
TITLE : WAITING LIST INFORMATION**DISTRIBUTION:** ALL PUBLIC HOSPITALS IN WESTERN AUSTRALIA

1. Purpose

The purpose of this bulletin is to describe the waiting list information reporting needs of the Department of Health (DOH). All Hospitals are required to submit a monthly extract of waiting list information to the Health Information Centre (HIC) and the Central Wait List Bureau (CWLB). Wait list information must be kept up to date and accurate at source. All hospitals require a waiting/booking list. Waiting list information can be used to separate planned activity growth from emergency department growth. Waiting list funds will be allocated on the basis of waiting list information.

2. Background

Hospitals maintain waiting and booking lists of patients scheduled for elective care. A Waiting List is the list of patients requiring care. A Booking List is the list of patients requiring care who have been assigned a scheduled admission date. For the lists to be useful in ensuring that patients receive care in a clinically appropriate time and to provide information which will facilitate optimal management of patients waiting for care, the lists must be as complete and as accurate as possible.

3. Collection of Waiting List Information

All hospital waiting lists, teaching, non-teaching, rural and privately managed public providers must follow the same guidelines for waiting list management. These lists should be able to distinguish between patients scheduled for care some time in the future and those who are currently ready for care.

The format for recording waiting list information is described in the *Guidelines for the Collection of Waiting/Booking List Data in Hospitals, July 1999*.

Not all patients who are on waiting lists in hospitals are ready for care. Admissions for staged care or admissions for medical conditions which will not require care until a later date should be identified as *not ready for care* on the waiting list. Information about obstetric patients who are booked for confinement and patients requiring transplants, should be flagged as *special* on hospital waiting lists.

4. Coding of Waiting List data

To ensure accurate monitoring of the different procedures for which patients are waiting, it is necessary for the patients added to the waiting list to be coded using the ICD-10-AM

classification, at time of addition to the wait list. All patients waiting on the list are to be coded.

5. Audit of Waiting Booking Lists

The CWLB conducts an ongoing audit of all patients who have been on the Metropolitan waiting list for longer than 6 months. These patients are requested to complete and return the form titled '*Patient Option Form*' (See Appendix A).

6. Cancellation Statistics

A significant cause for concern among wait listed patients is the cancellation of already scheduled or booked procedures. In order to fully monitor and thus minimise these occurrences, information on the cancellation of procedures must be retained in the waiting list information system even after a patient is admitted for the procedure. Cancellation information should not be deleted from the system. Notation of cancellation should be made in the medical record.

7. Performance Indicators

Performance Indicators link waiting list funds to waiting list outcomes (for ready for care patients).

In WA hospitals there should be:

- no Category 1 patients waiting more than 60 days and,
- less than 5% Category 1 patients waiting more than 30 days
- less than 10% Category 2 patients waiting more than 90 days
- less than 15% Category 3 patients waiting more than 365 days

All these levels are subject to variation should the State be required to meet more stringent performance targets on a National basis.

8. Waiting List Information

Information from **all** hospitals in WA should be provided to HIC and CWLB. This will enable the DOH to meet its reporting obligations to the Commonwealth.

9. Responsibility for Waiting Lists

The CWLB will take responsibility for monitoring/coordinating and in some instances, managing waiting list issues for the DOH.

CLERICAL AUDIT GUIDELINES FOR WAITING LISTS

The CWLB is responsible for the clerical audit of all Health Service waiting lists. The CWLB will conduct continuous clerical audits of waiting lists in order to ensure that information reported is current, that only patients still awaiting care are included and that they are included only once.

Aims

The aims of clinical audits of waiting lists are:

- To improve the accuracy of hospital waiting list data
- To enable the hospital to improve the scheduling of elective patients to enhance optimal utilisation of clinical resources
- To provide improved information to clinicians for the management of their waiting lists

Responsibility

Each hospital must identify an appropriate person to coordinate hospital waiting lists. This person, who should liaise with the CWLB, will be responsible for monitoring and maintaining the outcomes of the CWLB clerical audit process and for addressing any issues arising from the audits.

The Audit Cycle

The clerical audit system provides a mechanism by which there is a continuous review of the size and content of hospital waiting lists.

The clerical audit cycle comprises two main stages:

- concurrent audit
- monthly audit

Concurrent Audit

Each Hospital will be responsible for performing concurrent audits by checking:

Pre-admission Forms

Pre-admission forms should be checked for accuracy and completeness of information. Any incorrect/incomplete information should be followed up. Updates to the information should be recorded both on the original form and on the computer record.

Emergency Admissions

Daily emergency admission lists should be reviewed to identify patients who were on the waiting list who are admitted through the Emergency Department for the same procedure. Identified patients should be immediately removed from the waiting list.

Overboundary long wait patients

Patients are identified as 'long wait' when they have exceeded the desirable maximum wait time for their urgency classification.

These are:

- Urgency Category 1 patients waiting greater than 30 days
- Urgency Category 2 patients waiting greater than 90 days
- Urgency Category 3 patients waiting longer than 12 months

Patients should be given a booking date to allow for surgery to be undertaken before their waiting time exceeds the maximum desirable waiting time. Doctors should be given the lists of patients in each category who have not received booking dates. This may be on a weekly basis with Category 1 patients and a monthly basis for Category 2 and 3 patients.

Cancellations/Deferrals/Reschedules

Monthly records should be kept of the number of procedures cancelled/deferred/ rescheduled by the hospital/patient and the reason for cancellation/deferral/reschedule.

Multiple cancellations/deferrals/reschedules should be monitored to prevent cancellation deferral/reschedule (more than twice). **If the patient cancels more than twice for non-clinical reasons then the clinician should be requested to determine if the patient can be removed from the list.**

The dates of the cancellations/deferrals/reschedules should be recorded in the medical record on the Waiting List Booking form. The CWLB provides a weekly report of these statistics to the State Health Management Team.

Monthly Audit

CWLB will conduct monthly audits of all metropolitan Health Service waiting lists.

For each specialty the CWLB will:

- identify all patients who have been waiting longer than 6 months and not audited in last six months;
- contact the patient;
- complete the audit questionnaire

Contacting the patient

The patient will be contacted by letter with a pre-paid return envelope. The letter will also enclose a Patient Option Form which the patient is requested to complete and which requires a patient signature.

If no response is received, address details should be checked and a second letter advising “*Second Notice*” with a pre-paid envelope should be sent.

If still no response is received, CWLB will advise the relevant hospital to remove the patient from the waiting list.

Turnaround time

The total turnaround time from first contacting the patient to the final contact should be no more than three months.

Deleting Patients from Waiting Lists

Patients should be deleted from the waiting list:

- if they have already had the procedure performed elsewhere or are deceased;
- if a patient indicates that the procedure is no longer required;
- if there was no contact due to letters not returned, letters returned ‘not at this address’ or ‘address unknown’.

Long wait patients

Category 1 patients waiting greater than 30 days, Category 2 patients waiting greater than 90 days and category 3 patients waiting greater than 365 days are deemed to be long wait patients. The list of long wait Category 1 patients should be reviewed each month. They should be identified by specialty and a list should be sent to the Head of Unit to facilitate management/admission of these patients.

Long wait Category 2 and Category 3 patients should be reviewed at clerical audit. To minimise waiting time, the Head of the Unit or Specialty may facilitate the transfer of patients between surgeons, units or hospitals when necessary.

Audit Report

Following each audit, CWLB will advise the wait list coordinator at each metropolitan hospital of the following:

- The patients identified to be removed from the waiting list;
- The patients identified to be transferred to another hospital;
- Patient details requiring update on computerised wait list system (eg; change of address, GP etc)

APPENDIX A

SECTION 1: PATIENT DETAILS

Are your personal details shown below correct?

Yes

No

If no, please provide the correct details in the space below.

NAME: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE: _____

TELEPHONE: _____

GP: _____

GP: _____

ADDRESS: _____

ADDRESS: _____

SECTION 2: PATIENT OPTIONS

Please ensure that you have read the covering letter from the Central Wait List Bureau before completing this form.

You are encouraged to discuss any questions you have regarding these options with the Central Wait List Bureau or your General Practitioner.

Please place a tick in your selected option(s):

OPTION 1: I still require surgery

OR

OPTION 2: I have already had my surgery undertaken elsewhere – please remove me from the wait list.

(Please _____ specify _____ where:)

OPTION 3: I no longer require the surgery – please remove me from the wait list.

Reason: _____

*Please sign and return the attached form in the **reply paid envelope provided within 14 working days.***

Signature _____

Date _____