Advice during the COVID-19 Pandemic

Elective Surgery Waitlist Managers

V.05  25/03/2020
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Advice during the COVID-19 Pandemic

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Purpose of Document

To provide advice for NSW Public Elective Surgery Waitlist and Theatre Managers during the 2020 COVID-19 Pandemic on the management of elective surgery patients.

For further information

Please note that the situation is constantly evolving and information may change. The information below is current at time of release of 25/03/2020. Links to sources where available have been provided so up-to-date information can be sourced.

Please discuss with the Admitting Medical Officer (AMO) and/or Clinical Director of Surgical Services in the first instance on the correct pathway for individual patients.

General enquiries: Chrissie Crawford, A/Principal Policy Officer Surgical Services, System Purchasing Branch, NSW Ministry of Health
chrissie.crawford@health.nsw.gov.au or 9391 9394

Data collection enquires:

Roman Leszczynski, Data Integrity Officer, System Information and Analytics, NSW Ministry of Health, Roman.Leszczynski@health.nsw.gov.au or 9391 9995

John Hallett, Manager, Data Integrity and Governance, System Information and Analytics, NSW Ministry of Health, John.Hallett@health.nsw.gov.au or 9391 9308

SurgiNet

For those sites using SurgiNet, please liaise with your local SurgiNet team to ensure that theatre session delays/cancellations/deferrals may be recorded within SurgiNet and appropriately interfaced with your PAS to meet reporting requirements.

Further SurgiNet contact:
Rahelle Mirzarazi, eHealth SurgiNet support manager Rahelle.Mirzarazi@health.nsw.gov.au or 8644 2162
Key recommendations of document

General Principals

- Surgeons should review their current waitlists and advice the Clinical Director of Surgical Services or equivalent and the waitlist manager which patients require surgery during the COVID-19 Pandemic and which can be reclassified and safely postponed.

- Patients should continue to be treated in turn as per the Elective Surgery Waitlist Policy PD2012_011 where possible.

- All patients who are booked to undergo elective surgery should be assessed for any risk or presence of COVID-19 prior to surgery (appendix 1).

- All surgical activity that is completed by private hospitals is correctly and accurately recorded as per the Collaborative Care Business rules (appendix 2).

- Reasons are documented for both patients that are made Not Ready For Care (NRFC) due to COVID-19 for either personal or hospital reasons and are recorded correctly.

- Sites NOT using iPM PAS who are unable to record COVID-19 specific codes, please add ‘COVID-19’ to free text as outlined within the document and run an extract to send to the Ministry of Health monthly to assist recovery planning. For sites where this is not possible – please contact the System Information and Analytics team for advice.

- A compassionate approach should be undertaken to extending NRFC periods as a result of COVID-19 postponements.
Recording of public hospital activity completed by private hospitals and monthly submission of records

- It is vital that any surgical activity that is completed by private hospitals is correctly and accurately recorded in a consistent and compliant manner.
- The Collaborative Care Business Rules (Appendix 2) have been developed to assist this process.
- Any questions in this area should be directed to:
  - Roman Leszczynski, Data Integrity Officer, System Information and Analytics, NSW Ministry of Health, Roman.Leszczynski@health.nsw.gov.au 9391 9995
  - John Hallett, Manager, Data Integrity and Governance, System Information and Analytics, NSW Ministry of Health, John.Hallett@health.nsw.gov.au or 9391 9308
If patient has already been allocated a date and needs to be postponed – patient reason

- Localised code set values may be incorporated into source systems to record COVID-19 related impacts on services and service delivery.
- Source system code set values must be maintained to ensure data can be reported to the Ministry, including any newly-incorporated code set values for the recording of COVID-19 related impacts.
- Follow process as detailed in section 5.8 Patient Initiated Postponements in PD2012_011 Waiting Time and Elective Surgery Policy
- Document the postponement code in the PAS or if not possible in free text.
- Note for sites NOT using iPM PAS who are unable to record COVID-19 specific codes please add the COVID-19 related reason to free text as outlined below and run an extract to send to the Ministry of Health monthly to assist recovery planning. For sites where this is not possible – please contact the System Information and Analytics team for advice.

If patient is postponing surgery due to COVID-19 pandemic due to patient concerns and is NOT either COVID-19 POSITIVE or SUSPECTED

- Cat 2 or 3 patient is made Not Ready for Care (NRFC) as per PD2012_011 process.
- All Cat 1 patients to be discussed with the admitting medical officer (AMO) before placing in Not Ready for Care (NRFC).
- A compassionate approach should be undertaken to extending NRFC periods as a result of COVID-19 postponements.
- For sites using iPM PAS: Create a Suspension (NRFC) period 83 Patient: COVID-19 concerned – requested deferral
- For sites NOT using iPM PAS: Create a Category 4/D (NRFC) period for a Deferral. Record a note indicating the patient is concerned re: COVID-19.

Example screen shot below:

If patient is postponing surgery due to COVID-19 pandemic due to patient concerns and is COVID-19 POSITIVE or SUSPECTED

- Follow process as detailed in section 5.5 Not Ready For Care in PD2012_011 Waiting Time and Elective Surgery Policy
- Patient is made NRFC for 14 days or longer if clinically warranted.
- All cat 1 patients to be discussed with AMO before placing in NRFC.
- Advise the Admitting Medical Officer (AMO).
• A compassionate approach should be undertaken to extending NRFC periods as a result of COVID-19 postponements.

For sites using iPM PAS:
• Patient tested positive for COVID-19:
  ○ Create a Suspension (NRFC) period for minimum 14 days (Status Review Date) with Suspension Reason = 81 Unfit: COVID-19 positive.
• Patient with symptoms +/- known exposure to COVID-19 (no documentation of either positive or negative result):
  ○ Create a Suspension (NRFC) period for minimum 14 days (Status Review Date) with Suspension Reason = 82 Unfit: COVID-19 suspected.
• Asymptomatic patient + known exposure re: COVID-19 (no documentation of either positive or negative result):
  ○ Create a Suspension (NRFC) period for minimum 14 days (Status Review Date) with Suspension Reason = 82 Unfit: COVID-19 suspected.

For sites NOT using iPM PAS:
For sites where below is not possible – please contact the System Information and Analytics team for advice.
• Patient tested positive for COVID-19:
  ○ Create a Suspension (NRFC) period for minimum 14 days (Status Review Date). Record a note indicating the patient has tested positive for COVID-19.
  Example screen shot below:

• Patient with symptoms +/- known exposure to COVID-19 (no documentation of either positive or negative result):
  ○ Create a Suspension (NRFC) period for minimum 14 days (Status Review Date). Record a note indicating the patient has symptoms for COVID-19.
  Example screen shot below:

• Asymptomatic patient + known exposure re: COVID-19 (no documentation of either positive or negative result):
  ○ Create a Category 4/D (NRFC) period for minimum 14 days (Status Review Date). Record a note indicating the patient has known exposure for COVID-19.
  Example screen shot below:
### Advice during the COVID-19 Pandemic: Elective Surgery Waitlist Managers

<table>
<thead>
<tr>
<th>Clinical Priority Category</th>
<th>Clinical Priority Date Change</th>
<th>Listing Status</th>
<th>Listing Status Date Change</th>
<th>Date of Decline</th>
<th>Reason for Change</th>
<th>Status Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred</td>
<td>18/03/2020</td>
<td>Staged</td>
<td>18/03/2020</td>
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<td></td>
<td>18/03/2020</td>
</tr>
</tbody>
</table>

Comment: Do not overlook the changes. If you need to make changes, please follow the given instructions. If any questions, please contact the relevant department. 18/03/20: Patient is in Unit COVID-19.
If patient has already been allocated a date and needs to be postponed – Hospital reason

- Follow process as detailed in section 5.7 Hospital Initiated Postponements in PD2012_011 Waiting Time and Elective Surgery Policy
- Provide patient as much notice as possible.
- Advice the patient that their surgeon has recommended that it is safe to postpone their elective surgery until the COVID-19 pandemic has been resolved.
- Patients are to remain as Ready For Care (RFC) and are to be rebooked as per PD2012_011 Waiting Time and Elective Surgery Policy when given clearance to do so by the NSW Ministry of Health/Local Health District.
- At this time flexibility should be applied in the allocating of a new planned admission date (PAD) until clearance to rebook has been received, to avoid a patient having to be postponed multiple times.
- Advise the patient that the Booking Office will be in touch with a revised planned admission date as soon as possible.

- For sites using iPM PAS: enter the Offer Outcome = 04.70 Delay - counter disaster plan (e.g. epidemic).
- For sites NOT using iPM PAS:
  - Delay Status = (select most applicable status)
    - 2 Delayed : No theatre
    - 3 Delayed : No bed
    - 4 Delayed : No doctor
    - 5 Delayed : Not specified
  - Record in the Comments field the reason for the delay and ensure ‘COVID-19’ is included – eg:
    - No Theatre – COVID-19
    - No Bed – COVID-19
    - No Doctor – COVID-19

Example screen shot below:
Please add the COVID-19 reason to free text as outlined above and run an extract to send to the Ministry of Health monthly to assist recovery planning. For sites where this is not possible – please contact the System Information and Analytics team for advice.
Appendix 1: Risk Assessment Information

A summary is supplied below. For up to date information see https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus-elective-outpatient-guidance.aspx

Elective surgery

Onset of COVID-19 during recovery from an operation is likely to complicate recovery and prolong the hospital stay, as well as expose healthcare workers who would then have to be excluded from healthcare work.

For planned surgery only, staff are required to ask patients at the time of booking confirmation if they have:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Action</th>
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<tbody>
<tr>
<td>• Been overseas in the last 14 days</td>
<td>• postpone surgery until 14 days after the last contact day if it will not significantly impact patient outcomes – this decision will require discussion with the clinical team</td>
</tr>
<tr>
<td>• Been in close contact with a person with confirmed COVID-19 while infectious, during the 14 days before their scheduled surgery</td>
<td>• ensure the surgery is re-scheduled as soon as practicable after the 14 day exclusion period has lapsed</td>
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Note: If the patient has fever or acute respiratory illness ask that they seek health advice (from their GP or by calling healthdirect on 1800 022 222) to exclude COVID-19 as well as to resolve any other health issues.
Appendix 2: Collaborative Care Business rules

Note: The Collaborative Care Business Rule Version 1.3 below was circulated to Chief Executives on the 19th March 2020. It is in the process of being uploaded to the NSW Health COVID-19 data collection and reporting requirements intranet site. It has been sent with this document as Appendix 2a. Link will be shared when available.

Below is the Contract Services Advice that was circulated simultaneously with the Collaborative Care Business Rule Version 1.3.

Contracted Services Advice

It is important to ensure that services contracted out to external providers are appropriately captured in the Admitted patient and Waitlist systems. During this period of COVID-19 response and once activity returns to “business as usual” we will be required to report the outsourced activity to the Commonwealth and NSW Government agencies for funding and evaluation purposes. There are a number of policies and guidelines related to recording contracted out activity. http://internal.health.nsw.gov.au/data/collections/admitted/guidelines/collaborative-care-business-rules-v-1-3.doc outlines business rules to follow for correct recording of data for collaborative care and should be used in conjunction with PD2012_011 (Waiting Time and Elective Surgery Policy).

For outsourced Elective Surgery Activity

Page 12 of PD2012_011 states:

Contracts with Private Hospitals – Where a contract exists with a private hospital to undertake elective surgery/procedures for the Local Health District/Network, the following actions should be undertaken:

- Patient should be added to the public hospital waiting list (PAS)
- A copy of the Recommendation for Admission Form is to be held at the public hospital
- The patient should be managed as per the Waiting Time & Elective Surgery Policy
- The private hospital should advise the public hospital when the procedure is undertaken and the patient is to be removed from the public hospital waiting list.
- The removal status recorded in the Wait List system must be set as 8 (contracted to Private Hospital)
- The patient must be formally admitted to the public hospital that has purchased the contracted service, effective at the time the patient was formally admitted to the private hospital or private day procedure centre. The patient must be admitted directly to a virtual “Collaborative Care” bed/ward.
- Set the “Collaborative Care Status” to “3 – Full Care Purchased from a Private Facility”
- Enter the facility code of the private facility that will perform the contracted service in the “Collaborative Care Facility” field.
- At the time the patient is formally discharged home from the private contracted facility formally discharge the patient from the contracting Hospital.
- For clinical coding, code all diagnoses, and all procedures performed at the private facility. Report all procedures with a “Procedure Location” of “2 – Other Facility as an Admitted Patient”.

Specific advice in relation to Surgery type Scenarios - Collaborative Care Business rules v1.3

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<td>8</td>
<td>Public Hospital to Private Hospital then Transfer back to Public Hospital</td>
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</tr>
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<td>9</td>
<td>Full Service from Private Hospital</td>
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Additional Requirements

Each Local Health District/Specialty Health Network must maintain a record that includes:

- Waitlist IDs for outsourced procedures
- Waitlist IDs for procedures brought forward in the schedule due to COVID-19

The Ministry of Health will request this information be supplied monthly for the foreseeable future.

For additional information or with any questions, please contact the following staff in the System Information and Analytics Branch:

John Hallett: John.Hallett@health.nsw.gov.au
Roman Leszczynski: Roman.Leszczynski@health.nsw.gov.au
Appendix 3: Further links to information

- NSW Health Intranet site: COVID-19 Data Collection and Reporting Requirements

- NSW Health Surgery information

- NSW Health Coronavirus (COVID-19) information

- Clinical Excellence Commission (CEC) COVID-19 information