Ministry of Health
Policy Instrument

Type:	Policy Directive
Policy Name:	Surgical Waitlist Management

Version	**FINAL**
Effective Date:	July 13, 2021
Division/Branch:	Health Services Division, Surgical Services
Ministry Contact:	Director, Surgical Services
Document Number:	2021-05
Date:	July 13, 2021

Deputy Minister
Ministry of Health

SURGICAL WAITLIST MANAGEMENT

POLICY OBJECTIVE

The objectives of this policy are to ensure:

1. Optimal management and improvement of the waitlists for scheduled surgeries in order to meet expectations for timelines of access to surgery;
2. Consistent, transparent, and clear communication with patients (this may include families and caregivers), and where feasible, between all members of the health care team throughout the continuum of surgery, and in particular while patients wait for their scheduled surgery; and
3. Waitlist integrity by collecting waitlist and wait time information that is standardized, accurate, reliable, and comparable across the province.

Expected Impact on Health Outcomes and Service Attributes

Measurable expected impact includes:

1. *Accessibility:* Improved access to surgery for patients.
2. *Respect:* Improved patient, family, and provider experience while waiting for scheduled surgery.
3. *Efficiency*:
    a) Improved waitlist management practices for the waitlists for scheduled surgery.
    b) Accurate, reliable, and comparable waitlist and wait time data.
    c) Enhanced information flow in support of care delivery, team integration, and coordination and management of care to promote seamless communication to the patient.

DEFINITIONS

Cancellation: A booked case that is cancelled. A cancellation is removed from the waitlist.

Diagnostic Code: Diagnostic codes are submitted as part of the booking record for scheduled surgical cases for the purpose of assigning a priority level (1-5 levels for adults and I-VI levels for pediatrics) and associated recommended maximum wait time (between 2 to 26 weeks for adults and 1 to 365 days for pediatrics). Adult diagnostic codes used in BC, and their associated priority levels and maximum wait times, were developed as a provincial methodology. The Paediatric Canadian Access Targets for Surgery recommendations are used for pediatric patients.

Long Waiter: A patient who has been waiting longer than a defined period of time for their scheduled surgery. The period will be defined each year in a ministry mandate.

Patient unavailable time: A period during which a patient is unavailable to undergo a procedure for clinical and / or non-clinical reasons. This time is subtracted from the patient's overall wait time.

Pediatric patient: An individual that is under 17 years old on the date of decision for their surgery, i.e. the date at which the patient is ready, willing, and able to proceed with their surgery.

Postponement: A booked case that is postponed (or deferred). A case that is postponed stays on the waitlist.

Scheduled surgery: A planned, non-emergency surgery. Scheduled surgeries are also referred to as elective surgeries. Each scheduled surgical case has a standardized diagnostic code with associated priority level assigned to it by the surgeon. Until the surgery is performed, all scheduled surgery patients are placed on a waitlist. For scheduled surgery wait times reporting, two urgency groupings are used:

1. Urgent scheduled
2. Non-urgent scheduled

Surgical Patient Registry (SPR): The Surgical Patient Registry is a provincial system that collects information about patients waiting for and receiving surgeries and GI endoscopies in British Columbia. Its purpose is to provide accurate, standardized, and complete information on procedure volumes and wait times.

***Surgical services*:** Services delivered related to surgery, starting when surgery is first considered as a treatment option; services delivered at a surgical site including the surgery itself; and services that follow surgery, focused on recovery and optimal functioning.

***Surgical waitlist*:** A list of patients, known to the health authority, who are waiting for a surgery.

Unscheduled surgery: A surgery that is not waitlisted. Unscheduled surgeries can be non-elective, emergency, or unplanned. Add-on cases are also considered unscheduled surgeries.

***Wait times*:** There are two separate wait times related to scheduled surgery:

- *Wait for consultation*: Starts when a patient referral is received by a surgeon and ends with the date of the patient's initial visit with the surgeon. Also referred to as Wait 1.
- *Wait for surgery*: Starts when a formal request for scheduled surgery is received by the health authority (Booking Form Received date) and ends when the patient receives their surgery. Also referred to as Wait 2.

SCOPE

This policy applies to all publicly funded scheduled surgeries in British Columbia. This includes cases performed at public sites and private contracted sites who adhere to the Canada Health Act and do not extra bill for services. This policy only applies to the wait for surgery (Wait 2).

POLICY DIRECTION

1. Adding Patients to the Waitlists for Scheduled Surgery

1. Patients must only be placed on the waitlist once they are ready, willing, and able to have surgery (Ready to Treat), meaning:
    a. The surgeon and patient mutually agree to proceed with surgery; and,
    b. The patient has completed all other therapies prescribed to address the issue (this does not include prescribed adjunct therapies to be administered before/in addition to surgery); and,
    c. All diagnostic and/or procedural tests required to determine diagnosis or confirm surgery is required are complete. This excludes pre-operative tests routinely done days or weeks in advance of surgery, or tests that can only be performed once the patient is waitlisted; and,
    d. The patient has met any related clinical criteria that may impact their readiness to proceed to surgery, as determined by the surgeon, e.g. stabilization of an existing medical condition, required weight loss, etc.
2. Each scheduled surgical case must be placed on the appropriate waitlist, i.e. entered in the health authority's booking system, within 1 business week (5 working days) of receiving a complete booking package (as per health authority criteria) for scheduled surgery.
    a. A complete request includes an SPR diagnostic code and associated priority level (wait-time target), assigned by the surgeon based on their assessment of the patient.
    b. The diagnostic code must be appropriate for the age of the patient, i.e. an adult code must be used for an adult patient and a pediatric code for a pediatric patient.
3. A patient must not be waitlisted for the same procedure on more than one waitlist.
4. Patients requiring two or more surgeries can be waitlisted at the same time for each separate procedure when appropriate. This includes bilateral procedures to be performed on the same day, patients with multiple required procedures of equal priority, and patients requiring multiple procedures completed in a specific timeframe to address one issue. The patient's unavailable time, with a valid start and end date, should be used for the periods of recuperation between procedures. Patients must be ready, willing, and able for their surgeries.
5. Surgical cases that are being resubmitted, having been previously removed from the waitlist (i.e. cancelled), are to be waitlisted without previously accumulated waiting time (unless the case was removed in error).

2. Scheduling Patients for Surgery

1. All publicly funded scheduled surgeries are to be scheduled by health authorities or surgeon offices, depending on the practice in place at each site.
2. The scheduling of a patient's surgery will be done according to the following principles:
    a. The patient's clinical priority according to the diagnostic code assigned by the surgeon; and,
    b. The order in which the case was received; and,
    c. Requirement for the procedure(s) to occur at a specific time in the patient's treatment; and,
    d. An awareness of the required resources, such as available beds and specialized equipment; and,
    e. The patient's availability (see 2.5).
3. Waitlist improvement practices must promote the most effective and efficient use of available resources and capacity. In cases where the patient's surgeon operates in multiple sites, where possible, patients should be offered a choice of sites in order to expedite their scheduled surgery date.
4. Flexibility will be maintained for surgeons to make changes to the scheduled surgery date/time where they feel it is clinically required or, based on the availability of the necessary resources.
5. It is allowable for a patient to be unavailable during their wait for surgery for clinical and/or non-clinical reasons. Up to 3 periods of patient unavailable time are permitted; each period must be a minimum of 2 weeks. The sum of the unavailable periods cannot exceed 6 months, except in exceptional circumstances which must be documented by the surgeon and/or health authority.
6. A standardized process should be implemented to review and update unavailability information in a timely and consistent manner. Processes may require communication between surgeon offices and health authority booking offices to ensure unavailability information is accounted for in reported patient wait times.
7. Every attempt must be made to prevent multiple postponements for patients, being sensitive to the geographic barriers and travel costs for rural and remote residents.
8. When a postponement of a patient's scheduled date of surgery occurs, an offer of an acceptable new date for surgery must occur within an acceptable period of time for that case.
9. Where a surgeon's absence may adversely affect the wait time for patients, patients shall be offered alternative arrangements for their surgery.

3. Review of Surgical Waitlists

1. Waitlists will be reviewed at least once every 3 months to support waitlist cleanup practices and ensure data integrity. More frequent review is encouraged.

2. A standardized process should be implemented to review waitlists and contact patients by phone in a timely and consistent manner. This process should be aligned with patient communication practices and include the components outlined in directive 3.3, 3.4, and 3.5):
3. Long waiter cases will be identified and, where appropriate, prioritized for surgery. The criteria for long waiters will be defined by the Ministry each year.
4. Health authorities will work with surgeon offices who have significantly long waitlists to explore options to improve patient access to surgery. Health authorities may inform patients of surgeons with shorter waitlists who are accessible and appropriate alternatives.
5. Health authorities and surgeon offices will work together (including calling individual patients) to identify and remove the following cases from the waitlist:
    a. Provincial records show the patient as deceased;
    b. Patient's clinical condition means surgery is no longer possible;
    c. Patient had surgery completed elsewhere;
    d. Patient has been unavailable for more than the allowable patient unavailable time (see 2.5).
    e. Patient has refused 3 surgical dates, outside of unavailable time, for non-medical reasons;
    f. Patient no longer wishes to undergo the procedure;
    g. Patient has failed on more than 2 occasions to keep a scheduled surgery date without adequate notice or extenuating circumstances, as defined by the hospital site's ability to fill the surgical slate (minimum is the day before surgery);
    h. Inability to contact a patient (when all reasonable efforts to contact the patient have been exhausted: 3 calls over 8 weeks are made with no response).
6. Discretion should be exercised on a case-by-case basis to avoid disadvantaging patients who are suffering hardship, a misunderstanding, or other extenuating circumstances.

4. Communication

1. Where multiple methods are made available, patients should be given an opportunity to choose how they wish to receive communications. Where possible, information should be translated in regional areas where there is a predominant population group whose first language is not English.
2. Within 2 weeks of being waitlisted, patients must be advised that they have been placed on a waitlist and provided with the following information:
    a. The proposed procedure (with plain language description) for which they are waiting; and
    b. An estimated wait time, as per the SPR methodology; and
    c. Details on what to do and who to contact if they have questions about the wait or if their clinical condition changes; and
    d. That they will be removed from the waitlist if they are unavailable for more than the allowable patient unavailable time of 6 months, have refused 3 surgical dates

(outside of unavailable time) for non-clinical reasons, or have failed on more than 2 occasions to keep a scheduled surgical date without adequate notice or extenuating circumstances (see 3.2d,e,g).

Patients who are contacted within 2 weeks to schedule the surgery within the next 4 weeks do not need to receive this communication.

3. Patients should be notified of how much unavailable time they have remaining when they are being offered a date for surgery by surgeon offices and/or the health authority.
4. If a patient wait time has exceeded the established "long waiter" time period, the patient must be contacted by phone and then every 3 months thereafter to check in and confirm they are still on the waitlist. This point of contact can serve to support waitlist audit processes.
5. Patients must be informed of a postponement of surgery, by either the surgeon's office and/or health authority, as early as possible and advised of the circumstances that resulted in the need to reschedule surgery.
6. Patients must be informed if they have been removed from a waitlist by the health authority and/or surgeon, along with the reason(s) why. Where feasible, the patient's referring practitioner should also be informed.

5. Data Quality and Analysis

1. Health authorities will provide data to the Ministry of Health in compliance with the data submission schedule and using the SPR.
2. Data on scheduled surgical cases must be extracted and submitted to the SPR within 1 day of the patient being entered in the health authority's booking system.
3. Health authorities will regularly review their internal waitlist data and that contained within the SPR, for compliance with the business rules and for quality. Improvement initiatives should be undertaken as needed to ensure that the data is accurate and of high quality.
4. Health authorities will use standard, provincial definitions of the elements that make up wait times and waitlists as well as standard methodologies for calculating wait times and other waitlist metrics.
5. Health authorities will use the standard, provincial methodology for modelling surgical growth and scheduled surgery waitlists.

MONITORING AND EVALUATION

1. Health authorities will provide requested information to the Ministry to ensure compliance with surgical waitlist management expectations, including:
    - Patient notification percent notified
    - Impact of waitlist clean up on waitlists
2. The Ministry will monitor waitlist indicators to evaluate the impact of the policy on surgical waitlists:
    - Percent waiting over clinical benchmark

- 50th and 90th percentile wait times
- Number of cases completed
- Number of cases waiting

3. Where appropriate, the Ministry will also work collaboratively with stakeholders and partners to develop additional, meaningful performance indicators to track and provide insight into performance.
4. The Ministry will work collaboratively with health authorities to monitor and support policy implementation including regular reporting on an agreed upon schedule.

Please refer to the SPR Office or the Ministry of Health - Health Sector Information and Analysis Reporting Division's Technical Supplement for Priority Data for the most up to date standard, provincial definitions of the elements that make up wait times and waitlists.

REVIEW & QUALITY IMPROVEMENT

1. The policy will be refreshed as needed and reviewed at a minimum every three years.
2. The policy may also be reviewed by the Ministry in consultation with external stakeholders.
3. The Ministry will use information from evaluations to understand the performance of the policy, areas of success, and areas for further quality improvement.