PURCHASING ADJUSTMENT
ELECTIVE SURGERY CATEGORY 1 UNTIMELY ADMISSIONS

Government of South Australia
SA Health

CONTACT UNIT: Performance Framework and Monitoring
DISTRIBUTION: Metropolitan and country hospitals

1. PURPOSE

This bulletin outlines the methodology used to determine the performance disincentive for elective surgery category 1 patients who are ready for care and whose wait time at admission is longer than 30 days.

2. BACKGROUND

Long length of wait times are not only an inconvenience for patients, affecting their overall satisfaction with the care they receive and leading to complaints, but they may also increase the risk of harm and hospital readmission. SA Health aims to provide optimal management of elective surgery admissions across the public hospital system in order to minimise wait times, reduce postponements, maximise patient satisfaction and promote health outcomes for individual patients by providing appropriate wait times on the basis of clinical urgency.

National clinical urgency categories have been adopted for elective surgery undertaken in SA public hospitals and is based on a clinical assessment of the patient's need for elective surgery by an authorised medical practitioner or delegate. It is used to ensure the access to surgery is provided in an equitable manner with priority for those who have the greatest clinical need and then to those who have waited the longest. This bulletin focuses on those patients that are deemed as ready for care and assigned as category 1, defined as:

URGENT: very early admission for a condition that has the potential to deteriorate quickly to the point that it may become an emergency or is life threatening (admission within 30 days desirable).

Local Health Networks work hard to ensure patients are admitted from the booking list on the basis of clinical urgency category and waiting time, to assist in maximising the number of patients treated within clinically recommended timeframes. Category 1 patients are classified as overdue if they are ready for care and waiting time at admission is longer than 30 days. Waiting longer than the clinically recommended treatment time creates risk to the patient and additional strain on the public health system

Purchasing Adjustment

A performance disincentive of $1,000 will be charged to hospitals for each category 1 patient who was ready for care and whose wait time at admission was longer than 30 days.

The penalty payment is intended to encourage timely management of the elective surgery wait list and to ensure that patients are treated within clinically appropriate timeframes.

Evidence must be documented in the patient's clinical record and appropriately recorded in the relevant hospital data systems within the required timeframes. Hospital data will be regularly reviewed to ensure appropriate counting and reporting processes are maintained and to monitor elective surgery bookings.

3. DETAILS OF METHODOLOGY

Measure: The number of Category 1 patients deemed as 'ready for surgery' where the total time spent on the elective surgery wait list (wait time) was longer than the clinically recommended time of 30 days.

Wait time is determined as the time elapsed (in days) from the date the patient was added to the waiting list for their procedure to the date they were removed from the waiting list.

Numerator: Number of Category 1 patients classified as 'ready for surgery' on the elective surgery waiting list who have waited longer than the clinically recommended time of 30 days.

Inclusions: All Category 1 patients who are classified as 'ready for surgery' and have exceeded 30 days on the elective surgery wait list.

Days when the patient was deemed 'not ready for surgery' are subtracted from the total number of days waited and is calculated by subtracting the date(s) the person was recorded as 'not ready for surgery' from the date(s) the person was subsequently recorded as again being 'ready for surgery'.

If, at any time since being added to the waiting list for the elective surgical procedure, the patient has had a less urgent clinical urgency category than the category at removal, then the number of days waited at the less urgent clinical urgency should be subtracted from the total number of days waited.

In cases where there has been only one category reassignment (i.e. to the more urgent category attached to the patient at removal) the number of days at the less urgent clinical urgency category should be calculated by subtracting the date the patient was added to the list from the date the patient's urgency category was reassigned. If the patient's clinical urgency was reclassified more than once, days spent in each period of less urgent clinical urgency than the one applying at removal should be calculated by subtracting one category reassignment date from the subsequent category reassignment date, and then adding the days together.

When a patient is admitted from an elective surgery waiting list but the surgery is cancelled and the patient remains on or is placed back on the waiting list within the same hospital, the time waited on the list should continue. Therefore at the removal date, the patient's waiting time includes the number of days waited on an elective surgery waiting list, both before and after any cancelled surgery admission.

Exclusions: People on the booking list for cosmetic surgery or non-surgical treatment, and people who are not ready for surgery (aka deferred).

4. MONITORING AND FUNDING ADJUSTMENTS

Activity and performance will be assessed and reported as per timeframes stipulated in the Service Level Agreement (SLA). LHNs will have the opportunity to review the data and to submit supporting evidence/documentation to justify compliance. Any associated financial adjustments will be transacted at the end of quarter three through the SLA amendment process.

The Department for Health and Wellbeing reserves the right to audit at any stage up until the final payment.

Periods already assessed and transacted for through the amendment process will not be re-assessed unless significant data changes are notified to the Quality, Information and Performance Division within the amendment window negotiation period. It is important that data quality and completeness are timely and accurate.

Data Source

Elective Surgery Data Collection.

Note: *The definition for this performance indicator was developed with extensive consultation.*

For more information

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