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Queensland Government
Queensland Health

POLICY FRAMEWORK

FOR

ELECTIVE SURGERY SERVICES

Foreword

Queensland Health welcomes publication of *Policy Framework for Elective Surgery Services*, coinciding with the start of a new journey outlined in our recently launched *Queensland Health Strategic Plan (2004-2010)*.

It will be of great value to all Queensland Health elective surgery health professionals and carers involved in that journey, and in meeting our mission of promoting a healthier Queensland.

The framework is supportive of the Smart State: Health 2020 Directions Statement and will work in well with our new measurement process, ISAP, Integrating Strategy and Performance to motivate all Queensland Health employees and other practitioners involved in the provision of elective surgery services.

In line with the 2004-2010 Strategic Plan, this policy framework represents our commitment to promote best practice.

It provides a charter to assist the many thousands of Queensland Health staff who are doing an excellent job in drastically shortening waiting lists and reducing waiting times in hospitals around the State.

The *Policy Framework for Elective Surgery Services* has been created through a series of consultations with senior clinicians and health service administrators, of particular note, the Elective Surgery Coordinators and Liaison Officers. An extensive review of local, national and international literature was conducted to ensure quality standards for Elective Surgery services are observed and provided to the people of Queensland.

I congratulate the authors and acknowledge the valuable input of all parties in guiding the development of this document and urge its application in hospitals throughout Queensland.



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Introduction – Policy Framework for Elective Surgery Services

The Queensland Health *Policy Framework for Elective Surgery Services* provides a consistent, structured approach to support the provision of elective surgery within Queensland public hospitals. The *Policy Framework* supports the *Smart State: Health 2020 Directions Statement* and the *Queensland Health Strategic Plan 2004-2010*.

Access to surgical services in Queensland public hospitals require a balance between meeting the needs of patients requiring emergency surgery and providing care for elective surgery patients. The term elective surgery for the purposes of the *Policy Framework* is as defined by the National Health Data Dictionary – in essence, a specific range of surgical procedures for which admission can be delayed at least 24 hours.

The *Policy Framework* provides instruction, information and guidance to all Queensland Health employees and other practitioners involved in the provision of elective surgery services. The *Policy Framework* can be seen as the definitive source of information for the implementation and maintenance of elective surgery systems and management processes within Queensland Health. Compliance with the *Policy Framework* will enable hospitals to deliver consistent, appropriate and efficient elective surgery services. These policies also provide a basis for attainment of Queensland Health principles – supporting equity, quality, respect for individual consumers, and functioning as one organisation.

Provision of services in accordance with the *Policy Framework* also underpins Queensland Health's ability to meet requirements of the Australian Health Care Agreement with regard to reporting of waiting times for access to services.

The *Policy Framework* provides a number of individual policies and policy statements dealing with specific aspects of elective surgery systems and processes. It is intended that hospitals will develop protocols and procedures that will promote use of the policies within local settings.

The Queensland Health *Policy Framework for Elective Surgery Services* supersedes previous Queensland Health publications: *Guidelines for the Management of Waiting Lists* and the *Guidelines for Pre-admission processes, Discharge planning and Transitional care*.

POLICY QUALITY ELECTIVE SURGERY SERVICES

Queensland Health facilities will provide quality elective surgery services to maximise patient outcomes and achieve service efficiency.

Scope

This policy applies to all Queensland Health facilities that provide elective surgery services.

Compliance

All Queensland Health employees and agents (including visiting medical officers and other partners in care, contractors, consultants and volunteers), involved in the delivery of elective surgery services and the coordination and maintenance of elective surgery waiting lists.

Patient Focus

Patients and carers are the primary focus of elective surgery services.

- Patients and carers should be informed, educated and supported throughout the process.
- Patients and carers should participate in decision making and be actively involved in their health care management.
- Patients should receive information about rights and responsibilities, consumer advocacy and the process for lodging complaints.

Cooperative Networks

Elective surgery services are provided in a cooperative network of services, which promotes access for all Queenslanders and the most effective and efficient use of resources for overall benefit.

Referring practitioners and other relevant health care professionals will be involved in, and informed about elective surgery services and processes.

Quality Improvement

Elective surgery services are constantly evaluated and improved within a quality framework.

- Queensland Health elective surgery services and systems will be managed in accordance with policy and standards outlined in the Queensland Health *Quality of Health Services Framework*, including principles of consumer involvement, access, appropriateness, safety, effectiveness and efficiency.
- For further information see Qld Health intranet site:
<http://qheps.health.qld.gov.au/hsd/procurement/quality/publications/qst/9120gh&bhsf.pdf>

Risk Management

Decisions involving elective surgery services will be made within an integrated risk management framework.

- Queensland Health elective surgery services and systems will be managed in accordance with policy and standards outlined in the Queensland Health *Integrated Risk Management Framework for Clinical and Corporate Services*.
- For further information, see website: <http://qheps.health.qld.gov.au/hssb/risk/home.htm>
- A sample elective surgery risk assessment scenario is contained in *Appendix II*.

POLICY ELECTIVE SURGERY CLINICAL PROCESSES

Queensland Health facilities will maintain clinical processes to support quality elective surgery services.

Scope

This policy applies to all Queensland Health facilities that provide elective surgery services

Compliance

All Queensland Health employees and agents (including visiting medical officers and other partners in care, contractors, consultants and volunteers), involved in the delivery of elective surgery services and the coordination and maintenance of elective surgery waiting lists

Policy Statement – Evidence-based services and Patient Consent

Decisions to undertake surgery will be made on the basis of evidence, with due consideration of treatment options, and with the consent of the patient.

Evidence-based Clinical Practice

Evidence-based clinical practice is the integration of best research evidence with clinical expertise and patient values. Queensland Health promotes evidence-based clinical practice in all services, including elective surgery.

Decisions to undertake surgery are made with due consideration of expected benefits from the surgery, the attendant clinical risks, and opportunities for alternative treatments.

Informed Consent

Informed consent must be obtained from the patient, guardian or attorney prior to undertaking designated operations, treatments or procedures. Informed consent must comply with relevant Queensland Health policies and legislation. For details on requirements, see website: <http://www.health.qld.gov.au/informedconsent/>

Policy Statement – Elective Surgery Categorisation

All patients will be assigned a clinical urgency category prior to being registered on an elective surgery waiting list.

Clinical Urgency Categories

Clinical urgency categories (as defined in the National Health Data Dictionary) have been adopted for use in all elective surgery undertaken in Queensland public hospitals.

The clinical urgency categories are:

- Category 1** Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.
- Category 2** Admission within 90 days desirable for a condition causing some pain, dysfunction, or disability but which is not likely to deteriorate quickly or become an emergency.
- Category 3** Admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.

Responsibility for categorisation

The attending medical officer is responsible for assigning a clinical urgency category. The task of categorisation may be delegated to a nominated officer (eg. medical registrar, resident or senior registered nurse) where clearly defined categorisation protocols have been documented.

Recategorisation of patients

Recategorisation of patients (to higher or lower categories) should reflect a change in clinical urgency. Approval for recategorisation must be received from the attending medical officer, and must only occur following a review of the patient or the clinical record.

Elective non-surgical waiting lists

It is acknowledged that use of the waiting list system to register patients for medical or diagnostic (non-surgical) procedures, is an efficient and appropriate use of resources.

However, it is necessary to ensure that non-surgical patients can be distinguished from elective surgery patients for management and reporting purposes. This may be achieved through the use of alternate clinical urgency categories. Suggested clinical urgency categories for use in elective (non-surgical) conditions are:

- Category 4** Admission within 30 days desirable for an elective non-surgical condition that has the potential to deteriorate quickly to the point that it may become an emergency.
- Category 5** Admission within 90 days desirable for an elective non-surgical condition causing some pain, dysfunction, or disability but which is not likely to deteriorate quickly or become an emergency.
- Category 6** Admission at some time in the future acceptable for an elective non-surgical condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.

Patients awaiting non-surgical procedures are classified as 'Other' and are therefore not included in the elective surgery data collection.

Policy Statement – Prioritising Elective Surgery

Treatment of patients from the elective surgery waiting list will be prioritised primarily on the basis of clinical urgency.

Treatment of patients from the elective surgery waiting list is based on prioritisation according to clinical need. It is acknowledged that this process may be complex and influenced by a range of factors.

The prioritisation process should occur in a systematic manner so that urgent patients are treated sooner, and waiting time to treatment is minimised.

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

Prioritisation Based on Clinical Urgency

Clinical urgency is the primary consideration in assigning an operation date and arranging treatment for elective surgery patients.

Patients with a higher clinical urgency category are scheduled for surgery ahead of patients with lower clinical urgency (i.e. Category 1 before Category 2, Category 2 before Category 3).

Prioritisation within clinical urgency categories

Within each clinical urgency category, a number of factors should be considered in selecting patients from the waiting list.

Waiting time

- Priority for admission must be given to patients who have waited longer than the recommended time for their assigned urgency category
- Patients who have waited longer and have the same urgency category should 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 should be rescheduled for the next available booking.

Operating theatre management

- Given that some surgery is more complex or longer in duration, it is accepted that in some cases treatment of less urgent patients will be expedited to maximise the use of allocated theatre time and resources.

Effective bed management

- Given that some patients require longer periods of hospitalisation, it is accepted that in some cases treatment of less urgent patients will be expedited to maximise the use of available hospital resources.

Other factors that may influence selection of patients from the elective surgery waiting list include:

- Type of surgery required;
- Patient co-morbidities;
- Medication requirements;
- Patient social and community support;
- Patient access factors (eg. distance of residence from the treatment centre, availability of transport and accommodation);
- Availability and appropriateness of day surgery;
- The need for other treatments while awaiting surgery.

Scheduling Surgery

Category 1 patients are assigned a date for surgery when placed on the elective surgery waiting list.

Category 2 and 3 patients are assigned a date for surgery using a partial booking system. Patients should be allocated a date for surgery no more than 4 to 6 weeks in advance of their date for surgery.

Additional information relevant to scheduling of elective surgery patients will be contained in the Queensland Health *Guidelines for Perioperative Services* (draft document in development).

Patient Listing Status – 'Ready for Care' Status

The Patient Listing Status as defined in the National Health data Dictionary, is:

An indicator of the person's readiness to begin the process leading directly to being admitted to hospital for the awaited procedure. A patient may be 'ready for care' or 'not ready for care'.

In the context of elective surgery, 'ready for care' patients are those who are prepared to be admitted to hospital or begin the process leading directly to admission.

To be 'ready for care', a patient must:

- Have been assessed as requiring surgery by a medical officer with admitting and operating rights in the hospital (see: *Referral Sources*, page 11);
- Be deemed clinically fit for surgery by the attending medical officer;
- Be personally prepared for admission (with reasonable leeway for negotiation on specific booking dates).

'Not ready for care' patients are those who are unable to accept an offer of admission, for example:

- Patients whose health status precludes them from accepting an offer of surgery;
- Patients who are scheduled for staged procedures (see National Health Data Dictionary);
- Patients who wish to defer their procedure for personal reasons.

'Not ready for care' status must be supported by a reason for the inability to undergo procedure on the elective surgery waiting list record.

The application of 'ready for care' status is patient focused and is not dependent upon the availability of health service resources such as human and material resources.

Policy Statement – Timeliness of Elective Surgery

All facilities will manage procedures to maximise the number of patients treated within the recommended times and to expedite the treatment of any patient not treated within time.

Selection of patients from the waiting list on the basis of clinical urgency category and waiting time will assist in maximising the number of patients treated within recommended times.

- The attending medical officer is responsible for selecting patients from the waiting list, based on priorities described in the section *Prioritisation Based on Clinical Urgency* on page 5.
- The task of categorisation may be delegated to a nominated officer where clearly defined categorisation protocols have been documented.

Processes that may assist in maximising the number of patients treated within recommended times include:

- Provision of patient lists to each attending medical officer, identifying patients by urgency category and by waiting time.
- Provision of patient lists to each attending medical officer, identifying patients who are not allocated a date, are ready for care, and will be recognised as 'long wait' patients at the next census date.

Medical officers have the initial responsibility for arranging treatment within the desired time limit for the patient's assigned urgency category. Should the attending medical officer be unable to provide treatment in the recommended timeframe, the elective surgery accountable officer (see: *Elective Surgery Accountable Officer*, page 11) assumes responsibility for expediting access to elective surgery.

Patients waiting longer than recommended times may be offered the following opportunities:

- Transfer from one consultant to another within the same specialty;
- Transfer to another public hospital that performs the procedure and where a shorter waiting time to admission is available.

Where patients accept an offer for transfer to another medical officer or hospital, appropriate arrangements will be made for:

- Notification of the original attending medical officer and referring practitioner;
- Appropriate assessment of the patient by the medical officer who will undertake the surgery;
- Appropriate post-operative care for the patient;
- Documentation of the transfer in the patient medical record and waiting list system.

Policy Statement – Clinical Monitoring Elective Surgery Patients

All facilities will oversee a system of clinical monitoring to ensure appropriate clinical management of patients on the elective surgery waiting list.

Clinical monitoring of patients on the elective surgery waiting list may require assessment to determine changes in clinical status.

The need for a clinical assessment should be considered, documented and actioned (if necessary) in the following circumstances:

- Category 1 patients who have waited more than 30 days since last review;
- Category 2 patients who have waited more than 90 days since last review;
- Category 3 patients who have waited more than 12 months;
- On the request of the referring practitioner or attending medical officer (eg. change in patient condition, or to address concerns of patients who defer surgery).

Clinical monitoring for patients awaiting elective surgery is appropriately conducted by the referring practitioner. Designated staff must communicate with the referring practitioner to ensure that adequate clinical monitoring is maintained (see: *Information to Referring Practitioners*, page 20).

If clinical monitoring of a patient by the referring practitioner is not clinically appropriate or not feasible, the following options for monitoring may be considered:

- Review by the attending medical officer;
- Review by a medical officer in private consulting rooms;
- Review by other health professional (eg. nurse practitioner, optometrist).

Clinical monitoring should be conducted in a setting that maximises patient outcomes, which may include video-link or telephone consultation in appropriate circumstances.

Policy Statement – Elective Surgery Continuum of Care

All facilities will manage pre-admission, discharge planning, admission and post-acute care processes to ensure appropriate preparation for surgery, coordinated care and maximisation of service efficiency.

Pre-admission Processes

Pre-admission processes:

- Primarily focus on patients and carers;
- Involve and inform all relevant health care professionals;
- Should be constantly evaluated and improved

Pre-admission assessments are conducted to determine the patients' fitness for procedures, to optimise patients' health status prior to admission, to ensure adequate preparation for hospitalisation and discharge, and to maximise service efficiency

Pre-admission assessment:

- Is appropriate for the patient's condition and individual characteristics.
- Is conducted in a setting that maximises patient outcomes and service efficiency:
 - This may range from assessment using screening tools, assessment by local health care professionals, or review in an outpatient setting.
- Should consider (but may not always require formal assessment of) anaesthetic, surgical, medical, pharmaceutical, social, physical, occupational, emotional and mental health issues.
- Focuses on improving the health of patients in preparation for surgery.

Activities to facilitate admission and discharge planning occur during the pre-admission stage, where:

- The patient is informed of the admission process and the actions required of them.
- Appropriate operating theatre scheduling and bed management procedures may be actioned.
- Discharge needs are identified, documented and necessary arrangements are made to address needs prior to discharge from hospital.

Discharge Planning

Discharge planning processes:

- Primarily focus on patients and carers;
- Involve and inform all relevant health care professionals;
- Should be constantly evaluated and improved.

Discharge planning is a process which commences prior to admission, and continues through to patient discharge.

- Commencement of discharge planning will ideally commence in the specialist outpatient setting when the patient is identified as requiring surgery.
- Discharge planning must be actioned during the pre-admission process.
- Any discharge issues not resolved prior to admission must be documented and communicated to inpatient staff.

Discharge planning aims to identify issues relevant to each patient's discharge and to initiate action to address these issues so that discharge from hospital is not delayed.

Discharge planning will include elements appropriate for the individual patient's characteristics and condition. This may include consideration, identification, and action with respect to:

- Surgical and medical issues (type of surgery, co-morbidities);
- Social issues and community networks (accommodation, social supports);
- Transport issues (distance to individual's residence or discharge destination);
- Post-acute care (availability of services).

Services that will be required by the patient on discharge from hospital will be notified as early as possible, to assist their preparation for discharge. Organisation of required post-acute and domiciliary services should be actioned prior to admission wherever possible, to ensure availability and minimise delays.

Admission Processes

Admission processes:

- Primarily focus on patients and carers;
- Involve and inform all relevant health care professionals;
- Should be constantly evaluated and improved.

Hospitals will implement processes to ensure that elective surgery admissions are organised to maximise service efficiency, with due consideration of expected demand for emergency surgery and other services (based on historical data and seasonal variations).

Processes will be arranged so that admission is booked on the day of surgery, unless clinical indication for early admission is evidenced and documented. Elective surgery accountable officers (see: *Elective Surgery Accountable Officer*, page 11) will ensure regular audits and review of clinical practice with respect to day-of-surgery admission are conducted.

Post-Acute Care

Post-acute care processes:

- Primarily focus on patients and carers;
- Involve and inform all relevant health care professionals;
- Should be constantly evaluated and improved.

Post-acute care services may be provided by hospitals to maximise patient outcomes following surgery.

Post-acute care processes are activated on discharge from the hospital and are conducted in a setting that maximises patient outcomes and service efficiency.

- Services may be provided in the patient's home or other settings, as appropriate for the individual patient's characteristics and condition.
- Elements appropriate for the individual patient's characteristics and condition may include domiciliary nursing, occupational therapy, physiotherapy, or other services.

Missed Assessments

Hospitals will implement procedures to identify and contact patients who do not attend their pre-admission assessment or admission.

- Written notification of failure to attend the pre-admission appointment or admission will be sent to the patient and referring practitioner (see: *Elective Surgery Letter Suite – Appendix IV*).
- Patients who fail to attend pre-admission clinic or admission on two consecutive occasions may be removed from the waiting list after consultation with the attending medical officer (see: *Elective Surgery Letter Suite – Appendix IV*).

Patients contacted after a missed pre-admission assessment will be offered a new appointment prior to the scheduled procedure date, if possible.

If a new pre-admission appointment is not possible prior to the scheduled surgery date, the attending medical officer will be notified.

The medical officer will provide advice on rescheduling surgery. Unused surgery time may be allocated to another patient.

The patient will be listed as 'not ready for care' for the period that they are unavailable.

POLICY ELECTIVE SURGERY ADMINISTRATIVE PROCESSES

Queensland Health facilities will organise administrative processes to support the provision of quality elective surgery services.

Scope

This policy applies to all Queensland Health facilities that provide elective surgery services.

Compliance

All Queensland Health employees and agents (including visiting medical officers and other partners in care, contractors, consultants and volunteers), involved in the delivery of elective surgery services and the coordination and maintenance of elective surgery waiting lists

Policy Statement – Elective Surgery Accountable Officer

All facilities will identify an accountable officer who is responsible for elective surgery services.

Elective Surgery Accountable Officer

The identification of an accountable officer responsible for elective surgery services in each hospital acknowledges the need for performance accountability with respect to elective surgery in Queensland Health facilities.

Elective surgery accountable officers:

- Provide operational advice on the achievement of elective surgery performance targets and the success of the Waiting List Reduction Strategy;
- Work with clinical staff to instigate positive change and enhance elective surgery performance and throughput;
- Initiate clinical reform in order to improve patient access, maximise patient outcomes and support the provision of consistent high quality and efficient elective surgery services.

Policy Statement – Elective Surgery Referral

Referrals to elective surgery waiting lists will be accepted from medical officers with admitting and operating rights, subject to consideration of service location and patient status.

Referral Sources

Referrals to the elective surgery waiting list will only be accepted from medical officers with admitting and operating rights in the hospital.

Patients may be referred from the following locations:

- Specialist outpatient clinics;
- Inpatient units;
- Medical officers' private rooms;
- Other hospitals (transfers).

All patients referred to an elective surgery waiting list must have appropriate documentation (eg. elective admission booking form) completed. Patients referred from medical officers' private rooms also require a referral letter supporting placement on the elective surgery waiting list.

Service Provision

Provision of specialist services in Queensland public hospitals is according to details contained in the *Australian Health Care Agreement*, zonal clinical service plans, and the *Queensland Health Selected Specialist Services Direction Statement*.

In most cases, patients will be referred to specialist services at a facility near to their place of residence (eg. their 'home' district) or in a facility linked by zonal service networks.

Hospitals must have in place processes to identify referrals that would be most appropriately transferred to other facilities.

- Where a referral is received that must be passed to another district or zonal facility (eg. service is not provided at the hospital), designated staff must contact the referring practitioner to arrange appropriate transfer of the referral.
- Where a referral is received that could be provided at a facility closer to the patient's place of residence, designated staff may contact the referring practitioner to arrange appropriate transfer of the referral.

In situations where specialist services are provided through a cooperative arrangement between facilities (eg. outreach services), a service agreement should clearly identify the service with responsibility for each aspect of clinical and administrative service provision.

Patient Status

Hospitals must have in place processes to identify all patients referred to elective surgery services as eligible or ineligible, compensable, and public or private.

Patient Eligibility

Eligible patients include Australian citizens and visitors from countries with which Australia has a Reciprocal Health Care Agreement.

Eligible patients may choose to receive public hospital services free of charge or as a private patient in a public hospital.

For further information see website: <http://qheps.health.qld.gov.au/hssb/hfsd/accom.htm#2>

Ineligible patients include all overseas students and visitors from countries that do not have a Reciprocal Health Care Agreement with Australia.

- Ineligible patients may be charged for public hospital service.
- For further information, see website: <http://qheps.health.qld.gov.au/hssb/hfsd/accom.htm#3>

Compensable Patients

Compensable patients fall into four broad categories:

- Department of Veterans' Affairs;
- Work Cover;
- Motor Accident Insurance Commission;
- Other Third Party.

A compensable patient is entitled to compensation that includes the cost of their public and/or private hospital care (see website: <http://qheps.health.qld.gov.au/hssb/hfsd/accom.htm#6>).

Private Patients

Patients referred to a nominated hospital staff specialist or visiting medical officer with right of private practice may elect to receive treatment as a private patient.

- Private patients may be charged an amount determined by Queensland Health (see website: <http://qheps.health.qld.gov.au/hssb/hfsd/accom.htm#1>).
- Participation of specialists in the private practice scheme in no way compromises or adversely affects the treatment of public patients

Policy Statement – Elective Surgery Waiting List System

All facilities will maintain a waiting list system to register essential details about patients requiring elective surgery.

A waiting list for elective surgery contains details about patients who require surgery, from the time that the hospital accepts the referral until the surgery has been performed or the patient has been removed from the waiting list.

The system to register patients on the waiting list may be manual or electronic. The type of system is dependent upon the size of the hospital and the demand for surgical services.

Essential Details

When registering or booking patients for elective surgery, essential details are required to accurately record and track their progress on the waiting list.

The essential details to be collected include:

- a) Patient identification details
- b) Patient contact details
- c) Patient availability (standby or short notice)
- d) Consultant details
- e) Surgical procedure details
- f) Clinical urgency category
- g) Anaesthetic consultation details
- h) Patient type (inpatient, day of surgery, day surgery)
- i) Patient status (private, public)
- j) Pre-admission details (clinic, investigations)
- k) Length of stay/procedure (estimated)
- l) Informed consent details

A sample booking form containing essential patient details is provided in *Appendix III*.

Registration on the Waiting List

Patients will be registered on the waiting list once the following requirements have been met:

- A decision has been made that the patient's condition requires surgery, and a clinical urgency category has been allocated;
- The patient has provided informed consent to surgery;
- The estimated waiting period to surgery and interim clinical management plan has been explained to the patient and referring practitioner (including clinical and medical review);
- Necessary documentation (eg. elective surgery booking form, informed consent form) has been completed. Attending medical officers must ensure that elective surgery booking forms are legible, complete, and contain a clinical urgency category.

Prior to being registered on the waiting list, Category 1 and 2 patients must have a signed informed consent form, with Category 1 patients also requiring a booked operation date.

Anticipated Need for Surgery

Some patients may have an anticipated need for surgery – that is, the patient's condition does not yet require surgery, but surgery is expected to be required in the future. The registration of patients with an 'anticipated need for surgery' onto the waiting list works against equitable access for other patients and therefore must not occur.

Situations in which initial registration on the waiting list should not occur includes those conditions where:

- A definitive need for surgery has not been identified;
- Investigations are being undertaken to establish the need for surgery;
- A review specialist outpatient appointment has been scheduled for the future.

Time to data entry

Processes within hospitals will be organised to ensure referrals for Category 1 patients are added to the waiting list within 24 hours of receipt of the booking form, and within 48 hours for Category 2 and 3 patients.

Census date

The waiting list system utilises a census date as a basis for all calculated waiting list variables.

The census date (ie. first day of the month) is used to calculate waiting times and throughput data, and is the deadline for extracting information from the waiting list system to comply with corporate reporting requirements.

Designated Staff

Designated staff ensure that accurate waiting lists are compiled and are responsible for coordinating the maintenance and management of the waiting list.

This function is overseen by an accountable officer, and fulfilled in hospitals by elective surgery coordinators, elective surgery liaison officers, or elective surgery booking officers.

Privacy

Patient information contained in the waiting list register must be handled in accordance with relevant legislation and Queensland Health policies. For further information, see website: <http://qheps.health.qld.gov.au/privacy/>

Policy Statement – Elective Surgery Service Efficiency

All facilities will administer systems to maximise elective surgery service efficiency.

Standby Patients

In order to ensure that theatre lists are fully utilised, the hospital will maintain a register of patients who are available if additional surgery can be undertaken at short notice.

Standby patients may have their surgery fast-tracked if additional surgery can be undertaken at short notice. Standby patients are those patients who:

- Have completed all pre-operative investigations and pre-admission assessments;
- Have completed the informed consent process;
- Are available at short notice;
- Are easily contacted (eg. by telephone);
- Do not have a history of significant co-morbidities.

Management of Staff Leave

Hospitals must implement processes to appropriately manage staff leave, so that service efficiency is maintained and where necessary, surgery bookings are planned around periods of critical staff leave.

All Queensland Health employees and other practitioners (including visiting medical officers) involved in the delivery of elective surgery services should provide adequate notice of planned leave, as per relevant awards.

Hospitals must have specific processes in place to manage planned leave for anaesthetic, surgical and operating theatre staff, due to the critical impact these staff have on surgery. These processes must include:

- Approval of leave by the relevant line manager a minimum of four weeks in advance, or as per award or contract conditions;
- Notification of leave to accountable officers and designated staff a minimum of four weeks in advance;
- Timely notification of the designated elective surgery staff and operating theatre staff about upcoming leave that will affect surgical procedure lists;
- Regular reviews by accountable officers of the impact of staff leave on patient postponement.

Process Improvement

Continuous evaluation and action to improve access, safety, appropriateness, effectiveness and efficiency are fundamental to meeting Queensland Health's *Quality of Health Services Framework*.

Service improvement activities at Queensland Health facilities may vary depending on the size of the facility and the nature of services provided, but all should involve consumers in the process and it is recommended that staff at all levels contribute to these activities.

As a minimum, accountable officers should implement and maintain processes to evaluate the following aspects of elective surgery services on a monthly basis:

- Number of additions to the waiting list for each specialty;
- Number treated and number of removals from the waiting list for each specialty;
- Waiting times to treatment in each clinical urgency category, for each specialty;
- Number of 'long-wait' patients (and reasons) in each clinical urgency category, for each specialty;
- Postponement (patient and hospital-initiated) rates for each specialty;
- Day surgery and day-of-surgery-admission (DOSA) rates for each specialty.

These indicators will provide the basis for workforce and service planning, and annual review of operating theatre allocations, as well as providing direction for addressing issues impacting on access to services and service efficiency.

Elective surgery staff should be provided with information about indicators to assist with identification of performance issues and possible service improvements.

Implementing changes to improve services should incorporate principles and tools described in the Queensland Health *Change Management Guides* (see website: <http://qheps.health.qld.gov.au/odb/oju/publications.htm#Change%20Management%20Guides>).

Policy Statement – Elective Surgery Administrative Audit

All facilities will manage a system of administrative audit to ensure the elective surgery waiting list provides an accurate record of patients waiting for elective surgery.

Waiting list audits are usually conducted by the designated staff and may involve contact with patients by telephone, letter or other appropriate methods (see: *Methods of Communication*, page 19).

Hospitals will implement processes to ensure regular administrative audits are conducted on the waiting list, to include the following:

- Weekly audit of Category 1 patients who have waited longer than 30 days for treatment;
- Monthly audit of Category 2 patients who have waited longer than 90 days for treatment;
- Six-monthly audit of Category 3 patients who have waited longer than 12 months for treatment;
- Annual audit (eg exception reporting) of the complete waiting list.

Administrative audit will:

- Identify waiting list records that are incorrect (eg duplicate records, patients treated but not removed);
- Confirm patient details to maintain the accuracy of waiting list records.

Patient contact as part of the administrative audit process should ascertain:

- The need to update contact details;
- That the patient still requires the surgery (ie. has not had the surgery elsewhere);
- Whether the patient is on a waiting list at another hospital for the same or another procedure;
- Whether the patient is available at short notice (see: *Standby Patients*, page 15);
- When a local medical officer reviewed the patient.

Any removal of patient records from the waiting list will comply with policy relating to reasons for removal (see: *Reasons for Removal*, page 19).

Policy Statement – Minimising Elective Surgery Postponement

All hospitals will manage procedures to minimise postponement of surgery and to ensure appropriate utilisation of hospital resources if postponements occur

In balancing the needs of patients requiring emergency surgery and those requiring elective surgery, some postponements of time or date of surgery may occur.

Patient-initiated Postponement

Hospitals will educate patients in order to minimise the occurrence and consequence of patient-initiated surgery postponements.

Education may include the provision of information about patient responsibilities and the effects of late postponement on service provision when a surgery date is offered. Information about clinical implications of surgery postponement should be emphasised to the patient.

Patients may request postponement of booked surgery for unforeseen clinical, personal, or social reasons. The designated staff will notify the attending medical officer and ensure:

- Rescheduling of date for surgery or clinical review for the postponed patient;
- Rescheduling of vacated surgical time for use by another patient;
- The referring practitioner is notified.

If postponement of surgery occurs, the patient is listed as 'not ready for care' for the duration of the period they are unavailable.

Patients who postpone surgery without due cause or notice on two occasions may be removed from the waiting list (see: *Elective Surgery Letter Suite – Appendix IV*).

Hospital-initiated Postponement

Hospitals may need to postpone surgery to a later date due to unforeseen circumstances such as an urgent need for emergency surgery, or other factors related to human resources, equipment or facilities.

Hospitals will implement processes to minimise hospital-initiated postponements, while maximising service efficiency, including:

- Effective operating theatre scheduling and bed management systems;
- Management of staff leave (see: *Management of Staff Leave*, page 15) and equipment maintenance scheduling;
- Regular review of postponement causes by the elective surgery accountable officer.

When a decision has been made to postpone surgery, arrangements will be made for any available surgical time to be utilised for another patient (see: *Standby Patients*, page 15).

Hospitals will implement processes to ensure, wherever possible, that rescheduling and postponement of surgery is carried out with due consideration of clinical urgency and other patient-related factors:

- Attending medical officers must be notified of any need to postpone surgery in order to determine the course of care for the affected patients.
- Postponement of less urgent patients should be undertaken in preference to more urgent patients.
- Patients who have experienced more than one hospital-initiated postponement will be treated as high priority and should immediately be rescheduled for the next available booking.
- Social and geographic circumstances of a patient should be taken into consideration in the event of rescheduling (eg. patients who need to travel long distances and patients who are carers should be given special consideration).

When hospital-initiated postponement of surgery is necessary, hospital employees and other practitioners (including visiting medical officers) will make every effort to minimise the impact on patients:

- The patient should be notified as soon as possible when the decision has been made to defer the patient.
- The patient should be rebooked for the next available operating list. If immediate allocation of a new date is not possible at the time of postponement, a new date must be allocated within forty-eight (48) hours. Confirmation of the new date must be made in writing to the patient and the referring practitioner (see: *Elective Surgery Letter Suite – Appendix IV*).
- Patients that live a considerable distance from the facility should be encouraged to contact the hospital prior to commencing travel.

Policy Statement – Elective Surgery Removals

All facilities will manage processes to ensure patients are removed from the elective surgery waiting list according to the appropriate 'Reasons for Removal', and under the authorisation of the attending medical officer or executive director of medical services

Removal of patients from the waiting list is necessary to maintain the accuracy of waiting list information systems. This may occur when the patient is treated or for other reasons defined below.

Hospitals are to implement procedures to ensure that removal of patients from the waiting list is in accordance with the reasons for removal.

Reasons for Removal

Patients may be removed from the elective surgery waiting list when treatment has been finalised.

Other reasons for removal must be at the authorisation of the attending medical officer or executive director of medical services, and may apply in the following circumstances:

- The patient requests to be removed from the elective surgery waiting list;
- The attending medical officer requests that the patient be removed from the elective surgery waiting list;
- Clinical review, exception reporting or administrative audit ascertains that surgery is no longer required;
- Advice has been received that the procedure has been, or will be, undertaken elsewhere;
- The patient has on two occasions:
 - declined the offer of a booking for a surgical procedure without valid reason;
 - not presented for pre-admission assessment or surgery and has not contacted the hospital;
 - not responded to audit letters and cannot be located;
- The patient is deceased.

Process

The reason for removal from the elective surgery waiting list is updated in the patient's waiting list system record and medical record.

The patient and the referring practitioner are to be notified in writing when the patient is removed from the waiting list for non-response to audit, non-presentation, or repeated declining of admission offers (see: *Elective Surgery Letter Suite – Appendix IV*).

Policy Statement – Elective Surgery Communication

All facilities will implement and maintain appropriate communication processes to notify patients and relevant health care professionals of significant elective surgery waiting list information.

Methods of Communication

The communication process to notify patients and relevant health care professionals of significant elective surgery information needs to be inclusive of:

- Different styles to suit the message and audience – written, telephone, video, face-to-face;
- Special needs – interpretation, translation, language, cultural differences;
- Privacy requirements (see website: <http://qheps.health.qld.gov.au/privacy/>)

Information to Patients

Designated staff are responsible for providing information to the patient regarding:

- placement on the elective surgery waiting list;
- attending medical officer (when allocated);
- time, date and location of pre-admission assessment, admission, surgery, and what to bring (e.g. x-rays, investigation results, medications);
- the need to visit the referring practitioner for clinical review;
- course of action if changes occur in clinical condition;
- course of action to confirm, cancel or rebook appointments;

- rights – eg. free hospital treatment, respect, free interpreter, etc.; and responsibilities – eg. to advise of any change of name, address or telephone number, or inability to attend appointments (see website: <http://qheps.health.qld.gov.au/hsd/procurement/quality/16912ppc.htm>).
- special requirements (if applicable);
- reasons for removal.

Patients registered on an elective surgery waiting list will be formally notified of:

- placement on the waiting list (see: *Elective Surgery Letter Suite* – Appendix IV).
- failure to attend (see: *Elective Surgery Letter Suite* – Appendix IV).
- postponement (see: *Elective Surgery Letter Suite* – Appendix IV).
- surgery offer (see: *Elective Surgery Letter Suite* – Appendix IV).
- removal from waiting list (see: *Elective Surgery Letter Suite* – Appendix IV).

Documentation of patient correspondence will be retained in the patient's medical record.

Special Note – Patients from Department of Corrective Services

Correctional Centre, Watch House, and secure mental health facility patients are accorded the treatment available to all patients. However, for security reasons, the patient 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 delegate from the Department of Corrective Services or appropriate authority.

Information to Referring Practitioners

Accessing elective surgery

Prior to referring patients for consultations leading to surgery, referring practitioners may request access to information about the:

- status of elective surgery waiting lists;
- types of specialities offered;
- estimated waiting times.

Designated staff should respond to information requests made by referring practitioners, to support the achievement of timely clinical outcomes and effective referral practices.

If a referral is received for a service or specialty that is not provided at a facility, a letter will be forwarded to the patient and the referring practitioner informing them that the service is not available and the need to arrange appropriate transfer of the referral. The original letter of referral will be retained in the patient's medical record with a copy to the patient and referring practitioner.

Waiting for elective surgery

Designated staff are responsible for coordinating information to the referring practitioner about:

- patient placement on the elective surgery waiting list;
- estimated waiting time;
- clinical review of the patient whilst waiting for surgery;
- notifying the hospital about any significant changes in the patient's condition.
- date and nature of pre-admission assessment, admission and surgery (and any changes or postponements);
- discharge planning process and likely post-acute care needs;
- special requirements (if applicable)
- reasons for removal.

The referring practitioner will be formally notified of:

- return of referral (see: *Elective Surgery Letter Suite* – Appendix IV).
- placement of a patient on the elective surgery waiting list (see: *Elective Surgery Letter Suite* – Appendix IV).
- postponement of surgery (see: *Elective Surgery Letter Suite* – Appendix IV).
- offer of surgery (see: *Elective Surgery Letter Suite* – Appendix IV).
- failure to attend pre-admission clinic or for admission (see: *Elective Surgery Letter Suite* – Appendix IV).
- removal of a patient from the waiting list (see: *Elective Surgery Letter Suite* – Appendix IV).

Documentation of referring practitioner correspondence will be retained in the patient's medical record.

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APPENDIX I

Roles and Responsibilities

Policy Framework for Elective Surgery Services

Roles and Responsibilities

Commitment of a number of key players within the Elective Surgery program is vital. From the patient's initial consultation with a General Practitioner through to Outpatient appointment, admission, treatment and discharge, it is essential that all team members be aware of and understands their particular role and responsibilities. It is acknowledged that waiting time management practices vary between facilities and that one person may undertake several roles.

Patient

The patient is requested to:

- Follow the procedures and advice outlined in the information provided by the hospital and attending medical officer.
- Advise the hospital of any change in desire to undergo the procedure or surgery, or other reason leading to the need to postpone scheduled surgery
- Advise the hospital of any changes to their contact details
- Advise the hospital if they are going to be unavailable for surgery for any time
- Advise their referring practitioner if their condition changes in any way, i.e. if condition improves or deteriorates whilst waiting for allocation of a booking date for surgery.
- Complete all pre-admission requirements
- Confirm the hospital's notification of proposed admission date.
- Follow the hospital's admission and discharge procedures
- Acknowledge satisfactory explanation of proposed procedure
- Provide written consent of the proposed procedure.

Referring/General Practitioner

The Referring/General Practitioner is requested to:

- Arrange referral for the patient to a Consultant/Specialist Outpatient clinic at a facility providing the required service as close to the patient's place of residence.
- Ensure patient's current contact details are provided with the referral letter.
- Perform investigations pertinent to the patient's condition that will assist the triage process for clinic appointment categorisation and allocation.
- Provide additional information about the patient or their condition, such as identifying any pre-existing conditions or special needs affecting the patient's care or management.
- Liaise with the specialist clinic or the attending medical officer if there is a change in the clinical priority of the patient's condition after referral
- Liaise with the attending medical officer regarding the referring practitioners role in the patients care prior to surgery, in discharge planning and post discharge care.

Specialist Outpatient Services

Specialist Outpatient Services will:

- Liaise with ESC/ESLO to ensure that a patient who requires assessment for a potential surgical procedure is allocated to the appropriate medical officer with the shortest waiting time.

- Ensure appointments are available/dedicated for the clinical review of long wait elective surgery patients
- Assist with the accurate collection of data to ascertain conversion rates between specialist clinics to the elective surgery waiting list.
- Liaise with referring practitioners and community organisations to ensure appropriate and adequate information is received in referral letters to initiate triage and appointment/ outpatient waiting list allocation.
- Ensure clinics are adjusted appropriately to accommodate doctor's leave and maintain symmetry with operating theatre lists.
- Ensure elective surgery waiting lists are available for perusal by attending medical officers at clinic
- Ensure any adjustments made to elective surgery waiting lists during a clinic are conveyed to the elective surgery booking office.

Medical Officers

All Medical Officers will:

- Explain proposed procedure and anticipated length of stay.
- Discuss election status and anticipated waiting time for admission.
- Discuss discharge plan.
- Obtain informed consent from the patient
- Communicate promptly with the referring practitioner or referral source regarding management of the patient.
- Ensure elective surgery booking form is completed in its entirety.
- Advise the booking office of any change in category following an outpatient clinic review.
- Manage the elective surgery waiting list in consultation with the elective surgery booking office to ensure patients are selected for admission according to clinical urgency, giving due emphasis to the length of time on the elective surgery waiting list.
- Arrange the theatre list in liaison with the Elective Surgery Coordinator (or nominated delegate) to ensure efficient use of resources, utilisation of theatre time and bed stay.
- Ensure that any change that will impact on theatre utilisation is communicated promptly to medical administration, elective surgery booking office and specialist clinics.
- Ensure the booking office is notified promptly of any plan to reschedule a booked procedure. Allocation of a new procedure date should be provided when a patient is rescheduled, and wherever possible within a timeframe that meets the category requirement.
- Ensure that, in the instance of postponement, patients who are available at short notice are notified and admitted to ensure full utilisation of theatre time.
- Ensure adequate notification (minimum of 4 weeks) is received by the booking office of planned leave. Medical/Surgical Executive in consultation with the Specialist or Consultant Physician will provide instructions to the Elective Surgery Coordinator (or the nominated delegate) as to relief arrangements and/or cancellation, rescheduling, reduction of theatre sessions.
- Contact the Elective Surgery Coordinator (or the nominated delegate) as soon as practicable when unplanned incidents demand absence from the scheduled theatre session.

Elective Surgery Coordinator/Liaison Officer

The Elective Surgery Coordinator/Liaison Officer will:

- Liaise with Specialist Outpatients services to ensure that patient's who may require elective surgery are allocated to the appropriate medical officer with the shortest waiting time.
- Identify overdue patients on the elective surgery waiting list to enable facilitation of their admission
- Monitor throughput and elective surgery waiting lists of surgical units within the hospital
- Identify barriers to efficient elective surgery waiting list management and make recommendations for improvement
- Ensure appropriate information is available to patients on their role and responsibility once placed on a waiting list for elective surgery.
- Ensure that the Queensland Health Elective Surgery policies with respect to elective surgery waiting list management are adhered to and complied with.
- Provide appropriate monthly reports to hospital personnel, medical officers and strategic groups.
- Provide monthly statistical reports to the Principal Information Officer, Statewide and Community Health Services Branch, Queensland Health.
- Manage the elective surgery waiting list in consultation with the attending medical officer and ensure patients are selected for admission according to clinical urgency, giving due emphasis to the length of time on the elective surgery waiting list.
- In consultation with the attending medical officer, facilitate transfer of patients between medical officers, specialty units and hospitals in cooperation with medical administration to minimise waiting time where necessary.
- In consultation with the accountable medical officer for elective surgery, conduct regular clinical validation of patients who have exceeded their clinical urgency waiting time and report results to management
- Monitor theatre utilisation and scheduling to enhance patient throughput.

Elective Surgery Booking Officer

The Elective Surgery Booking Officer will:

- Provide attending medical officers with accurate details of patients on their elective surgery waiting lists by Category in days waiting order.
- Ensure written confirmation is provided to patients at the time of wait listing.
- Facilitate, in liaison with pre-admission clinic where appropriate the timely processing of admissions including coordination of the relevant patient information required for admission.
- Identify 'long wait' patients on the elective surgery waiting list and advise appropriate medical staff to enable the facilitation of admission.
- Ensure details are entered on the elective surgery waiting list management system in a timely manner, including any changes notified by the patient, referring practitioner, director of specialty unit, accountable medical officer or their delegated officer.
- Conduct regular administrative reviews of the elective surgery waiting list in accordance with auditing policy.
- Complete and maintain an accurate elective surgery waiting list by ensuring the addition and removal of names, as directed in a timely manner
- Notify patients as directed by the attending medical officer of planned admission dates, postponements, delays etc.
- Follow-up patients who fail to attend for their planned admission
- Ensure that the clinical urgency, categorisation and 'ready for care' and 'not ready for care' dates for patients are maintained on the elective surgery waiting list.
- Undertake clerical audits of patients waiting longer than the prescribed time in each clinical urgency category as directed

- Ensure that patients are provided as much notice as possible of hospital-initiated postponement of their admission/procedure.
- Ensure appropriate clinical staff are aware of the patients who have had their admission/procedure postponed by the hospital and are therefore considered a priority within their clinical urgency category for recall.
- Address patient enquiries and provide relevant information. Refer to the ESC/ESLO where appropriate. Make requested changes to waiting list details as required
- Provide the referring practitioner with a copy of the waiting list confirmation letter for their information.

Pre-admission

The Pre-admission staff will:

- Ensure that an open line of communication is maintained with the ESC/ESLO and booking office to facilitate the smooth running of the pre-admission clinic.
- Ensure patients are provided with relevant information about their impending admission to hospital and subsequent surgical procedure and that these details are confirmed by the patient
- Ensure that the relevant information from the patient's visit to the pre-admission clinic is conveyed to the ESC/ESLO and booking office.
- Liaise with allied health personnel in relation to pre-admission clinics
- Advise operating theatres and all appropriate patient care areas of any special care/needs of patients.

Bed Management Services

Bed Management Services will:

- Ensure that the admission/discharge policy functions are implemented on a day-to-day basis.
- Participate as advised by clinical personnel and where appropriate in the coordination of admissions, bed allocation and discharge to avoid possible delays.
- Coordinate bed management practices to optimise admissions for elective surgery without compromising access by emergency cases in consultation with ESC/ESLO.

Theatre Management

Theatre Management will:

- Ensure that staff, facilities and equipment are used effectively and efficiently in consultation with attending medical officers, ESC and booking office.
- Monitor theatre utilisation and scheduling to allow management to enhance patient throughput.
- Liaise weekly with ESC/ESLO and appropriate medical officers in scheduling patients to theatre lists to ensure that booked patients do not exceed the capacity of available theatre time, facilitate effective theatre utilisation and to prevent day of surgery cancellation.

Specialty Directors/Divisional Directors

Specialty Directors/Divisional Directors will:

- Ensure compliance with the Policy Framework for Elective Surgery Services.

- Monitor performance of surgical units within the hospital, identify barriers to efficient management, assist in formulation and facilitate the implementation of strategies for improvement, in consultation with the appropriate staff.
- Where necessary to minimise inappropriate waiting times and with appropriate consultation, facilitate due process to accept and accommodate patients on transfer from surgeons/units/hospital to ensure equity of access.
- Manage the elective surgery waiting list in consultation with the attending medical officer and ensure patients are selected for admission according to clinical urgency, giving due emphasis to the length of time on the elective surgery waiting list

Hospital Executive/District Managers

Hospital Executive/District Managers will:

- Ensure that mechanisms are in place to implement the Policy Framework for Elective Surgery Services.
- Ensure communications from the Surgical Access Service are relayed, where appropriate, to the Elective Surgery Coordinator.
- Promote efficient and effective elective surgery waiting list management within all levels of hospital management. This includes the provision of adequate facilities, staff and work environment to facilitate the management of patients accepted for placement onto the elective surgery waiting list.
- Hospital management will ensure systems are in place in the Specialist Outpatient Department to enable the triage of referrals from referring practitioners, which facilitate the appropriate and timely prioritisation of patients onto a specialist clinic scheduling and appointment waiting lists.
- Hospital management will implement procedures to ensure patient attendance at a pre-admission clinic prior to the planned admission for elective surgery. This will prepare the individual as well as the hospital for the admission, inpatient care and discharge.
- Where appropriate, hospital management will encourage admission of patients on their scheduled day of surgery and implement procedures to enable the expansion of this practice
- Where appropriate, hospital management will encourage the performance of surgery on a same day basis rather than as an inpatient. Hospital management will ensure that pre-admission clinics, theatre time, surgical, anaesthetic and nursing time equipment and other infrastructure essential to the efficient operation of day surgery are in place to allow the continuous expansion of day surgery.
- Establish local policies/protocols to address issues such as 'long wait' patients, delays, patient deferments and patient transfers (to and from other hospitals).

Zonal Management

Zonal Management will:

- Ensure that mechanisms are in place to implement Policy Framework for Elective Surgery Services.
- Promote efficient and effective elective surgery waiting list management within Zonal management by monitoring districts and individual hospital performance.
- Ensure that patient waiting times are managed in line with benchmark levels.
- Liaise with individual hospitals/districts in relation to development of health service agreements and activity targets

Queensland Health

Queensland Health will:

- Ensure efficient and effective management of the elective surgery waiting list by the ongoing development of policy and operational guidelines, which are provided across the system and sponsored corporately.
- Monitor hospital performance, assist in the identification of barriers to efficient waiting list management and advise of the implication. Assist in the development of strategies for improvement as required.
- Ensure system wide protocols are in place for equity of access for patients to meet their clinical needs, by monitoring and reporting elective surgery waiting list management performance indicators.
- Collect and disseminate statewide elective surgery waiting list information.
- Continue to commit necessary resources to improve the health of the people of Queensland.
- Develop, maintain and support information systems, which facilitate the effective management of elective surgery waiting lists by hospitals.
- Dissemination of information to relevant units within Corporate Office and Queensland Health to ensure the focus on elective surgery waiting list management remains proactive and dynamic.

APPENDIX II

Risk Assessment Scenarios

Policy Framework for Elective Surgery Services

SAMPLE RISK ASSESSMENT SCENARIO FOR ELECTIVE SURGERY SERVICES

Elective Surgery Scenario

A District has agreed to achieve Elective Surgery activity targets in the specialty of General Surgery. Due to unanticipated circumstances, one of the two General Surgeons at the hospital is required to take extended leave due to ill health. There are no other surgical specialities offered at the hospital meaning there is a strong risk that the Elective Surgery targets will not be achieved and the District will be unable to accept all of the funds related to activity targets. Unless the District Surgeon replacement quickly achieves the General Surgery patients may need to be transferred to other facilities for their treatment.

Risk Description	Consequence	Risk Assessment Likelihood	Risk Rating	Current Controls	Extra Treatment Controls Required	Officer Responsible for Treatment Controls	Time Frame	Reassessment of Risk Rating	Monitoring
Inability to achieve Elective Surgery targets	Adverse Clinical Incident: Major Outrage: Minor Management: Moderate	Likely	Very High	Activity reviewed weekly National advertising campaign to recruit medical officer Available surgeon performing increased surgery to meet backlog on Elective Surgery waiting list	Letters to general practitioners to refer only urgent cases to hospital More flexible rostering in OT to decrease fixed costs in the short term Transfer of patients to nearest hospital for treatment	Accountable medical officer for Elective Surgery Elective Surgery Coordinator Nurse Unit Manager of Perioperative Services	Immediate	Medium	ES Waiting List ES Activity ES Throughput OT Utilisation Data Financial costings

RISK ASSESSMENT: FACTOR OF CONSEQUENCE		
Level	Descriptor	Example detail description
1	Negligible	No injury or harm, ~ 1% of monthly budget
2	Minor	Minimal harm, ~ 2% of monthly budget
3	Moderate	Loss of function, major harm, ~ 5% of monthly budget
4	Major	Loss of Life, ~ 10% of monthly budget
5	Extreme	Multiple Deaths, ~ 15% of monthly budget

RISK ASSESSMENT: FACTOR OF LIKELIHOOD		
Level	Descriptor	Description
1	Rare	The event may occur only in exceptional circumstances
2	Unlikely	The event is not expected to occur
3	Possible	The event might occur at some time
4	Likely	The event will probably occur at least once
5	Almost certain	The event will occur in most circumstances

RISK DETERMINATION MATRIX						
Likelihood	Consequences					
	Negligible = 1	Minor = 2	Moderate = 3	Major = 4	Extreme = 5	
Rare = 1	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)	
Unlikely = 2	Low (2)	Medium (4)	Medium (6)	High (8)	High (10)	
Possible = 3	Low (3)	Medium (6)	High (9)	Very High (12)	Very High (15)	
Likely = 4	Medium (4)	High (8)	Very High (12)	Very High (16)	Extreme (20)	
Almost certain = 5	Medium (5)	High (10)	Very High (15)	Extreme (20)	Extreme (25)	

Low Risk: Manage by routine procedures

Medium Risk: Manage by specific monitoring or response procedures

High Risk: Senior management action needed

Very High Risk: Detailed research and management planning required

Extreme Risk: Immediate action required

APPENDIX III

Elective Surgery Booking Form

Policy Framework for Elective Surgery Services

Hospital ELECTIVE BOOKING FORM

Please complete form in BLOCK letters

PATIENT IDENTIFICATION LABEL

Name: _____

Ward: _____

UR No: _____ D.O.B: ____/____/____

Date: ____/____/____ Consultant Surgeon/Unit _____

- ☐ Patient available at short notice
- ☐ < 24 hours
- ☐ < 48 hours

PATIENT'S CONTACT DETAILS:

Daytime Ph No: _____

After Hours Ph No: _____

Mobile Phone No: _____

Proposed date of operation (if known)

Proposed Operation: _____

URGENCY

- ☐ Category 1 <30 days
- ☐ Category 2 < 90 days
- ☐ Category 3 >90 days

- ☐ Public
- ☐ Intermediate

☐ Procedure likely to take >1 hour longer than usual

☐ INTERPRETER REQUIRED

☐ Patient not ready for care

Language _____

Referral source:

☐ Private Rooms

☐ Public Hospital

PRE-ADMISSION REQUIREMENTS

- ☐ No preoperative tests required
- ☐ FBC
- ☐ Coag
- ☐ Group & Screen
- ☐ X Match _____ Units
- ☐ Echo
- ☐ MSU
- ☐

- ☐ ELFTs
- ☐ TFTs
- ☐ ECG
- ☐ CXR
- ☐ Spirometry
- ☐ ABGs
- ☐
- ☐

ANAESTHETIC REQUESTED

- ☐ Suitable for local (no sedation required)
- ☐ Suitable for regional anaesthetic (no GA)
- ☐ MLAs or Neurolept (anaesthetic cover required)
- ☐ GA

If **Las only** then patient need not fast for the procedure

Drugs to cease and timing: _____

ADMISSION DETAILS

- ☐ Day Surgery Procedure
- ☐ In-patient procedure (all patients DOSA unless specified)

☐ Not suitable for DOSA

Reason _____

TCI _____ Days before operation

☐ Estimated LOS: _____ days

ICU Bed required postoperatively ☐ Yes ☐ No

SURGEON SPECIFIC INSTRUCTIONS TO MEDICAL STAFF eg. equipment, prosthesis, radiology or preparation requirements

I attest that I have completed & witnessed the patient's consent

Medical Officer's Signature: _____ Print Surname: _____

Pager No: _____ Other contact No(s) _____

**BOOKING CAN NOT BE PROCESSED UNLESS CONSENT FORM AND BOOKING
FORM ARE FULLY COMPLETED**

APPENDIX IV

Elective Surgery Letter Suite

Policy Framework for

Elective Surgery Services

Elective Surgery Services Policy Framework

Letter Suite Briefing Note

The letters contained in the Elective Surgery Services Policy Framework Letter Suite have been approved for use by the Senior Executive Director of Health Services. They have received endorsement from the Offices of the Director General and the Minister for Health.

The Letter Suite is an integral part of the policy framework. As such, the letters are the only recognised and standardised form of statewide written communication to be forwarded to patients and referring practitioners concerning surgical bookings and waiting list management for Elective Surgery.

A regular yearly review of the policy framework will be undertaken. A team of Elective Surgery experts will review written requests for any additions, alterations or deletions to the Letter Suite. Prior to any changes being endorsed, the panel will consider the application and suitability of requests from a statewide perspective.

Addition to Waiting List Letter – Category 1 Patient

Enquiries to:

Insert name of surgical specialty
or department
Insert hospital name
Insert phone
Insert fax

Telephone:

Facsimile:

Insert patient name or guardian name
Insert patient or guardian address

Dear Insert patient name

UR Number Insert patient 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 who requires urgent treatment. Most patients within this category receive their treatment within 30 days. Queensland Health will endeavour to meet your need as soon as possible. We will notify you when an operation date is scheduled.

The Elective Surgery Coordinator may also be able to assist you to find a nearby hospital that has a shorter waiting time for your operation requirements. If you wish to explore this option, please contact the Elective Surgery Coordinator on Insert phone number.

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 preadmission 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 clinic appointment or operation date, we would urge you to contact your general practitioner, or if urgent, attend the nearest hospital emergency department.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No

Fax
Insert Fax No.

Insert Name

Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required from your general practitioner.

Addition to Waiting List Letter – Category 2 Patient

Enquiries to:

Insert name of surgical specialty
or department
Insert hospital name
City
Postcode

Telephone:

Facsimile:

Insert patient name or guardian name

Insert patient or guardian address

Dear [Insert patient name]

UR Number [Insert patient 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 2 patient who requires semi-urgent treatment. Most patients within this category receive their treatment within 90 days. Queensland Health will endeavour to meet your need as soon as possible. We will notify you when an operation date is scheduled.

The Elective Surgery Coordinator may also be able to assist you to find a nearby hospital that has a shorter waiting time for your operation requirements. If you wish to explore this option, please contact the Elective Surgery Coordinator on [Insert contact number]

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 preadmission 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 clinic appointment or operation date, we would urge you to contact your general practitioner, or if urgent, attend the nearest hospital emergency department.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday

Yours sincerely

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

[Insert Name]

Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required from your general practitioner.

Addition to Waiting List Letter – Category 3 Patient

Enquiries to:

Telephone:

Facsimile:

Insert patient name or guardian name
Insert patient or guardian address

Dear Insert patient name

UR Number Insert patient 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 3 patient who requires routine treatment. Queensland Health will endeavour to meet your need as soon as possible. We will notify you when an operation date is scheduled.

The Elective Surgery Coordinator may also be able to assist you to find a nearby hospital that has a shorter waiting time for your operation requirements. If you wish to explore this option, please contact the Elective Surgery Coordinator on [Insert contact number]

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 preadmission 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 clinic appointment or operation date, we would urge you to contact your general practitioner, or if urgent, attend the nearest hospital emergency department.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

[Redacted Name]

Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required from your general practitioner.

Addition to Waiting List Letter - Referring Practitioner

Enquiries to:

Telephone:

Facsimile:

Insert referring practitioner name
Insert referring practitioner address

Insert patient name
Insert patient address
Insert patient date of birth
Insert patient telephone number
Insert patient fax number

Dear Insert referring practitioner name

Re:

Insert patient name
Insert patient address
Insert patient date of birth

Our reference: Insert patient LR number

The above mentioned patient has been placed on the elective surgery waiting list for Insert planned procedure with Insert attending medical officer. An operation date will be offered when available.

Queensland Health wishes to assist General Practitioners in identifying opportunities for maximising a patient's opportunity to access timely services. A Queensland Health website (www.health.qld.gov.au) publishes each quarter a statewide elective surgery waiting time summary. You are invited to visit this website or contact the Elective Surgery Coordinator and consider the available information in identifying specialist referral options, to meet the need of your patient.

While your patient is waiting for their 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 Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

Insert Name

Executive Director of Medical Services

/ /

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required.

Booked Operation (from waiting list) Letter - Patient

Enquiries to:

Telephone:

Facsimile:

Insert patient name or guardian name

Insert patient or guardian address

Dear Insert patient 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 attending medical officer on Insert planned admission date.

To confirm your operation details, please phone Insert contact phone number at least one (1) week before your operation date.

Disappointingly last year a large number of preadmission clinic appointments and booked procedures had to be cancelled because patients failed to attend. Hospital resources are valuable and we require your advice. If you do not require your operation, or you are unable to attend your appointment please phone Insert designated office name or pre-admission clinic on Insert contact phone number to cancel or re-book.

Pre-admission Clinic

Before your operation, you are required to attend the pre-admission clinic. At the preadmission clinic your current health will be reviewed and education regarding surgery will be provided. Your preadmission 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 (eg. CT or ultrasound), blood tests, a list of any medications you are currently taking, and your Medicare card. You must present your Medicare card or a fee will be payable.

On arrival, please report to the reception desk at Insert pre-admission clinic location. Please be advised that some patients may encounter a delay due to unexpected circumstance.

Operation Details

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

Your operation details are as follows:

Doctor: [redacted]
Day: [redacted]
Time: [redacted]
Location: [redacted]

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
- Nightwear, toiletries, well fitting shoes or slippers
- Current medications.

Additional information about your operation:

[redacted]
[redacted]
• [redacted]
• [redacted]
• [redacted]

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

If you require attention for your condition while waiting for your pre-admission clinic appointment or operation date, we would urge you to contact your general practitioner, or if urgent, attend the nearest hospital emergency department.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

[redacted]

Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required from your general practitioner.

Booked Operation (from waiting list) Letter - Referring Practitioner

Enquiries to:

Insert practice telephone number
Insert patient
Insert hospital name
Insert
Fax No.

Telephone:

Facsimile:

Insert referring practitioner name
Insert referring practitioner address

Dear Insert referring practitioner name

Re:

Insert patient name
Insert patient address
Insert patient date of birth

Our reference: Insert patient UK number

We wish to advise you 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 planned 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 clinic date.

The patient has been notified of these details and has been requested to contact the hospital if unable to attend.

While your patient is waiting for their surgery, we 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 Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

Insert Name

Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

Change of Attending Medical Officer Letter – Patient

Enquiries to:

Telephone:

Facsimile:

Insert patient name or guardian name
Insert patient or guardian address

Dear [Insert patient name]

UR Number [Insert patient UR number]

Following on from our previous correspondence regarding placement on the elective surgery waiting list, we wish to advise you that it been necessary to assign you a different doctor to progress your treatment.

You have now been placed on the elective surgery waiting list with [Insert attending medical officer]

We will advise you when an operation date as soon as possible.

As mentioned in our previous letter, an Elective Surgery Coordinator may also be able to assist you to find a nearby hospital that has a shorter waiting time for your operation requirements. If you wish to explore this option, please contact the Elective Surgery Coordinator on [Insert contact number]

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

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 clinic appointment or operation date, we urge you to contact your general practitioner, or if urgent, attend the nearest hospital emergency department.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

Insert Name

Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required from your general practitioner.

Change of Attending Medical Officer Letter - Referring Practitioner

Enquiries to:

Insert name of Referring
Practitioner
Insert telephone number
Insert fax number

Telephone:

Facsimile:

Insert referring practitioner name
Insert referring practitioner address

Dear Dr [Insert referring practitioner name]

Re:

Insert patient name
Insert patient address
Insert patient date of birth

Our reference:

Insert patient CRK number

Following on from our previous correspondence regarding placement on the elective surgery waiting list, we wish to advise you that it been necessary to assign your patient a different doctor to progress treatment.

Your patient has now been placed on the elective surgery waiting list with [Insert attending medical officer] and has been notified of these details. An operation date will be offered when available.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

[Insert Name]

Executive Director of Medical Services

/ /

NOTE: Queensland Health Policy states that any patient who declines two offers of appointment or fails to respond to two letters may be removed from the specialist outpatient waiting list. A new referral would be required.

Clinical Review Letter – Patient

Enquiries to:

Insert name of surgeon/specialist
Insert department
Insert hospital name
Insert address
Insert telephone
Insert facsimile

Telephone:

Facsimile:

Insert patient name or guardian name
Insert patient or guardian address

Dear [Insert patient name]

UR Number [Insert patient UR number]

Following our previous correspondence, and in order to progress your treatment, the attending medical officer [Insert attending medical officer] has requested you attend an appointment in our outpatient department. At the outpatient clinic your health condition will be reviewed and a specialist/expert will talk to you about your future care.

The following appointment has been made for you at the:

[Insert outpatient clinic name] with [Insert attending medical officer]
Day: [Insert appointment day and date]
Time: [Insert appointment time]
Location: [Insert outpatient clinic location]

Disappointingly last year a large number of outpatient appointments had to be cancelled because patients failed to attend. Hospital resources are valuable and we require your advice. If you do not require your operation, or you are unable to attend your appointment please phone [Insert designated office name or outpatient clinic name] on [Insert contact phone number] to cancel or re-book.

Please bring this letter to your appointment, together with any relevant x-rays, scans (eg. CT or ultrasound), blood tests, a list of any medications you are currently taking, and your Medicare card. You must present your Medicare card or a fee will be payable.

On arrival, please report to the reception desk at [Insert outpatient clinic location]. Please be advised that some patients may encounter a delay due to unexpected circumstances.

If your condition requires attention prior to this appointment date we urge you to contact your general practitioner, or if urgent, attend the nearest hospital emergency department.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No

Yours sincerely

[Insert Name]

Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required from your general practitioner.

Clinical Review Letter – Referring Practitioner

Enquiries to:

Insert name of Elective Surgery
Coordinator
Insert telephone number
Insert fax number

Telephone:

Facsimile:

Insert referring practitioner name
Insert referring practitioner address

Dear Insert referring practitioner name

Re:

Insert patient name
Insert patient address
Insert patient date of birth

Our reference: Insert patient UK number

As per previous correspondence, your patient has been placed on the elective surgery waiting list. To progress their treatment, Insert attending medical officer has requested they attend an appointment in our outpatient department.

The following appointment has been made for your patient at the:

Insert outpatient clinic name with Insert attending medical officer
Day: Insert appointment day and date
Time: Insert appointment time
Location: Insert outpatient clinic location

The patient has been notified of this appointment, and has been requested to contact the hospital if they are unable to attend.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

Insert Name

Executive Director of Medical Services

/ /

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

Elective Surgery Waiting List Audit Letter - Patient

Enquiries to:

Insert name of surgical specialty
at department
Insert hospital name
Insert
Postcode

Telephone:

Facsimile:

Insert patient name or guardian name
Insert patient or guardian address

Dear Insert patient name

UR Number Insert patient UR number

We are currently reviewing our patients awaiting elective surgery to ensure the highest standard of service to our patients. Your name is currently on a waiting list for an operation with Insert attending medical officer

We wish to check the accuracy of our records, and would appreciate your response to the following questions. Please answer and return in the reply paid envelope.

Do you still require your operation?

☐ Yes

☐ No

If yes, are you available at short notice?

☐ Yes

☐ No

If no, please indicate the reason.

Condition resolved

☐

Treatment elsewhere

☐

When was the last time you saw your general practitioner?

Please return this letter to the hospital within 30 days. If you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on number listed above between 9 am and 4 pm Monday to Friday.

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

Yours sincerely

PRESTON

Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required from your general practitioner

**Missed Pre-admission or Operation (not re-booked)
Letter - Patient**

Enquiries to:

Insert name of Hospital Secretary
or department
or contact name
Tel No
Fax No

Telephone:

Facsimile:

Insert patient name or guardian name
Insert patient or guardian address

Dear Insert patient name

UR Number Insert patient UR number

Our records indicate that you did not attend Insert pre-admission clinic appointment or hospital
for your operation on Insert date of missed appointment.

If you still wish to have your operation, you are required to phone the Insert designated officer on
Insert contact number.

Our Queensland Health Policy states that any patient who declines two offers of clinic appointment
/ operation date, or fails to respond to two letters, may be removed from the elective surgery
waiting list.

If you have not responded to this letter within 30 days, your name will be removed from the
elective surgery waiting list. You will then 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
Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to
Friday.

Yours sincerely

[Insert Name]
Executive Director of Medical Services

/ /

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

**Missed Pre-admission or Operation (not re-booked)
Letter - Referring Practitioner**

Enquiries to:

Telephone:

Facsimile:

Insert referring practitioner name
Insert referring practitioner address

Dear Insert Referring Practitioner Name

Re:

Insert patient name
Insert patient address
Insert patient date of birth

Our reference: Insert patient U.R. number

Recently, the above mentioned patient was booked for Insert pre-admission clinic appointment or hospital for your 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 Insert pre-admission clinic appointment or hospital for your operation. If all attempts at contacting the patient are unsuccessful, the patient may be removed from the elective surgery waiting list as per our Queensland Health Policy.

Our policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required.

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 Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

Insert Name

Executive Director of Medical Services

/ /

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

Missed Pre-admission or Operation (re-booked) Letter - Patient

Enquiries to:

Insert name of clinical specialty
Insert name
Insert hospital name
Insert No.
Insert St.

Telephone:

Facsimile:

Insert patient name or guardian name
Insert patient or guardian address

Dear Insert patient name

UR Number Insert patient UR Number

Our records indicate that you did not attend Insert pre-admission clinic appointment at hospital for your operation on Insert date of missed appointment.

It is important that any investigation or treatment continue to be monitored by a medical officer and that you attend scheduled appointments. The attending medical officer has requested that a further appointment be made.

Disappointingly last year a large number of preadmission clinic appointments and booked procedures had to be cancelled because patients failed to attend. Hospital resources are valuable and we require your advice. If you do not require your operation, or you are unable to attend your appointment please phone Insert designated office name or pre-admission clinic on Insert contact phone number to cancel or re-book.

Pre-admission Clinic

Before your operation, you are required to attend a pre-admission clinic. At the preadmission clinic your current health will be reviewed and further information will be provided to you about your operation. Your preadmission appointment is scheduled 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 (eg. CT or ultrasound), blood tests, a list of any medications you are currently taking, and your Medicare card. You must present your Medicare card or a fee will be payable.

On arrival, please report to the reception desk at Insert pre-admission clinic location. Please be advised that some patients may encounter a delay due to unexpected circumstances.

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

Operation Details

Your operation details are as follows:

Doctor: [Insert attending medical officer]
Day: [Insert planned admission day and date]
Time: [Insert admission time]
Location: [Insert admission 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
- Nightwear, toiletries, well fitting shoes or slippers
- Current medications.

Additional information about your operation:

[Complete text fields in DAM and CIS, for example]

- Existing equipment
- Expected length of stay
- Special instructions

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

If you require attention for your condition while waiting for your pre-admission clinic appointment or operation date, we urge you to contact your general practitioner, or if urgent, attend the nearest hospital emergency department.

To confirm your operation details, please phone [Insert contact phone number] the day before the operation date.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

[Insert Name]

Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required from your general practitioner.

**Missed Pre-admission or Operation (re-booked) Letter -
Referring Practitioner**

Enquiries to:

Telephone:

Facsimile:

Insert referring practitioner name
Insert referring practitioner address

Dear Insert referring practitioner name

Re:

Insert patient name
Insert patient address
Insert patient date of birth

Our reference:

Insert patient UK number

We wish to advise you that the above patient did not attend Insert pre-admission clinic appointment or hospital for your operation on Insert date of missed appointment. The attending medical officer has requested that a further appointment be made.

Insert attempts to contact patient have been unsuccessful

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 Oncosland Health policy.

Any assistance in contacting the patient would be appreciated

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 planned admission day and date

Time: Insert admission time

Duration: Insert expected length of stay

Your patient is also required to attend a pre-admission clinic assessment on Insert pre-admission clinic date.

The patient has been notified of these details and has been requested to contact the hospital if unable to attend.

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

While your patient is waiting for their surgery, please 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 Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely




Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required.

Operation Date Letter - Patient

Enquiries to:

Insert name of surgical specialty
Insert department
Insert hospital name
Insert telephone
Insert fax

Telephone:

Facsimile:

Insert patient name or preferred name
Insert patient or guardian address

Dear Insert patient name

UR Number Insert patient UR number

We wish to advise you that arrangements have been made for you to have your operation at the Insert hospital name under the care of Insert attending medical officer on Insert planned admission date.

Disappointingly last year a large number of booked procedures had to be cancelled because patients failed to attend. Hospital resources are valuable and we require you to notify us if you are unable to keep your appointment or if you do not require your operation.

Please phone Insert designated officer name or pre-admission clinic on Insert contact phone number to cancel or re-book.

Your operation details are as follows:

Doctor: Insert attending medical officer
Day: Insert planned admission day and date
Time: Insert admission time
Location: Insert admission 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
- Nightwear, toiletries, well fitting shoes or slippers
- Current medications.

Additional information about your operation:

from free text fields in EXAM and CIS, for example

- Fasting requirements
- Expected length of stay
- Special instructions

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

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

To confirm your operation details, please phone [redacted] the day before the date of your operation.

If you require attention for your condition before your pre-admission clinic appointment or operation date, we would urge you to contact your general practitioner, or attend the nearest hospital emergency department.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

[redacted]

Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required from your general practitioner.

Operation Date Letter - Referring Practitioner

Enquiries to:

Insert name of surgical specialty
Insert department
Insert hospital name
Insert No.
Insert No.

Telephone:

Facsimile:

Insert referring practitioner name
Insert referring practitioner address

Dear Insert referring practitioner name

Re: Insert patient name
Insert patient address
Insert patient date of birth

Our reference: Insert patient U.K. number

We wish to advise you 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 planned admission day and date
Time: Insert admission time
Duration: Insert expected length of stay

The patient has been notified of these details and has been requested to contact the hospital if unable to attend.

While your patient is waiting for their surgery, we 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 Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

Insert Name

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required

Pre-admission Clinic and Operation Date Letter - Patient

Enquiries to:

Telephone:

Facsimile:

Insert patient name or guardian name
Insert patient or guardian address

Dear Insert patient name

UR Number Insert patient UR number

We wish to advise you that arrangements have been made for you to have your operation at the Insert hospital name under the care of Insert attending medical officer on Insert planned admission date.

Disappointingly last year a large number of preadmission clinic appointments and booked procedures had to be cancelled because patients failed to attend. Hospital resources are valuable and we require your advice. If you do not require your operation, or you are unable to attend your appointment please phone Insert designated office name of pre-admission clinic on Insert contact phone number to cancel or re-book.

Pre-admission Clinic

Before your operation, you are required to attend a pre-admission clinic. At the pre-admission clinic your current health will be reviewed and information regarding your surgery will be provided.

Your pre-admission clinic appointment is scheduled 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 (eg. CT or ultrasound), blood tests, a list of any medications you are currently taking, and your Medicare card. You must present your Medicare card or a fee will be payable.

On arrival, please report to the reception desk at Insert pre-admission clinic location. Please be advised that some patients may encounter a delay due to unexpected circumstances.

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

Operation Details

Your operation details are as follows:

Doctor: [Insert attending medical officer]
Day: [Insert planned admission day and date]
Time: [Insert admission time]
Location: [Insert admission 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
- Nightwear, toiletries, well fitting shoes or slippers
- Current medications.

Additional information about your operation:

[Insert details of operation, e.g. type of surgery, anaesthetic, etc.]
• Fasting requirements
• Expected length of stay
• Special instructions

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

To confirm your operation details, please phone [Insert contact phone number] the day before the date of your operation.

If you require attention for your condition before your pre-admission clinic appointment or operation date, we would urge you to contact your general practitioner, or attend the nearest hospital emergency department.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

[Insert Name]

Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required from your general practitioner.

**Pre-admission Clinic and/or Operation Date Letter -
Referring Practitioner**

Enquiries to:

Telephone:

Facsimile:

Insert referring practitioner name
Insert referring practitioner address

Insert name of specialist
Insert patient name
Insert hospital name
Insert phone
Insert fax

Dear Insert referring practitioner name

Re:

Insert patient name
Insert patient address
Insert patient date of birth

Our reference: Insert patient U.K. number

We wish to advise you 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 planned admission day and date
Time: Insert admission time
Duration: Insert expected length of stay

Your patient is also required to attend a pre-admission clinic assessment on Insert pre-admission clinic date.

The patient has been notified of these details and has been requested to contact the hospital if unable to attend.

While your patient is waiting for their surgery, we 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 Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

[Redacted]

Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required.

Pre-admission Clinic Letter - Patient

Enquiries to:

Insert name of surgical specialist
or consultant
Insert this patient name
Insert phone
Insert fax

Telephone:

Facsimile:

Insert patient name or guardian name
Insert patient or guardian address

Dear Insert patient name

UR Number Insert patient UR number

We wish to advise you that your name has been placed on the elective surgery waiting list with Insert attending medical officer. Before your operation, you are required to attend a pre-admission clinic appointment. At the pre-admission clinic your current health will be reviewed and information regarding your surgery will be provided.

Disappointingly last year a large number of preadmission clinic appointments had to be cancelled because patients failed to attend. Hospital resources are valuable and we require you to notify us if you are unable to keep your appointment by phoning Insert designated office or clinic or pre-admission clinic on Insert contact phone number to cancel or re-book.

Your pre-admission clinic appointment is scheduled 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 (eg. CT or ultrasound), blood tests, a list of any medications you are currently taking, and your Medicare card. You must present your Medicare card or a fee will be payable.

On arrival, please report to the reception desk at Insert pre-admission clinic location. Please be advised that some patients may encounter a delay due to unexpected circumstances.

If you require attention for your condition before your pre-admission clinic appointment, we would urge you to contact your general practitioner, or attend the nearest hospital emergency department.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

Yours sincerely

[Redacted Name]

Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required from your general practitioner.

**Removal from Waiting List (2 missed appointments)
Letter - Patient**

Enquiries to:

Insert name of patient's general practitioner
Insert name of patient's hospital
Insert name of patient's hospital
Insert name of patient's hospital

Telephone:

Facsimile:

Insert patient name or guardian name
Insert patient or guardian address

Dear Insert patient name

UR Number Insert patient UR number

Our records indicate that you did not attend Insert pre-admission clinic appointment or hospital for your operation on Insert date of missed appointment.

Our Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required from your general practitioner.

As you have now failed to attend the Insert pre-admission clinic appointment or hospital for your operation on two occasions, we wish to 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.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

[Insert Name]
Executive Director of Medical Services

/ /

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

**Removal from Waiting List (2 missed appointments)
Letter - Referring Practitioner**

Enquiries to:

Insert name of medical specialist
or department
Insert hospital name
Insert location
Insert fax No.

Telephone:

Facsimile:

Insert referring practitioner name
Insert referring practitioner address

Dear Insert referring practitioner name

Re:

Insert patient name
Insert patient address
Insert patient date of birth

Our reference: Insert patient U.R. number

The above mentioned patient has failed to attend two Insert pre-admission clinic appointment or
respiratory clinic appointment, and as per our Queensland Health Policy we have now removed the
patient from the waiting list.

Our policy states that any patient who declines two offers of clinic appointment / operation date, or
fails to respond to two letters, may be removed from the elective surgery waiting list.

No further appointment will be made unless we receive a new referral.

Your patient has been notified of these details.

Should you have any queries relating to the information provided in this letter, please contact the
Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to
Friday.

Yours sincerely

[Insert Name]
Executive Director of Medical Services
/ /

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

**Removal from Waiting List (not responding to audit)
Letter - Patient**

Enquiries to:

Telephone:

Facsimile:

[Insert patient name or guardian name]
[Insert patient or guardian address]

Dear [Insert patient name]

UR Number [Insert patient UR number]

Our records indicate that you have not responded to two audit letters requesting confirmation that you still require your operation with [Insert attending medical officer].

Our Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required from your general practitioner.

As you have now failed to respond to the two audit letters, we wish to advise that your name has been removed from the waiting list. A copy of your referral has been returned to your doctor.

If you require further treatment for your condition we urge you to contact your general practitioner.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

[Insert Name]
Executive Director of Medical Services

/ /

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

**Removal from Waiting List (not responding to audit)
Letter - Referring Practitioner**

Enquiries to:

Insert name of specialist
Insert department
Insert hospital name
Insert street
Insert suburb
Insert state

Telephone:

Facsimile:

Insert referring practitioner name
Insert referring practitioner address

Dear [Insert referring practitioner name]

Re:

Insert patient name
Insert patient address
Insert patient date of birth

Our reference: [Insert patient UK number]

The above mentioned patient has failed to respond to two audit letters and in line with Queensland Health Policy we have removed the patient from the waiting list.

Our policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list.

No further appointments will be made unless we receive a new referral.

Your patient has been notified of these details.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

[Insert Name]
Executive Director of Medical Services

/ /

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

Removal from Waiting List (patient request) Letter – Patient

Enquiries to:

Insert name of surgical specialty
background
Insert contact name
Phone No.
Fax No.

Telephone:

Facsimile:

Insert patient name or guardian name
Insert patient or guardian address

Dear [Insert patient]

UR Number [Insert patient UR Number]

Our records indicate that you have requested to be removed from the elective surgery waiting list and that you no longer require an operation.

We wish to advise that your name has been removed from the elective surgery waiting list. A copy of your referral has been returned to your doctor.

If you require further treatment for your condition, we urge you to contact your general practitioner.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

[Insert Name]

Executive Director of Medical Services

/ /

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

**Removal from Waiting List (patient request) Letter -
Referring Practitioner**

Enquiries to:

Insert name of surgical specialist
or consultant
Insert hospital name
Insert No.
Insert No.

Telephone:

Facsimile:

Insert referring practitioner name
Insert referring practitioner address

Dear Insert referring practitioner name

Re:

Insert patient name
Insert patient address
Insert patient date of birth

Our reference: Insert patient UK number

The above mentioned patient has requested they be removed from the elective surgery waiting list for the Insert planned procedure with Insert Consultant medical officer.

No further appointment will be made unless a new referral is received.

Your patient has been notified of these details.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

[Insert Name]
Executive Director of Medical Services

/ /

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

**Reschedule of Pre-admission or Operation (no new date)
Letter – Patient**

Enquiries to:

Insert name of surgical specialty
and department
Insert hospital name
Insert telephone number
Insert fax number

Telephone:

Facsimile:

Insert patient name or guardian name
Insert patient or guardian address

Dear Insert patient name

UR Number Insert patient UR number

We wish to advise that due to an unforeseen circumstance your Insert pre-admission clinic appointment or operation date has had to be rescheduled.

A new Insert pre-admission clinic appointment or operation date is currently being organised, and we will be in touch with you as soon as possible.

Insert additional information if required, for example:
• If hospital initiated, please state the reason for postponement.
• If patient initiated, may include: Please note that the new scheduled date is in response to your request for date of request by patient.

We regret any inconvenience this change may cause.

If your health condition requires attention before we make contact with you about your new appointment date, you will need to contact your general practitioner, or if urgent, attend the nearest hospital emergency department.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

Insert Name

Executive Director of Medical Services

/ /

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required from your general practitioner.

**Reschedule of Pre-admission or Operation (no new date)
Letter - Referring Practitioner**

Enquiries to:

Insert name of surgical specialty

or department

Insert hospital name

Telephone:

Insert No.

Facsimile:

Insert No.

Insert referring practitioner name

Insert referring practitioner address

Dear Insert referring practitioner name

Re:

Insert patient name

Insert patient address

Insert patient date of birth

Our reference: Insert patient CR number

We wish to advise that due to an unforeseen circumstance your patient's Insert pre-admission time appointment or operation date has had to be rescheduled.

A new Insert pre-admission time appointment or operation date will be organised as soon as possible and you will be advised.

Insert additional information if required for example:

Reason for postponement

Note whether hospital initiated or patient initiated

The patient has been notified of these details.

While your patient is waiting for their appointment, 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 Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

Insert Name

Executive Director of Medical Services

/ /

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required

Reschedule of Pre-admission or Operation (with new date) Letter - Patient

Enquiries to:

Insert name of support secretary
Telephone:
Insert telephone number
Facsimile:
Insert fax number

Insert patient name or guardian name
Insert patient or guardian address

Dear Insert patient name

UR Number Insert patient UR number

We wish to advise that due to an unforeseen circumstance your Insert pre-admission clinic appointment or operation date has had to be rescheduled.

Insert additional information if required, for example:

- If hospital initiated - reason for postponement
- If patient initiated - may include: Please note that this re-scheduling is in response to your request of [date of request by patient].

Arrangements have now been made for you to have your operation at the Insert hospital name under the care of Insert attending medical officer on Insert planned admission date.

Disappointingly last year a large number of preadmission clinic appointments and booked procedures had to be cancelled because patients failed to attend. Hospital resources are valuable and we require your advice. If you do not require your operation, or you are unable to attend your appointment please phone Insert designated officer name at pre-admission clinic on Insert contact phone number to cancel or re-book.

Pre-admission Clinic

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

Day: Insert appointment day and date
Time: Insert appointment time
Location: Insert pre-admission clinic location

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

Please bring this letter to your appointment, together with any relevant x-rays, scans (eg. CT or ultrasound), blood tests, a list of any medications you are currently taking, and your Medicare card. You must present your Medicare card or a fee will be payable.

On arrival, please report to the reception desk at [Insert pre-admission clinic location]. Please be advised that some patients may encounter a delay due to unexpected circumstances.

Operation Details

Your operation details are as follows:

Doctor: [Insert attending medical officer]
Day: [Insert planned admission day and date]
Time: [Insert admission time]
Location: [Insert admission 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
- Nightwear, toiletries, well fitting shoes or slippers
- Current medications.

Additional information about your operation:

[Insert information about your operation]
• Pre-admission requirements
• Expected length of stay
• Special instructions

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

If you require attention for your condition while waiting for your pre-admission clinic appointment or operation date, we would urge you to contact your general practitioner, or if urgent, attend the nearest hospital emergency department.

To confirm your operation details, please phone [Insert contact phone number] the day before the operation date.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely

[Insert Name]

Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required from your general practitioner.

Reschedule of Pre-admission or Operation (with new date) Letter - Referring Practitioner

Enquiries to:

Insert name of surgical specialty
Insert department
Insert hospital name
Insert name
Insert name

Telephone:

Facsimile:

Insert referring practitioner name
Insert referring practitioner address

Dear Insert referring practitioner name

Re:

Insert patient name
Insert patient address
Insert patient date of birth

Our reference: Insert patient UK number

We wish to advise you that due to an unforeseen circumstance your patient's Insert pre-admission clinic appointment or operation date has been rescheduled.

Insert additional information required, for example:
• Reason for postponement
• Note whether hospital initiated or patient initiated

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 planned admission day and date
Time: Insert admission time
Duration: Insert expected length of stay

Your patient is also required to attend a pre-admission clinic assessment on Insert pre-admission clinic date.

The patient has been notified of these details and has been requested to contact the hospital if unable to attend.

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

Office
Queensland Health
Insert Office Street Address 1
Insert Office Street Address 2

Postal
Insert Postal Address 1
Insert Postal Address 2

Phone
Insert Phone No.

Fax
Insert Fax No.

Should you have any queries relating to the information provided in this letter, please contact the Elective Surgery Coordinator on the number listed above between 9 am and 4 pm Monday to Friday.

Yours sincerely



Executive Director of Medical Services

/ /

NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list. A new referral would be required.

8

APPENDIX V

Glossary of Terms

9

Policy Framework for Elective Surgery Services

GLOSSARY OF TERMS

Accountable Officer

The designated officer, as nominated by the District Manager, accountable for all aspects of the management and provision of elective surgery services at a specific facility.

Clinical review (Elective Surgery)

Review of a patient by a clinician to consider the appropriateness of their assigned clinical urgency category, the need for recategorisation and assessment of the clinical needs of the patient. The clinical review may include reviewing the medical record, a telephone interview with the patient or a clinic appointment being made for the patient to visit the consultant again within a prescribed setting.

Elective/planned admission

Care that, in the opinion of the treating clinician, can be delayed for at least 24 hours.

Elective surgery

Elective care where procedures required by patients are listed in the surgical operations section of the Medical benefits Schedule Book, with the exclusion of specific procedures frequently done by non-surgical clinicians.

Elective Surgery Coordinator/Liaison Officer

A dedicated officer who is the pivotal link between corporate office, hospitals, the community and patients. Roles and responsibilities include assessing the management of elective surgery in the hospital and developing and implementing hospital based strategies to enhance elective surgery services. They have an oversight role in ensuring the provision of reliable, consistent and comparable data. Regular clerical and clinical auditing and liaising with clinicians and patients is a part of the role.

Elective surgery waiting list

A register, which contains essential details about patients who have been assessed as needing elective surgery in hospital.

Postponement

A proposed admission and /or procedure is delayed or deferred to a later time and/or date.

Waiting time at census date

The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to a designated census date.

APPENDIX VI

Bibliography

Policy Framework for Elective Surgery Services

BIBLIOGRAPHY

National Health Data Committee, 2003, *National Health Data Dictionary, Version 12*, Australian Institute of Health and Welfare, Canberra.

Queensland Health, 1998, *Guidelines for Pre-admission Processes, Discharge Planning and Transitional Care*, Queensland Health, Brisbane.

Queensland Health, 1998, *Guidelines for the Management of Waiting Lists*, Queensland Health, Brisbane.

Queensland Health, 1999, *Guidelines for the Management of Specialist Outpatient Clinic Waiting Lists*, Queensland Health, Brisbane.

Queensland Health, 1999, *Quality of Health Services Framework 1999 – 2004*, [Online], Available: <http://qheps.health.qld.gov.au/hsd/procurement/quality/publications/qst/9120gh&bhsf.pdf>

Queensland Health, 2000, *Queensland Health Strategic Plan 2003 - 2007*, Queensland Health, Brisbane.

Queensland Health, 2001, *Selected Specialist Services Direction Statement 2001 - 2010*, Queensland Health, Brisbane.

Queensland Health, 2002, *Change Management Guides*, [Online], Available: <http://qheps.health.qld.gov.au/oia/publications.htm#change>

Queensland Health, 2002, *Integrated Risk Management Framework for Clinical and Corporate Services*, [Online], Available: <http://qheps.health.qld.gov.au/hssb/risk/home.htm>

Queensland Health, 2002, *Non Admitted Patients*, [Online], Available: <http://qheps.health.qld.gov.au/hssb/hfsd/nonadmitted.htm>

Queensland Health, 2002, *Smart State: Health 2020 Directions Statement*, Queensland Health, Brisbane.

Queensland Health, 2003, *Compensables*, [Online], Available: <http://qheps.health.qld.gov.au/hssb/hfsd/accom.htm#6>

Queensland Health, 2003, *Eligible Overseas Patient*, [Online], Available: <http://qheps.health.qld.gov.au/hssb/hfsd/accom.htm#2>

Queensland Health, 2003, *Guidelines for Perioperative Services*, (draft document in development, Surgical Access Service).

Queensland Health, 2003, *Ineligible patient*, [Online], Available: <http://qheps.health.qld.gov.au/hssb/hfsd/accom.htm#3>

Queensland Health, 2003, *Information Privacy*, [Online], Available: <http://qheps.health.qld.gov.au/privacy/>

Queensland Health, 2003, *Informed Consent for Surgery*, [Online], Available:
<http://www.health.qld.gov.au/informedconsent/>

Queensland Health, 2003, *Private Patient*, [Online], Available:
<http://qheps.health.qld.gov.au/hssb/hfsd/accom.htm#1>

Queensland Health, 2003, *Public Patient Charter*, [Online], Available:
<http://qheps.health.qld.gov.au/hsd/procurement/quality/16912ppc.htm>

The Commonwealth of Australia, 2003, *Australian Health Care Agreement, State of Queensland*, [Online], Available:
<http://qheps.health.qld.gov.au/hssb/hfsd/pdf/AHCA%2003-08%20Qld.pdf>

Description of process – The Prince Charles Hospital Health Service District

1. Translate the strategy to operational terms

♦ *Introducing ISAP to the District*

Prior to the start of the ISAP pilot TPCHHSD had been extensively involved in the development of the Health 2020 document. District staff participated in the Health 2020 consultation and a District forum involving staff from across the District and the District Health Council was held.

Other activities prior to the commencement of the pilot included presentation by the ISAP team to District Health Council; the DM chaired an ISAP Measurement Working Group for the QH Scorecard that was hosted at TPCH. Several other District staff members were also participants in the ISAP Measurement Working Groups

- September 2003

Established a District ISAP team which consisted of senior managers and clinicians across the District – 80 members. The role of this group was to act as local champions for ISAP and the District Scorecard providing input and facilitating participation by key staff in the process.

Established District ISAP Support Team – 3 members to undertake the day to day tasks associated with implementation. This team reported to the DM and Executive on the project progress and key deliverables.

The District ISAP team received training – “An introduction to ISAP and the balanced Scorecard”. This identified that the broader District ISAP (Leadership) group also should have similar 2 days of training. Given that training on this scale was not identified in the original project plan an external consultant was engaged with expertise in the BSC to assist with the development and delivery of the training to over 80 staff. It was also believed that external expertise would assist with securing buy-in from key medical staff. (CDP – LITMUS group provided this training).

♦ *Develop a strategy map for the TPCHHSD*

Approximately 120 internal and external stakeholders were interviewed by the District ISAP team over a 6-week period. These semi-structured interviews focussed on the key challenges facing the District over the next 3-5 years. Using the 4 scorecard perspectives participants were asked to identify some of the key strategies and critical success factors which would enable the District to meet the challenges of the future.

The interview responses were handled as qualitative data grouping common challenges and issues and identifying broad themes. The themes became the performance objectives on the strategy map. The challenges were grouped, the top 5 most frequently

reported challenges were highlighted and distributed to the District ISAP team for prioritisation. This prioritisation exercise enabled the District Executive to identify 3 strategic priorities that would guide and focus measure development and the identification of key strategic initiatives.

♦ **Align the organisation to the strategy**

Strategic initiatives

The District undertook inaugural development of Services Plans for 2004-2007. The process commenced with a two (2) workshop, auspiced through the Clinician Development Program and facilitated by the CDP "green-line" facilitation team (LITMUS and Karyn Schluter-White consulting) –see attached green line model.

Whilst the strategy map was made available, particular focus was placed on approaching the service planning exercise from the four major ISAP perspectives:

- Consumer outcomes
- Finance outcomes
- Internal Processes
- Shaping the Workforce

Significant time was spent with the leadership group in discussing the importance of each of the perspectives in the planning process. The CDP also sponsored an activity, developed and led by clinicians to create a prioritisation tool which could be used to rank the strategies being put forward according to priority. (Tool is attached)

Program Teams developed their process to engage clinicians in their respective programs in the service planning process. Teams were supported over the next 12 weeks by the CDP facilitators to conduct a series of workshops. Programs undertook this differently.

In May 2004, Programs came together to present their identified initiatives so that other programs could identify where there were common strategies and promote shared initiative development. One such was the health promotion initiatives which were rolled up into a District strategy, and with an expert steering group working in partnership with public health – developed the LifeStyle Initiatives For Everyone (LIFE) group.

Some slippage occurred due to the competing pressures of developing budget cycles and changes in key program management team staff. To date the initiatives, ranked and priorities, have not been mapped to the District Strategy Map.

♦ **Develop a balanced scorecard (objectives, measures, targets and initiatives) for the TPCHSD.**

For each of the objectives on the strategy map, a series of measures were to be identified to allow performance review.

A 3-hour measures workshop was held, 23 measures were identified.

During this time, the Queensland Health Strategy map and associated measures underwent significant change in direction and the final Queensland Health Map was agreed and published (version 15) in June 2004 coinciding with the launch of Queensland Health's Strategic Direction.

During this time, the District were reluctant to pursue reporting against measures that would not align with the 'new version' of the Queensland Health Strategy Map. Subsequently measure cascading rules were issues and the District measures were reworked by a small working group to align.

- June 2004

At this time, the broader questions regarding where the ISAP process (strategy map and balanced scorecard) should sit in terms of the Governance of the District. The emerging importance of clinical governance and the performance and monitoring of quality and safety has obvious connections and linkages with some of the measures for reporting in the Balanced Scorecard, against the District Strategy Map. There was concern that the administrative overhead in developing measurement sets which were not integrated and linked to strategy would result in significant investment with questionable return and value. There was also significant change in leadership of the ISAP team, ISAP corporate team members and its place within the Corporate Organisation and uptake of use by the Board of Management.

- June 2005

It was decided to hold off on reporting. The resources would be redirected to look at the other measures involving safety and quality and how they could connect in a performance and reporting framework.

- August 2005

District has developed a draft governance model which articulates where strategy and performance sit and the framework in place to support that. This is where ISAP fits. The District also accessed a trial of software (Balanced Scorecard First Report) and have identified resources for a trial period to progress the first reporting against the objectives on the Strategy Map.

At the same time, a parallel process is underway to identify the clinical governance reporting requirements (including risk, quality and safety systems) to determine the best way to integrate this information into a form that is used by clinicians and managers in decision making and for prioritisation. Importantly this also will include understanding of how variance is escalated in the organisation for monitoring and transparency and external review of these results. This is a large body of work, and is still embryonic with the first group, the most high-risk service, Cardiothoracic Surgery commencing this process.

♦ **Make strategy everyone's job**

Queensland Health have reviewed the performance review tool (PAD) format and included a requirement to align employee performance to organisational strategy.

At present there is probably insufficient communication and reporting about the cascade of strategy through service plans, to business plans to operational plans and major projects through to team activities and individuals for employees to see a direct line of sight regarding how their activities contribute to key strategies.