

Policy Guideline

Specialist Outpatient Services Waiting List Management Policy Guideline

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Summary The Specialist Outpatient Services Waiting List Management Policy Guideline provides Local Health Network employees and agents involved in the delivery of specialist outpatient services with a consistent and structured approach to the management of outpatient waiting lists. It aims to ensure timely and equitable access to SA Health public outpatient services based on clinical need irrespective of the nature of the service or where the service is delivered.

Keywords Outpatients, Wait list management, Specialist, Specialist Outpatient Services Waiting List Management Policy Guideline

Policy history Is this a new policy? **N**
 Does this policy amend or update an existing policy? **Y v1.0**
 Does this policy replace an existing policy? **Y D0342**
 If so, which policies? Specialist Outpatient Services Waiting List Management Policy Guideline (27/6/14)

Applies to Local Health Network employees and agents involved in the delivery of specialist outpatient services

Staff impact Local Health Network employees and agents involved in the delivery of specialist outpatient services

EPAS Compatible Yes

Registered with Divisional Policy Contact Officer No

Policy doc. Reference No. G0169

Version control and change history

Version	Date from	Date to	Amendment
1.0	27/06/14	27/06/19	Original version
2.0	07/10/16	07/10/21	Updated ' <i>Management of Patients on the List</i> ' to clarify that endorsement must be provided by a hospital clinician prior to removal of patient from wait list.



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Document history

Date	Version	Who approved New/Revised Version	Change reference
07/10/16	V1.2	Executive Director, Operational Service Improvement and Demand Management	Updated ‘Management of Patients on the List’ to clarify that endorsement must be provided by a hospital clinician prior to removal of patient from wait list.
27/06/14	V.1	Director, Operational Strategy, System Performance	PE Approved version.

Endorsements

Date	Endorsed by
/ /	Deputy Chief Executive, System Performance and Service Delivery

Approvals

Date	Approved by
27/06/14	Portfolio Executive

Specialist Outpatient Services Waiting List Management Policy Guideline

Objective

- 1.1 This guideline provides Local Health Networks (LHN) employees and agents involved in the delivery of specialist outpatient services with a consistent and structured approach to the management of outpatient waiting lists. The guideline aims to ensure timely and equitable access to SA Health public outpatient services based on clinical need irrespective of the nature of the service or where the service is delivered.

This policy guideline is to be read / administered in conjunction with the Specialist Outpatient Services Policy Directive:

http://www.sahealth.sa.gov.au/wps/wcm/connect/2383e7804cd8b047836393a496684d9f/Directive_Specialist+Outpatient+Services_Sept12.pdf?MOD=AJPERES&CACHEID=2383e7804cd8b047836393a496684d9

2. Scope

It is acknowledged that services in SA Health country areas may differ to those in metropolitan areas and this guideline should be applied as appropriate. It is also acknowledged that Waiting List Management practices vary between LHNs.

Principles

The following five principles underpin this guideline:

Patients/carer at the centre of care

- Patients and carers will be informed, educated and supported throughout their outpatient service(s). Patients and carers should participate in decision-making and be actively involved in their health care management.

Equity of access

- LHNs will work to ensure all patients have access to timely care within their assigned clinical urgency category.

Risk management and quality framework

- Outpatient services and systems will be managed in accordance with the policy and standards outlined in SA Health Risk Management Policy and Framework.

Transparency

- Waiting time information will be communicated to stakeholders to ensure that informed decisions about patient care can be made.

Effective management of resources

- LHNs will effectively manage resources by supporting referrers in understanding when to refer and which service(s) are the most appropriate for the referral.

Demand and capacity management

- Booking lists must be designed and monitored to ensure they best match the capacity available in the clinic with demand for new appointments:
 - Ensure clinics are not over booked
 - Consider additional clinics when high demand for the service
 - Where demand for a service reduces, accordingly reduce the number of clinic sessions.

4. Detail

4.1 Adding Patients to the Outpatient Waiting List

In addition to the referral content as detailed in the Referral to Specialist Outpatient Services Guideline, the following information must be recorded in a patient administration system when adding a patient to the outpatient waiting list:

- Date referral received by hospital/health service
- Date referral entered on waiting list
- Aboriginal/Torres Strait Islander status
- Guardianship of the Minister status
- Duration of referral/expiry date
- Clinical urgency category assigned by the outpatient clinician.

LHNs must have processes in place to ensure all referrals are assessed and entered into a patient administration system for action within 2 working days of receipt. Actioning of referrals may include returning the referral to the referrer to obtain additional information.

4.2 Assessment and Triaging of Referrals

It is the responsibility of the clinician (or delegate) to assess referrals and assign an appropriate clinical urgency category. This information must be recorded on the waiting list and the patient offered an appointment. Access to public or private outpatient services will be on the basis of clinical need and within a clinically appropriate period. All outpatient activity should reflect a genuine clinical need.

The Repatriation General Hospital is the exception to this as they have an approved role in the treatment of entitled veterans and war widows. This may result in longer waiting-times for public and private patients for appointments when their condition has the same clinical priority as a veteran patient.

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

- *Waiting time*
Priority for an outpatient appointment must be given to patients who have waited longest within their assigned urgency category.
- *Social and geographic circumstances*
The social and geographic circumstances of a patient will be taken into consideration e.g. the patient's need to travel to attend an appointment.
- *Other Factors*
 - The condition for which they are being referred*
 - Complexity of case*
 - Patient co-morbidities*
 - Medication requirements*
 - Patient social and community support*
 - Availability and appropriateness of alternative treatments*
 - Teaching requirements for junior doctors*
 - Aboriginal/Torres Strait Islander status*
 - Guardianship of the Minister status.*

4.3 Managing Patients on the Waiting list

Administrative reviews

Outpatient waiting lists must accurately reflect patients who are actively waiting for an appointment. Regular administrative reviews of the waiting list are intended to identify patients who no longer require an appointment (e.g. deceased or they have had an appointment elsewhere). Administrative reviews may be commenced by letter or telephone or a combination of these methods.

Patients waiting six months or longer for an outpatient appointment will be administratively reviewed by formal written correspondence to determine whether their appointment is still required. Responses must be documented and appropriate action taken. Where a response is not received from the patient within 30 days of the request, the referral must be discussed with the hospital clinician prior to withdrawing the referral.

Any decision to remove a patient from the waiting list requires endorsement by a hospital clinician, and the GP/referrer and patient must be advised of the removal. All attempts to contact the patient prior to withdrawing the referral must be documented.

Clinical reviews of patients

Patients who have been on the waiting list for greater than 12 months must be reviewed by their GP to ensure that an outpatient service is still required. It is the responsibility of the designated outpatient service to write to the GP requesting a clinical review. It is expected that, as part of the review by the GP will notify the outpatient service if there is a change in the patient's condition that requires a reassessment of the urgency category assigned to the referral.

General Practitioners must be given 30 days to confirm with the outpatient service that the patient still requires an appointment. Where a response is not received from the GP/referrer within 30 days of the request, the hospital must attempt to contact the GP prior to withdrawing the referral and this action must be documented. The hospital may also make contact with the patient prior to withdrawing the referral should they require further information, this action must be documented. Discussion with the hospital clinician should occur prior to withdrawing the referral from the waiting list.

4.4 Removing Patients from the Waiting List

In accordance with the *Specialist Outpatient Services Patient Focussed Booking Guideline*, all Local Health Networks will ensure processes are in place to remove patients from the appointment queue when an appointment has been scheduled.

Other reasons for removing the patient from the appointment queue include:

The patient requests to be removed from the outpatient waiting list.

- The clinician (or delegate) requests that the patient be removed from the outpatient waiting list.
- Advice has been received that the patient has been, or will be, seen elsewhere for the condition.
- The patient is deceased.
- The patient cannot be contacted.
- The GP / referrer is unable to contact the patient.
- The patient has been transferred to the waiting list of another hospital.
- The patient fails to attend scheduled appointments in accordance with the conditions set out in the *Specialist Outpatient Services Patient Focussed Booking Guideline*.

Where patients are removed in the abovementioned circumstances the reason for removal must be recorded in the patient administration system and the removal communicated with the patient and their referrer.

4.5 Suspension from the Waiting List

Where the patient can be offered a specialist outpatient appointment, but is unable to attend the appointment for six weeks or more, the patient may be suspended from the waiting list and this must be communicated to the GP/referrer and patient.

Patients must be advised that when they are ready for care they should make contact with the specialist outpatient service. Once the patient has communicated that they are ready for care they must be reinstated onto the waiting list without penalty (i.e. subsequent selection from the waiting list must be based on the original referral date).

4.6 Improving Efficiency of Waiting Lists

Standby Patients

In order to ensure appointments are fully utilised, LHN's may develop a process whereby patients who are available to attend an appointment at short notice ('standby patient'), are easily identifiable.

Process improvement

LHNs must employ systems to continuously evaluate and take action to improve access, safety, appropriateness, effectiveness and efficiency of outpatient waiting lists.

4.7 Privacy

Patient information contained on the waiting list register must be handled in accordance with relevant legislation and SA Health policies and guidelines.

4.8 Documentation

Factual documentation outlining the reasons or circumstances in which decisions are made by outpatient clinics about referrals, including related communications with referrers or patients, must be documented in the patient's medical record, or on the patient administration system. For example, where a referral is not accepted because it contains inadequate information, or because the outpatient clinic does not provide the particular service requested, the outpatient clinic must document:

- The decision to not accept the referral
- The reason why it was not accepted
- The steps taken to advise the referrer of the reasons for non-acceptance
- Any advice provided to the referrer about what is required in order for the referral to be accepted, or alternative service providers/options discussed with the referrer.

Similarly, where a patient is removed from the waiting list there must be clear documentation of the reason(s) for removal and any communications with or advice provided to the referrer or patient with respect to the removal. Where the patient cannot be contacted the steps taken to attempt to contact the patient must be documented.

5. Roles and Responsibilities

The Department for Health and Ageing is responsible for:

- Supporting efficient and effective management of outpatient Waiting Lists by setting clear direction.
- Monitoring and reporting waiting lists for outpatient service improvement.
- Promoting system-wide equity of access for patients by monitoring performance indicators.

The Chief Executive Officer of the Local Health Network is responsible for:

- Meeting specialist outpatient service targets set by SA Health.
- Communicating with Medical Locals changes to service provision and referral processes that may impact on waiting list management.
- Ensuring resources are available to facilitate waiting list review and management
- Ensuring strategies are targeted to address demand exceeding capacity for waiting lists greater than 12 months.

The Clinician/specialist is responsible for:

- Reviewing and triaging patient referral information and assigning a clinical urgency category accordingly.
 - clinicians must identify referrals for conditions that could be managed in another setting (e.g. referrals that have been submitted to a tertiary setting that could be managed in General Hospital) and discussing this option with the referrer. LHNs

may have developed options for community based service delivery that may enable the referral to be transferred.

- Assessing referrals that do not contain the appropriate level of clinical information in accordance with the *Referral to Specialist Outpatient Services Guideline*.
- Ensuring patients are appropriately discharged from the service in accordance with *Active Discharge from Specialist Outpatient Services Guideline*.
- Supporting demand management strategies in those clinics where demand exceeds capacity such that waiting lists exceed 12 months. Such strategies include identifying patients that could be managed in another setting (e.g. in the community or by private provider) and discussing this option with the referrer. Whilst the patient and referrer are offered this option, the patient is to remain on the hospital waiting list until there is confirmation that the outpatient service is not required.
- Investigating patients who fail to attend their outpatient appointment where appropriate, as per the *Specialist Outpatient Services Patient Focussed Bookings Guideline*.
- Advising of planned leave in advance. It is preferable that advice be given 6 weeks in advance or as negotiated with management. This will ensure that scheduling of outpatient appointments can be modified accordingly.

Outpatient administrative staff are responsible for:

- Providing accurate and timely reporting on patient information relating to outpatient waiting lists to their manager.
- Facilitating the timely processing of referrals and booking of outpatient appointments.
- Contacting referrers where incomplete referrals are submitted to obtain adequate information. For urgent referrals contact must be made by telephone. Where information is not received from the referrer within 30 days of the request the referral will be discussed with the hospital clinician prior to withdrawing the referral. Any action must be documented and the referrer advised accordingly.
- Ensuring all incomplete referrals are entered onto a patient administration system and flagged for follow up within 30 days to ensure the referral is not lost in the process of obtaining additional information.
- Ensuring patients are aware of their responsibilities once the outpatient referral has been accepted and/or an appointment made as per the *Specialist Outpatient Services Patient Focussed Bookings Guideline*.











6. Reporting

Not applicable

7. ERAS

Not applicable

8. National Safety & Quality Health Service Standards

									
National Standard 1	National Standard 2	National Standard 3	National Standard 4	National Standard 5	National Standard 6	National Standard 7	National Standard 8	National Standard 9	National Standard 10
Governance for Safety and Quality in Health Care	Partnering with Consumers	Preventing & Controlling Healthcare associated infections	Medication Safety	Patient Identification & Procedure Matching	Clinical Handover	Blood and Blood Products	Preventing & Managing Pressure Injuries	Recognising & Responding to Clinical Deterioration	Preventing Falls & Harm from Falls
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9. Other

Not applicable

10. Risk Management

Not applicable

11. Evaluation

Not applicable

12. Definitions

In the context of this document:

- **Specialist Outpatient Service** means: Specialist outpatient services provided by a specialist or expert clinician that is recognised by the relevant professional college, board or association.

13. Associated Policy Directives / Policy Guidelines

This guideline is to be read / administered in conjunction with:

- Specialist Outpatient Services Directive
- Referral to Specialist Outpatient Services Guideline
- Emergency Department Referrals to Specialist Outpatient Services Guideline
- Active Discharge from Specialist Outpatient Services Guideline
- Patient Focused Booking System Guideline
- Medicare Billing for Private Non-admitted Patients in SA Health Outpatient Clinics Policy Directive
- Outpatient Activity Transfer Policy Guideline
- Specialist Outpatient Services Clinical Urgency Category Policy Directive

14. References, Resources and Related Documents

Not applicable