

**DATE:** February 2022

**PREPARED BY:** Courtney Marusiak, BScN, RN, Clinical Analyst

**PREPARED FOR:** Regional Health Authority Surgeons

## **BACKGROUND:**

---

BC Diagnosis (BC Dx) Codes were implemented into the Surgical Patient Registry (SPR) in 2010 as a joint effort by the Ministry of Health (MOH) and BC's Regional Health Authorities (HAs). The purpose was to implement a standardized approach to prioritizing patients waiting for surgery based on patient diagnosis/condition rather than procedure.

The Implementation of BC Dx codes allows surgeons to use their assessment of the patient to select a diagnosis/clinical condition from a standard list. Each standard description of diagnosis/clinical condition in the list is assigned an alphanumeric code, along with a priority level and an associated wait time benchmark / target. All priority levels and associated wait time benchmarks have been assessed and approved by clinical subject matter experts.

BC Dx codes are intended to be used by surgeons across the province to help manage their waitlists for surgery and to book patients based on their clinical need. As a patient, it should not matter where you receive care in the province, as everyone with the same condition or need should be prioritized equally. The SPR uses BC Dx codes to provide information and reports on surgical patients to Health Authorities, individual surgeons, the Ministry of Health.

There are two broad categories of BC Dx codes – the adult and the pediatric code-sets. The adult code set forms the basis for a methodology for prioritizing surgery based on wait time targets for adult surgical patients (patients over 17 years of age at the time the patient is ready for surgery). Similarly the pediatric code-set, which is based on the Canada-wide Pediatric Canadian Access Targets for Surgery (PCATS) codes, references targets for pediatric surgical patients (patients younger than 17 years of age at time when ready for surgery).

The SPR divides both adult and pediatric BC Dx codes on the basis of surgeon specialty. Each surgeon's office receives a PDF list of BC Dx codes relevant to their specialty (including both adult and pediatric lists). Surgeons can select any code but it is assumed all codes needed for their procedures be listed on their specialty list. A surgeon can select an 'other' code and request future code updates from the SPR if deemed necessary.

There was a large review in 2015 for the adult BC Dx codes, followed by PCATS in 2016. In 2020, following GI endoscopy data being implemented into the SPR application it was identified that these BC Dx codes required updating. Other provincial groups, such as Trans Care BC and BC Transplant also identified new BC Dx code requirements which were updated in April 2021.

## 'Other' BC Dx Codes

---

To ensure surgeon autonomy, every specialty has a set of 5 'other' BC Dx codes (one for each priority level). Surgeons should use the available BC Dx codes as these have been agreed upon by their peers.

If a surgeon does have a patient with needs not found on their list of dx codes, they can select an 'other' BC Dx code. All 'other' BC Dx codes require a rationale for selecting an 'other' code. Surgeons are required to provide a free-text description for this unique patient diagnosis or condition. The SPR uses this free text description to review for appropriateness and determine the need for BC Dx code updates.

## BC Dx Code Feedback Loop

---

Any surgeon in BC can contact the SPR with a BC DX Code update or change request. The SPR review all incoming requests with clinical experts as well as perform an ongoing review of BC Dx code utilization over the year. The SPR will focus on the proper use of the codes which include: surgeons prioritizing patients consistently and correctly, using appropriate dx codes, and assigning correct adult and pediatric codes based on patient age. Variances will be addressed and codes updated or training may be suggested if needed.

## Frequently Asked Questions:

---

### *How do the patient prioritization codes benefit patients?*

---

- Patients, regardless of where they reside in BC, are assessed for urgency with a higher degree of objectivity and in the same way as other patients with similar conditions.
- Better waitlist management and more accurate information on patient urgency and priority will improve the timeliness and equity of patients' access to surgery.

### *How do the BC Dx codes benefit surgeons?*

---

- Surgeons are able to prioritize surgical patients using a standardized method used by their peers in BC. This provides accurate wait time data reports to surgeons in a way that makes it easier for them to manage their waitlist.
- Surgeons can be assured their patients are being seen with the same urgency as they would by any of their peers.

## How / where can I access my waitlist information?

---

Surgeons' own detailed waitlist information along with Provincial Dashboards can be accessed through the SPR DataMart: <https://bi.phsa.ca/sprdatamart/>. To set up access to the DataMart please email the SPR office at [SPRoffice@phsa.ca](mailto:SPRoffice@phsa.ca).

## How do Health Authorities and the Ministry of Health use the data?

---

- Health Authorities have more accurate and timely data to better manage surgical access and surgical resources. For instance, some Health Authorities and/or committees may use the data as part of an operating room time allocation system.
- The Ministry of Health has access to accurate and comprehensive data to assist in monitoring performance, wait time reporting as well as modelling and other analyses for various stakeholders.
- BC Dx codes are used in the selection of patient cohorts. For example, wait time reporting for gender affirming patients relies on the use of the assigned diagnosis codes.

## What are the wait time targets for the various priority levels?

---

- In Health Authorities, every diagnosis code, regardless of clinical specialty, corresponds to one of the following priority categories for scheduled procedures. Adult priority levels are measured in weeks, whereas pediatric priority levels are measured in days:

Adult		Pediatric	
Priority Levels and Recommended Wait Times		Priority Levels and Recommended Wait Times	
		I	Within 1 day
		IIa	Within 7 days
1	Within 2 weeks		
		IIb	Within 21 days
2	Within 4 weeks		
3	Within 6 weeks	III	Within 42 days
3B	Within 8 weeks		
4	Within 12 weeks		
		IV	Within 90 days
		V	Within 180 days
5	Within 26 weeks		
		IV	Within 365 days

## How are BC Dx Codes updated or added?

---

The following process is followed for updating BC Dx codes:

1. A clinical stakeholder (ie: surgeon) identifies a need for a new BC Dx code, or identifies a priority level / target wait time / description should be changed / updated.
2. For missing codes, the surgeon selects an 'other' BC Dx code and provides detailed clinical rational / description in the free-text description and quoting the HA procedure code used.
3. Surgeon notifies their local HA administrator or SPR central office (SPR CO) of BC Dx code or the condition / diagnosis in question.
4. Throughout the year, the SPR CO reviews all surgeon feedback as well as surgeon use of 'other' BC Dx codes including their free-text description.
5. SPR CO conducts follow up with surgeons (and/or surgeon leads) who have requested the BC Dx code change / update, as necessary, for clinical feedback.
6. SPR CO utilizes clinical feedback to update and/or change BC Dx codes.
7. SPR CO compiles all change requests throughout the calendar year with implementation for the beginning of the new fiscal year (April 1<sup>st</sup>).

## How often are BC Dx Codes updated?

---

Annually, only as required. Updates are implemented at the beginning of the new fiscal year (April 1<sup>st</sup>).

## SPR Contact Information

---

Any surgeon can contact their Regional Health Authority representative or the SPR directly.

- Please email [SPRoffice@phsa.ca](mailto:SPRoffice@phsa.ca) for any questions about BC Dx codes or access to your waitlist.
- [SPR website](#) for further information regarding:
  - [SPR Backgrounder](#)
  - [BC Diagnosis Code Update Executive Summary](#)