

## AI0200 - SURGICAL WAITLIST AUDIT

### 1.0 PURPOSE

Interior Health (IH), in alignment with the BC Ministry of Health (MOH) Surgical Waitlist Policy, recognizes the importance of providing timely access to health services in the appropriate setting by the appropriate provider. To ensure timely access of surgical services to all patients, accurate and reliable wait-time information to support informed decision making is required. Active waitlist management will improve the accuracy of IH wait-time data to ensure only patients who are ready, willing and able (RWA) to have surgery are on a waitlist.

The goal of this policy is to ensure that:

- Patients have fair and equitable access to surgical services in a timely manner.
- IH is actively managing surgical wait-lists
- The wait-time information that is provided to stakeholders such as the MOH , health care providers and the public (via SPR) is accurate, reliable and comparable across the province.
- Ensure the IH Surgical Booking and Scheduling Guidelines, along with other supporting tools and reports, are being utilized effectively.

### 2.0 DEFINITIONS

Term	DEFINITION
Surgical Waitlist	A list of patients whose Surgical Booking Package was received by an IH Booking office and a booking was created in the electronic OR Booking System.
Wait Time	Measured from the “Date Booking Received” in the OR Booking Office to the “Date Procedure Performed” minus any patient unavailable time. This may also be referred to as ‘wait two’ in MOH documentation.

### 3.0 POLICY

All stakeholders are responsible for maintaining accurate wait list information according to MOH and IH expectations.

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## 4.0 PROCEDURES

### 4.1 Regularly review and correct data to ensure that information collected is accurate.

#### 4.1.1 Site Responsibilities

- Monitor Insight Surgical Error Report and SPR Severe Errors for data correction
  - Run Insight Surgical Error Report and correct errors on a regular basis (recommended daily, minimum weekly).
  - Run SPR severe error reports and correct SPR severe errors on a regular basis (recommended daily, minimum weekly).
  - All of the data corrections must be done in the appropriate OR Booking System that is used by the site (i.e. PICIS OR Manager, Meditech)
  - *Rationale: Unresolved Insight and SPR errors can significantly impact IH waitlists. The MOH currently utilizes waitlist data from SPR, which means this data must be as clean as possible to ensure the waitlist information is accurate. Certain unresolved errors, (e.g. cases not being closed) cause patients to still show as waiting in SPR, even if that is not the case in our OR booking system. Managing these errors regularly ensures the waitlists are accurate between the two systems.*

#### 4.1.2 Strategic Information Responsibilities

- Monitor and manage accuracy of SPR data compared to all additional data reports (i.e. Insight, Lighthouse, etc.) on a period basis.
  - Run internal data report of current IH patient waitlist.
  - Run SPR report (Active Waitlist by Surgeon with Targets (SPR DataMart)) of IH surgeon waitlists.
  - Compare the two reports mentioned above in order to identify patients that are marked as still waiting according to the SPR but are not still waiting (surgery performed) on the internal waitlist report.
  - Explore the reasons for and correct the discrepancy.
  - The IH Surgical Systems team may support sites in suppressing any records in SPR if necessary.

### 4.2 Manage surgical waitlists in order to comply with current MOH targets

#### 4.2.1 Site Responsibilities (if site participates in **site-led scheduling**)

1. Daily run Insight report that flags patients approaching or exceeding the set target(s).

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2. Use this report to support the scheduling of longest waiting patients
3. Quarterly run waitlist audit using the Insight Waitlist Audit Report
4. Call all patients (using the IH patient contact script), who will and/or have breached target(s) and do not already have a scheduled date for surgery to determine if they are still ready, willing, and able to proceed with surgery.
5. Inform the surgeons' office of any patient status changes following waitlist audit, by returning The Booking Request Form to the respective surgeons' office with the changes (i.e. cancelled by patient, surgery done elsewhere, etc.).
6. Record all patient status changes and updates directly into the Booking System (i.e. PICIS ORM, Meditech)
7. Provide a waitlist report to site PMC using the "Audit Report Template" that summarizes all actions completed for surgical waitlist audit and send a copy of the report to SSN.

**4.2.2 Site & Surgical Responsibilities (if site participates in surgeon-led scheduling)**

1. Quarterly run Insight report that flags patients approaching or exceeding the set target(s).
2. Provide respective surgeons their list of patients that will and/or exceed the target(s) on a quarterly basis
  - i. Surgeons' office will review the list and contact patients as required
  - ii. Surgeons' office will return patient waitlist to booking office within 4 weeks of receipt with appropriate patient updated that affect the IH patient waitlist and ability to meet MOH target(s).
  - iii. Patients will not be removed from the surgical waitlist without the knowledge of the surgeon expect in extenuating circumstances as per the IH Surgical Booking and Scheduling Guidelines

**NOTE: Surgeon responsibilities within this Policy mirror the same responsibilities identified within the MOH Surgical Waitlist Audit Policy**

3. Follow up with surgeon office to confirm receipt of the information/waitlists.
4. Make changes to the OR Booking System (i.e. PICIS ORM, Meditech) accordingly to update patient information as per instructions/feedback provided by surgeon office(s).
5. Confirm with surgeons' office if any patients have been contacted who will or have breached target(s).

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6. Call all patients (using the lh patient contact script), who have not been contacted by either the surgeons' office and who will and/or have breached target(s) and do not already have a scheduled date for surgery, to determine if they are still RWA to proceed with surgery.
7. Inform the surgeons' office of any patient status changes following patient contact by returning the patient list to the respective surgeons' office with the recommendation(s) and/or changes (i.e. cancelled by patient, surgery done elsewhere, etc.).
8. Record all patient status changes and updates directly into the OR Booking System (i.e. PICIS ORM, Meditech)
9. Provide a waitlist report to site PMC using the "Audit Report Template" that summarizes all actions completed for surgical waitlist audit and send a copy of the report to SSN.

4.2.3 Surgical Services Network (SSN) Responsibilities

1. Function as a resource to the quarterly audit process as required.
2. Facilitate the site audit process through the development and maintenance of all reports, templates and scripts required for sites to manage surgical waitlists.
3. Report quarterly, or as required, to SSE all site summaries of the "audit Report Template".
4. Act on any recommendations by the SSE as requested for further audit action if necessary.

4.2.4 Peri-Operative Management Committee (PMC) Responsibilities

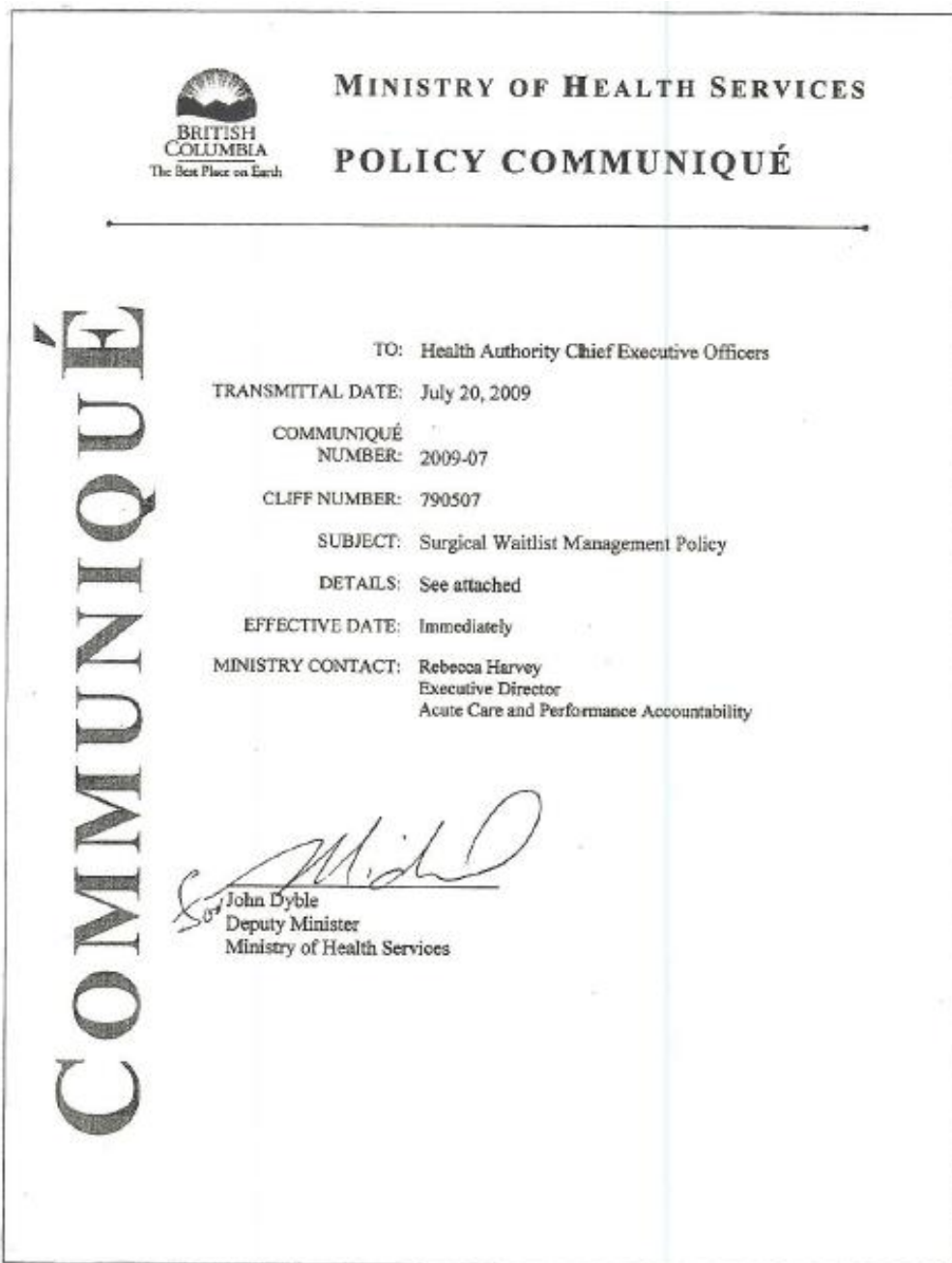
1. Support staff and surgeons and provide leadership, as per IH PMC Terms of Reference, to enforce compliance with this policy and the IH Surgical Booking and Scheduling Guidelines.
2. Support and enforce site completion and reporting of "Waitlist Audit Summary Report Template" to SSN.
3. Act accordingly based on report to further complete site audit processes as required.

**5.0 REFERENCES**

N/A

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Appendix 1 – 2009 MOH Surgical Waitlist Management Policy



**BRITISH COLUMBIA**  
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**MINISTRY OF HEALTH SERVICES**

**POLICY COMMUNIQUÉ**

**COMMUNIQUÉ**

TO: Health Authority Chief Executive Officers

TRANSMITTAL DATE: July 20, 2009

COMMUNIQUÉ NUMBER: 2009-07

CLIFF NUMBER: 790507

SUBJECT: Surgical Waitlist Management Policy

DETAILS: See attached

EFFECTIVE DATE: Immediately

MINISTRY CONTACT: Rebecca Harvey  
Executive Director  
Acute Care and Performance Accountability

*John Dyble*  
John Dyble  
Deputy Minister  
Ministry of Health Services

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<b>MINISTRY OF HEALTH SERVICES POLICY</b>	
<b>RATIONALE</b>	
<p>British Columbia's health authorities (HAs) are responsible and accountable for the delivery of quality, appropriate, and timely access to surgical services for patients within their respective geographic region. To ensure timely access to surgical services, accurate and reliable wait time information that facilitates informed decision making by health care providers and HA administrators is required. Standard, comprehensive provincial policies that support active management of waitlists will improve the accuracy of provincial wait time data, ensuring only those patients who are ready, willing, and able to have surgery are placed on a waitlist.</p>	
<b>POLICY OBJECTIVE</b>	
<p>To ensure that wait time information provided to the Ministry of Health Services (Ministry), health care providers, and the public is accurate, reliable and comparable across the province, and to ensure that all HAs are actively managing surgical waitlists to meet Ministry expectations for timeliness of access.</p>	
<b>SCOPE</b>	
<p>These policies apply to all surgical waitlists in all British Columbia health authorities.</p>	
<b>POLICY</b>	
1.0	<p><b>HA surgical waitlists are to be reviewed at least once every three months, although a more frequent review is encouraged (see schematic in Appendix 1).</b></p>
2.0	<p><b>The following cases are to be flagged for possible temporary/permanent removal from HA waitlists:</b></p> <ul style="list-style-type: none"> <li>2.1 Patient has waited longer than 1 year</li> <li>2.2 Patient has waited longer than established national and provincial benchmarks/targets (or other regional benchmarks/targets)</li> <li>2.3 Patient is waiting on multiple waitlists (duplicate bookings)</li> <li>2.4 Patient is waiting for bilateral (i.e. second side) or multiple procedures</li> </ul>
3.0	<p><b>The following cases are to be permanently removed from HA waitlists:</b></p> <ul style="list-style-type: none"> <li>3.1 Patient's clinical condition has deteriorated to the point where surgery is no longer possible</li> <li>3.2 HA and provincial records show the patient as deceased</li> <li>3.3 Patient has had surgery completed elsewhere</li> <li>3.4 Patient has refused three surgical dates for non-medical reasons</li> <li>3.5 Patient no longer wishes to undergo surgery</li> </ul>
4.0	<p><b>HAs are to exclude patient unavailable time from reported wait time in instances where:</b></p> <ul style="list-style-type: none"> <li>4.1 Patient has decided to place surgery on hold for non-medical reasons (lifestyle suspension) <ul style="list-style-type: none"> <li>• Examples: <ul style="list-style-type: none"> <li>○ Travel (i.e. patient is out of town for an extended period of time)</li> <li>○ Seasonal issues/preference</li> <li>○ Waiting to have family support in place</li> <li>○ Caring for others</li> </ul> </li> </ul> </li> <li>4.2 Patients and surgeon have agreed to place surgery on hold for medical reason (medical suspension) <ul style="list-style-type: none"> <li>• Examples: <ul style="list-style-type: none"> <li>○ Awaiting recovery from previous surgery (e.g. left versus right hip replacement)</li> <li>○ Managing other medical issues that render the patient unable to have surgery</li> <li>○ Currently in hospital for other medical reasons</li> </ul> </li> </ul> </li> </ul>

**5.0 Key HA responsibilities include:**

- 5.1 Conducting regular waitlist reviews to flag patient cases as per the relevant policy (i.e. those waiting longer than one year, established benchmark, etc.). The operating room booking office (OR Booking) will then send a request to the surgeon's office to review the flagged cases and communicate any changes within four weeks of the surgeon office's receipt of information
- 5.2 Following up with physicians' offices to confirm receipt of information
- 5.3 Contacting patients directly to confirm their waitlist status if/when required
- 5.4 Notifying surgeon offices and returning booking packages of all patients removed from the waitlist

**6.0 Key surgeon/surgeon's office responsibilities include:**

- 6.1 Reviewing the list of flagged cases from OR Booking
- 6.2 Continually monitoring their waitlists and notifying OR Booking of any patients that fall into categories 3.0 or 4.0.
- 6.3 Contacting and/or reassessing patients to confirm their status
- 6.4 Returning list of flagged cases to OR Booking office within 4 weeks of confirmation of their receipt of information indicating their plan to address the situation. Their response to OR Booking will include either:
  - 6.4.1 When the surgeon office would like the patient booked for surgery; or
  - 6.4.2 Why the patient's case should be either cancelled or suspended

**IMPLEMENTATION**

All health authorities are required to submit a plan to the Ministry by November 30, 2009, which clearly outlines how the agreed upon provincial standard policies will be implemented. It is expected that the standard provincial policies will be put in place based on Ministry of Health Services' approval of the implementation plan.

**ACCOUNTABILITY**

Health authorities must ensure that all wait time data are being managed in accordance with the policy and standards outlined in this communiqué. The Ministry of Health Services will review each HA's implementation plan and monitor compliance with this policy within its overall performance monitoring plan.

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