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SA Health

# Policy

## Elective Surgery Access and Management

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Version 1.0

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PDS Reference No: D0500

## 1. Name of policy

Elective Surgery Access and Management

## 2. Policy statement

This policy ensures the appropriate, consistent, and equitable management of elective surgery patients and waiting lists in South Australian public hospitals where elective surgery services are delivered.

## 3. Applicability

This policy applies to all employees and contracted staff of SA Health; that is all employees and contracted staff of the Department for Health and Wellbeing, Local Health Networks (including state-wide services aligned with those Networks) and SA Ambulance Service.

The delivery and management of emergency surgery services are outside the scope of this policy.

## 4. Policy principles

SA Health's approach to elective surgery is underpinned by the following principles:

- > We act in the best interests of patients.
- > We provide timely and efficient access to services.
- > We support equity of access based on clinical requirements.
- > We provide elective surgery services based on the best available evidence in relation to both clinical practice and care.

## 5. Policy requirements

Local Health Networks (LHNs) undertaking elective surgery are responsible for managing elective surgery waiting lists (waiting lists) and must have local procedures or guidelines that comply with this policy.

### Timeliness of elective surgery

- > A patient must be categorised by clinical urgency category as per the [National Elective Surgery Urgency Categorisation Guideline](#) to ensure they are treated in a timely, equitable and clinically appropriate manner:
  - Category 1: Procedures that are clinically indicated within 30 days.
  - Category 2: Procedures that are clinically indicated within 90 days.
  - Category 3: Procedures that are clinically indicated within 365 days.
- > An authorised clinician must assign a clinical urgency category based on the patient's clinical situation.
- > Where a procedure is listed in the [National Elective Surgery Urgency Categorisation Guideline](#), the recommended clinical urgency category must be assigned to a patient unless there is a clinical reason not to do so.

### Referral to a waiting list and managing patient status

- > A patient must only be referred to a waiting list when they are Ready for Care.

- > Ready for Care patients must have an assigned clinical urgency category, completed a request for admission form, and provided informed consent. Consent requirements are articulated in [Mandatory Instruction 1](#).
- > A patient must be added to a waiting list once they are Ready for Care within the following timeframes:
  - Category 1 patients: 1 business day.
  - Category 2 and 3 patients: 3 business days.
- > Patients who become Not Ready for Care must be categorised as Category 4.
- > Category 4 is an administrative category that must only be used to manage patients who, after being placed on a waiting list, are not ready to accept a date for surgery due to clinical or personal reasons.

#### **Staged surgery or surveillance patients**

- > Patients requiring staged surgery or surveillance patients must be placed on the waiting list as Category 1, 2 or 3 then managed as a Category 4 before returning to their original urgency category prior to their procedure.

#### **Equity of Access**

- > Patient treatment must be prioritised based on their assigned clinical urgency category and individual clinical need.
- > Where no clinical urgency differentiation or exceptional circumstances exist within an urgency category, patients must be managed in accordance with the 'treat in turn' principle.

#### **Management of a waiting list**

- > Hospitals undertaking elective surgery must maintain and use a waiting list. LHNs must ensure waiting times for elective surgery can be accurately monitored, enabling patients to be treated within their assigned clinical urgency category.
- > Management of waiting lists must be undertaken in accordance with the [ESWL Data Elements Reference Manual](#) to support timely, accurate and complete data collection.

#### **Reviewing a waiting list**

- > When reviewing a waiting list, priority must be given to overdue and long wait patients to ensure adherence with policy principles.

#### **Overdue patient case management**

- > Patients who have or will exceed the nationally acceptable waiting time for their clinical categorisation must be clinically reviewed by an authorised clinician and a management plan initiated.

#### **Deferred patients**

- > Patients who are Not Ready for Care (Category 4) must have a review date and their status reviewed within the following timeframes to ensure timely return to the waiting list:
  - Patients with an original urgency category of Category 1 must be reviewed within 14 days.
  - Patients with an original urgency category of Category 2 must be reviewed within 45 days.
  - Patients with an original urgency category of Category 3 must be reviewed within 182 days.

### Transfer and treatment of patients

- > LHNs must develop procedures or guidelines to manage the transfer and treatment of patients between LHNs or between LHNs and private providers. This includes transfer for repatriation, management of overflow and access to specialised services.
- > Procedures must address transfer planning and communications between LHNs or between LHNs and private providers to ensure appropriate and timely transfer of patients and patient information.

### Same day and extended day elective surgery

- > Patient's requiring a procedure on the Same Day Surgery DRG list must be treated on a same day basis unless clinically indicated otherwise.
- > Patient's requiring a procedure on the Extended Day (23 hours) Surgery DRG list must be treated on an extended day basis unless clinically indicated otherwise.
- > Hospitals undertaking elective surgery must actively identify and select patients suitable for treatment on a same day or extended day basis.
- > Procedures on the Same Day Surgery DRG List or Extended Day (23 hours) Surgery DRG list which are restricted elective surgeries must be undertaken in line with the [Restricted Elective Surgery Policy Directive](#).

### Reporting

- > LHNs must establish reporting mechanisms and processes in line with the [ESWL Data Elements Reference Manual](#) and deliver against measures outlined in LHN [Service Agreements](#).
- > Waiting time must be measured as:
  - The time elapsed (in calendar days) that a patient is on the waiting list for a procedure, commencing from the date the patient is added to the waiting list through to the date they are removed from the waiting list (i.e. treated or removed for other reasons), excluding:
    - any days the patient was listed as Category 4
    - any days the patient was listed with a lesser clinical urgency category than their clinical urgency category at removal.
- > Where a patient is reclassified to a lesser clinical urgency category, any period a patient waited at the higher urgency must be included in the total days waiting.
- > 80% of statewide elective procedures on the Same Day Surgery DRG List must be managed on a same day basis. 80% of statewide elective procedures on the Extended Day (23 hours) Surgery DRG List must be managed on an extended day basis.
- > LHNs undertaking elective surgery must establish reporting mechanisms to monitor on a monthly basis the operations of all services undertaking procedures on the Same Day Surgery DRG List or Extended Day (23 hours) Surgery DRG list.

## 6. Mandatory related documents

The following documents must be complied with under this policy, to the extent that they are relevant:

- > [National Elective Surgery Urgency Categorisation Guideline](#)
- > [National Safety and Quality Healthcare Standards](#)
- > [Restricted Elective Surgery Policy Directive](#)
- > [Local Health Network Service Agreements](#)

- > [Consent to Medical Treatment and Health Care Policy](#)
- > [Health Services Agreement for Children and Young People in Out of Home Care](#)
- > [Patient Services Panel Homepage](#)

#### Supporting information

- > [AIHW Elective surgery definition](#)
- > [AIHW Emergency surgery definition](#)
- > [National Safety and Quality Health Service Standards: Guide for Day Procedure Services](#)

## 7. Definitions

- > **Authorised clinician:** means the hospital clinician who has the overall responsibility/ accountability for the care of the patient on the elective surgery waiting list. This can include but is not limited to Senior Consultant, consultant, visiting medical specialist, Nursing Director, Nurse Lead.
- > **Cancellation:** means that a confirmed surgery date, which had been entered into the patient administration system, has been delayed to a future time. Cancellations can be hospital-initiated or patient-initiated.
- > **Clinical urgency category:** means the clinical assessment of the immediacy of the patient's need for elective surgery. Patients are classified as Category 1 (urgent), Category 2 (semi urgent) or Category 3 (non-urgent).
- > **Deferral:** means patients who for clinical or personal reasons are not yet prepared to be admitted to hospital.
- > **DRG:** means Diagnosis Related Group.
- > **Elective surgery:** means planned surgery that can be booked in advance as a result of a specialist clinical assessment and the patient being placed on a waiting list.
- > **Elective surgery waiting list (waiting list):** the list of patients waiting for elective surgery. This may also be referred to as a booking list.
- > **Emergency surgery:** is surgery to treat trauma or acute illness subsequent to an emergency presentation. The patient may require immediate surgery or present for surgery at a later time following this unplanned presentation. This includes where the patient leaves hospital and returns for a subsequent admission. Emergency surgery includes unplanned surgery for admitted patients and unplanned surgery for patients already awaiting an elective surgery procedure (for example, in cases of acute deterioration of an existing condition).
- > **Extended day surgical procedure:** means a surgical procedure for which a patient is admitted and subsequently discharged within a 23 hour period.
- > **Extended Day Surgery DRG list:** means surgical DRGs that are to be provided on a same day basis to suitable patients.
- > **Not Ready for Care:** means a patient is not ready to be admitted to hospital to undergo their elective surgery procedure or begin the process leading directly to admission due to clinical or personal reasons. These patients are categorised as Category 4.
- > **Overdue:** means any patient who has waited longer than the recommended time for their clinical urgency category.
- > **Ready for Care:** means a patient is ready to undergo their procedure, or begin the process leading directly to admission for their procedure.

- > **Removal:** means the removal of an elective surgery waiting list episode from the waiting for reasons other than that the patient is receiving treatment. It is not an interchangeable term for cancellation.
- > **Same day elective surgical procedure:** means a surgical procedure for which a patient is admitted and subsequently discharged (separated) on the same calendar day
- > **Same Day Surgery DRG list:** means surgical DRGs that are to be provided on a same day basis to suitable patients.
- > **Staged surgery:** means a planned clinical pathway that requires a predictable and sequential series (two or more) of surgical procedures.
- > **Statewide services<sup>1</sup>:** includes Statewide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks
- > **Surveillance patient:** means a patient who requires a planned surveillance elective surgery.
- > **Treat in turn:** refers to a model of care for elective surgery waiting list management that aims to ensure patients are treated in the order in which they were placed on the waiting list.

## 8. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [System-wide Integrated Compliance Policy](#).

Any instance of non-compliance with this policy should be reported to the Domain Custodian for the Services Planning and Programs Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

## 9. Document ownership

Policy owner: Executive Director, Health Services Programs and Funding as Domain Custodian for the Services Planning and Programs Policy Domain

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## 10. Document history

Version	Date approved	Approved by	Amendment notes
1.0		DCE, Commissioning and Performance	New Policy – replaced rescinded Elective Surgery Policy Framework and Associated Procedural Guidelines (Policy Directive)

## 11. Appendices

1. *Elective Surgery Access and Management Policy Mandatory Instruction – Patient Consent*

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## Appendix 1: Elective Surgery Access and Management Policy Mandatory Instruction

The following Instruction must be complied with to meet the requirements of the SA Health Elective Surgery Policy.

### Patient consent

Consent must be obtained in accordance with the [Consent to Medical Treatment and Health Care Policy Guideline](#) prior to the patient being added to the waiting list. This must be documented on the Consent to Medical Treatment form.

#### **Obtaining consent for elective surgery via telehealth appointment**

If the consultation with the patient is completed via a telehealth outpatient appointment, the authorised clinician must ensure that:

- > All efforts are made to complete a consent form in full at the Telehealth outpatient appointment.
- > Verbal consent obtained at a Telehealth outpatient appointment is recorded on the consent form; and
- > The verbal consent is recorded in the patient's health record.

It is the responsibility of the authorised clinician to ensure that the consent form is completed with a patient signature prior to admission for the elective surgery procedure.