Policy
Guideline
Elective Surgery Activity Transfer Policy Guideline

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Policy developed by: Acute Systems Service Improvement, Operational Service Improvement and Demand Management

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Summary
This Policy Guideline details a set of principles and business rules for elective surgery service project moves that have been agreed collaboratively between the Department for Health and Ageing and Local Health Networks. Specifically, the principles and business rules provide guidance for the selection and transfer of appropriate patients.

Keywords
Policy, Guideline, Elective, Surgery, Activity, Transfer, Patient, Service, Move, Projects.

Policy history
Is this a new policy? Y
Does this policy amend or update an existing policy? N
Does this policy replace an existing policy? N
If so, which policies?

Applies to All SA Health Portfolio

Staff impact All Staff, Management, Admin, Students; Volunteers

EPAS Compatible N/A
Registered with Divisional Policy Contact Officer No
Policy doc. Reference No. G0165

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Elective Surgery Activity
Transfer Policy Guideline
### Document control information

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### Endorsements

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<td>5/6/16</td>
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### Approvals

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1. Objective

SA Health is committed to ensuring equitable and timely access to appropriate, high quality elective surgery services across South Australia. This Policy Guideline details a set of principles and business rules to guide the selection and transfer of appropriate cohorts of patients between Local Health Networks (LHNs) for service move projects that have been agreed collaboratively between the Department for Health and Ageing (DHA) and LHNs.

The principles and business rules are not able to be applied, and the transfer of patients cannot be progressed until the volume of service activity to be transferred has been modelled and agreed.

It is important to note that the processes undertaken by the DHA and LHNs to agree on the volume of service activity to be transferred, including the realignment of funding, are informed through application of the Clinical Commissioning Initiation – Process and Guiding Principles, and are out of scope for this Policy Guideline.

2. Scope

This Policy Guideline applies to all SA Health entities, including DHA and LHN administrative and clinical staff, who are involved in planning and undertaking a service move project for elective surgery that has been agreed collaboratively between the DHA and LHNs.

The provisions of the Policy Guideline do not apply to the transfer of individual elective surgery patients from one LHN to another to minimise wait times. Arrangements for the management of individual patients on a waiting list are outlined in the Elective Surgery Policy Framework and Associated Procedural Guidelines.

3. Principles

The following principles apply to this Policy Guideline:

- Provision of elective surgery will be based on clinical need, and in line with the principle of ‘treat in turn’ to ensure equity of access.
- Patients require access to timely treatment, and should be treated within clinically appropriate timeframes:
  - **Category 1**: Procedures that are clinically indicated within 30 days.
  - **Category 2**: Procedures that are clinically indicated within 90 days.
  - **Category 3**: Procedures that are clinically indicated within 365 days.
- Clinical urgency categorisation will reflect the patient clinical needs, and will not be influenced by the availability of hospital or workforce resources.
- Effective waiting list management practices facilitate the timely and appropriate treatment of patients, minimisation of hospital postponements, and the maximisation of hospital resources.
- Comprehensive communication with patients and referrers about clinical urgency categories, anticipated wait times and waiting list management processes is essential in preparing patients for surgery and promoting a positive, consumer focused public health system experience.
- A partnership approach between LHNs will further strengthen the timely treatment of patients, and ensure the management of elective surgery in line with service delineation profiles and agreed catchment areas.
- The transfer of elective surgery activity, and the timely access of patients to services, is supported by change management processes that address workforce culture at both the sending and receiving LHNs, as well as established cultural norms in relation to referrer practices.
4. Detail

In the context of this Policy Guideline, the LHN that is sending (or decommissioning) the elective surgery activity is referred to as the ‘sending LHN’ and the LHN that is receiving (commissioning) the new elective surgery activity is referred to as the ‘receiving LHN’.

To support implementation of agreed service move projects and the operational transfer of patients, both the sending and receiving LHNs are required to develop localised transition plans detailing specific actions and processes. Included in this planning is the development of templates and/or forms to ensure the accurate and timely transfer of patient information between LHNs and a communication plan for informing identified referrers and patients of service changes.

When developing transition plans it is recommended that LHNs adhere to the set of business rules which address key considerations for the stages leading up to and during the transfer of activity and the criteria for the selection of appropriate in scope patients.

4.1 General business rules

Prior to the transfer of elective surgery activity, key service move project variables including the volume and type of activity to be transferred, any relevant postcode catchments and the date of service moves will be agreed collaboratively between the DHA and the sending and receiving LHNs. New or revised models of care should also be established within the receiving LHN to ensure the service changes are able to be supported, and sufficient auxiliary services such as medical imaging are available to meet demand.

Decision making should be in line with the SA Health Clinical Services Capability Framework and commissioning processes, with reference to the full set of rules outlined below:

- Once the surgical activity to be transferred has been confirmed, the funding attached to the identified activity will be realigned to the receiving LHN by the DHA.
- The surgical services required under the service move project must be commissioned and operational at the receiving LHN before patients can be transferred.
- The sending LHN is responsible for auditing the elective surgery waiting list and undertaking a clinical review of each patient that is in scope for transfer to confirm that the patient still requires the surgery and the correct clinical urgency category has been applied. Once confirmed, the sending LHN will ensure that the patient and referring general practitioner are notified.
- Upon accepting a patient transfer, the receiving LHN will notify the sending LHN that the patients have been accepted, and that the patients have been added to the receiving LHN elective surgery waiting list. At this point, the sending LHN will remove the patients from its elective surgery waiting list.
- The receiving LHN will ensure that transferred patients are immediately accepted onto the elective surgery waiting list under the nominated urgency category, without requiring further clinical review or outpatient consultation. This will include recognition of the time individual patients were added to the elective surgery waiting list, the time the patients have already waited (inclusive of any deferral time) and the need for patients to be treated within the relevant clinically recommended time.
- Records will be maintained of elective surgery activity transfers by both the sending and receiving LHNs.
- When a new request for the addition of a patient to the elective surgery waiting list is received by the sending LHN (following the agreed date of service move), and the patient meets the in-scope criteria, the request will be transferred to the receiving LHN in accordance with the business rules outlined in this section. The exception is that the patient will not be added to the elective surgery waiting list at the sending LHN.
4.2 Patient selection criteria

Selection of patients for transfer who are currently registered on the elective surgery waiting list or who are ready for addition to the waiting list is to occur based on agreed service move project variables and the specified in scope criteria outlined below:

**In scope patients**
- Category 2 patients who have not exceeded 45 days of waiting time (ready for surgery) at the time of transfer.
- Category 3 patients who have not exceeded 300 days of waiting time (ready for surgery) at the time of transfer.
- Patients who have exceeded their recommended waiting time, but through the transfer will receive surgery earlier at the receiving LHN. These patients should be booked for surgery at the receiving LHN, at the point of transfer.

**Out of scope patients**
- Category 1 patients on the elective surgery waiting list (due to the 30 day timeframe).
- Category 2 patients on the elective surgery waiting list who have exceeded 45 days of waiting time (ready for surgery) at the time of transfer.
- Category 3 patients on the elective surgery waiting list who have exceeded 300 days of waiting time (ready for surgery) at the time of transfer.
- Patients on the elective surgery waiting list who have exceeded their recommended clinical urgency waiting time, unless it can be demonstrated that the patient will receive surgery earlier at the receiving LHN.
- Patients that have an appointment date for a pre-operative assessment at the sending LHN within the next 6 weeks (at the time of the service move).
- Patients that have been notified of a date for surgery.
- Patients who are prisoners in the custody of the Department for Correctional Services.

5. Roles and Responsibilities

**Chief Executive Officers, Local Health Networks** are responsible for ensuring that all staff involved in the delivery of elective surgery services are informed about this Policy Guideline.

**Chief Operating Officers/ Health Service Divisional Directors** are responsible for promoting service planning and provision in accordance with this Policy Guideline when transferring elective surgery services from one LHN to another LHN.

**Clinicians and Administrative Staff** are responsible for ensuring they are familiar with this Policy Guideline, and supporting the transfer of patients from one LHN to another LHN in line with the established business rules.

**Department of Health and Ageing** is responsible for developing state-wide policy and strategy for the management of elective surgery that supports the timely and appropriate treatment of patients, ensuring the agreed transfer of activity is reflected in commissioning processes and monitoring performance against established measures in the LHN Service Level Agreements.

6. Reporting

Not applicable.

7. EPAS

Not applicable.
8. National Safety and Quality Health Service Standards

The Policy Guideline aligns to the identified Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards identified below:

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9. Other

Not applicable.

10. Risk Management

A risk management approach underpins the service delivery and management of elective surgery services throughout the public health system. LHNs are responsible for establishing local guidelines and procedures to support primary and operational risk mitigation.

11. Evaluation

This Policy Guideline will be evaluated and reviewed every five years from date of approval, to ensure it remains current.

12. Definitions

In the context of this document:

- **Category 1** means procedures that are clinically indicated within 30 days.
- **Category 2** means procedures that are clinically indicated within 90 days.
- **Category 3** means procedures that are clinically indicated within 365 days.
- **Elective surgery** means planned surgery that can be booked in advance as a result of a specialist clinical assessment resulting in placement on an elective surgery waiting list.
- **Elective surgery wait list** means the list of patients waiting for elective surgery and can also be referred to as the ‘booking list’.
- **Receiving LHN** means the LHN that will be receiving (or commissioning) the new elective surgery activity as a part of the transfer.
- **Sending LHN** means the LHN that will sending (or decommissioning) the elective surgery activity as a part of the transfer.

13. Associated Policy Directives / Policy Guidelines

- Booking List Information System (BLIS) Guidelines.
- SA Health’s Clinical Services Capability Framework.

14. References, Resources and Related Documents