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<u>POLICY TITLE</u> Surgical waitlist management policy		<u>CATALOGUE PAGE NUMBER</u> 1
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INTENT/PURPOSE

This policy outlines requirements and standards for adding patients to surgical waitlists, scheduling waitlisted patients, and maintaining surgical waitlists. The policy is designed to optimize and standardize waitlist management practices, improve access to care, and ensure accurate waitlist and wait time data.

POLICY

Adding patients to a surgical waitlist ...

1. A patient may be added to a surgical waitlist when he/she is ready, willing, and able to undergo surgery (ready to treat). This means :
 - The surgeon and the patient have mutually agreed to proceed with surgery
 - Any alternate treatments or therapies have been ruled out or completed
 - All diagnostics required to confirm that surgery is required have been completed
 - The patient is developmentally and clinically ready to undergo surgery
 - There are no barriers to the patient accepting an OR date
2. A provincial diagnosis code and an FH priority code must be assigned to each case based on the surgeon's assessment, and a complete booking package, including patient history, perioperative questionnaire, and signed consent, must be submitted to the appropriate OR booking office within five working days of the patient being confirmed ready to treat. Patient wait time begins when the OR booking office receives the complete package.
3. OR booking offices must add patients to the appropriate surgical waitlist within five working days of receiving a complete booking package.
4. A patient may not be added to more than one surgical waitlist for the same procedure.

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5. Patients requiring staged or multiple independent surgeries may be added to surgical waitlists for each procedure where appropriate. This includes bilateral procedures performed on the same day, multiple independent procedures of equal priority, and multiple procedures completed within a specific timeframe to address a single issue. OR booking offices must enter unavailable time to cover periods of recovery between surgeries. For sequential bilateral procedures such as bilateral joint replacements or cataracts, the second procedure may be added to a waitlist once the first procedure is complete.
6. For cases resubmitted after a cancellation, OR booking offices must add the case back to the surgical waitlist with a new booking form received date (unless the cancellation was an error, in which instance the case must be added back to the surgical waitlist with the original booking form received date).

Scheduling waitlisted patients ...

1. Waitlisted patients must be scheduled in order according to the following principles :
 - The clinical priority of each patient, based on the provincial diagnosis code and the FH priority code assigned by the surgeon
 - The order in which patients were added to the waitlist
 - The availability of any required resources such as special equipment, inpatient beds, etc
2. Waitlisted patients may be marked unavailable for clinical and/or non-clinical reasons up to three times during their wait. Each unavailable period must comprise a minimum of two calendar weeks, and all unavailable periods together must comprise no more than six calendar months. For patients who wish to delay surgery, booking packages may be submitted only once the patient is prepared to accept an OR date within the active booking window.
3. When a case is postponed within two weeks of the scheduled surgery date, that case should be given priority access to future dates. All reasonable attempts should be made to avoid multiple postponements. OR booking offices should note postponement details on the slate when rebooking a postponed case.
4. Patients must be offered alternate arrangements when an extended surgeon absence (temporary leave, maternity/paternity leave, etc) may affect their wait time. Patients who wish to delay surgery until the surgeon returns should be removed from the waitlist and added back once both the patient and the surgeon are prepared to proceed.

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Surgical waitlist maintenance ...

1. SIS will deliver waitlist visibility reports to surgeon offices at the end of each fiscal period. These reports will list patients with wait times considerably longer than other patients with the same wait time target on the same waitlist. Surgeon offices will review the lists, book or flag patients for removal or unavailability as appropriate, and return the actions list to SIS and/or the appropriate OR booking office within two weeks of receipt.

2. Patients must be removed from the waitlist when :
 - Records indicate the patient is deceased
 - The patient has had his/her surgery completed elsewhere
 - The patient’s clinical condition has changed to the point where surgery is no longer appropriate
 - The patient no longer wishes to undergo surgery
 - The patient has been unavailable for more than six calendar months
 - The patient has refused three surgical dates for non-medical reasons or has failed to attend three scheduled surgery appointments without adequate notice or extenuating circumstances
 - The patient has waited longer than 52 weeks and efforts to contact him/her are not successful within three attempts
 - Any other reasons that indicate the patient is no longer waiting for surgery

3. Patients must be marked unavailable when :
 - The patient has decided to place surgery on hold for non-medical reasons such as travel, work, personal commitments, seasonal preferences, etc
 - The patient and surgeon have decided to place surgery on hold for medical reasons that render the patient temporarily unfit for surgery

Booking packages may not be submitted before a patient is prepared to accept an OR date within the active booking window.

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Communication ...

1. SIS will send all patients a letter within two weeks after being waitlisted for surgery. The letter will confirm that the patient has been added to a waitlist, provide an estimated wait time, and provide details on who to contact with questions.
2. SIS will call patients within two weeks after their wait time exceeds twice clinical benchmark and once every three months thereafter. The calls will confirm whether the patient remains ready, willing, and able to proceed with surgery.
3. Surgeon offices must inform patients of how much unavailable time they have remaining when offering a surgery date.