

# Advice during the COVID-19 Pandemic

## Elective Surgery Waitlist Managers

V.05 25/03/2020



Health

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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](mailto: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](mailto: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](mailto: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 SugiNet contact:

Rahelle Mirzarazi, eHealth SurgiNet support manager [Rahelle.Mirzarazi@health.nsw.gov.au](mailto:Rahelle.Mirzarazi@health.nsw.gov.au) or 8644 2162

# Key recommendations of document

## General Principals

- Surgeons should review their current waitlists and advise 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](mailto: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](mailto: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:

Waitlist Booking	Defers/Stage/Change CPC	Delay Details	Removal	Financial	GP/Medical	Other Names	Other Addresses	Pension/DVA Details	Overseas Visitor	Worker's Comp Details	Contacts	Person Responsible	Carer Information	MH Care's Information	Alerts
Clinical Priority Category	Clinical Priority Date Change	Listing Status	Listing Status Date Change	Decline Status	Date of Decline	Reason for Change	Status Review Date	Print Documents Indicator							
D Staged/Deferred	18/03/2020	Deferred	18/03/2020			Postponed at Patient R...	01/05/2020	No							
Comment re Changes to Booking: Staff name who took call from Whom/Date/Reason: 18/03/20 - Patient Postponed Due to COVID-19															

## 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:

The screenshot shows a patient record form with the following fields: Clinical Priority Category: D Staged/Deferred; Clinical Priority Date Change: 18/03/2020; Listing Status: Staged; Listing Status Date Change: 18/03/2020; Decline Status: (empty); Date of Decline: (empty); Reason for Change: Patient Unfit for Surgery; Status Review Date: 18/04/2020. A comment at the bottom reads: '18/03/20 - Patient is Unfit COVID-19'.

- 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:

The screenshot shows a patient record form with the following fields: Clinical Priority Category: D Staged/Deferred; Clinical Priority Date Change: 18/03/2020; Listing Status: Staged; Listing Status Date Change: 18/03/2020; Decline Status: (empty); Date of Decline: (empty); Reason for Change: Patient Unfit for Surgery; Status Review Date: 18/04/2020. A comment at the bottom reads: '18/03/20 - Patient is Unfit COVID-19'.

- 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:

Waitlist Booking	Defer/Stage/Change CPC	Delay Details	Removal	Financial	GP/Medical	Other Names	Other Addresses	Pension/DVA Details	Overseas Visitor	Worker's Comp Details	Contacts	Person Responsible	Carer Information
Clinical Priority Category: D Staged/Deferred	Clinical Priority Date Change: 18/03/2020	Listing Status: Staged	Listing Status Date Change: 18/03/2020	Decline Status:	Date of Decline: mm/yyyy	Reason for Change: Patient Unfit for Surgery	Status Review Date: 18/04/2020						
<small>Comment re Changes to Booking: Staff name who took call from Whom/Date/Reasons:</small> 18/03/20 - Patient is Unfit 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.
- Advise 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:

The screenshot shows a software interface with several tabs: 'Waitlist Booking', 'Defer/Stage/Change CPC', 'Delay Details', 'Removal', 'Financial', 'GP/Medical', and 'Other'. The 'Delay Details' tab is selected. Below the tabs, there are three input fields: 'Reason for delay:' with a dropdown menu showing 'Delayed - No Bed', 'Date of Delay:' with a date field showing '18/03/2020', and 'Print Documents Indicator:' with a dropdown menu showing 'No'. Below these fields is a text area labeled 'Comment re Delay:' containing the text '18/03/20 - No ICU Bed due to COVID-19'.

*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 health care 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:

Criteria	Action
<ul style="list-style-type: none"><li>• Been overseas in the last 14 days</li><li>• Been in close contact with a person with confirmed COVID-19 while infectious, during the 14 days before their scheduled surgery</li></ul>	<ul style="list-style-type: none"><li>• 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</li><li>• ensure the surgery is re-scheduled as soon as practicable after the 14 day exclusion period has lapsed</li></ul>

**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 19<sup>th</sup> 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

No.	Scenario	Page
7	Public Hospital to Private Hospital then Discharge Home	18
8	Public Hospital to Private Hospital then Transfer back to Public Hospital	20
9	Full Service from Private Hospital	22

## **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](mailto:John.Hallett@health.nsw.gov.au)

Roman Leszczynski: [Roman.Leszczynski@health.nsw.gov.au](mailto:Roman.Leszczynski@health.nsw.gov.au)

## Appendix 3: Further links to information

- NSW Health Intranet site: COVID-19 Data Collection and Reporting Requirements  
<http://internal.health.nsw.gov.au/data/collections/covid19>
- NSW Health Surgery information  
<https://www.health.nsw.gov.au/Performance/Pages/surgery.aspx>
- NSW Health Coronavirus (COVID-19) information  
<https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus.aspx>
- Clinical Excellence Commission (CEC) COVID-19 information  
<http://cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control/Coronavirus-COVID-19>