

Waitlist Access (Surgical and Non-Surgical) Policy

SDMS Id Number	P20/253
SDMS Category	THS Clinical / Surgical & Perioperative Services
Effective Date	June 2020
Review Date	June 2023
Applies to	THS Surgical Staff and wait list management staff
Key Words	Wait List, Access Policy, Elective Surgery

Part A – Policy

I Policy Statement

Waiting lists enable the hospitals and treating clinicians to manage the increasing demand for elective surgery. A well-managed waiting list system, where patients wait in turn according to their clinical need ensures only those patients who require surgery and are available for treatment are listed. Appropriately listed patients with a defined clinical need for surgical intervention will improve access to elective surgery and reduce waiting times for patients regardless where they live in Tasmania.

Rationale

National Safety and Quality Health Service Standards (Ref 1)

- Clinical Governance
- Partnering with Consumers
- Comprehensive Care
- Communicating for Safety

2 Policy Principles

Specialist surgical and perioperative services are conducted for the purpose of assessment and management of conditions which require surgical intervention.

Managers of surgical and perioperative Services within the THS shall utilise the Tasmanian Surgical and Perioperative Services Access Policy to provide direction in relation to waitlist management, Requests for Admission, bookings and service delivery.

Provision of Surgical and Perioperative Services in the THS must be in accordance with the details contained in the Access Policy, the National Healthcare Agreement and Hospital and Health Services (Health Service) Service Agreements.

Specialist Surgical and Perioperative services should:

1. have patients and carers as the primary focus
2. be proactive, equitable and transparent in the management and delivery of services
3. support patients to be treated as close to their home as possible, by the most appropriate clinician for the level of care required
4. provide patients with the appropriate surgical option that will result in best care, and performed as close as possible to their clinically recommended timeframe
5. include the development of an agreed pathway of care and treatment during the initial consultation in partnership with the patient
6. empower patients to participate in decision making and to make informed choices about their pathway of care
7. ensure the ordering of appropriate diagnostic tests/investigations to support diagnosis and inform appropriate treatment pathways
8. ensure appropriate processes are in place to seek informed consent from the patient, guardian or attorney prior to undertaking designated surgery or procedure
9. provide information, education and support to patients and carers throughout the process
10. provide patients with information that identifies their rights and responsibilities and the process for lodging complaints and compliments
11. be coordinated to promote the most effective use of available resources
12. be the shared responsibility of the health service, specialist surgeon, and referring practitioner (and nominated general practitioner where not the same)
13. maintain transparent, valid and reliable record keeping (electronic and/or written) and reporting
14. ensure communication with patients, referring specialist surgeon, referring practitioners and nominated general practitioners occurs in a timely and efficient way that provides easy-to-understand information appropriate to the intended audience to facilitate optimum patient treatment
15. exercise discretion to avoid disadvantaging patients in the case of hardship and other extenuating circumstances
16. consider the principles and requirements of the Tasmanian Surgical and Perioperative Services Access Policy.

3 Responsibilities

All DOH and THS 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 are required to comply with this policy.

All staff are required to comply with relevant THS policies.

- The Delegated Authority and Custodian are responsible for monitoring and review of this policy / procedure
- All staff, officers, contractors and volunteers must refer to this policy when undertaking duties.

4 Legislation and Standards

This policy framework complements current and future state-wide policies that will be used by the single Tasmanian Health Service (THS). This will include policies and protocols arising from the One Health System reforms, including the decisions presented in the White Paper relating to the development of a Tasmanian Role Delineation Framework (TRDF) and Tasmanian Clinical Service Profile (TCSP).

5 Attachments

[Waitlist Access \(Surgical and Non-Surgical\) Handbook](#)

6 Related Documents

1. Australian Charter of Healthcare Rights
2. Public Patients' Hospital Charter
3. National Health Care Agreement

Part B - Quality Control

Assess the Risk to the patient/staff/community/organisation if this protocol/guideline is not implemented.	
1	Using the Risk Consequence Table the Degree of Severity will be Minor
2	Using the Risk Likelihood Table the Likelihood will be Unlikely
3	Using the Risk Scoring Matrix the Risk Rating will be Medium (4-6)
Implementation of this policy document will be by Unit level preceptorship by Nursing Directors Surgery, HIMS/PIMS Managers. It will be completed by 3 months after approval	
New staff will be advised of this directive by Preceptors at unit level	
Specific staff training required to support the protocol - Specific skills training - related to document Where training is required, please outline:	
<ul style="list-style-type: none"> • Training to be provided includes awareness and understanding of document and relevant eHealth iPM training • This will be provided by regional Nurse Unit Managers, and eHealth management teams • Staff who must complete this training include All surgical staff associated with bookings • Training records will be documented in Local unit level databases 	
Audits or other data collection to monitor compliance are collated as previously assessed – Medium risk = 12 monthly audit (report variances to committee)	
Audits and/or variances will be reported to the Legal and Compliance THS-Statewide Committee	
Compliance monitoring of this document will be the responsibility of the outpatient corporate governance structure	
Version number	1.0
Replaces (include all documents replaced)	NEW
Overarching Policy	

Development and Consultation Record *(To be completed for all protocols or guidelines)*

Development / review authorised	Eric Daniels	Executive Director of Operations North/North West	13/09/2019
Development / review authorised	Susan Gannon	Executive Director of Operations South	13/09/2019
Prepared by	Hannah Paal	State-wide Manager Elective Surgery	18/09/2019
Through Custodian	State-wide Surgical and Perioperative Services Steering Committee	Membership as per TOR	Pick date
Initial consultation with key stakeholders	State-wide Surgical and Perioperative Services Steering Committee	Membership as per TOR	Pick date Pick date
Final consult with staff affected <i>(If THS-State-wide, PC records on feedback sheet)</i>	Hospital Department of Surgery Staff	Various	22/11/2019
Content confirmed - Delegated Authority*	Nicola Dymond	Chief Operating Officer- THS	23/09/2019

THS-Statewide Approval Record *(Delete table if local or regional document)*

Endorsed	THS Legal Compliance & Policy Committee		13 May 2020
Approved	THS Quality & Patient Safety Committee		12 June 2020
Uploaded to SDMS	Madonna Fahey	Quality, Info & Online Services Officer	15 June 2020

*Delegated Authority – Executive Director, Director/Co-Director of Service, some Senior Managers (eg General Manager)