



# Elective Surgery Waiting List Management Procedure

## 1. Guiding Principles

All patients registered onto the Elective Surgery Waiting List (ESWL) within WA Country Health Service (WACHS) are to be managed in a consistent structured approach in accordance with the requirements of the WA health system MP0050/17 Elective Surgery Access and Waiting List Management Policy.

Prioritisation of patients to be booked from the ESWL is based on a 'first on, first off' principle in order to achieve fairness and equity of access to elective surgery services.

Compliance with this procedure is required by all WACHS employees and agents (including visiting clinicians, other partners in care, contractors, consultants and volunteers) involved in the delivery of specialist outpatient services and the coordination and maintenance of specialist outpatient waiting lists.

## 2. Procedure

### 2.1 Registration and Management of the ESWL

**No patient will receive a scheduled admission date or receive elective surgery without first being registered on the waiting list.**

- A MR20 Request for Admission / Inclusion on Waiting List is to be completed in full by the surgeon/proceduralist to enable registration of the patient onto the ESWL.
- Where direct access referral pathways have been established, referrals for certain procedures may be accepted without specialist assessment, as per the WA health system MP0045/17 Urgency Categorisation and Access Policy for Public Direct Access Adult Gastrointestinal Endoscopy Services.
- WACHS utilises the Patient Administration System (PAS) to record the ESWL.
- Consent forms must accompany the MR20, in accordance with OD0657/16 WA Health Consent to Treatment Policy noting that Telehealth obtained consent is acceptable, and is to be delivered in line with OD0489/14 WA Health Statewide Telehealth Services Use Policy.
- The MR20 must be date stamped once received by the hospital, the patient must be registered onto the ESWL within five (5) working days.
- Elective surgery accountable officers are responsible for overseeing the ESWL. This is fulfilled by a variety of staff, dependent on the size of the facility and the nature of services provided.
- Patients will be notified by telephone, letter or other appropriate methods of their scheduled date.

**Hospitals are to actively manage their ESWLs to ensure timely and appropriate access to elective surgery.**

### 2.2 Assignment of Urgency Category

The referring specialist is responsible for assigning the clinical urgency category as determined by clinical need. This is a mandatory requirement for registration on ESWL.

It is the responsibility of the treating specialist to determine the urgency category based on the National Elective Surgery Urgency Categorisation (2015) contained in the MP 0050/17 Elective Surgery Access and Waiting List Management Policy. If clinically indicated the referring specialist may change the urgency category however approval from the specialty Medical Head of Department will be sought.

**Patients will only be registered onto the waiting list as either 'ready for care' or 'staged'.**

### 2.3 Patient Notification

The hospital is to advise Category 1 patients to be admitted within ten (10) working days by telephone or if the booking date is greater than ten (10) working days by letter.

The hospital is to advise Category 2 and 3 patients in writing within ten (10) working days of registration that they have been registered onto the ESWL.

### 2.4 Cancellation of Elective Surgery

The hospital may need to cancel and reschedule surgery to a later date due to unforeseen circumstances or other factors relating to human resources, equipment or facilities that may compromise the safety and quality care of the patient.

The patient is to be advised of any cancellation/rescheduling as soon as possible including the reason, what to do if their condition deteriorates, the opportunity to speak to a doctor regarding any medical issues that arise from the cancellation. The hospital is to ensure that a record of the changes and communication is maintained in the patient's medical record, where available and webPAS.

### 2.5 Removal from Waitlist

- A patient will be removed from the waitlist following two (2) consecutive occasions:
  - Not presenting for an appointment without valid reason.
  - Declining an offer of appointment without valid reason.
  - Not responding to correspondence and cannot be located.
- A Category 2 or 3 patient who declines treatment and requests to be removed from the waitlist will be automatically removed.
- Removal of Category 1 patients requires medical approval.
- A patient will be removed from the waitlist following their second self-deferral and/or indicates they are not available for treatment for a period exceeding the recommended maximum number of available days.

- Patients who are non-contactable by the hospital will be removed from the waiting list, provided the hospital has made reasonable attempts to contact the patient. Reasonable attempts include: two phone calls to patients contact number and a letter to their address.
- Patients who are removed are to receive written communication as to why and who to contact if they have a query or concern.

### 3. Definitions

<b>ESWL</b>	Elective Surgery Waiting List
<b>HSPs</b>	Health Service Providers
<b>KPI</b>	Key Performance Indicator
<b>PAS</b>	Patient Administration System
<b>WACHS</b>	WA Country Health Service
<b>WEST</b>	WA Elective Services Targets

### 4. Roles and Responsibilities

All team members are to be aware of their roles and responsibilities in ensuring all patients are treated in clinically appropriate time frames and that ESWL management practices are transparent, efficient and patient-focussed.

It is acknowledged that practices vary between sites and regions and one person may undertake multiple roles and responsibilities which must be in line with Elective Surgery Waiting List Management Roles and Responsibilities.

Regional Medical Directors and Regional Nursing and Midwifery Directors are responsible for ensuring compliance with this procedure and WA health system policy.

### 5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health system Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff is reminded that compliance with all policies is mandatory.

### 6. Records Management

The paper based record must be retained in the patient's health record where it is the source of truth. WACHS health records are inclusive of paper and digital records as per WACHS [Health Record Management Policy](#).

### 7. Evaluation

Continuous evaluation and action to improve access, safety, appropriateness, effectiveness and efficiency are fundamental to the provision of quality health services. There are specific data requirements to measure and manage ESWL's and hospitals are required to maintain their waitlist data in compliance with the requirements specified in the MP0088/18 Elective Services Wait List Data Collection: Data Reporting Requirements Policy. The WA Elective Services Targets (WEST), aims to ensure timely access to public provided elective surgical services. The WEST measure focuses on the percentage of over boundary cases on the waiting list. The WACHS Elective Surgery Waitlist Performance Management Policy is designed to support WACHS regions and sites by outlining the measures which are effective in supporting the achievement of WEST.

Hospitals are to conduct weekly reviews to actively monitor the ESWL, including identification and prioritisation of unbooked patients who have exceeded, or are approaching the recommended timeframe for their urgency category. Hospitals are to also monitor patients listed as 'not ready for surgery' to ensure they become ready for surgery.

Hospitals are to conduct administrative audits of the ESWL at least every six (6) months. Any patient waiting longer than 6 months for surgery is to be contacted to confirm:

- patient contact details
- patient still requires surgery
- patient is not listed at another hospital for the same elective procedure
- patient's short notice availability
- advice regarding clinical reassessment
- hospital contact details.

Monthly audits are conducted to ensure information on the MR20 form is accurately recorded into webPAS. The WACHS endorsed audit tool is [WACHS Elective Waitlist Documentation Audit](#). Quarterly controlled self-assessments are conducted to measure compliance with DoH policy. These audit processes are captured in a WACHS wide dashboard that produces a report with the ability to drill down to individual sites. This report will be provided to the Regional Directors, Regional Medical Directors and Regional Nursing and Midwifery Directors to ensure compliance, monitor performance and assist in the formulation and implementation of strategies to manage elective surgery services.

The Key Performance Indicator (KPI) used to monitor and evaluate elective surgery access and waiting list management within WA Health is WA Elective Services Target (WEST). All patients listed as 'Ready for Surgery' are included in state-wide elective surgery performance reporting. It is the responsibility of the Health Service Providers (HSP's) to ensure the ESWL is managed in accordance with MP0050/17 Elective Surgery Access and Waiting List Management Policy.

Deviations from this procedure that have the potential to result in adverse or unanticipated patient outcomes must be reported using the Clinical and/or Corporate Incident Reporting pathway(s).

Significant and system-based matters relevant to patient safety must be escalated to the Regional Patient Safety & Quality Committee.

### 8. Standards

[National Safety and Quality Health Service Standards](#): 1, 5.7

### 9. Legislation

[Health Services Act 2016](#) (WA)

### 10. References

[Elective Surgery Access and Waiting List Management OPH](#) Sir Charles Gairdner Osborne Park Health Care Group, NMHS

[Elective Surgery Waitlist Management Procedure Merredin, Northam, Narrogin](#) WACHS Wheatbelt

[Elective Surgery Waitlist Management SCGH](#) Sir Charles Gairdner Osborne Park Health Care Group, NMHS

[Specialist Waitlist Management Procedure](#) WACHS Kimberley

[Elective Surgery Waiting List Management Roles and Responsibilities](#)

### 11. Related Forms

[MR20 Request for Admission / Inclusion on Waiting List](#)

### 12. Related Policy Documents

WACHS [Elective Surgery Waitlist \(WEST\) Performance Management Policy](#)

### 13. Related WA Health System Policies

[MP0045/17 Urgency Categorisation and Access Policy for Public Direct Access Adult Gastrointestinal Endoscopy Services.](#)

[MP0050/17 Elective Surgery Access and Waiting List Management Policy](#)

- [Elective Surgery Waiting List Management Roles and Responsibilities](#)

[MP0087/18 Non-Admitted Activity Recording and Reporting Policy](#)

[MP0088/18 Elective Services Wait List Data Collection: Data Reporting Requirements Policy](#)

[National Elective Surgery Urgency Categorisation \(2015\)](#)

[OD0489/14 WA Health Statewide Telehealth Services Use Policy](#)

[OD0657/16 WA Health Consent to Treatment Policy](#)

## 14. Policy Frameworks

[Clinical Services Planning and Programs](#)  
[Information Management](#)  
[Information and Communications Technology](#)

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