



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 preadmission 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).

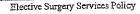
Patients who fail to attend pre-admission clinic or admission on two consecutive occasions may
be removed from the waiting list after consultation with the attending medical officer (see:
Elective Surgery Letter Suite - Appendix IV).

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.



ELECTIVE SURGERY ADMINISTRATIVE PROCESSES POLICY

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)
- i) 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.

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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.an/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/oiu/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:

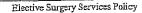
- The patient should be notified as soon as possible when the decision has been made to defer the patient.
- The patient should be rebooked for the next available operating list. If immediate allocation of a new date is not possible at the time of postponement, a new date must be allocated within forty-eight (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. х-тауs, 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 preexisting 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
- 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
- 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

Es Wating List Es Activity Es Throughput OT Utilisation Data Financial costings	
Medium milem	
Immediate	
Activity reviewed Letters to general weekly weekly hallonal advertising rearnpaign to recruit More flexible Surgery waiting list patients to nearest backlog on Elective Surgery waiting list patients to nearest hospital for treatment.	
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	
Activity reviewed weekly weekly National advertising refer only urgen campaign to recruit medical officer. Available surgeny formed backlog on Elective backlog on Elective backlog on Elective backlog on Elective forms Surgery waiting list performent treatment.	
ery High	
Likely	
In the second of	
Inability to achieve Elective Surgery targets	

	_				
SOONSEQUENCE THE PROPERTY OF T	No injury or harm, ~ 1% of monthly budget	Minimal harm, ~ 2% of monthly budget	Loss of function, major harm, $\sim 5\%$ of monthly budget	Loss of Life, ~ 10% of monthly budget	Multiple Deaths, ~ 15% of monthly budget
AISIK ASSESSAIDNIT – FACTIORIOD	Negligible	Minor	Moderate	Major	Extreme
	1	2	3	4	5

ROTHINGERIFICOLOGISCO	The event may occur only in exceptional circumstances	The event is not expected to occur	The event might occur at some time	The event will probably occur at least once	The event will occur in most circumstances
RISIÇASSIBSSATINT FACTION FF	Rare	Unlikely	Possible	Likely	Almost certain
		2	3	4	9

A THE STATE OF THE	Medium (5)	High (10)	Very High (15)	Extreme (20)	Extreme (25)
	Medium (4)	·High (8)	Very High (12)	Very High (16)	Extreme (20)
ALIONINĖKIRIK Geber Noderaje	Low (3)	Medium (6)	High (9)	Very High (12)	Very High (15)
KUSK DEDDERVIK Sample – Eduadi Minde – P	Low (2)	Medium (4)	Medium (6)	High (8)	High (10)
	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)
	Rare = 1	Unlikely = 2	Possible = 3	Likely = 4	Almost certain = 5

Low Risk: Manage by routine procedures

Very High Risk: Detailed research and management plauning required

Nedium Risk: Manage by specific monitoring or response procedures

Extreme Risk: Immediate action required

High Risk: Senior management action needed

APPENDIX III

Elective Surgery Booking Form

Policy Framework for

Elective Surgery Services

Hospital ELECTIVE BOOKING FORM Please complete form in BLOCK letters Ward: UR No: Date: / Consultant Surgeon/Unit Patient available at short notice PATIENT'S CONTACT DETAILS:					
Please complete form in BLOCK letters UR No: D.O.B: / / Date: / / Consultant Surgeon/Unit Patient available at short notice PATIENT'S CONTACT DETAILS:					
Please complete form in BLOCK letters UR No: D.O.B: / / Date: / / Consultant Surgeon/Unit Patient available at short notice PATIENT'S CONTACT DETAILS:					
Date: / / Consultant Surgeon/Unit Patient available at short notice PATIENT'S CONTACT DETAILS:					
Patient available at short notice PATIENT'S CONTACT DETAILS:					
Patient available at short holice					
Comparis Comparison of the Com					
48 hours After Hours Ph No:					
Mobile Phone No:					
Proposed date of operation (if known) / / / Proposed Operation:					
URGENCY Dublic					
Category 1 <30 days Intermediate					
Cotomon 2 < 00 days					
Category 3 >90 days Procedure likely to take >1 hour longer than usual					
INTERPRETER REQUIRED Language					
Patient not ready for cars					
Referral source:					
PRE-ADMISSION REQUIREMENTS ANAESTHETIC REQUESTED					
No preoperative tests required TETs Suitable for local (no sedation required					
Suitable for regional anaesthetic (no GA)					
Group & Screen CXR MLAs or Neurolept (anaestnetic cover					
X Match Units Spirometry required)					
☐ Echo ☐ ABGs ☐ GA ☐ If Las only then patient need not fast for the					
MSU I Las Gittly their patients and procedure					
Drugs to cease and timing:					
ADMISSION DETAILS SURGEON SPECIFIC INSTRUCTIONS TO MEDICAL STAFF eg. equipment, prosthesis,					
Day Surgery Procedure radiology or preparation requirements					
In-patient procedure (all patients DOSA unless specified) Not suitable for DOSA					
O Estimated LOS: days					
ICU Bed required postoperatively Yes No					
I attest that I have completed & witnessed the patient's consent					
Print Surname:					
Pager No: Other contact No(s)					
TO THE CANDING PROCESSED IN ESSIGNMENT FORM AND BOOKING.					
FORM ARE PULLY 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.

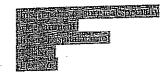
The Letter Suite is an integral part of the policy framework. As such, the letters are the only recognised and standardised form of statewide written communication to be forwarded to patients and referring practitioners concerning surgical bookings and waiting list management for Elective Surgery.

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:

Telephone: Facsimile:





Dear Erseit parter rame

UR Number

We wish to advise you that your name has been placed on the elective surgery waiting list with the property of the property of

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 this is the contact the Elective Surgery Coordinator on this is the contact the Elective Surgery Coordinator on this is the contact the Elective Surgery Coordinator on this is the contact the Elective Surgery Coordinator on the contact the contact the Elective Surgery Coordinator on the contact the cont

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.

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:

Telephone: Facsimile:





Dear has a parculation

UR Number Lises par on Jacquis of L

We wish to advise you that your name has been placed on the elective surgery waiting list with the content of t

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

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Insert Phone No.

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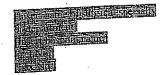
Executive Director of Medical Services

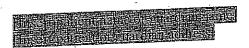
NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list A new referral would be required from your general practitioner.

Addition to Waiting List Letter - Category 3 Patient

Enquiries to:

I elephone: Facsimile:





Dear Lagrandier Burg

UR Number The Control of the Control

We wish to advise you that your name has been placed on the elective surgery waiting list with 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 I Insert Office Street Address 2 Insert Postal Address 1 Insert Postal Address 2 Риопе Insert Phone No.

Executive Director of Medical Services

NOIE: 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:





Dear Insert referencement un resarante

Re:



Our reference:

The above mentioned patient has been placed on the elective surgery waiting list for the elective surgery waiting

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

Income 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

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:

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Telephone: Facsimile:



Dear description and tel

UR Number Trees and the strainer

Following our previous correspondence, arrangements have now been made for you to have your operation at the insertional dance under the care of a sent attended to medical contents on the care of th

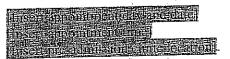
To confirm your operation details, please phone the property of the property o

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 was proposed 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:
Time:



Please bring this letter to your appointment, together with any relevant x-rays, scans (eg. CI 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 <u>Prescente admissione and location</u>. 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.

Your operation details are as follows:

Doctor: Day:

Time: 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:



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

in ser (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

Booked Operation (from waiting list) Letter - Referring Practitioner

Enquiries to:

I elephone: Facsimile:





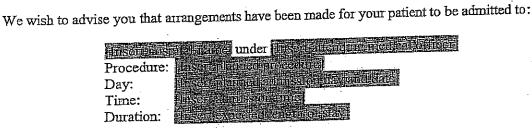
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Re:



Our reference:

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Your patient has also been notified that they are required to attend a pre-admission clinic assessment on pre-admission clinic assessment on pre-admission clinic

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



Executive Director of Medical Services

NO IE: 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

Change of Attending Medical Officer Letter - Patient

Enquiries to:

I elephone: Facsimile:



Dear Breek mile per and

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 Direct artendary product

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 Oncensland Health Insert Office Street Address 1 Insert Office Street Address 2 Insert Postal Address 1 Insert Postal Address 2 Phone Insert Phone 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 from your general practitioner.

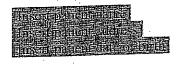
Change of Attending Medical Officer Letter - Referring Practitioner

Enquiries to:

Telephone: Facsimile:



Re:



Our reference:

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 the elective surgery waiting list waiting list with the elective surgery waiting list waiting list waiting list with the elective surgery 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

Insertan area

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:

Telephone: Facsimile:





Dear Inservation

UR Number Linsenhalten Renimber

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:



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 process and the control of the control of

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 hisertical parents from 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

Yours sincerely

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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:

Telephone: Facsimile:



Dear Tased Cieron purchisone came

Re:



Our reference:

As per previous correspondence, your patient has been placed on the elective surgery waiting list I o progress their treatment, it is a requested they attend an appointment in our outpatient department.

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



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

Private 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.

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.

Elective Surgery Waiting List Audit Letter - Patient

Enquiries to:

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Telephone: Facsimile:



Dear Liser Dater Lang

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 another the contraction of the con

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	
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If yes, are you available at short notice? ☐ Yes ☐ No

Condition resolved Treatment elsewhere

If no, please indicate the reason.

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.

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 from your general practitioner

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

Enquiries to:

Lelephone: Facsimile:

Dear lass manes around

UR Number Luser paper lette minde

Our records indicate that you did not attend the property of the spirit of the spirit

If you still wish to have your operation, you are required to phone the metalogy of the production of the contact in the conta

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

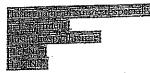
Office Queensland Health Insert Office Street Address 1 Insert Office Street Address 2 Postal Insert Postal Address 1 Insert Postal Address 2

Phone Insert Phone No

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

Enquiries to:

Telephone: Facsimile:





Re:



Our reference:

Recently, the above mentioned patient was booked for this on the above mentioned patient was booked for this on the above mentioned patient was booked for this on the above mentioned patient was booked for this one of the above mentioned patient was booked for this one of the above mentioned patient was booked for this one of the above mentioned patient was booked for this one of the above mentioned patient was booked for this one of the above mentioned patient was booked for this one of the above mentioned patient was booked for this one of the above mentioned patient was booked for this one of the above mentioned patient was booked for this one of the above mentioned patient was booked for the above mentioned patient was booked for the above mentioned patient was booked for the above mentioned patient was a supplied to the above mentioned patient was a supplied to the above mentioned patient was a supplied to the above mentioned by the above mentioned and the above mentioned above mentioned at the above mentioned and the above mentioned at Inospirate for vorments and a 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 was a pre-nemics from Gland and the patient are spiral son your one saiding. 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

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Executive Director of Medical Services

Office Queensland Health Insert Office Street Address 1 Insert Office Street Address 2 Insert Postal Address 1 Insert Postal Address 2 Phone Insert Phone No.

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

Enquiries to:

DESCRIPTION OF THE PROPERTY OF

Telephone: Facsimile:



Dear like a pasient race

UR Number Process and Company of Community

Our records indicate that you did not attend it will be a supposed in the state of the state of

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 instance of the process of

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: Time:



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 the reception d

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

Operation Details

Your operation details are as follows:

Doctor: Day:

Time:
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:



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 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

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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:

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I elephone: Facsimile:



Dear insert eleging principles of the control

Re:

Our reference:

We wish to advise you that the above patient did not attend the difference advise you that the above patient did not attend the difference advise you that the above patient did not attend the difference advise you that the above patient did not attend the difference advise you that the above patient did not attend the difference advise you that the above patient did not attend the difference advise you that the above patient did not attend the difference advise you that the above patient did not attend the difference advise you that the above patient did not attend the difference advise you that the above patient did not attend the difference advise you that the above patient did not attend the difference advise you that the above patient did not attend the difference advise you that the above patient did not attend the difference advise you that the above patient did not attend the difference advise you then the difference advise you the difference you th

The attending

medical officer has requested that a further appointment be made.

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Arrangements have been made for your patient to be admitted to:

Procedure: Inscription of the Constitution of

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

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 I Insert Postal Address 2 Phone Insert Phone 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

NOIE: 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:

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Telephone: Facsimile:



Dear The Hotel Lance

UR Number Historipa en Le Rentinber

We wish to advise you that arrangements have been made for you to have your operation at the

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 instruction re-book.

Your operation details are as follows:

Doctor:

Day: Time:

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:



Office Queensland Health Insert Office Street Address 1 Insert Office Street Address 2 Postal Insert Postal Address I Insert Postal Address 2 Phone
Insert Phone No...

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

Io confirm your operation details, please phone the day before 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

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:

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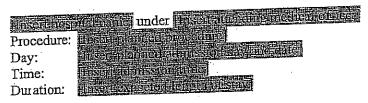
Dear Tree teacher and situation are the second

Re:

Titi er er alle men er i den bet

Our reference:

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



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 I Insert Office Street Address 2 Postal Insert Postal Address 1 Insert Postal Address 2 Phone
Insert Phone 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:



Dear insort and arme

UR Number insertionen in entrace

We wish to advise you that arrangements have been made for you to have your operation at the discount of the care of the discount of the discount

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 inschibet graded to 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:
Time:
Location:

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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 instruments 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.

Operation Details

Your operation details are as follows:

Doctor:
Day:

Time: 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:



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 insures 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

Executive Director of Medical Services

NOIE: 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:



Dear Insentite essure practification rame

Re:

Our reference:

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

Procedure: History and allowed by the industry according to the partial procedure.

Day:
Time:
Duration: Discours of the large of the l

Your patient is also required to attend a pre-admission clinic assessment on discripte admission

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



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:

Ielephone: Facsimile:





Dear desensor some rance

UR Number

We wish to advise you that your name has been placed on the elective surgery waiting list with a list of the first of the

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 inscribed and we require you to notify us if you are unable to keep your appointment by phoning inscribed and we require you to notify us if you are unable to keep your appointment by phoning inscribed and we require you to notify us if

Your pre-admission clinic appointment is scheduled on:

Day: Time:

Location:



Please bring this letter to your appointment, together with any relevant x-rays, scans (eg. CI 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 This apple advised that some patients may encounter a delay due to imexpected 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.

Yours sincerely

Executive Director of Medical Services

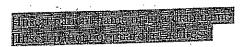
NOTE: The Queensland Health Policy states that any patient who declines two offers of clinic appointment / operation date, or fails to respond to two letters, may be removed from the elective surgery waiting list A new referral would be required from your general practitioner.

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

Enquiries to:

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Telephone: Facsimile:



Dear Esocation and

UR Number

Our records indicate that you did not attend accomplished admission climica programmest on possession of the control of the co

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 **Masser pre-agriculty agriculty agricul**

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

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

Enquiries to:

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Dear Insert reference practitione same

Re:



Our reference:

patient from the waiting list.

The above mentioned patient has failed to attend two presented for the above mentioned patient has failed to attend two presented for the failed patient and as per our Queensland Health Policy we have now removed the

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 I Insert Office Street Address 2 Postal Insert Postal Address 1 Insert Postal Address 2 Phone Insert Phone No.

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

Enquiries to:

Historiane je dipi od 172 od Peopli od di Historian di denici

Telephone: Facsimile:



Dear Tike purerellance

UR Number his ermaner europation

Our records indicate that you have not responded to two audit letters requesting confirmation that you still require your operation with insert meaning and require.

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.

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

Enquiries to:

I elephone: Facsimile:





Dear missification productions many

Re:



Our reference:

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 I Insert Office Street Address 2 Postal Insert Postal Address 1 Insert Postal Address 2 Phone Insert Phone No.

Removal from Waiting List (patient request) Letter – Patient

Enquiries to:

Telephone: Facsimile:





Dear Transfer

UR Number This carpates 121K 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.

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

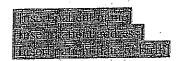
Enquiries to:

Telephone: Facsimile: erson panegushusonkarewis Ordepulmodi Dioc. dosplacewig Trius



Dear meeticien ang practione mane

Re:



Our reference:

here bound examples

The above mentioned patient has requested they be removed from the elective surgery waiting list for the order processing with the elective surgery waiting list

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

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

Enquiries to:



Telephone: Facsimile:

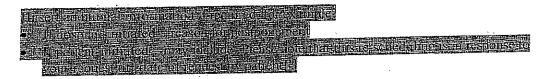


Dear les les and les areas

UR Number

We wish to advise that due to an unforseen circumstance your threat in a drussion can be rescheduled.

A new insertable admission charge much manufacture as the currently being organised, and we will be in touch with you as soon as possible.



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

fageta Name

Executive Director of Medical Services

1 1

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

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:

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Dear Laser Laser Place Place

Re:

Our reference:

We wish to advise that due to an unforseen circumstance your patient's inserting admission class. and the mention one pure care has had to be rescheduled.

A new line in the admission charge apparament of a new will be organised as soon as

possible and you will be advised.



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

Executive Director of Medical Services

Office Queensland Health Insert Office Street Address 1

Insert Office Street Address 2

Insert Postal Address 1 Insert Postal Address 2

Phone Insert Phone No.

NOIE: 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

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Telephone: Facsimile:



Dear line pare trained

UR Number

We wish to advise that due to an unforseen circumstance your passage actions semechal to be rescheduled.



Arrangements have now been made for you to have your operation at the the source splantage under the care of the attendmental place on the care of the source of the sourc

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 and the require of the control of the require of the require of the requirement of

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: Time: 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.

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 **progression** Please be advised that some patients may encounter a delay due to unexpected circumstances.

Operation Details

Your operation details are as follows:

Doctor: Day:

Time: 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:

• PETCHER EQUITE HEALTS:
• PETCHER ENGINEERS AND THE STATE OF THE STAT

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 linear 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:

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Our reference: Insert pattern

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Arrangements have been made for your patient to be admitted to:

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Day: Time: Disse plantelippo chiece

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Duration: Tusse consistent fine:

Duration: Tusse consistent fine:

Your patient is also required to attend a pre-admission clinic assessment on insert or admission

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.

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

APPENDIX V

Glossary of Terms

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

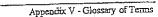
A register, which contains essential details about patients who have been assessed as needing elective surgery in hospital.

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

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