those having to travel long distances)
- Resource availability (for example theatre time, staffing, equipment and hospital capacity).

Preadmission Assessment

Patients must be assessed before admission to the hospital to confirm suitability to undergo the intended procedure/treatment, associated anaesthetic and necessary discharge plans. Patients will be assessed by the relevant clinicians including registrars, nurses and allied health professionals in a public hospital clinic or by a telephone interview.

Short Notice Patients

Surgical Booking Clerks should maintain a list of patients who are available to have their procedure/treatment performed at short notice. Patients should be asked to indicate a preparedness to accept short notice of admission. The hospital should determine what period of time prior to admission is regarded as short notice and for which procedures short notice is appropriate.

Responsibilities Statement

Responsibilities of the Patient

- Follow the procedures and advice outlined in the information provided by the hospital
- Advise the hospital of any change in desire to undergo the procedure/treatment
- Follow hospital admission procedure and advise of any changes to the proposed admission such as availability or change of address
- Attend any preadmission appointments as required and present on the day of admission.

Responsibilities of the Surgical Booking Clerk

- Ensure all relevant data is entered on the waiting list system in a timely manner, including changes notified by the patient, GP, surgeon, registrar, administrative or other staff
- Facilitate the timely processing of admissions including the coordination of the relevant patient information required for admission
- Follow up patients who fail to arrive for their preadmission appointments or planned admission
- Maintain a list of patients who are available to have their procedure/treatment performed at short notice
- Ensure all documentation and electronic data input is accurate, legible and complete
- Comply with local procedures/protocols for administrative processes that support this Policy.

7.5 Postponement of Surgery

Policy Principles

- Patients are provided with easy to understand information about access to elective surgery and their rights and responsibilities
- The scheduling of surgery is undertaken in consideration of available capacity
- Hospitals minimise the impact and inconvenience to patients whose surgery they postpone.

Policy Statement

The hospital will manage procedures to minimise postponement of surgery and to ensure appropriate utilisation of hospital resources if postponement occurs.

Policy Implementation Guidelines

Hospital Initiated Postponement

Hospital initiated postponements must be minimised. Decisions to postpone must involve relevant medical and perioperative staff, the Surgical Booking Clerk and senior hospital management.

Patients who are postponed by the hospital, doctor or for clinical reasons, remain 'Ready for Care' 'delayed' and the following actions taken:

- Provide the patient with the maximum possible notice
- Category 1 patients and patients postponed on the day of procedure/treatment must be notified by a senior member of the surgical/medical team. Appropriate perioperative management staff can notify all other patients, although it is preferable for the treating doctor or delegate to speak with the patient
- Postponed patients must have priority over others not previously postponed
- Postponed patients are to be placed on the next available procedure/ treatment list, appropriate to the patient's clinical priority
- If a patient has been postponed twice and cannot be treated within appropriate clinical priority timeframes, the hospital must actively investigate options for procedure/treatment to be undertaken at the other public hospital
- Offer the following support options to the patient, where relevant:
  - Contact a family member or friend
  - Arrange and pay for transport home, accommodation, food, etc.
  - Counselling services
  - Access to a complaints service
- Organise the rescheduled date for procedure/treatment and notify the patient of the new admission date on the day of postponement where possible, or within 5 working days
- Provide information about what they should do if their condition deteriorates
- Provide the opportunity to discuss with a doctor, medical issues that might arise as a result of the postponement
- Provide the name and contact details of the Surgical Booking Clerk, should they require further information.

Patient Initiated Postponement

When a patient postpones an agreed date for procedure/treatment for personal or social reasons, a patient initiated postponement should be:

- Recorded on the electronic waiting list
- Reviewed to determine if:
  - A new date is to be scheduled
  - The patient is to be categorised as 'Not Ready for Care' 'deferred', or
  - The patient is to be removed from the waiting list.

Responsibilities Statement

Responsibilities of the Patient

- Follow the procedures and advice outlined in the information provided by the hospital
- Advise the hospital of any change in desire to undergo the procedure/treatment
- Follow hospital admission procedure and advise of any changes to the proposed admission such as availability or change of address
- Attend any preadmission appointments as required and present on the day of admission.

Responsibilities of the Surgeon

- Explain proposed procedure/treatment, anticipated length of stay and obtain written informed consent from the patient
- Ensure adequate notification (minimum of 4 weeks) is received by hospital of planned leave
- Authorise recategorisation and removal of patients from the waiting list in accordance with this Policy.

Responsibilities of the Surgical Bookings Manager

- Monitor and ensure compliance with this Policy and take remedial action where issues are identified
- Monitor and ensure compliance with local procedures/protocols for administrative processes that support this Policy
- Management and performance of all Surgical Booking Clerks.

Responsibilities of the Surgical Booking Clerk

- Ensure all relevant data is entered on the waiting list system in a timely manner, including changes notified by the patient, GP, surgeon, registrar, administrative or other staff
- Follow up patients who fail to arrive for their preadmission appointments or planned admission
- Ensure all documentation and electronic data input is accurate, legible and complete
- Comply with local procedures/protocols for administrative processes that support this Policy.

Responsibilities of the Clinical Director of Surgical Services (TCH)/ Director of Medical Services (CHC)

- Ensure clinician compliance with this Policy
- Promote efficient and effective waiting list management by clinicians within their hospital
- Authorise recategorisation and removal of patients from the waiting list in accordance with this Policy.

Responsibilities of the Executive Director Surgical and Critical Care Services (TCH)/Chief Executive Officer (CHC)

- Ensure compliance with this Policy
- Ensure that mechanisms, including clear administrative and clinical procedures/protocols, are in place to implement this Policy and promote efficient and effective waiting list management within all levels of hospital management
- Facilitate prompt and appropriate communication with the referring GP regarding management of the patient.

7.6 Removing Patients from the Waiting List

Policy Principles

- Waiting list management services are provided in an efficient, transparent and patient centred manner
- The elective surgery waiting list is managed to promote the most effective use of available resources.

Policy Statement

The hospital will manage processes to ensure patients are removed from the elective surgery waiting list according to the appropriate 'Reasons for Removal', and under the authorisation of the referring surgeon, appropriate registrar, Head of Unit or Clinical Director of Surgical Services (TCH)/Director of Medical Services (CHC).

Policy Implementation Guidelines

- The hospital should exercise discretion on a case by case basis to avoid disadvantaging patients suffering hardship, a misunderstanding and other extenuating circumstances.
- The referring surgeon must be informed of all removals from the elective surgery waiting list.

Reasons for Removal

- A patient may be removed from the elective surgery waiting list if they:
  - Are deceased
  - Are not contactable
  - Decline surgery, or surgery is no longer required
  - Fail to attend for admission without prior notice
  - Defer treatment on two occasions, or
  - Are unavailable for treatment for a period exceeding the following number of not ready for care days for personal reasons:
    - 30 days for Category 1 patients
    - 90 days for Category 2 patients
    - 180 days for Category 3 patients.

Responsibilities Statement

Responsibilities of the Patient

- Follow the procedures and advice outlined in the information provided by the hospital
- Advise the hospital of any change in desire to undergo the procedure/treatment
- Follow hospital admission procedure and advise of any changes to the proposed admission such as availability or change of address.

Responsibilities of the Surgeon

- Initiate prompt and appropriate communication with the referring GP regarding management of the patient
- Authorise recategorisation and removal of patients from the waiting list in accordance with this Policy.

Responsibilities of the Heads of Unit

- Ensure clinical compliance with this Policy
- Authorise recategorisation and removal of patients from the waiting list in accordance with this Policy.

Responsibilities of the Clinical Director of Surgical Services (TCH)/ Director of Medical Services (CHC)

- Ensure clinician compliance with this Policy
- Promote efficient and effective waiting list management by clinicians within their hospital
- Authorise recategorisation and removal of patients from the waiting list in accordance with this Policy.

Responsibilities of the Elective Surgery Access Coordinator

- Inform the referring surgeon and GP of all removals from the elective surgery waiting list and the reason for the removal (Patient also to be sent a copy of this letter).

Responsibilities of the Surgical Booking Clerk

- Ensure all relevant data is entered on the waiting list system in a timely manner, including changes notified by the patient, GP, surgeon, registrar, administrative or other staff
- Follow-up patients who fail to arrive for their preadmission appointments or planned admission
- Ensure all documentation and electronic data input is accurate, legible and complete
- Comply with local procedures/protocols for administrative processes that support this Policy.

7.7 Record Keeping

Policy Principle

There is valid, reliable and accountable reporting of access to elective surgery.

Policy Statement

The hospital will manage a system of administrative audit to ensure the elective surgery waiting list provides an accurate record of patients waiting for elective surgery.

Policy Implementation Guidelines

Hospitals must keep accurate records of elective surgery waiting list information, including any change to a patient's clinical priority category, booking or 'Ready for Care' status, together with reasons for the change, substantiating evidence where appropriate, and the name of the person who authorised the change.

Documentation on the RFA and in the electronic waiting list must be clear, accurate and timely. Any changes made to a patient's booking must be validated with documented evidence including the reason for the change, which may include an email or fax and must be signed by the Surgical Booking Clerk. The documentation must be attached or be part of the RFA and the electronic waiting list must also be updated to reflect any changes.

Responsibilities Statement

Responsibilities of the Patient

- Advise the hospital of any change in desire to undergo the procedure/treatment
- Follow hospital admission procedure and advise of any changes to the proposed admission such as availability or change of address

Responsibilities of the Surgical Bookings Manager

- Monitor and ensure compliance with this Policy and take remedial action where issues are identified
- Monitor and ensure compliance with local procedures/protocols for administrative processes that support this Policy. This may include scripting and checklists
- Management and performance of all Surgical Booking Clerks
- Monitor all audits and clinical and administrative reviews and take remedial action where issues are identified
- Provide operational advice on the achievement of elective surgery performance targets and initiatives through the Elective Surgery Access Plan.

Responsibilities of the Surgical Booking Clerk

- Ensure all relevant data is entered on the waiting list system in a timely manner including changes notified by the patient, GP, surgeon, registrar, administrative or other staff
- Ensure all documentation and electronic data input is accurate, legible and complete
- Comply with local procedures/protocols for administrative processes that support this Policy.

Responsibilities of the Elective Surgery Access Coordinator

- Management and validation of the integrity of the elective surgery waiting list data
- Provide accurate and timely reporting of the elective surgery waiting list to ACT Health
- Respond to calls and action queries received from Elective Surgery Information Phone Service
- Conduct programmed mail-outs to waiting list patients to ensure accuracy of patient information. On completion of the mail-out, a report must be provided to the relevant hospital and ACT Health management. This report must include:
  - Type of audit conducted, methodology used, problems identified and recommendations for improvement
  - Number of patients removed and reasons for removal from the elective surgery waiting list.

ACT Health