This policy replaces and supersedes the Elective Surgery Access Policy 2006. The new policy is a revision of the 2006 Policy and includes the following significant changes:

- the Policy applies to all Health Services on a State-wide basis;
- new Clinical Prioritisation Guidelines to determine clinical urgency to be routinely applied to elective procedures;
- all urgency Category 1 cases must be given a booking date at the time of request for placement on a wait list; and
- new procedures apply to patient initiated deferrals.

All staff involved with the provision of elective surgery in Health Services should become familiar with the policy. Area Chief Executives should ensure that all managers and staff involved with elective surgery are informed about the policy.

Consistent application of this policy on a State-wide basis will lead to more equitable and efficient use of WA Health’s elective surgery capacity.

Dr Peter Flett
DIRECTOR GENERAL
WA HEALTH
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Superseded by:
OD: 0618/15
July 2015
Foreword

Western Australia’s public health system continues to be transformed so it can provide even better health services to all Western Australians.

A significant part of the reform program involves us making changes that will improve the delivery of outpatient and elective surgical services, to ensure that we have:

- the right patient
- to the right clinician
- at the right time
- in the right place and
- with the right resources.

Patients on waiting lists can feel isolated, not knowing what is planned for them or the timing of their treatment. Our strong commitment to reforming services will place patients at the centre, with improved communications and greater patient involvement in decision-making.

This is the second version of this system-wide policy that in partnership with patients, their general practitioners, treating specialists and hospitals, will ensure that elective surgical and outpatient services focus on improving access and reducing waiting times.

The implementation of this policy presents many challenges for all of us in WA Health. I encourage staff in their ongoing efforts to ensure the principles and guidelines outlined in the policy are working effectively within our system.

Dr Peter Flett
Director General
Scope
This policy applies to the registration of public and private patients onto the elective surgery and other procedures waiting list at any Western Australian public hospital or health care facility.

Purpose of policy
This policy provides all Western Australian health employees and agents involved in the delivery of elective surgery services and those undertaking the coordination and maintenance of the elective surgery waiting list with a consistent and structured approach to the management of elective surgery services. This policy articulates the rights and responsibilities of the:

- Area Health Service (AHS) responsible for managing elective surgery capacity and activity for its catchment population
- patient
- specialist who refers the patient for registration on the elective surgery waiting list
- general practitioner (GP) who referred the patient for specialist assessment
- hospital into which the patient will be admitted.

Each hospital will develop procedures and processes to ensure effective clinical and administrative processes are in place to actively manage the waiting list and to ensure compliance with the policy. The prime responsibility to appropriately allocate a patient to a waiting list in accordance with the policy lies with the treating specialist. The processes established will be appropriately documented and provide mechanisms for routine compliance audits to ensure it can be demonstrated that the policy is being applied appropriately.

Principles underpinning access to elective surgery in public health care facilities

Active management of waiting lists
Waiting lists are managed by Area Health Services to ensure all patients are treated in clinically appropriate timeframes.

Waiting list management practices are transparent, efficient and client-focused.

Equity of access
All patients will be prioritised based on clinical urgency and where no clinical urgency differentiation exists, patients will be treated in order of their registration onto the waiting list (first on, first off).

Public and private patients
For the purpose of this policy, the only material difference between a public and private patient is that the treating specialist has the opportunity to bill a private patient for services provided.
Ready for care
Only patients registered onto the waiting list as Ready for Care (RFC) will be counted and reported as cases on the waiting list.

Timeliness of surgery
The hospital has a duty to ensure patients are treated within the assigned urgency category boundary.

If at the time a request for registration onto the waiting list is received, or at any time after the date of initial registration, the hospital considers that a treating specialist is unable or is unlikely to be able to provide treatment within the assigned urgency category boundary, the hospital will (where available):
- transfer the patient from one specialist to another equivalently credentialed specialist within the same hospital, or
- transfer the patient to another hospital and specialist that is equivalently credentialed to perform the procedure and where a shorter waiting time to admission is available.

Patient information and consent
Patients are provided with meaningful information about elective surgery waiting lists and their rights and responsibilities.
Non-English speaking patients are provided with information in an appropriate language, or have the information interpreted if required.
Patients are fully informed and have consented to the treatment offered prior to being added to the waitlist.
Information relevant to the patients continuing care while on the waiting list will be routinely shared with the patient’s nominated general practitioner unless the patient does not consent.

Key Performance Indicators (KPIs)
WA Health maintains key performance indicators for performance of elective surgery. These are revised annually as part of the annual operational planning process. The current KPIs can be found on the WA Health website:

## Definitions

**Category 1 – Urgent**
Admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it might become an emergency.

**Category 2 – Semi-urgent**
Admission within 90 days is desirable for a condition causing pain, dysfunction or disability, but which is not likely to deteriorate quickly or become an emergency.

**Category 3 – Non-urgent**
Admission at some time in the future is acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and does not have the potential to become an emergency. *The National Health Data Dictionary does not prescribe a time limit for admission. Customarily admission within 365 days has been considered to be desirable.*

**Clinical review**
Review of a patient to consider appropriateness of the urgency category, the need for re-categorisation and/or assessment of the clinical needs. May include a chart review of the medical records, a telephone interview or a clinic appointment with the specialist, referral to the patient’s GP.

**Confirmed booking date**
A scheduled admission date that has been entered into the patient administration system (TOPAS). Any postponement of this date by the hospital will register as a hospital-initiated postponement.

**Deferred Patient**
Patients who for personal or clinical reasons are not yet prepared to be admitted to hospital.

**Excluded procedure**
Any procedure listed as being no longer routinely provided in the public health system as per operational circular OP 1869/04.

**Hospital**
Any public hospital or health care facility at which elective surgery is performed and where the context requires the Area Health Service to be responsible for managing elective surgery capacity and activity for its population catchment area.

**Long-waiting patients**
Any patient who has waited longer than the recommended time for their urgency category.

**Not ready for care (NRFC)**
A patient who is currently not in a position to be admitted to hospital.

**Postponement / Cancellation/ Reschedule**
When a confirmed admission date (booking date) has been given to the patient and entered in the patient administration system and the date is subsequently changed to a later date. Postponements can be hospital-initiated or patient-initiated. The terms postponement and deferral are used interchangeably.
<table>
<thead>
<tr>
<th><strong>Ready for care (RFC)</strong></th>
<th>Patient who is clinically ready to have the procedure performed and is immediately prepared to be admitted to hospital.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requesting Specialist</strong></td>
<td>The specialist who has made a request to register a patient onto the elective surgery waiting list.</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>Credentialed specialist medical practitioner eligible to request admission of patients to a hospital.</td>
</tr>
<tr>
<td><strong>Staged/planned/periodical</strong></td>
<td>The term staged is commonly used interchangeably with the terms “planned” and “periodical”. The patient is not yet RFC but there is a planned clinical pathway that requires a predictable and sequential series of treatments on successive occasions whereby progress to the next treatment/procedure depends on the successful completion of the previous treatment steps. A patient can be registered onto the waiting list as RFC for one procedure and concurrently registered as staged (i.e. not yet ready for care) for second and/or subsequent procedures.</td>
</tr>
</tbody>
</table>
1. Elective Surgery Waiting List

Patients who are assessed by a specialist as requiring elective surgery and who are ‘ready for care’ (RFC), or who require their procedure as part of a staged clinical pathway, will be registered onto the waiting list.

1.1 Referral sources

Patients can be referred for registration onto the waiting list from either a hospital outpatient clinic or by a specialist working from private consulting rooms.

Regardless of the source of referral the referring specialist must submit an approved waiting list registration request form and a completed consent form for all patients.

Incomplete requests for registration onto the waiting list will not ordinarily be accepted and will be sent back to the specialist.

1.2 Registering patients onto the waiting list

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

Patients will only be registered onto the waiting list as either RFC or staged.

The determination of RFC status is patient-focused and is not dependent upon the availability of an Area Health Services’ human or material resources. Only patients registered onto the waiting list as RFC will be counted and reported as cases on the waiting list.

Patients registered onto the waiting list as staged will not be counted or reported as cases on the waiting list until such time as their status is changed to RFC.

Hospitals will determine whether a request for registration onto the waiting list will be accepted or refused within 5 working days of receiving a completed and signed request for registration form and a completed consent form.

If a request for registration is accepted, the patient will be registered onto the waiting list within that same period of 5 working days.

If a request for registration is refused, the hospital will inform the referring specialist of the reason for refusal (e.g. the patient already listed for the same procedure at a different hospital or procedure is an excluded procedure) within 5 working days from the date the request is refused. Notification of refusal may be in writing or given verbally.

It is then the responsibility of the referring specialist to advise the patient that the request has not been accepted. This advice should be documented in the patient record.

1.2.1 Transfer to other hospitals

If a request for registration is received that must be passed to another hospital (e.g. services are not provided at the hospital) staff will contact the requesting specialist. It is
the responsibility of the requesting specialist to advise the patient that a request has not been accepted and to then redirect the request to another hospital or arrange for alternative treatment.

If a request for registration is received for a case that could be provided at a facility closer to the patient’s place of residence or by another specialist with a shorter waiting list, the hospital will contact the referring specialist and take responsibility for arranging transfer of the case prior to registration onto the waiting list. Alternatively waitlist staff may action

1.2.2 Multiple waiting list entries

If a specialist makes a request for registration of a patient, for a procedure that forms part of a sequence of a single course of treatment, the second procedure will be listed as staged. For example a surgical procedure that occurs at a point in time as part of an adjuvant cancer treatment.

Patients registered onto the waiting list as staged will not be counted or reported as cases on the waiting list until such time as their status is changed to RFC. It is the responsibility of the referring specialist to determine when a change in status from staged to RFC is appropriate (e.g. post recovery from chemotherapy).

Patients waiting for multiple procedures for which there is no interdependency (e.g. cataract extraction, bilateral joint replacements) will be waitlisted for the first procedure only. They are considered to be "not ready for care" for the second procedure and should be managed according to the guidelines for this.

Patients will not be listed for the same procedure at different hospitals. The hospital will verify that there are no multiple listings prior to registration onto the waiting list. If there is a request for registration onto the waiting list for the same procedure at a different hospital the request will be refused. It is the responsibility of the referring specialist/waitlist staff to advise the patient that they cannot be listed for the same procedure at different hospitals.

1.2.3 Removal of multiple list entries

A patient will not be listed for the same procedure at different hospitals.

If a patient is identified as being multi-listed for the same procedure at a different hospital, the patient will be contacted by the waitlist staff in order to identify preferred hospital. Alternatively a letter will be sent to the patient advising of the policy on multiple listings and they will be given the choice as to the list from which they wish to be removed. A copy of the letter will be sent to:
- the referring specialist
- the GP
- the other hospital(s) where the patient has been listed.

The letter to the patient will advise the patient to contact their GP and/or treating specialist to discuss their decision.

A record of the patient’s decision will be kept on the patient administration system or stored centrally and the patients waitlist entry globally moved to elective site.
1.3 Consent for surgery / treatment

Patient consent must be obtained PRIOR to registration onto the waiting list. Consent must be confirmed in writing using an approved hospital patient consent form. The referring specialist requesting registration is responsible for obtaining the patient's written consent.

Unless further assessment by another specialist is required, patients for whom requests for registration originate from a specialist’s private rooms will not be sent to hospital outpatient clinics to obtain consent.

Where “direct access” models of care have been developed (e.g. endoscopy services, "see and treat" plastic clinics) arrangements for the timing of patient consent can be modified.

Guidance on documenting consent to treatment and disclosure of material risk can be obtained from the Office of Safety and Quality website: www.health.wa.gov.au/safetyandquality/

1.4 Consent for sharing information

Information relevant to the continuing care and management of the patient on the waiting list will be shared with the patient’s nominated general practitioner unless the patient does not consent.

Consent will be routinely evidenced on the Request for Registration on to the Waiting List form and advice to this effect will be provided in general patient information.

This Policy is written based on the assumption that the patient has consented. The hospital will routinely confirm consent status before sharing information.

1.5 Clinical urgency category

The referring specialist will categorise urgency as either Category 1, 2 or 3 according to the urgency classifications outlined on page 6 (as defined by the National Health Data Dictionary):

The assigned urgency category must be based on clinical need, but will generally be consistent with WA Clinical Categorisation (adapted from NSW).

The urgency category must be assigned before the patient is registered onto the waiting list. A request for registration cannot be accepted without an urgency category assigned.

It is the responsibility of the referring specialist to determine the urgency category.

If clinically indicated, the referring specialist or registrar acting on behalf of the referring specialist can change the urgency category. The reason for any change will be recorded on the patient’s medical record or stored centrally.

1.6 Content of a request for registration onto the waiting list

The waiting list request for registration form will include:
• the patient’s full name (or alias) and, where appropriate (e.g. for a minor) the name of the parent or caregiver
• the patient’s date of birth
• the patient’s gender
• the patient’s residential address
• the patient’s mailing address
• contact numbers (home, work and mobile)
• next of kin/carer/guardian/local contact (essential for paediatric referrals)
• Hospital Unit Medical Record Number (UR) and Medicare number (if known)
• interpreter requirements
• general practitioner’s name, address and contact number
• proposed procedure (entered on to TOPAS using ICD10 codes)
• provisional diagnosis
• clinical urgency category
• whether it is a same day, DO23, day of surgery admission or multi-day surgery
• anticipated length of stay
• anticipated need for ICU/CCU bed
• date of admission for category 1 patients
• informed consent details
• referring specialist’s signature.

Note: letter to patient re placement on waitlist includes consent to contact GP

Incomplete requests for registration onto the waiting list will not be accepted and will be sent back to the specialist. The hospital may exercise discretion to accept requests for registration if the missing information is not essential.

1.7 Patient information

The hospital will advise Category 1 patients of their admission once date for surgery has been allocated and ensure that patient information is available in languages other than English. Strategies will also be in place for providing information to patients with visual impairment, hearing deficit or low literacy.

The hospital will advise Category 2 and 3 patients in writing within 10 working days of registration that they have been registered onto the waiting list.

The notification letter will include:
• date of registration onto the waiting list
• surgical unit responsible for care
• proposed procedure
• urgency category and definition
• hospital contact number for information about the waiting list
• the possibility of postponements
• what to do and who to contact if clinical condition changes
• confirmation of short notice availability
• information about deferral
• anticipated length of stay (LOS).

A copy of the notification letter will be placed on the patient’s medical record or recorded centrally.
Patients will be advised of their rights and responsibilities including the requirement to advise of change of address and to advise if surgery is no longer required.

Every effort will be made to ensure admission however it requires a team approach to achieve this outcome. The hospital will notify the patient of any changes to their status on the waiting list either by telephone or letter and patients will be advised that failure to comply with their responsibilities may result in their removal from the waiting list. The hospital will ensure that a record of communication is maintained either in the patient’s medical record, on the patient administration system or stored centrally, in accordance with local policy.

Patients will be advised that depending on the type of surgery and length of the waiting list, the surgery might be provided at another hospital and or by another specialist.

1.7.1 Patients from correctional and forensic secure mental health facilities

Correctional facility and forensic secure mental health facility patients are accorded the same treatment available to all patients. However, for security reasons, the patients and their relatives must not be informed of surgery and admission details.

• the patient may be advised that at some time in the future they may attend a facility for surgery.
• details of dates for admission and surgery are to be directly conveyed to the relevant delegate.

1.8 General practitioner information

Subject to patients consent the hospital will notify the patient’s nominated general practitioner (GP) in writing of the registration of the patient onto the waiting list within 10 days of registration.

The notification letter will include:

• patient’s name and address
• date of registration onto the waiting list
• surgical unit responsible for care
• proposed procedure
• urgency category and definition
• contact number for information about the waiting list
• information about postponements
• who to contact if clinical condition changes.

2. Managing Elective Surgery Patients

Area Health Services will actively manage elective surgery waiting list patients to provide timely and appropriate access.

2.1 Change of waiting list status once registered

Patients can only be registered onto the waiting list in the first instance if they are RFC or staged.

Once registered onto the waiting list the patient’s condition may change such that they are not fit for surgery, in which case they will be reclassified as being deferred.
**Deferred:** Patients who for personal or clinical reasons are not yet prepared to be admitted to hospital.

Reasons for deferral include:
- **Clinical:** Unfit for surgery, the patient’s health status has temporarily changed to the extent it is inadvisable to proceed with the awaited procedure.
- **Personal:** Personal or work commitments arise and the patient elects not to be ready for care.

### 2.1.1 Management of deferred status patients

Category 1 patients will not be deferred if the deferral results in the patient not receiving surgery within 30 days from the date of registration onto the waiting list. If deferral of a Category 1 case is being contemplated and is likely to result in the patient not being treated within 30 days the treating specialist will review the case.

- The hospital will monitor all cases where surgery has been deferred.
- The hospital will contact patients and review cases that are listed as deferred in excess of 120 days.

Category 2 and 3 patients who have exceeded deferred timeframes may require:
- clinical review by the treating specialist or GP
- active management
- removal from the waiting list.

Patients listed as deferred must be advised that:
- they are listed as deferred
- the maximum deferred times for their urgency category
- while they are listed as deferred they are not considered to be waiting for surgery
- each episode of deferred status accumulates towards total deferred time
- exceeding deferred time will result in their removal from the waiting list or the need for clinical reassessment by the treating specialist or GP
- they are required to advise the hospital when they are ready for care.

The patient’s nominated GP will be advised of deferred status when the patient has been listed as deferred due to being unfit for surgery and it is not advisable to proceed with the surgery until improvements in health status are made.

### 2.1.2 Keeping fit for surgery

Responsibility for keeping fit for surgery is a collaborative commitment for the patient, the treating specialist, the hospital and the GP.

The specialist / hospital will advise the patient:
- how to best manage their condition while waiting for elective surgery
- the pre-operative health requirements necessary for surgery to proceed
- what to do if they believe their condition has deteriorated while waiting for surgery
- assist the patient in accessing internal and external services including advocating the role of their GP in helping them to maintain general health.
2.2 Hospital-initiated postponements

A hospital-initiated postponement is defined as any rescheduling of a patient’s confirmed booking date. The hospital may need to postpone surgery to a later date due to unforeseen circumstances such as an urgent need for emergency surgery, or other factors relating to human resources, equipment or facilities.

When a hospital postpones a patient’s surgery it will:
- give as much notice as possible
- make arrangements for the surgery to be undertaken on the next available list
- keep an accurate record of the postponement and the reason.

The patient will be advised of:
- the reason for the postponement
- the rescheduled admission date (mandatory for Category 1 patients)
- what they should do if their condition deteriorates
- the opportunity to discuss with a doctor any medical issues that might arise as a result of the postponement of surgery.

No patient will be postponed a second time without the express approval of an area executive acting under delegation from the Area Chief Executive Officer.

Category 1 patients who have arrived at the hospital will not be postponed without the express approval of an area executive acting under delegation from the Area Chief Executive.

No patient will be postponed a third time.

All hospital-initiated postponements will be documented in the patient administration system or stored centrally.

2.3 Patient-initiated postponements

When a patient postpones an agreed date (confirmed booking) for surgery for personal reasons, a patient-initiated postponement will be recorded.

A patient will be removed from the waiting list if they twice fail to arrive for surgery on an agreed date without prior notice and without good cause.

The hospital will notify the patient’s surgeon and nominated general practitioner in writing of the removal of category 2 & 3 patients from the waiting list within 5 days of removal.

2.4 Prioritising elective surgery

The selection of patients from the waiting list is based on prioritisation according to clinical need.

2.4.1 Criteria for prioritisation within clinical urgency categories

Within each urgency category, the following criteria will apply when selecting patients from the waiting list.
Waiting time

Priority for admission will be given to patients who have waited longer than the recommended time for their assigned urgency category.

Patients who have waited the longest and have the same urgency category will receive priority when all other relevant factors are equal.

Previous postponements

Patients whose surgery has previously been postponed for clinical or hospital related reasons will be given priority and will be rescheduled for the next available booking.

Factors other than urgency category and relative waiting time

Other considerations that may influence selection of patients from the waiting list include:

- where an opportunity arises to maximise operating theatre utilisation, gaps in theatre lists can be filled with less complex lower priority cases if there is no reasonable prospect of admitting a higher priority case
- type of surgery required
- the patient’s co-morbidities
- medication requirements
- the patient’s social and community support
- patient access factors (e.g. distance of residence from treatment centre, transport and accommodation)
- the need for other treatments while awaiting surgery
- teaching and training needs.

In cases where factors other than urgency category and relative waiting time influence patient selection for surgery, it must be demonstrated that no patient with similar characteristics has a higher urgency category, or has waited longer for treatment.

2.4.3 Timeliness of surgery

The hospital will ensure patients are treated within the assigned urgency category boundary.

Prior to acceptance of request for registration onto the waiting list

If a request is received and the hospital considers that the treating specialist is unable or is unlikely to be able to provide treatment in the recommended timeframe, the hospital will, in consultation with the treating specialist where practicable and available:

- transfer request for registration from one specialist to another credentialed specialist within the same hospital
- transfer request for registration to another hospital and specialist that is credentialed to perform the procedure and where a shorter waiting time to admission is available.

After registration onto the waiting list

If after initial registration, it is established that the treating specialist is unable or is unlikely to be able to provide treatment in the recommended timeframe, the hospital will:

- transfer the patient from one specialist to another within the same hospital
Elective Surgery Access Policy
May 2009

- transfer the patient to another hospital that performs the procedure and where a shorter waiting time to admission is available.

Patients who unreasonably decline transfer to alternative waiting list registration will be deemed to have declined treatment and a patient-initiated postponement will be recorded. Care should be taken not to unfairly disadvantage patients who for reasons such as carer support needs, family circumstances or other personal circumstances deem them unable to accept an alternative waiting list registration.

Patients will be advised at time of registration onto the waiting list that their care may be provided at another hospital and/or by another specialist.

Patients will be advised that any refusal of an agreed date or failure to arrive for treatment contributes to the number of occasions a patient can defer surgery before being removed from the waiting list.

2.5 Removal from the waiting list

The hospital has the duty of care to ensure that a patient is informed of the potential risks to their health as a result of declining treatment.

A patient will be removed from the waiting list if that patient declines treatment at their own will and/or no longer wishes to receive treatment at the hospital, subject to the requirements below.

Urgency Category 1 patients who decline treatment will be referred to the treating specialist, relevant clinical department head or delegated clinical representative.

Depending on the patient’s diagnosis, the treating specialist, clinical head or delegated representative will:
- request that the patient attend a clinical review and discussion of the consequences of their decision, or
- remove the patient from the waiting list.

If the patient’s removal from the waiting list is deemed to carry significant risk to the patient’s health, the hospital may consider deferring the patient’s surgery. This option will be discussed with the patient at the time of clinical review.

A Category 2 or 3 patient who declines treatment and requests to be removed from the waiting list will be automatically removed. Patients will be advised to contact their GP or specialist in the event that they wish to proceed with the treatment or their condition deteriorates.

2.5.1 Patients who repeatedly defer treatment or wish to defer for a long period

A patient will be removed from the waiting list following their second self-deferral (i.e. at the time of a second refusal of an admission/booking date).

A patient will be removed from the waiting list if the patient indicates non-availability for treatment for a period exceeding the following recommended maximum number of deferred/unavailable (cumulative) days:
- Category 2 and 3 patients: 120 days
Category 1 patients will not be deferred if the deferral results in the patient not receiving surgery within 30 days from the date of registration onto the waiting list.

Patients who decline an available surgery date will be deemed to have declined treatment. Declining 2 treatment dates will result in removal from the waiting list.

The hospital will exercise discretion to distinguish between patients who are reasonably negotiating an admission date and those who declare themselves unavailable for care for a prolonged period.

2.5.2 Patients who fail to attend for treatment

A patient will be removed from the waiting list following the patient’s second failure to attend without good cause and providing prior notice to the hospital. This includes the failure to attend pre-admission outpatient clinic appointments.

The hospital will exercise discretion on a case-by-case basis to avoid disadvantaging patients in the case of genuine hardship, misunderstanding and other unavoidable circumstances.

The hospital will have robust procedures to administratively and clinically manage patients who fail to attend.

2.5.3 Notification of removal

Patients who are removed from the waiting list will receive written notification of their removal by the hospital that clearly states:

- the reason for the removal
- the date of the removal
- who the patient should contact if they have a query or concern.

The hospital will notify the patient’s treating specialist and the patient’s GP in writing when a patient is removed.

2.5.4 Patients who are non-contactable

Patients who are not contactable by the hospital will be removed from the waiting list, provided that the hospital has made reasonable attempts to contact the patient. This includes an attempt to identify the patient’s correct details via:

- the patient’s treating specialist
- the patient’s GP
- the hospital’s medical records
- other sources of information including a telephone directory search and in some circumstances contact with next of kin (e.g. minors).

Once registered onto the waiting list, a patient has a responsibility to notify the hospital of any changes to their contact details. The patient will have been informed of the possibility of being removed for failing to notify the hospital of any changes to their contact details which subsequently prevents the hospital from being able to contact them or repeatedly deferring or failing to arrive for a booked admission.
2.6 Documentation of removal

The removal of a patient from the waiting list will be clearly documented in the patient’s medical record and the patient administration system.

The hospital will ensure that the reason for removal and all attempts to contact the patient to facilitate surgery are clearly documented. Reasons for removal are:

- patient request
- patient non-contactable
- patient repeatedly defers or defers for excessive time period
- patient fails to arrive for treatment

3. Validation of Waiting Lists

Area Health Services will manage a system of administrative and clinical audits to ensure that the waiting list provides an accurate record of patients waiting for elective surgery.

3.1 Administrative review

Waiting list validation will involve contact with patients by telephone, letter or other appropriate methods.

Area Health Services will conduct regular administrative reviews of the waiting list including:

- a weekly audit of Category 1 patient who are at risk of waiting longer than 30 days for treatment
- monthly audit of Category 2 patients who are at risk of waiting longer than 90 days
- six-monthly audit of Category 3 patients who are at risk of waiting longer than 12 months for treatment.

An administrative review will check:

- that the records are correct
- whether the patient still requires surgery (i.e. has not gone elsewhere)
- whether the patient is on a list at another hospital
- whether the patient is available at short notice.

3.2 Confirmation of timing of admission

Patients who have not confirmed their attendance will be contacted prior to pre admission clinic or booked admission date which ever is applicable to confirm their attendance.

3.3 Clinical review

The referring specialist will be notified of all patients exceeding, or likely to exceed the urgency waiting times or recommended deferral times. Area Health Services will determine on a case-by-case basis the need to undertake a clinical review of patients waiting. A clinical review can take the form of chart review, telephone or face-to-face consultation and must be undertaken by a specialists or registrar acting on their behalf.

In particular, patients who have been waiting for more than six months and/or are waiting over boundary may require a clinical review.
In addition, when there is a change in services such as the appointment of a new specialist, a review may also be required.

In some circumstances the general practitioner may be able to undertake a review of their patient to determine whether they still require the procedure.

The outcome of any clinical review should be recorded on the patient’s medical record, and if there is any change in status or need for removal, guidelines for removal and notifications of change of status must be followed.
Appendix 1: Clinical Prioritisation Categories

### WA Recommended Prioritisation

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>ACCEPTED CLINICAL PRIORITY CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acromioplasty</td>
<td>3 (within 365 days)</td>
</tr>
<tr>
<td>Adenoidectomy</td>
<td>3 (within 365 days)</td>
</tr>
<tr>
<td>Amputation digit (toe/finger)</td>
<td>2 (within 90 days)</td>
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<tr>
<td>Amputation of limb</td>
<td>1 (within 30 days)</td>
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<tr>
<td>Aortic bifurcation graft</td>
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<td>Appendicectomy (non-emergency)</td>
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<tr>
<td>Arthrodesis</td>
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<tr>
<td>Arthroscopy</td>
<td>2 (within 90 days) or 3 (within 365 days)</td>
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<tr>
<td>Biopsy – muscle</td>
<td>1 (within 30 days) or 2 (within 90 days)</td>
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<tr>
<td>Biopsy of breast</td>
<td>1 (within 30 days) or 2 (within 90 days)</td>
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<tr>
<td>Biopsy/conization of cervix</td>
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<tr>
<td>Bladder neck incision</td>
<td>2 (within 90 days)</td>
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<tr>
<td>Blepharoplasty</td>
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<tr>
<td>Bronchoscopy</td>
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<td>Bursa – excision</td>
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<td>Cardiac catheterisation</td>
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<tr>
<td>Cataract extraction (+/- intra-ocular lens insertion)</td>
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<tr>
<td>Change of muscle or tendon length</td>
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<tr>
<td>Change of plaster (GA) STAGED</td>
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<tr>
<td>Cholecystectomy (including laparoscopic) - Acute Cholecystitis</td>
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<tr>
<td>Circumcision (Clinical conditions only)</td>
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<td>Closure colostomy/ileostomy</td>
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<td>Colectomy</td>
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<tr>
<td>Colonoscopy (Haemorrhage or Colon Cancer)</td>
<td>1 (within 30 days)</td>
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<tr>
<td>Colonoscopy (other)</td>
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<tr>
<td>Colposcopy</td>
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<tr>
<td>Corneal graft</td>
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<tr>
<td>Coronary angioplasty</td>
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<tr>
<td>Coronary artery bypass graft</td>
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<tr>
<td>Correction of cleft lip/palate</td>
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<tr>
<td>Correction of ectropian</td>
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<td>Correction of uretero-pelvic junction</td>
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<td>Craniotomy</td>
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<td>Cystectomy</td>
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<td>Cystoscopy</td>
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<td>Dacrocystorhinostomy</td>
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<td>Diagnostic laparoscopy</td>
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<td>Diathermy of warts</td>
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<td>Dilatation and curettage</td>
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<td>Dilation of oesophagus</td>
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<td>Dilation of urethra</td>
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<tr>
<td>Drainage of Bartholin’s cyst</td>
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<table>
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<th>PROCEDURE</th>
<th>ACCEPTED CLINICAL PRIORITY CATEGORY</th>
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<tbody>
<tr>
<td>Drainage of sub-dural haematoma</td>
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<tr>
<td>ECOG-IMPEBAP – electro-cochleography-implant evoked</td>
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<tr>
<td>brain auditory procedure</td>
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<tr>
<td>Endarterectomy</td>
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<td>Endometrial ablation</td>
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<td>Endoscopy - ERCP</td>
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<td>Endoscopy - small intestine</td>
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<td>Ethmoidectomy</td>
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<td>Examination of eye under anaesthesia</td>
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<td>Excision lesion of pharynx</td>
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<td>Excision of anal fissure</td>
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<td>Excision of breast lump</td>
<td>1 (within 30 days) or 2 (within 90 days)</td>
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<td>Excision of cholazion</td>
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<td>Excision of ganglion</td>
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<td>Excision of ovarian cyst</td>
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<td>Excision of pterygium</td>
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<td>Femoro-popliteal bypass graft</td>
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<td>Freeing abdominal adhesions</td>
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<td>Functional Endoscopic sinus surgery (FESS)</td>
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<td>Fundoplication</td>
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<td>Gastroscopy (other)</td>
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<td>Hammertoe – correction/repair</td>
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<td>Hernia – epigastric repair</td>
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<td>Inguinal herniorrhaphy</td>
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<td>Insertion of ureteric stent</td>
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<td>Insertion of ventricular shunt</td>
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<td>Insertion P.E, tubes (grommets)</td>
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<tr>
<td>Insufflation of fallopian tube (Rubin's test)</td>
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<td>Joint replacement eg. Shoulder (other than hip &amp; knee)</td>
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<td>Laminectomy</td>
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<td>Mandibulectomuy/hemi-mandibulectomy</td>
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<td>Manipulation under Anaesthetic</td>
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<td>Mastectomy</td>
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<td>Mastoidectomy</td>
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<td>Meatoplasty</td>
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<td>Menisectomy</td>
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<tr>
<td>Microlaryngoscopy</td>
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<td>Myomectomy</td>
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<td>Myringoplasty</td>
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<td>PROCEDURE</td>
<td>ACCEPTED CLINICAL PRIORITY CATEGORY</td>
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<td>-----------------------------------------------</td>
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<tr>
<td>Myringotomy</td>
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<td>Nasal cautery</td>
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<td>Nasal polypectomy</td>
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<td>Nephrectomy</td>
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<td>Nerve decompression/release</td>
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<td>Orchidectomy</td>
<td>2 (within 90 days)</td>
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<tr>
<td>Orchidopexy</td>
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<tr>
<td>Osteotomy – ankle/foot/arm/facial</td>
<td>3 (within 365 days)</td>
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<tr>
<td>Osteotomy – hip/femur/tibia/shoulder</td>
<td>3 (within 365 days)</td>
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<tr>
<td>Pharyngoplasty</td>
<td>3 (within 365 days)</td>
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<tr>
<td>Pilonidal sinus</td>
<td>2 (within 90 days)</td>
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<tr>
<td>Pleurodesis</td>
<td>1 (within 30 days)</td>
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<tr>
<td>Probing of naso/lacrimal duct</td>
<td>3 (within 365 days)</td>
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<tr>
<td>Prostatectomy (TURP or open prostatectomy)</td>
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<tr>
<td>Prostatic biopsy</td>
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<td>Ptosis – repair, correction</td>
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<td>Pulmonary artery shunt</td>
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<td>Pyeloplasty</td>
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<td>Pyelorotomy</td>
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<td>Radical neck dissection</td>
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<td>Reduction of fractured orbit</td>
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<td>Reduction of fractured zygoma</td>
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<td>Reimplantation of ureters</td>
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<td>Release of carpal tunnel</td>
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<td>Release of clubfoot</td>
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<td>Release of tongue tie</td>
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<td>Removal of breast implants</td>
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<td>Removal of bunion</td>
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<tr>
<td>Removal of ingrown toenail</td>
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<td>Removal of pins and plates</td>
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<tr>
<td>Removal of skin lesions (Melanoma, SCC, BCC)</td>
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<tr>
<td>Removal of skin lesions (other)</td>
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<td>Removal of stone from urinary tract</td>
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<tr>
<td>Repair atrial-septal defect</td>
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<tr>
<td>Repair incisional hernia</td>
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<td>Repair of cystocele, rectocele</td>
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<td>Repair of Dupuytren's contracture</td>
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<td>Repair of exostosis</td>
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<td>Repair of hiatus hernia</td>
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<tr>
<td>Repair of hydrocele</td>
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<td>Repair of knee cartilage</td>
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<td>Repair of knee ligament</td>
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<tr>
<td>Repair of rotator cuff</td>
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<td>Repair of squint</td>
<td>3 (within 365 days)</td>
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<tr>
<td>Repair of umbilical hernia</td>
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<tr>
<td>Repair patent ductus arteriosis</td>
<td>1 (within 30 days)</td>
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<tr>
<td>Repair ventricular-septal defect</td>
<td>1 (within 30 days)</td>
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<tr>
<td>Replacement/removal of ventricular shunt</td>
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<tr>
<td>Resection of abdo-aortic aneurysm</td>
<td>1 (within 30 days) or 2 (within 90 days)</td>
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<tr>
<td>Retrograde pyelogram</td>
<td>1 (within 30 days or 2 (within 90 days))</td>
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<tr>
<td>Revision of scar (Non-cosmetic eg Burns)</td>
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<tr>
<td>Salpingo-oopherectomy/Oopherectomy</td>
<td>3 (within 365 days)</td>
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<td>Septoplasty</td>
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<tr>
<td>Sphincterotomy</td>
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</table>
PROCEDURE
- Spinal fusion
- Stapedectomy
- Submandibular gland – excision
- Sub-mucosal resection
- Tendon release
- Tenotomy of hip
- Thyroidectomy/hemi-thyroidectomy
- Tonsillectomy (+/- adenoidectomy)
- Total hip replacement
- Total knee replacement
- Trabeculectomy
- Tracheostomy
- Trial of voiding
- Trigger finger/thumb – repair, release
- Turbinectomy
- Uvulopalatopharyngoplasty (UPPP)
- Vaginal repair
- Varicose veins stripping and ligation (gravitational changes only)
- Vasectomy

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>ACCEPTED CLINICAL PRIORITY CATEGORY</th>
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<tbody>
<tr>
<td>Spinal fusion</td>
<td>3 (within 365 days)</td>
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<tr>
<td>Stapedectomy</td>
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<tr>
<td>Submandibular gland – excision</td>
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<tr>
<td>Sub-mucosal resection</td>
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<tr>
<td>Tendon release</td>
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<tr>
<td>Tenotomy of hip</td>
<td>2 (within 90 days) or 4 (staged)</td>
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<tr>
<td>Thyroidectomy/hemi-thyroidectomy</td>
<td>2 (within 90 days) or 3 (within 365 days)</td>
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<tr>
<td>Tonsillectomy (+/- adenoidectomy)</td>
<td>3 (within 365 days)</td>
</tr>
<tr>
<td>Total hip replacement</td>
<td>2 or 3</td>
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<tr>
<td>Total knee replacement</td>
<td>2 or 3</td>
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<tr>
<td>Trabeculectomy</td>
<td>2 (within 90 days)</td>
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<tr>
<td>Tracheostomy</td>
<td>1 (within 90 days) or 2 (within 90 days)</td>
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<tr>
<td>Trial of voiding</td>
<td>2 (within 90 days)</td>
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<tr>
<td>Trigger finger/thumb – repair, release</td>
<td>3 (within 365 days)</td>
</tr>
<tr>
<td>Turbinectomy</td>
<td>3 (within 365 days)</td>
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<tr>
<td>Uvulopalatopharyngoplasty (UPPP)</td>
<td>3 (within 365 days)</td>
</tr>
<tr>
<td>Vaginal repair</td>
<td>3 (within 365 days)</td>
</tr>
<tr>
<td>Varicose veins stripping and ligation (gravitational changes only)</td>
<td>3 (within 365 days)</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>3 (within 365 days)</td>
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</table>
Appendix 2: Patient Information

Appendix 2a: The Elective Surgery Patient Information Brochure

Separate document.
Appendix 2b: Sample Additional Patient - Removal from the waiting list

You have been placed on [insert hospital name] elective surgery waiting list for admission.

The demands on our health system are such that in order to ensure that all patients are treated based on clinical need and in the order of registration on the list, we ask that you notify us if you:

- have changed your contact details
- decide you no longer wish to receive treatment.

Due to high demand for surgery, any refusal of a booking date for admission or non-attendance on the admission day on two occasions will result in you being removed from the waiting list.

We will share information about your continuing care and management with your nominated general practitioner (GP) whilst you are on the waiting list. You should advise us in writing if you do not want us to contact your GP.

If we cannot contact you

Once placed on a hospital waiting list it is important that you inform the hospital of any changes to your contact details (that is, your name and address and telephone number). If you do not do so we will be unable to advise you of any appointment times and possible admission dates. The hospital will make reasonable attempts to find your correct address or telephone number including contacting your surgeon, your referring specialist or your general practitioner. The hospital might also contact your next of kin or search for your details in the White Pages telephone directory.

If all the attempts the hospital makes to contact you fail, you will be declared non-contactable and will be removed from the hospital’s waiting list.

If you decide you no longer wish to receive treatment

If you decide you no longer wish to receive treatment please contact the hospital, your specialist or your general practitioner. Depending on your diagnosis, the hospital might contact you to ensure you understand any problems that may arise if you decide not to have the surgery.

If you request to be removed, but your condition subsequently deteriorates or you change your mind and wish to proceed with treatment, you should contact your GP or treating specialist for follow-up.
Appendix 2c: Sample Additional Patient Information Brochure Content – Following a patient request to defer admission.

Information for patients who repeatedly defer (delay) treatment or request to defer treatment for a long period.

Your doctor has advised us of a desirable timeframe in which to complete your treatment. However for personal reasons you have advised us that you wish to defer (delay) that treatment.

The demands on our health system are such that in order to ensure that all patients are treated based on their clinical need, patients can be removed from the waiting list if for personal (non-medical) reasons they:

- refuse a booking date for admission on two separate occasions
- declare themselves unavailable for treatment for a period exceeding 120 days for Category 2 (semi-urgent) patients and Category 3 (non-urgent) patients

For health reasons Category 1 (urgent) patients are not able to defer for personal reasons.

If you fail to arrive for treatment

As you can appreciate the cancellation of pre-admission clinics appointment and booked operations is highly inconvenient for all involved. Cancellations happen when patients fail to attend appointments and this leads to delays for many patients as well as wasted time and resources. We would appreciate your assistance in ensuring that if you are unable to attend your appointment or you do not require your operation that you please phone Outpatient Direct on 1300 855 275 Monday to Friday 8am-7pm for pre-admission clinic appointments or contact the hospital on [insert contact number]

Patient information

If you would like to discuss your progress on the waiting list please contact the hospital on [insert contact number] and speak with the staff managing the elective surgery waiting list or ask to speak with the hospital patient liaison officer who will be able to assist you with your questions and concerns.
Appendix 3: Sample Letters and Information

Appendix 3a: Sample Addition to waiting list letter – all categories of patient

Dear [insert name]

UR Number [insert UR number]

We wish to advise you that your name has been placed on the elective surgery waiting list with [insert attending medical officer]. You are currently prioritised as a category 1 patient requiring urgent treatment. Most patients within this category receive their treatment within 30 days. WA Health will endeavour to meet your need as soon as possible. We will notify you when an operation date is scheduled.

You may be asked to attend a pre-admission clinic prior to your operation date. If so, we will be in touch with you regarding a date and time. At the pre-admission clinic your current health will be reviewed and education regarding surgery will be provided.

You must contact the above phone number if:

- you change your name, address or phone number
- you no longer wish to have your planned surgery at this hospital
- you are not ready for your surgery at any stage

If you require attention for your condition while waiting for your pre-admission clinical appointments or operation date, we would urge you to contact your general practitioner, or in an emergency attend your nearest hospital emergency department.

We will share information about your continuing care and management with your nominated general practitioner whilst you are on the waiting list. You should advise us in writing if you do not want us to share information with your GP.

Should you have any queries relating to the information provided in this letter, please contact the hospital on the number listed above between 9.00 AM – 4.00 PM Monday to Friday.

Yours sincerely

[insert name]

Inc: elective surgery patient information brochure

Variations to highlighted text for - category 2 and 3 patients

You are currently prioritised as a category 2 patient requiring semi-urgent treatment. Most patients within this category receive their treatment within 90 days.

You are currently prioritised as a category 3 patient requiring routine treatment. Most patients within this category receive their treatment within 365 days.
Appendix 3b: Sample Addition to Waiting List Letter - Public Patient – Treating Specialist

Dear [insert treating specialist]

Re: [insert patient name]
[Insert patient address]
[Insert patient date of birth]

Our reference: [insert patient UR number]

The above patient has been placed on the elective surgery waiting list for [insert planned procedure] as clinical urgency [insert category 1, 2 or 3] and is listed as [insert ready for care, staged / planned].

The hospital seeks to provide patients with treatment within the desirable timeframe for their particular clinical urgency. We remind you that the Elective Surgery Access Policy provides that if it is established that the treating specialist is unable or is unlikely to be able to provide treatment in the recommended timeframe, the hospital will offer the patient the following options:

• Transfer from one specialist to another within the same hospital.
• Transfer to another hospital that performs the procedure and where a shorter waiting time to admission is available.

While your patient is waiting for surgery, we would ask that you continue to monitor their progress and notify the hospital if there is a change in their condition.

Should you have any queries relating to the information provided in this letter, please contact the hospital on the number listed above between 9.00 AM – 4.00 PM Monday to Friday.

Yours sincerely

[Insert name]
Medical Director
Appendix 3c: Sample Addition to Waiting List Letter – Referring GP

Dear [insert referring general practitioner]

Re: [insert patient name]
[Insert patient address]
[Insert patient date of birth]

Our reference: [insert patient UR number]

The above patient has been placed on the elective surgery waiting list for [insert planned procedure] with [insert attending specialist].

While your patient is waiting for surgery, we would ask that you continue to monitor their progress and notify the hospital if there is a change in their condition.

Should you have any queries relating to the information provided in this letter, please contact the hospital on the number listed above between 9.00 AM – 4.00 PM Monday to Friday.

Yours sincerely

[Insert name]
Medical Director
Appendix 3d: Sample Booked Operation (from waiting list) Letter – Patient

Dear [insert patient / guardian name]

UR number [insert patient UR number]

Following our previous correspondence, arrangements have now been made for you to have your operation at the [insert hospital name] under the care of [insert treating specialist] on [insert planned admission date].

To confirm your operation details, please phone [insert contact phone number] at least one week prior to your operation date.

The cancellation of pre-admission clinic appointments and booked operations is highly inconvenient for all involved. Cancellations happen when patients fail to attend appointments and this leads to delays for many patients as well as wasted time and resources. We would appreciate your assistance in ensuring that if you are unable to attend your appointment or you do not require your operation that you phone Outpatient Direct on 1300 855 275 Monday to Friday 8am-7pm for pre-admission clinic appointments or contact the hospital on [insert contact number]

Regrettably, the demands on our health system require that any patient who declines two offers of clinic appointments or two offers of an admission date or fails to respond may have to be removed from the elective surgery waiting list.

Pre-admission clinic

Before your operation, you are required to attend the pre-admission clinic. At the pre-admission clinic your current health will be reviewed and education regarding surgery will be provided. Your pre-admission appointment is booked on:

Day: [insert appointment day and date]
Time: [insert appointment time]
Location: [insert pre-admission clinic location]

Please bring this letter to your appointment, together with any relevant x-rays, scans (e.g. CT or ultrasound), blood test results, a list of any medications you are currently taking and your Medicare card.

Operation Details

Your operation details are:

Doctor: [insert attending medical officer]
Day: [insert appointment day and date]
Time: [insert appointment time]
Location: [insert location]

On your operation day, remember to bring with you:
- This letter and any forms you have been asked to complete.
- Medicare card, Pension or Health Care card.
- Current medications.
- Nightwear, personal toiletries, comfortable fitted shoes or slippers.

Additional information about your operation:
Elective Surgery Access Policy

Fasting requirement.
Expected length of stay.
Special instructions.

Do not bring valuables or large sums of money with you, as all personal items brought into the hospital are your responsibility.

If you require attention for your condition while waiting for your pre-admission clinical appointments or operation date, we would urge you to contact your general practitioner, or in an emergency attend your nearest hospital emergency department.

Should you have any queries relating to the information provided in this letter, please contact the hospital on the number listed above between 9.00 AM – 4.00 PM Monday to Friday.

Yours sincerely

[Insert name]
[Title]
Appendix 3e: Sample Booked Operation (from waiting list) Letter – GP

Dear [insert general practitioner]

Re: [insert patient name]
[Insert patient address]
[Insert patient date of birth]

Out reference: [insert patient UR number]

We wish to advise that arrangements have been made for your patient to be admitted to:

[Insert hospital name] under [insert attending medical officer]

Procedure: [insert planned procedure]
Day: [insert admission day and date]
Time: [insert admission time]
Duration: [insert expected length of stay]

Your patient has also been notified that they are required to attend a pre-admission clinic assessment on [insert pre-admission clinical date].

The patient has been notified of these details and has been requested to contact the hospital if unable to attend. Any patient who declines two offers of clinic appointment / operation date, or fails to respond, may be removed from the elective surgery waiting list. A new referral would then be required.

While your patient is waiting for surgery, we would ask that you continue to monitor their progress and notify the hospital if there is a change in their condition.

Should you have any queries relating to the information provided in this letter, please contact the hospital on the number listed above between 9.00 AM – 4.00 PM Monday to Friday.

Yours sincerely

[Insert name]
[Title]
Appendix 3f: Sample Missed Pre-admission or Operation (not re-booked) Letter – Patient

Dear [insert patient name]

UR number [insert UR number]

Our records indicate that you did not attend [insert pre-admission clinic appointment or hospital] for your operation on [insert date].

If you still wish to have your operation, you are required to phone [insert name of designated officer] on [insert contact number].

Cancellation of pre-admission clinic appointment and booked operations means that resources which might have been used to treat patients are wasted.

The demands on our health system require that any patient who declines two offers of clinic appointments or two offers of an admission date or fails to respond may be removed from the elective surgery waiting list.

If you still require your operation please call the hospital on the numbers listed above within 14 days. If you do not contact us your name will be removed from the elective surgery waiting list and you will require a new referral from your general practitioner in order to be considered for an operation.

Should you have any queries relating to the information provided in this letter, please contact the hospital on the number listed above between 9.00 AM – 4.00 PM Monday to Friday alternatively you can speak with the hospital patient liaison officer.

Yours sincerely

[Insert name]
[Title]
Appendix 3g: Sample Missed booking (not re-booked) Letter – GP/Specialist

Dear [insert treating specialist, and GP]

Re: [insert patient name]
[Insert patient address]
[Insert patient date of birth]

Our reference: [insert patient UR number]

Recently the above patient was booked for [insert pre-admission clinic appointment or hospital operation]. Unfortunately, due to circumstances not known by the hospital, the patient failed to attend the hospital on the scheduled day.

The hospital has been unsuccessful in contacting the patient to arrange a new appointment. If all attempts at contacting the patient are unsuccessful, the patient may be removed from the elective surgery waiting list in line with the guidelines in the WA Health Elective Surgery Access Policy.

Any assistance you could provide in contacting the patient would be appreciated.

Should you have any queries relating to the information provided in this letter, please contact the hospital on the number listed above between 9.00 AM – 4.00 PM Monday to Friday.

Yours sincerely

[Insert name]
[Title]
Appendix 3h: Sample Removal From Waiting List (2 missed appointments) Letter – Patient

Dear [insert patient name]

UR number [insert UR number]

Our records indicate that you did not attend [insert pre-admission clinic appointment or hospital for you operation] on [insert missed appointment dates].

The demands on our health system require that any patient who declines two offers of clinic appointments or two offers of an admission date or fails to respond may have to be removed from the elective surgery waiting list.

As you have now failed to attend the [insert pre-admission clinic appointment or hospital] on two occasions, we must advise that your name has been removed from the waiting list, and no further arrangements for your operation will be made.

If you require further treatment for your condition we urge you to contact your general practitioner (GP). A copy of this letter has been forwarded to your specialist and GP.

Should you have any queries relating to the information provided in this letter, please contact the hospital on the number listed above between 9.00 AM – 4.00 PM Monday to Friday or ask to speak with the hospital patient liaison officer.

Yours sincerely

[insert name]
[Title]

CC: [Treating specialist]
[General practitioner]