



Elective Surgery Waitlist Performance Management Policy

1. Background

In January 2016, Western Australia (WA) Health adopted new WA Elective Services Targets (WEST), which aim to ensure timely access to public elective surgical services. This replaced the National Elective Surgery Target (NEST), following the expiry of the National Partnership Agreement on Improving Public Hospital Services in 2015.

The WEST measure focuses on the percentage of over boundary cases (i.e. those patients waiting longer than the clinically recommended time) on the waiting list. From 2018-19, the target is set at zero percent for patients awaiting a reportable procedure and eight percent for patients awaiting a non-reportable procedure.

2. Policy Statement

This policy is designed to support regions and sites by outlining measures which may be effective in supporting achievement of WEST.

Currently there are 19 sites within WA Country Health Service (WACHS) which undertake elective surgery services and are covered under WEST. This policy is applicable to all sites that undertake elective surgery.

WEST performance is reported by Category (Category 1 to 3, with Category 1 being the most clinically urgent), and this policy therefore applies on a Category basis. The individual Category boundary limits are as follows:

Category 1	30 days
Category 2	90 days
Category 3	365 days

The actions outlined below are required where a WACHS WEST hospital records performance levels above target as noted, and the number of over boundary cases meets or exceeds the following threshold amount:

Category 1	=> 0 cases
Category 2	=> 5 cases
Category 3	=> 10 cases

Actions when a WACHS WEST hospital records between 0 – 5 percent above target over a four week period:

- Clinical review by a Regional Director of Medical Services nominated clinical lead to ensure delay in elective surgery has no impact on patients' condition or welfare.
- Review the list of measures below to improve reported WEST performance.
- Develop a local action plan to implement these measures.

Actions when a WACHS WEST hospital records between 5 – 10 percent above target over a four week period:

- Clinical review by a Regional Director of Medical Services nominated clinical lead to ensure delay in elective surgery has no impact on patients' condition or welfare.
- Review the list of measures below to improve reported WEST performance.
- Develop a site recovery plan endorsed by the Regional Director to implement these measures.

Actions when a WACHS WEST hospital records over 10 percent above target over a four week period:

- Clinical review by a Regional Director of Medical Services nominated clinical lead to ensure delay in elective surgery has no impact on patients' condition or welfare.
- Review the list of measures below to improve reported WEST performance.
- Develop a site recovery plan endorsed by the Regional Director to implement these measures.
- Provide a monthly report to the Chief Operating Officer – Operations and Chief Executive. The report should outline the WEST performance for the period, remedial actions taken and planned to address performance and their impact.

3. List of Measures

The following is a list of suggested measures to assist regions and facilities to comply with the WEST. The list is not exhaustive and regions or facilities may tailor the below to suit individual circumstance including resourcing, or consider additional measures as appropriate:

- Booking dates to be allocated to all patients 'ready for care' to ensure surgery is provided as soon as possible.
- Review bookings to ensure procedures are not performed significantly within boundary at the expense of over boundary procedures, with clinical need to determine priority.
- Review theatre procedures to ensure excluded procedures are not being waitlisted and accepted for public lists.

- Communication strategies with General Practice clinics and practitioners to ensure health service visibility and management of surgical public waitlists (i.e. lists are owned and managed by hospital not by surgeon).
- Require all re-categorisation requests to identify a proposed theatre booking date
- Review breach cases and rectify any data integrity issues (including additional staff training) including:
 - a) incorrect category reported
 - b) Ready for Care status listings
 - c) untimely recording of procedures performed
 - d) untimely removal of patients no longer requiring procedures.
- Implement a Surgical Services Team meeting or other governance structure to drive education in and compliance with Elective Surgery Waitlist (ESWL) policy.
- Transfer of patients to alternate facilities with capacity to prevent over boundary outcomes.
- Establish contracts to allow flexible access to private operating theatre capacity.
- Review availability of anaesthetic services to support theatre activity levels required to achieve waitlist targets.
- Review and implement changes to theatre team workforce to minimise disruption to planned elective lists from emergency theatre demand.
- Standardisation of referral processes.
- Review preadmission procedures to improve preoperative screening of patients and minimise cancellations and Did Not Attend (DNAs), including:
 - identification of 'high risk' patients to ensure focus is on ensuring cancellations and rescheduling is minimised at patient admission
 - compliance with Body Mass Index (BMI) policy
 - using Telehealth Anaesthetic Pre-anaesthetic clinic (PAC) review to reduce DNA on day of surgery
 - phone pre-admission clinic visits
 - extra pre-admission clinics.
- Review the allocation of theatre lists to ensure they reflect demand and priorities.
- Targeted surgical 'blitzes' to address areas of specific need, including providing extra lists to work through categories close to boundary.
- Use of Day Procedure unit to move towards a 23 hour ward with a focus on over boundary or close to over boundary patients.

4. Definitions

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
Clinical Review	Review of a patient to consider appropriateness of the elective surgery category, to assess the patient’s clinical condition during the waiting period, or after an extended period when classified as ‘not ready for care’. This process may include a chart review of the medical records, or a telephone interview of a clinic appointment with the specialist or General Practitioner
Elective Surgery	A planned surgery that can be booked in advance following a specialist assessment, resulting in placement on an elective surgery waiting list.
Non-Reportable	Includes cases with procedure codes that are on the Elective Surgery Wait List Commonwealth Non-Reportable Procedures list (MDG-03-012). The Commonwealth’s definition of reportable and non-reportable procedures is available online from the Metadata Online Registry (METeOR), specified in the data item definition for Elective care waiting list episode - elective care type.
Not Ready for Care	Where the patient is unable to undergo their procedure due to their clinical or personal circumstances: <ol style="list-style-type: none"> 1. Pending improvement of clinical condition 2. Deferred for personal reasons 3. Staged patients (awaiting follow-up)
Over Boundary	Term used to identify cases that have waited longer than the clinically recommended timeframe for their urgency category
Patient Administration System (PAS)	webPAS is the system used in WACHS
Ready for Care	Where the patient is prepared to be admitted to hospital or to begin the process leading directly to admission for surgery
Reportable	Includes cases with procedures codes that are not on the Elective Surgery Wait List Commonwealth Non-Reportable Procedures (MDG-03-012) or where waitlist type is not surgical.
WEST	WA Elective Surgery Targets – Percentage of patients who are waiting over clinically recommended timeframes for elective surgery procedures

5. Roles and Responsibilities

The **Waitlist Clerk** is responsible for ensuring that waitlist referrals are entered into the Patient Administration System (PAS) accurately and updated to reflect the patient's current state. This includes the reporting of patients as 'not ready for care' as per the definition and updating urgency categories as patient status changes.

The **Site Manager** is responsible for reporting and auditing of the waitlist as defined by the Mandatory Policy 0050/17 Elective Surgery Access and Waiting List Management Policy. In the event of performance issues, the site manager or delegate is responsible for the development of the Site Recovery Plan.

The **Regional Director** is responsible for ensuring that the relevant actions under 2. Policy Statement of this policy are applied and implemented when necessary.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

6. Compliance

This policy supports compliance with the WACHS Health Service Agreement between the Department of Health (DoH) and WACHS to improve timely access to public elective surgery services, improve system performance and meet the WEST targets.

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity 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 are reminded that compliance with all policies is mandatory.

7. Evaluation

Review of this policy is to be carried out by the Business Performance and Improvement directorate at Central Office within 12 months of implementation and then annually or earlier if new policies are published by WA Health.

8. Standards

Using the National Safety and Quality Health Service Standards (second edition 2017) the following standards are satisfied;

- Standard 1.1 a) The governing body; provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation.
- Standard 1.5 The health service organisation considers the safety and quality of health care for patients in its business decision-making

- Standard 1.8 c) The health service organisation uses organisation-wide quality improvement system that; implement and monitor safety and quality improvement strategies

9. Legislation

WACHS must enter into a Service Agreement for the provision of health services as per Section 46 of the *Health Services Act 2016*. The service agreement outlines our requirements for meeting WEST.

10. References

[National Safety and Quality Health Service Standard \(second edition 2017\)](#)

[Western Australia Department of Health “Elective Services Reform”](#)

[Western Australia Department of Health “Elective Surgery”](#)

11. Related Policy Documents

WACHS [Emergency Care Access Policy](#)

12. Related WA Health System Policies

[Mandatory Policy \(MP\) 0050/17 Elective Surgery Access and Waiting List Management Policy](#)

13. Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

[Clinical Services Planning and Programs Policy Framework](#)

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