Information Bulletin

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Advice for Referring and Treating Doctors - Waiting Time and Elective Surgery Policy

Document Number	IB2012_004
Publication date	01-Feb-2012
Functional Sub group	Clinical/ Patient Services - Surgical Clinical/ Patient Services - Medical Treatment Clinical/ Patient Services - Information and data
Summary	Advice for Referring and Treating Doctors has been developed to provide doctors with information on the changes introduced by the revised Waiting Time and Elective Surgery Policy PD2012_011.
Replaces Doc. No.	Advice for Referring and Treating Doctors - Waiting Time & Elective Patient Management [IB2009_018]
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Applies to	Local Health Districts, Speciality Network Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Affiliated Health Organisations, Dental Schools and Clinics, Public Hospitals
Audience	VMOs, Staff Specialists, LHDs Executive, Hospital General Managers, Waiting List & Admission Staff
Distributed to	Public Health System, Divisions of General Practice, NSW Ambulance Service, Ministry of Health
Review date	01-Feb-2017
Policy Manual	Patient Matters
File No.	11/5771
Status	Active

Director-General

NSW GOVERNMENT Health

INFORMATION BULLETIN

ADVICE FOR REFERRING AND TREATING DOCTORS

Waiting Time and Elective Surgery Policy

PURPOSE

The aim of this information bulletin is to inform referring doctors as to the minor modifications to the Waiting Time and Elective Surgery Policy PD2012_011.

KEY INFORMATION

“Advice for Referring and Treating Doctors” has been developed to provide doctors with information on the changes introduced by the revised Waiting Time and Elective Surgery Policy - PD2012_011.

ATTACHMENTS

Advice for Referring and Treating Doctors.

Version	Approved by	Amendment notes
February 2012 (IB2012_004)	Director-General	Updated and replaces IB2009_018
April 2009 (IB2009_018)	Director-General	Updated and replaces IB2006_010
March 2006 (IB2006_011)	Director-General	Information Bulletin released

NSW GOVERNMENT Health

Information Bulletin

Managing elective surgery patients in NSW public hospitals

Contents

Introduction

The aim of this Information Bulletin is to inform referring doctors as to the minor modifications to the Waiting Time and Elective Surgery Policy that has been approved by the Surgical Services Taskforce (SST). The Waiting Time and Elective Surgery Policy promotes partnerships between clinicians and hospitals to facilitate the optimal management of waiting lists. The policy also promotes improved communication between clinicians and hospitals to facilitate the treatment of patients in a clinically appropriate timeframe.

The Waiting Time and Elective Surgery Policy (2012) is available on the NSW Health web site:

http://www.health.nsw.gov.au/policies/pd/2012/PD2012_011.html

For further information or clarification please contact your District/Network Program Director of Surgery or the State Program Director of Surgery at NSW Health.

Summary of the Key Elements and Issues for Clinicians

CHANGE / ISSUE	EXPLANATION
A **recommended guide of accepted Clinical Priority Categories** for common procedures with certain clinical indications. (Recommended guide is located in Appendix 2).	A recommended guide of accepted Clinical Priority Categories has been developed with the assistance of specialist craft groups to ensure that patients with similar conditions are prioritised in a similar way. The appropriate categorisation of patients with similar conditions will provide clinicians with more certainty about being able to obtain access for their patients in a clinically appropriate timeframe. Individual patient exceptions to the recommended Clinical Priority Categorisation are facilitated by supporting documentation or following discussions with the District/Network Program Director of Surgery.
The **minimum information** that the referring doctor should provide on the Recommendation for Admission form (RFA). (List of the minimum information required is located in Appendix 3).	To keep pace with the changing methods for booking patients for a procedure (e.g. fax, post), hospital staff need information to ensure that they are able to register the patient on to the waiting list in a timely manner.
RFA forms must be forwarded to the hospital within 3 working days of the patient agreeing to the proposed procedure/treatment (via the most relevant means e.g. mail, hand delivery, by patient or carer).	To ensure that patients are registered on the waiting list in a timely and equitable manner, RFA forms need to be forwarded to the hospital within 3 working days. Hospitals are required to supply the doctor with a detailed copy of their waiting list for review, at least monthly.

CHANGE / ISSUE	EXPLANATION
An **RFA** will only be accepted if the patient's clinical condition requires surgical intervention within 12 months**.**	If an RFA is presented with a planned operation date > 12 months ahead, discussion with the referring doctor will be required.
A **Responsibilities** section is included in the revised policy for Patients, GP, Surgeons, Booking Clerk, Clinical Director of Surgical Services and Program Director of Surgical Services.	**Surgeon responsibilities:** Explain proposed procedure/treatment, options for treatment and potential complications. Anticipated length of stay and obtain written informed consent from the patient. Assign a clinical priority category for the procedure/treatment, as it applies to the individual patient as per the "Advice for Treating Doctors". If patient is classified as staged, the time interval when the patient will be ready for care should be indicated. Ensure that RFA forms are legible and minimum data set is completed. Forward the completed RFA direct to the hospital within 3 working days of the patient agreeing to the proposed procedure/ treatment (via the most relevant means e.g. mail, hand delivery, by patient or carer). Initiate prompt and appropriate communication with the referring GP regarding management of the patient. Referring doctors must ensure they are available to perform the procedure within the clinical priority timeframe. Alternatively, the clinician should make arrangements for another clinician to perform the procedure within the appropriate clinical timeframe. Review Waiting List at least monthly and verify with the hospital. Provide as much notice of intended leave as possible (minimum of 6 weeks) for appropriate theatre scheduling.

CHANGE / ISSUE	EXPLANATION
Demand Management	Patients added to the elective surgery waiting list should be treated within their clinical priority timeframe. If the surgeon does not have the capacity to undertake the surgery within the clinical priority timeframe then this should be managed in conjunction with the surgeon, patient and referring General Practitioner by considering: • Additional theatre time. • Transfer of patients to another surgeon with a shorter waiting list. • Private sector option if the above prove unsuccessful (Local Health District/Network responsible for expenses incurred.
Additional **Cosmetic and Discretionary** procedures that are no longer available in NSW Public Hospitals are included in the revised Policy. (Appendix4)	Surgery should meet an identified clinical need to improve the physical health of the patient. When a clear clinical need to improve a patient's physical health has been identified for Cosmetic and Discretionary procedure, approval of the Local Health District/Network Program Director of Surgery, in consultation with senior management should be sought by the referring doctor before cosmetic and discretionary procedures are undertaken in any public hospital facility.
Clinicians are requested to provide at least **6 weeks** notice for planned leave such as holiday, study and conference leave.	In order to facilitate better planning for operating theatres and to minimise patient delays, a minimum of 6 weeks notice for planned leave is required.
Bilateral Procedures	An RFA will only be accepted for one procedure unless the bilateral procedure is occurring in the same admission. This is to ensure that the patient has been reviewed to assess that they are clinically ready to undergo the subsequent procedure. The exception is when the surgeon undertakes the bilateral procedure in the same operation.
Patient to Choice to wait has been removed from the policy.	Where the patient declines **two** genuine offers of treatment with another doctor or at another hospital, then the patient should be advised that they may be removed from the waiting list. The Local Health District Program Director of Surgery should review the patient's status on the waiting list in consultation with the original treating doctor prior to the patient being removed from the waiting list.

CHANGE / ISSUE	EXPLANATION
Not Ready for Care – Staged & Deferred	**Staged Only** • On request for admission the Not Ready for Care timeframe should be identified by the treating doctor and a RFC clinical priority category indicated. • Once the identified NRFC staged timeframe is completed the patient then returns to the RFC category as indicated by the treating doctor. • A PAD/TCI can be arranged whilst the patient is in the category of Not Ready **Deferred Only** • The period of time the patient request deferment should be determined and the patient returned to the original CPC at that timeframe. • A deferred patient should not exceed the timeframes for their clinical priority category as indicated above.

Appendix 1

Clinical Priority Categories

Categorisation of Elective patients by clinical priority is required to ensure they receive care in a timely and clinically appropriate manner. The Clinical Priority Category is allocated by the referring doctor.

Clinical Priorities are:

Clinical Priority Category *A clinical assessment of the priority with which a patient requires elective admission*		
Category 1	Admission **within 30 days** desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.	Ready for Care
Category 2	Admission **within 90 days** desirable for a condition which is not likely to deteriorate quickly or become an emergency.	
Category 3	Admission **within 365 days** acceptable for a condition which is unlikely to deteriorate quickly and which has little potential to become an emergency.	
Category 4	Patients who are either clinically not ready for admission (**staged**) and those who have deferred admission for personal reasons (**deferred**).	Not Ready for Care

ADVICE FOR REFERRING AND TREATING DOCTORS

Allocation of Clinical Priority Categories for elective patients NSW public hospitals

Appendix 2

Reference List – Clinical Priority Categories

IPC	Procedure*	Recommended Clinical Priority Category	IPC List
124	Acromioplasty	3 (within 365 days)	Acromioplasty
067	Adenoidectomy	3 (within 365 days)	Adenoidectomy
197	Amputation digit (toe/finger)	2 (within 90 days)	Amputation digit (toe/finger)
085	Amputation of limb	1 (within 30 days)	Amputation of limb
175	Aortic bifurcation graft	1 (within 30 days)	Aortic bifurcation graft
097	Appendicectomy (non-emergency)	3 (within 365 days)	Appendicectomy
122	Arthrodesis	3 (within 365 days)	Arthrodesis
042	Arthroscopy	3 (within 365 days)	Arthroscopy
178	Biopsy – muscle	1 (within 30 days) or 2 (within 90 days)	Biopsy - muscle
027	Biopsy of breast	1 (within 30 days) or 2 (within 90 days)	Biopsy of breast
046	Biopsy/conization of cervix/LLETZ	2 (within 90 days)	Biopsy/conization of cervix/LLetz
137	Bladder neck incision	2 (within 90 days)	Bladder neck incision
184	Blepharoplasty	3 (within 365 days)	Blepharoplasty
019	Bronchoscopy	1 (within 30 days)	Bronchoscopy
192	Bursa – excision	3 (within 365 days)	Bursa - excision
016	Cardiac catheterisation	1 (within 30 days)	Cardiac catheterisation
001	Cataract extraction (+/- intra-ocular lens insertion)	3 (within 365 days)	Cataract extraction
128	Change of muscle or tendon length	3 (within 365 days)	Change of muscle or tendon length
120	Change of plaster (GA)	4 (staged)	Change of plaster (GA)
002	Cholecystectomy (including laparoscopic) - Acute Cholecystitis	1 (within 30 days) or 2 (within 90 days)	Cholecystectomy
054	Circumcision (clinical conditions only)	3 (within 365 days)	Circumcision
176	Closure colostomy/ileostomy	4 (Staged)	Closure colostomy/ileostomy
075	Cochlear implant	3 (within 365 days)	Cochlear implant
025	Colectomy/Anterior Resection/Large Bowel resection	1 (within 30 days) or 2 (within 90 days)	Colectomy/Anterior Resection/Large Bowel Resection

*** Generally, malignancy will be considered to require treatment within 30 days.**

Reference List – Clinical Priority Categories

IPC	Procedure*	Recommended Clinical Priority Category	IPC List
020	**Colonoscopy** High likelihood of significant organic pathology. Examples: • Clinically significant overt lower gastrointestinal bleeding. • Active Inflammatory bowel disease or diarrhoea where endoscopy is indicated to progress management • Clinically significant iron deficiency anaemia. • FOBT +ve (including the National Bowel Cancer Screening Program.	1 (within 30 days)	Colonoscopy
020	**Colonoscopy** Lower likelihood of significant organic pathology. Examples: • Functional bowel symptoms without alarm features. • Persistent undiagnosed diarrhoea.	2 (within 90 days)	Colonoscopy
020	**Colonoscopy** Surveillance: • Family History – (as per NHMRC Clinical Practice Guidelines – see appendix 5). • Complete examination of colon (if not done preoperatively) within 1 year of curative surgery.	3 (within 365 days)	Colonoscopy
020	**Colonoscopy** Waiting List Bookings for colonoscopy are **not** accepted for more than 12 months in advance. Category 4 used for: **Staged Procedures:** • Patient who require the procedure after a specific time period up to 12 months in advance. For example post polypectomy follow up of high risk lesions for recurrence or incomplete resection. • Patients who are temporarily not fit for colonoscopy. **Deferred Procedures:** • Patients who defer colonoscopy for personal reasons.	4 (Not Ready for Care – Staged or Deferred)	Colonoscopy

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Reference List – Clinical Priority Categories

IPC	Procedure*	Recommended Clinical Priority Category	IPC List
101	Colposcopy	2 (within 90 days)	Colposcopy
113	Corneal graft	3 (within 365 days)	Corneal graft
017	Coronary angioplasty/Stent?Balloon dilatation	1 (within 30 days)	Coronary angioplasty/DSA/PTA/ Stent/Balloon Dilation
003	Coronary artery bypass graft	1 (within 30 days)	Coronary artery bypass graft
068	Correction of bat ears	3 (within 365 days)	Correction of bat ears
074	Correction of cleft lip/palate	3 (within 365 days)	Correction of cleft lip/palate
111	Correction of ectropian	3 (within 365 days)	Correction of ectropian
151	Correction of uretero-pelvic junction	2 (within 90 days)	Correction of uretero-pelvic junction
108	Craniectomy	2 (within 90 days)	Craniectomy
104	Craniotomy	2 (within 90 days)	Craniotomy
143	Cystectomy	1 (within 30 days or 2 (within 90 days))	Cystectomy
004	Cystoscopy	3 (within 365 days) or 4 (staged)	Cystoscopy
118	Dacrocystorhinostomy	3 (within 365 days)	Dacrocystorhinostomy
043	Diagnostic laparoscopy	3 (within 365 days)	Diagnostic laparoscopy
093	Diathermy of warts	3 (within 365 days)	Diathermy of warts
100	Dilatation and curettage	2 (within 90 days)	Dilatation and curettage
026	Dilation of oesophagus	2 (within 90 days)	Dilatation of oesophagus
055	Dilation of urethra	2 (within 90 days)	Dilatation of urethra
039	Diskectomy	3 (within 365 days)	Diskectomy
103	Drainage of Bartholin's cyst	3 (within 365 days)	Drainage of Bartholin's cyst
105	Drainage of sub-dural haematoma	2 (within 90 days)	Drainage of sub-dural haematoma
057	Endarterectomy	1 (within 30 days)	Endarterectomy
049	Endometrial ablation	3 (within 365 days)	Endometrial ablation
088	Endoscopy - ERCP	1 (within 30 days) or 2 (within 90 days)	Endoscopy - ERCP
022	Endoscopy - small intestine	2 (within 90 days)	Endoscopy - small intestine
063	Ethmoidectomy	3 (within 365 days)	Ethmoidectomy
116	Examination of eye under anaesthesia	2 (within 90 days)	Examination of eye under anaesthesia
077	Excision lesion of pharynx	2 (within 90 days)	Excision lesion of pharynx

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Reference List – Clinical Priority Categories

IPC	Procedure*	Recommended Clinical Priority Category	IPC List
080	Excision of anal fissure	2 (within 90 days) or 3 (within 365 days)	Excision of anal fissure
084	Excision of breast lump	1 (within 30 days) or 2 (within 90 days)	Excision of breast lump
119	Excision of chalazion	3 (within 365 days)	Excision of chalazion
086	Excision of ganglion	3 (within 365 days)	Excision of ganglion
208	Excision of Lipoma +/-Grafting	3 (within 365 days)	Excision of Lipoma +/- Grafting
207	Excision of Melanoma +/- Grafting	1 (within 30 days)	Excision of Melanoma/SCC/BCC/ +/- Grafting
207	Excision of SCC +/- Grafting	1 (within 30 days)	Excision of Melanoma/SCC/BCC/ +/- Grafting
207	Excision of BCC +/- Grafting	1 (within 30 days or 2 (within 90 days))	Excision of Melanoma/SCC/BCC/ +/- Grafting
052	Excision of ovarian cyst	3 (within 365 days)	Excision of ovarian cyst
112	Excision of pterygium	3 (within 365 days)	Excision of pterygium
045	Female sterilisation	3 (within 365 days)	Female sterilisation
028	Femoral herniorrhaphy	3 (within 365 days)	Femoral herniorrhaphy
154	Femoro-popliteal bypass graft	1 (within 30 days) or 2 (within 90 days)	Femoro-popliteal bypass graft
179	Foreign body – removal (non-emergency)	3 (within 365 days)	Foreign body - removal
031	Freeing abdominal adhesions	3 (within 365 days)	Freeing abdominal adhesions
185	Functional Endoscopic sinus surgery (FESS)	3 (within 365 days)	Functional endoscopic sinus surgery (FESS)
089	Fundoplication	3 (within 365 days)	Fundoplication
210	Gastrectomy	2 (within 90 days)	Gastrectomy
021	Gastroscopy (Haemorrhage or Upper GI Cancer)	1 (within 30 days)	Gastroscopy
021	Gastroscopy (other)	3 (within 365 days) or 4 (staged)	Gastroscopy
005	Haemorrhoidectomy/Banding of Haemorrhoids	3 (within 365 days)	Haemorrhoidectomy/ Banding of Haemorrhoids
198	Hammertoe – correction/repair	3 (within 365 days)	Hammertoe - correction/repair
018	Heart valve replacement	1 (within 30 days)	Heart valve replacement
177	Hernia – epigastric, repair	3 (within 365 days)	Hernia - epigastric

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Reference List – Clinical Priority Categories

IPC	Procedure*	Recommended Clinical Priority Category	IPC List
174	Hypospadias repair	3 (within 365 days)	Hypospadias repair
006	Hysterectomy	3 (within 365 days)	Hysterectomy
044	Hysteroscopy	2 (within 90 days)	Hysteroscopy
007	Inguinal herniorrhaphy	3 (within 365 days)	Inguinal herniorrhaphy
213	Insertion of Levovorgestrel intra uterine system	3 (within 365 days)	Insertion of Levonorgestrel intra uterine system
096	Insertion of hepatic artery catheter	1 (within 30 days)	Insertion of hepatic artery catheter
142	Insertion of ureteric stent	1 (within 30 days)	Insertion of ureteric stent
109	Insertion of ventricular shunt	2 (within 90 days)	Insertion of ventricular shunt
066	Insertion P.E, tubes (grommets)	3 (within 365 days)	Insertion P.E. tubes (grommets)
048	Insufflation of fallopian tube (Rubin's test)	3 (within 365 days)	Insufflation of fallopian tube (Rubin's test)
199	Joint replacement eg. shoulder (other than hip & knee)	3 (within 365 days)	Joint replacement eg. shoulder (other than hip & knee)
038	Laminectomy/Other Spinal Surgery (excluding diskectomy)	3 (within 365 days)	Laminectomy/Other Spinal Surgery (excluding fusion and diskectomy)
083	Laparotomy	2 (within 90 days)	Laparotomy
072	Laryngectomy	1 (within 30 days)	Laryngectomy
056	Lithotripsy	2 (within 90 days)	Lithotripsy
082	Liver biopsy	2 (within 90 days) or 3 (within 365 days)	Liver biopsy
216	Lobectomy any organ/lung	2 (within 90 days)	Lobectomy any organ / Lung
181	Lymph node – excision	1 (within 30 days)	Lymph node - excision
135	Mandibulectomy/hemi-mandibulectomy	2 (within 90 days)	Mandibulectomy/hemi-mandibulectomy
195	Manipulation under Anaesthetic	3 (within 365 days)	Manipulation under anaesthetic
030	Mastectomy	1 (within 30 days) or 2 (within 90 days)	Mastectomy
070	Mastoidectomy	2 (within 90 days)	Mastoidectomy
140	Meatoplasty (urinary)	3 (within 365 days)	Urinary Meatoplasty
126	Menisectomy (knee)	3 (within 365 days)	Menisectomy (knee)

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Reference List – Clinical Priority Categories

IPC	Procedure*	Recommended Clinical Priority Category	IPC List
064	Microlaryngoscopy	2 (within 90 days)	Microlaryngoscopy
050	Myomectomy	3 (within 365 days)	Myomectomy
008	Myringoplasty/Tympanoplasty	3 (within 365 days)	Myringoplasty/ Tympanoplasty
009	Myringotomy	3 (within 365 days)	Myringotomy
217	Nasendoscopy	2 (within 90 days)	Nasendoscopy
069	Nasal cautery	3 (within 365 days)	Nasal cautery
032	Nasal polypectomy	3 (within 365 days)	Nasal polypectomy
141	Nephrectomy	1 (within 30 days or 2 (within 90 days))	Nephrectomy
191	Nerve decompression/release	3 (within 365 days)	Nerve decompression/ release
139	Orchidectomy	2 (within 90 days) or 3 (within 365 days)	Orchidectomy
138	Orchidopexy	2 (within 90 days)	Orchidopexy
193	Osteotomy – ankle/foot/arm/facial	3 (within 365 days)	Osteotomy - ankle/foot/arm/facial
194	Osteotomy – hip/femur/tibia/shoulder	3 (within 365 days)	Osteotomy - hip/femur/tibia/ shoulder
180	Parotidectomy/Submandibular gland - excision	2 (within 90 days)	Parotidectomy/ Submandibular gland - excision
187	Pharyngoplasty	3 (within 365 days)	Pharyngoplasty
081	Pilonidal sinus	2 (within 90 days) or 3 (within 365 days)	Pilonidal sinus
058	Pleurodesis	1 (within 30 days)	Pleurodesis
117	Probing of naso/lacrimal duct	3 (within 365 days)	Probing of naso-lacrimal duct
010	Prostatectomy (TURP or open prostatectomy)	2 (within 90 days)	Prostatectomy/open/ TURP
147	Prostatic biopsy	1 (within 30 days)	Prostatic biopsy
183	Ptosis – repair, correction	3 (within 365 days)	Ptosis - repair
059	Pulmonary artery shunt	1 (within 30 days)	Pulmonary artery shunt
145	Pyeloplasty	2 (within 90 days)	Pyeloplasty
152	Pylorotomy	3 (within 365 days)	Pylorotomy
133	Radical neck dissection	1 (within 30 days)	Radical neck dissection
201	Reconstruction of shoulder	3 (within 365 days)	Reconstruction of shoulder
131	Reduction of fractured orbit	3 (within 365 days)	Reduction of fractured orbit

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Reference List – Clinical Priority Categories

IPC	Procedure*	Recommended Clinical Priority Category	IPC List
130	Reduction of fractured zygoma	3 (within 365 days)	Reduction of fractured zygoma
149	Reimplantation of ureters	2 (within 90 days)	Reimplantation of ureters
036	Release of carpal tunnel	3 (within 365 days)	Release of carpal tunnel
127	Release of clubfoot	2 (within 90 days) or 4 (staged)	Release of clubfoot
076	Release of tongue tie	3 (within 365 days)	Release of tongue tie
132	Removal of breast implants	3 (within 365 days)	Removal of breast implants
041	Removal of bunion (hallux valgus;hallux abducto valgus)	3 (within 365 days)	Removal of bunion Hallax valgus;hallux adbducto valgus
219	Removal of epididymal cyst	3 (within 365 days)	Removal of epididymal cyst
024	Removal of ingrown toenail	3 (within 365 days)	Removal of ingrown toenail
040	Removal of pins and plates	4 (staged)	Removal of pins and plates
023	Removal of skin lesions	1 (within 30 days)	Removal of skin lesion
023	Removal of skin lesions (other)	3 (within 365 days)	Removal of skin lesion
148	Removal of stone from urinary tract	1 (within 30 days)	Removal of stone from urinary tract
061	Repair atrial-septal defect	1 (within 30 days)	Repair atrial-septal defect
078	Repair incisional hernia	3 (within 365 days)	Repair incisional hernia
047	Repair of cystocele, rectocele	3 (within 365 days)	Repair of cystocele
121	Repair of Dupuytren's contracture/faciectomy/Palmar fasciectomy	3 (within 365 days)	Repair of Dupuytren's contracture/ Fasciectomy/Palmar Fascietomy
114	Repair of exostosis	3 (within 365 days)	Repair of exostosis
094	Repair of hiatus hernia	3 (within 365 days)	Repair of hiatus hernia
150	Repair of hydrocele	3 (within 365 days)	Repair of hydrocele
034	Repair of knee cartilage/Repair of knee ligament/ACL reconstruction	3 (within 365 days)	Repair of knee cartilage/Repair of knee ligament/ACL Reconstruction
123	Repair of rotator cuff	3 (within 365 days)	Repair of rotator cuff
115	Repair of squint	3 (within 365 days)	Repair of squint
029	Repair of umbilical hernia	3 (within 365 days)	Repair of umbilical hernia
062	Repair patent ductus arteriosis	1 (within 30 days)	Repair patent ductus arteriosis

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Reference List – Clinical Priority Categories

IPC	Procedure*	Recommended Clinical Priority Category	IPC List
060	Repair ventricular-septal defect	1 (within 30 days)	Repair ventricular-septal defect
110	Replacement/removal of ventricular shunt	4 (staged)	Replacement/removal of ventricular shunt
153	Resection of abdo-aortic aneurysm	1 (within 30 days) or 2 (within 90 days)	Resection of abdo-aortic aneurysm
144	Retrograde pyelogram	1 (within 30 days or 2 (within 90 days))	Retrograde pyelogram
136	Revision of scar (Non-cosmetic eg Burns)	4 (staged)	Revision of scar
033	Rhinoplasty	3 (within 365 days)	Rhinoplasty
173	Salpingo-opherectomy/Oopherectomy	3 (within 365 days)	Salpingo-oopherectomy/ oopherectomy
011	Septoplasty	3 (within 365 days)	Septoplasty
209	Skin Grafts, including split skin graft	4 (staged)	Skin Grafts, including Split Skin Graft
095	Sphincterotomy	2 (within 90 days)	Sphincterotomy
037	Spinal fusion	3 (within 365 days)	Spinal fusion
161	Stapedectomy	3 (within 365 days)	Stapedectomy
065	Sub-mucosal resection/Nasal	2 (within 90 days)	Sub-mucosal resection/Nasal
190	Tendon release	3 (within 365 days)	Tendon release
129	Tenotomy of hip	2 (within 90 days) or 4 (staged)	Tenotomy of hip
079	Thyroidectomy/hemi-thyroidectomy	2 (within 90 days) or 3 (within 365 days)	Thyroidectomy/hemi-thyroidectomy
012	Tonsillectomy (+/- adenoidectomy)	3 (within 365 days)	Tonsillectomy
013	Total hip replacement	3 (within 365 days)	Total hip replacement
014	Total knee replacement	3 (within 365 days)	Total knee replacement
182	Trabeculectomy	2 (within 90 days)	Trabeculectomy
073	Tracheostomy	1 (within 30 days) or 2 (within 90 days)	Tracheostomy
146	Trial of voiding	2 (within 90 days)	Trial of voiding
196	Trigger finger/thumb – repair, release	3 (within 365 days)	Trigger finger/thumb - repair
015	Varicose veins stripping and ligation (CEAP Grade >C3)	3 (within 365 days)	Varicose veins stripping and ligation
053	Vasectomy	3 (within 365 days)	Vasectomy
220	Vitrectomy (including buckling/cryotherapy)	2 (within 90 days)	Vitrectomy (inc buckling/cryotherapy)

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Appendix 3

Completion of Recommendation for Admission Form (RFA)

The following minimum data set on the Recommendation for Admission Form (RFA) is to be obtained by:

Referring Doctor	Admission/Booking Staff
• Patient's full name • Patient's address • Patient's contact information (home, work & mobile telephone) • Patient's gender • Patient's date of birth • Medicare number • Clinical priority category • If classified as staged, the time interval when the patient will be ready for care should be indicated • Discharge intention (i.e. day only, or indication of number of nights in hospital) • Presenting problem • Planned procedure/treatment • Significant medical history (including allergies) • Treating doctor (if different) • Patient's signed consent (if available) • General Practitioner's name and address (if available) • Interpreter required	• Planned admission date (if allocated) • Anticipated election status • Status review date (staged patients) • Short notice/Standby offers • Aboriginal & Torres Strait Islander Status (NSW Health Data Dictionary)

Any other relevant information should be included on the RFA e.g.

- Estimated operating time (especially if expected that the procedure will be outside benchmark timeframes)
- Specific preadmission requirements
- Special operating theatre equipment
- Requirement for an ICU/HDU bed post procedure.

The referring doctor must:

Forward the completed RFA direct to the hospital within 3 working days of the patient agreeing to the proposed procedure/treatment (via the most relevant means e.g. mail, hand delivery, by patient or carer).

- Facsimiles(fax) RFA's should not be routinely used and only be accepted for urgent admissions where there is limited time to send a hard copy. An RFA (hardcopy) is to follow as soon as possible.

- Where patients require additional time to consider their options, the referring doctor must organise for the completed RFA to be forwarded within 3 working days of the patient's acceptance of the surgical option.

- Expedite the transmission of RFAs for any urgent admissions e.g. patients in Category 1 (admission within 30 days).

- Where an urgent admission is requested, a facsimile can be used to communicate the information required and expedite receipt of the required information from the referring doctor's rooms or clinic.

Appendix 4

Cosmetic & Discretionary Surgery - Inclusion/Exclusion Criteria

Surgery should meet an identified clinical need to improve the physical health of the patient.

- The approval of the Local Health District/Network Program Director of Surgery, in consultation with senior management should be sought by the referring doctor before cosmetic and discretionary procedures are undertaken in any public hospital facility.

- The referring doctor should document on the Request for Admission form, at the time a patient is referred, objective medical criteria supporting the decision for surgery for all procedures that may be considered cosmetic or discretionary. This requirement supports appropriate documentation of clinical decision-making and the review process.

- For procedures not appearing on the list below or where there is doubt about the nature of the proposed surgery, the request should be referred to the Local Health District/Network Program Director of Surgery for review prior to the patient being added to the waiting list.

- The patient should be advised when the Recommendation for Admission is going through the approval process.

The following list of surgical procedures should not routinely be performed in public hospitals in NSW unless there is a clear clinical need to improve a patient's physical health.

Cosmetic Procedure	**Exception**
Bilateral breast reduction	Severe Disability due to breast size
Bilateral breast augmentation	Nil
Replacement breast prosthesis	Replacement for post cancer patients only
Hair transplant	Disfiguring Hair loss due to Severe Burn
Blepharoplasty/Reduction of upper or lower eyelid	Severe Visual Impairment
Total rhinoplasty	Major Facial Trauma - Congenital abnormality – paediatrics
Liposuction	Nil
Abdominal lipectomy (Abdominoplasty)	Nil
Meloplasty/Facelifts	Nil
Correction of bat ear (>16 years old)	Nil
Tattoo removal procedure	Nil
Removal of benign moles	Nil
Candela Laser	Congenital abnormality – paediatrics < 17 years
Varicose Veins	CEAP Grade > C3
Laser photocoagulation	Nil

Discretionary Procedure	Exception
Gender reassignment surgery	Congenital abnormalities in children
Lengthening of penis procedure	Congenital abnormalities in children
Insertion of artificial erection devices	Nil
Reversal of sterilization	Nil
Social circumcision	Nil
TMJ Arthrocentesis	Nil
Labioplasty	Nil

Appendix 5

NHMRC Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer (2005)

Post Adenoma Resection Colonoscopy Surveillance

Finding at index colonoscopy	Interval
• 2 or less tubular adenomas <10mms.	5 years
• Large adenomas ≥ 10 mms. • Advanced adenoma – high grade dysplasia/villous component. • 3 or more adenomas.	3 years
• Malignant polyps. • Piecemeal resection of large sessile polyps (>2 cms) with possible incomplete excision.	Clinician discretion for 1st surveillance (recommend within 3 months), then standard follow up as per guideline.

Family History

Finding	Interval
• 1st degree relative affected with colorectal cancer (CRC) Age <55.	Every 5 years from age 50.
• Two 1st degree relatives or 2nd degree relatives on same side of family with CRC.	10 years younger than youngest affected relative and then 5 yearly.
• Three or more 1st degree relatives on same side of the family with CRC (suspect hereditary nonpolyposis colorectal cancer (HNPCC). • Two or more 1st or 2nd degree relatives on the same side of the family with CRC and high risk features. o Multiple CRC in one person. o CRC diagnosed age <50. o At least one relative with endometrial or ovarian cancer (suspect HNPCC).	Yearly or 2nd yearly from age 25 or 5 years younger than earliest CRC.

Post Curative Resection for Colorectal Cancer

• Complete examination of the colon either pre-operatively or within 1 year of curative surgery. • Subsequent colonoscopy at 3 years and if normal 5 yearly.

Hereditary Non Polyposis Colorectal Cancer (HNPCC)

• Positive mismatch repair (MMR) gene mutation	Yearly from age 25 or 5 years younger than earliest CRC