

Elective Surgery

Transfer of care from a NSW Health service to an alternative provider

Aim

- For patients to receive their elective surgery in a safe and timely manner.
- To ensure continuity of care for the patient
- To match surgery capacity with demand within NSW.

Key principles of transfer of care to a hospital outside of the Local Health District or Specialty Health Network

Communication

Set patient expectations from the start

It is important that when a patient is registered onto the elective surgery waiting list they are made aware that while they will generally be admitted under the care of their referring surgeon, this is not guaranteed. The hospital may transfer their care to another appropriate surgeon or hospital in order to provide surgery within the clinically recommended timeframe.

Suggested correspondence to the patient regarding their surgical care is included in the templates section of the [Elective Surgery Resources page](#)

Communication tools

Clear communication between all parties is essential to promote patients making informed choices when accepting offer to transfer and to ensure continuity of care.

Tools/points to assist this process include:

- [Appendix A: Sample script for transfer of patients](#)
- [Appendix B: Sample Frequently Asked Questions \(FAQ\) Template](#)
- Sample information leaflet to patients – for examples please contact MOH-SPB@health.nsw.gov.au
- Encourage clinical handover from treating doctor to receiving doctor to ensure continuity of clinical care and reassurance to the patient. [The Australian Commission on Safety and Quality in Health Care](#) have developed a range of resources to support this practice.

Patient's clinical care and waitlist booking should be managed in accordance with existing NSW Health policy and guidelines

- [PD2022_001 Elective Surgery Access Policy](#)
- Principles for resuming elective surgery – available via MOH-SPB@health.nsw.gov.au
- [Advice during the COVID-19 pandemic – Elective Surgery Waitlist Managers](#)
- [NSW Health Elective Surgery Waitlist Management Resource Guide](#)

- [Booking elective surgery during COVID-19: tips for health staff](#)

Process of transfer of care

a. Identify potential patients for transfer, considering:

- i. Patient circumstances - including their age, available support, transport options including travel distances, the patient's physical condition and the required procedure.
- ii. Consultation with the referring doctor - identification of patients should include consultation and agreement from the treating doctor or in the case of a pooled list the speciality head of department/delegate.
- iii. Clinical urgency and time on list for their procedure/surgery. The date for surgery or expected waiting time at the receiving site should be considered.
- iv. Receiving doctor and hospital agreement - patient selection should align with the case mix that has been identified by the receiving surgeon and hospital that can be managed.
- v. Identification if this is a primary surgery i.e. not a revision unless this has been explicitly agreed.
- vi. The plan for the patient for any after care needed, including rehabilitation or support from other disciplines

b. Potential patients identified agreed by the treating doctor and hospital

- i. Potential patients should be verified with the receiving site
- ii. The need for a clinical review of potential patients should be clarified with the receiving surgeon and hospital. The receiving surgeon should be given the opportunity to contact the treating doctor to clarify any clinical information.
- iii. In line with [PD2022_001 Elective Surgery Access Policy](#) clinical review is to be undertaken at no cost to the patient.
- iv. All details should be confirmed including the name of the surgeon, hospital and estimated date for admission date or approximate waiting time for each potential patient prior to contacting the patient.

c. Once the referring hospital and treating doctor have agreed to a potential list of patients that can be safely transferred

- i. When contacting the patient, a genuine offer including a date of surgery (or estimated time to surgery) and details of the new surgeon and hospital must be provided.
- ii. The patient should be given time to ask questions and call back to confirm the offer once they have discussed the offer with their GP and/or family as appropriate.
- iii. An example conversation is included in Appendix A.
- iv. The patient should be made aware of potential funding available to support any travel and accommodation needs including [IPTAAS](#).

d. If the patient accepts the offer:

- i. The receiving doctor will determine the requirement for clinical review of the patient. If this has been confirmed; the process of how this is to occur should be explained to the patient.
- ii. The agreement to accept the offer of surgery together with any supplementary patient information including contact details for the receiving hospital contact should be sent to the patient in writing.
- iii. The treating doctor, receiving hospital +/- surgeon should be advised of the patient's acceptance of the offer.
- iv. The patient's booking should be managed in accordance with the [PD2022_001 Elective Surgery Access Policy](#)

Variations - transfer of care process

If there is disagreement between the referring hospital and the treating doctor on the proposed patient list to be transferred

- a. The reason should be documented with the patient's medical record.
- b. This information should be shared with the Local Health District/Network Program Director of Surgery or equivalent for noting and further discussion with the treating doctor if clinically appropriate.
- c. The waitlist booking should continue to be handled in alignment with the [PD2022_001 Elective Surgery Access Policy](#)
- d. Opportunities to allow the surgery to take place at the referring hospital should be explored including:
 - i. Discussion with the Local Health District/Network Director of Surgery or equivalent, the Theatre Nurse Manager, Elective Surgery Bookings Manager, the treating doctor, and Heads of Department including Anaesthetic representation.
 - ii. A clinical review of the patient. Note any clinical review should be at no cost to the patient.
 - iii. Increasing theatre utilisation at existing site through the temporary adding additional sessions
 - iv. A review of the existing theatre schedule to assure alignment of surgery time with current waitlist activity.
 - v. Opportunity for the surgeon to perform the operation in an alternative location within the District or Network if clinically appropriate to do so.
 - vi. Opportunities for operating theatre time under an agreed partial outsource model in a private facility under contractual agreement with the District or Network (using the same guidelines for transfer of care as above)

If the patient refuses the offer

- a. Ascertain the reason for the decline and address if known:

Reason for decline	Suggested response
X hospital is too far to travel	<p>I understand that X hospital is further than <hospital currently listed>, however this is your opportunity to have your surgery earlier on the X of X.</p> <p>Currently we estimate your wait time at <current hospital> would be <insert time frame>.</p> <p>To support your surgery at X, travel and accommodation costs are covered up to X.</p>
I know Dr X (treating doctor) and I don't know Dr Y (receiving surgeon).	<p>Dr X has reviewed your surgery and approved your surgical care to be transferred to Dr Y. Dr Y will have the opportunity to talk to Dr X and <if indicated> Dr Y has asked to meet you prior to your surgery to review your condition and answer any questions you may have.</p> <p>I understand that you may have concerns as you have not met the Dr before. I can give you time to discuss this with your family and GP. Can I call you back on <insert date>?</p>

Reason for decline	Suggested response
What about my follow up care/what happens if I have a question after my surgery?	<p>After your surgery you will be required to see Dr Y for a follow up appointment at no cost to you. Travel assistance of X is covered as part of the surgery.</p> <p>OR</p> <p>Dr X and/or <referring hospital> will be providing any follow up care. You will receive a discharge letter from Dr Y that can be sent to your GP also.</p>
I am happy to wait	The doctor has indicated that you should have your surgery within <insert clinical timeframe>. Currently we estimate your wait time at <insert hospital name> would be a further X.

Further information on [increasing take up of services](#) is available from the Behavioural Insights Unit at the Department of Customer Service.

- b. If the patient declines after being given time to discuss the planned surgery date and location this should be documented in the medical record and Request for Admission Form (RFA).
- c. Any decisions made to remove a patient from the waitlist must be made in line with section 5.10 of the Waiting Time and Elective Surgery Policy and include consultation with the treating doctor. Authorisation from the Local Health District or Speciality Health Network Program Director of Surgery or equivalent is required as well as notification to the patient and GP.

Appendix A: Sample script for transfer of patients

It is important that when a patient is registered onto the elective surgery waiting list, they are made aware, that while they will generally be admitted under the care of their referring surgeon, this is not guaranteed. The hospital may transfer their care to another surgeon or hospital in order to provide surgery within the clinically recommended timeframe.

This information is printed on the patient notification letter found in the templates section of the [Elective Surgery Resources page](#)

Before you call

- Consider the need for a translator
- Before you contact the patient ensure you have the full details of the patient, details of the offer and answers to any likely questions that you will be asked.
- Consider completing the FAQ sheet in Appendix B for your use at your site so you have specific answers on hand to address any patient questions or concerns.
- Make sure you have enough time to make the call, understanding that some patients may take longer than others. If possible, make the call in a quiet place with minimal distractions.
- Calls should be made by the Elective Surgery Bookings manager or senior administration staff.

Greet the person and introduce yourself

Good morning/afternoon <Patients Name> my name is <staff's name> and I am calling from <Facility Name> hospital. I am calling in relation to your waitlist booking for <procedure name> under Dr <doctor's name>.

Ascertain that this is a good time to call. If not, ascertain when a preferred time to call is.

Is now a good time to discuss your surgery booking?

I am sorry to have disturbed you, when would be a better time for me to call you? <ascertain details> Thank you <patient name>. I or my colleague <name> will call you back on this number then.

- make note of time/day and call back then
- Document in the WL booking and on the RFA.

Explain purpose of the call

Here at <hospital name> we are aware that your surgery has been delayed due to the COVID -19 pandemic and to ensure that you receive your surgery as soon as possible Dr <enter Dr name> has advised that your surgery is suitable for you to undergo at <enter hospital name> under the care of <enter receiving specialist name>. I am pleased to say we have a date for your surgery of <enter date> OR <Hospital name> have said that you will have a date for your surgery in <enter timeframe>. Can I give you more information on this?

- Allow time for the patient to process/react to the information

Answer the patient's questions

Refer to your hospital's FAQ information sheet for site specific information

Advise the patient that they will also receive confirmation of the offer and additional information in the mail including a person to contact for further information.

If there is a question asked that you have not got an answer to

Advise the patient that you will find out and get back to them.

<patient name> I will find out the answer to that question for you and call you back. <depending on the question> it may take me X time to find that out for you. When is a good day/time to call you back?

- Make a note of the question and time. Day to return the call.

- Once clarified – consider adding the question to your site’s FAQ if applicable to other patients.

If the patient is hesitant - offer the patient time to consider the option

“I understand that I have given you a lot of information which you may want to discuss with your family and GP before accepting your surgery date. Is it ok if I call you back on <day/time? To confirm?”

Thank the patient for their time and advise next steps

“Thank you for your time <enter patient name>. The <receiving hospital/we> will be in contact to confirm this information for you in writing and this will include a contact number for you to call for further information if you have any further questions”.

Appendix B: Sample Frequently Asked Questions (FAQ) Template

Purpose: To provide answers to typically asked questions from patients who are being given a date to have their surgery in another district.

Questions <add in other questions that your patients ask>

Finance

Q Will my transport costs be covered?

A:

Q I will need to go down the night before my surgery. Who will pay my hotel costs?

A:

Q Where do I stay the night before my surgery?

A:

Q Do I have to pay to see the new surgeon?

A:

Q You mentioned I will be going to a private hospital – will I have to pay?

Clinical Questions

Q When can I talk to my new surgeon?

A:

Q Who can I ask if I have further questions about my surgery at X hospital?

A:

Q Where will I recover from my operation?

A:

Waitlist status

Q Will I be removed from the waitlist if I say no to this offer?

A:

Q Will my surgery be delayed if I decline this offer?

A:

Miscellaneous

Q Who do I call if I have further questions?

A: