



Victorian
Agency for
**Health
Information**

Elective Surgery Waiting Lists: A rapid review to ensure full transparency

Health Data Integrity

July 2017

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Summary

In December 2016, the Department of Health and Human Services (the department) became aware of over 900 patients who had not been placed on the publicly reported elective surgery waiting list due to an administrative error. These patients were in elective surgery waiting list information systems in health services, but they had been assigned to an aesthetic (cosmetic) surgery procedure code that was no longer reported by health services to the department (i.e. obsolete).

The patients on these lists were largely waiting for low urgency plastic and reconstructive surgery – such as breast procedures, reconstruction or reductions and scar revision. Victoria's *Elective Surgery Access Policy*¹ (ESAP) states that aesthetic (cosmetic) surgery should not be performed in public hospitals, unless there is a clear clinical need in relation to a patient's physical health. An example includes breast reconstruction after mastectomy surgery. In 2011 the department made the procedure code (Principal Prescribed Procedure (PPP) code 509) for aesthetic (cosmetic) procedures code obsolete and directed health services to assign patients with a clear clinical need for these surgeries to other relevant procedure codes (e.g. 'breast reconstruction' or 'breast reduction').

Between January and May 2017, an independent review of all health services reporting elective surgery waiting list data to the department was conducted by PricewaterhouseCoopers (PwC) under the direction of the newly established Victorian Agency for Health Information (the agency).

PwC was engaged to:

- Undertake an immediate and comprehensive review of 11 health services where patients had been assigned to the obsolete elective surgery procedure code. That review was intended to ensure health service compliance with instructions provided by the department concerning these patients. This included the need for patients to be clinically reviewed, and where there was a clear clinical need, for them to be assigned to appropriate procedure codes and their waiting time to be calculated based on when they were originally listed for elective surgery
- Determine the status of these patients as of 31 March 2017, including whether they had received surgery or were still waiting for care
- Complete a rapid review of compliance with the ESAP for surgery and the management of the patients waiting for elective procedures at all 23 health services that contribute to the elective surgery information system. The result of this review was to be provided to management at each health service, so that a remediation plan could be established, including a target date for completion of any work required to ensure compliance.

To complete the review PwC conducted interviews with relevant administrative and clerical staff and analysed the degree of consistency between the results of interviews, each health service's documented procedures and the ESAP. To track the management and treatment of patients, analyses of paper records and electronic data was undertaken. This work was conducted between January and May 2017 and covered a 12-month period of prior activity.

Findings

There were 11 health services that had assigned 949 patients to the obsolete procedure code, with most of these patients (97 per cent) listed for elective surgery at four health services: Peninsula Health, Monash Health, Eastern Health and Austin Health (**Table 1, page 9**).

By 31 March 2017, 878 (93 per cent) of the 949 patients had been clinically reviewed. Among those unable to be reviewed, 62 patients were not able to be contacted by health services by phone and/or letter, eight were unable to attend a clinical appointment prior to April 2017 and one was deceased[†] (**Table 2, page 10**).

Among the 878 patients who received a clinical review, 34 patients had received surgery by 31 March 2017. A total of 274 patients had been added to the reported waiting list (**Table 3, page 11**). In its *Health circular*², the department advised that these patients should be treated in turn with regard to their clinical urgency category and the waiting times of existing waiting list patients under that surgical specialty or PPP code. In scheduling surgery dates public hospitals and health services were to consider the length of time patients had been waiting (under PPP code 509) and prioritise those who had been waiting the longest.

Among the 274 patients previously assigned to the aesthetic (cosmetic) surgery procedure code but now added to the reported waiting list, over half were reassigned to reportable elective surgery procedure codes for breast reduction, reconstruction, prosthesis or similar procedures. Others were reassigned to procedure codes for scar revision and other similar procedures (**Table 4, page 12**). The remaining 633 patients were removed from the waiting list, in accordance with the current policy, because they did not have a clear clinical need, declined or no longer required surgery, received surgery at another health service, could not be contacted, failed to attend the clinic multiple times or were deceased[†] (**Table 5, page 12**).

A summary of the status of these patients is provided for Monash Health, Peninsula Health, Eastern Health and Austin Health (see **Appendices 1 to 4, pages 16 to 24**). A combined summary for the remaining health services is provided in **Appendix 5, pages 25 to 27**.

PwC identified a number of issues concerning health service compliance with the ESAP and provided recommendations for action to each health service, and remediation plans have been established including a target date for completion (see **pages 13 and 14, and Appendices 1 to 5, pages 16 to 27**). This report includes recommendations for the department and health services to better support appropriate access to elective surgery and transparency in the elective surgery waiting list. Later in 2017, the agency's health data integrity program will review health service responses to ensure they have taken appropriate action as recommended by PwC.

The results of the independent review are detailed in the body of this report and a statement from PwC confirming the results is provided on **page 6**.

[†] Peninsula Health confirmed that the cause of death was unrelated to the procedure for which the patient was waiting.



Dr Diane Watson
Chief Executive Officer
Victorian Agency for Health Information
Department of Health & Human Services
50 Lonsdale Street Melbourne Victoria 3000

11 July 2017

Dear Dr Watson

Patient Waiting List Review - Data Collection

PricewaterhouseCoopers (PwC) was engaged to conduct an independent review of patient waiting list processes at nominated Victorian public health services. This was undertaken at 23 Victorian public health services in the period January to May 2017.

PwC has verified that all tables in your Agency's report are a true and accurate account of the state of the 949 patients, previously classified as waiting for Plastics/Aesthetic (Cosmetic) Procedures (PPP509), as at the end of March 2017.

This attestation is based on the following methods we used to verify the status of 949 patients. Information was supplied by management of each health service based on data extracted from their patient administration systems. PwC then matched the information provided by health services to individual patient administration systems records to verify its accuracy. Please note that PwC did not trace this information back to source patient records.

PwC has also verified that the state of compliance of the 23 health services with the Elective Surgery Access Policy, July 2015 and with Health Circular 06/2016, as described in the Agency's report, is based on the review we conducted.

PwC has reported the findings of the review, including the data on which the review was based, to the Victorian Agency for Health Information, providing recommendations for a number of health services, for the Department of Health and Human Services and for the agency.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Chris Braithwaite', is written over a light blue horizontal line.

Chris Braithwaite
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Introduction

Victoria's *Elective Surgery Access Policy*¹ (ESAP) states that aesthetic (cosmetic) surgery should not be performed in public hospitals, unless there is a clear clinical need in relation to a patient's physical health. An example includes breast reconstruction after mastectomy surgery.

In December 2016 Monash Health advised the Department of Health and Human Services (the department) that approximately two hundred patients were waiting for elective surgery who had not been included in the waiting list data provided by Monash Health to the department. Accordingly, these patients had not been included in public reports regarding the number of patients waiting for surgery or waiting times at this health service.

Monash Health's new management indicated that these patients were in their patient information system, but they had potentially been incorrectly assigned to an aesthetic (cosmetic) surgery procedure code (Principal Prescribed Procedure (PPP) code 509) that was no longer reported to the department (i.e. obsolete). This aesthetic (cosmetic) procedure code had been considered obsolete by the department since 2011, and by Commonwealth agencies responsible for reporting on elective surgery waiting times.

Some of these patients had been waiting for surgery for lengthy periods of time, so Monash Health commenced work as advised by the department² to ensure each patient was reviewed and, where necessary, reassigned or removed from the list.

These events raised several issues:

- Were patients with a clinical need for surgery at other health services also incorrectly assigned to the obsolete procedure code for aesthetic (cosmetic) surgery?
- Was the procedure code classification system leading to confusion, or was it open to deliberate data manipulation?
- Were health services sufficiently compliant with the ESAP to prevent a similar situation from happening again, or are improvements in the policy needed to prevent a recurrence?

In December 2016 the department initiated an urgent census of all health services to determine the extent to which the obsolete procedure code was used. As a result, it estimated that a total of 943 patients in 11 health services were classified to the obsolete aesthetic (cosmetic) procedure code (**Table 1, page 9**). Most of these patients (97 per cent) were waiting for elective surgery at four health services: Peninsula Health, Monash Health, Eastern Health and Austin Health.

Accordingly, the department issued a *Health Circular*² to all health services providing specific instructions concerning patients assigned to the obsolete procedure code for cosmetic surgery to ensure all patients waiting for elective surgery would be reported and managed in a transparent fashion. The department advised that by 31 March 2017, senior clinicians at health services were to have assessed whether there was a clear clinical need for surgery, and what treatment was safe and appropriate for these patients. The department also advised that these patients should be treated in turn with regard to their clinical urgency category and the waiting times of existing waiting list patients under that surgical specialty or PPP code. In scheduling surgery dates public hospitals and health services were to consider the length of time patients had been waiting (under PPP code 509) and prioritise those who had been waiting the longest. Since health services were required to complete this work by 31 March 2017, these patients were included in elective surgery waiting time statistics released on 1 May 2017.

Health services were also advised that from 1 January 2017 they were not to report any new waiting episodes to the Elective Surgery Information System (ESIS) with Principal Prescribed Procedure code 509 - Plastics/Aesthetic (Cosmetic) Procedures (PPP code 509). Health services were also advised that the removal of the PPP code 509 should occur by 5 April 2017.

To ensure compliance with the *Health Circular*², address the remaining issues and ensure transparency of the process and outcomes, the department commissioned a rapid, independent review of health services. This report summarises the results of that review.

The review

Between January and May 2017, an independent review of all health services reporting elective surgery waiting list data to the department was conducted by PricewaterhouseCoopers (PwC) under the direction of the newly established Victorian Agency for Health Information.

PwC was engaged to undertake:

- An immediate and comprehensive review of Monash Health and ten other health services where patients had been assigned to the obsolete elective surgery procedure code in their patient information system. That review was intended to ensure health service compliance with instructions provided by the department concerning these patients. This included the need for patients to be clinically reviewed, and where there was a clear clinical need, for them to be assigned to appropriate procedure codes and their waiting time should be calculated based on when they were originally listed for elective surgery
- Furthermore, the status of these patients as of 31 March 2017 was to be determined, in relation to their assignment to appropriate procedure codes, whether they had received surgery or were still waiting for care
- A rapid review of compliance with the ESAP for surgery and the management of patients waiting for elective procedures, at Monash Health and all 22 other health services that contribute to the ESIS. The result of this review was to be provided to management at each health service, so that a remediation plan could be established, including a target date for completion of any work required to ensure compliance.

To complete the review, PwC conducted interviews with relevant administrative and clerical staff and analysed the degree of consistency between the results of interviews, each health service's documented procedures and the ESAP. To track the management and treatment of patients, analyses of paper records and electronic data were undertaken. This work was conducted between January and May 2017 and covered a 12-month period of prior activity.

The result of that independent review is detailed here and a statement from PwC confirming the results in this report is provided on **page 6**.

Findings

Patients waiting for aesthetic surgery for clinical reasons

In December 2016 the department's initial urgent census of waiting lists resulted in an estimate of 943 patients assigned to an aesthetic (cosmetic) surgery procedure code (PPP code 509) that was no longer reported to the department (i.e. obsolete). During the PwC review and the associated reconciliation, adjustments to the reported data were identified, both by the health services and independent reviewers. The adjustments were small and generally relate to point-in-time considerations, such as variation in the timing of data extracts across health services, and the fact that some hospitals had already commenced reassignment of patients to the correct procedure codes. As a result, PwC determined that the total number of patients that would be the focus of this report would be 949 (**Table 1, page 9**).

Table 1: Number of people assigned to the obsolete procedure code* for aesthetic surgery, by health service and date

Health service	Patient estimates, in Dec 2016**	Patients counts identified by PwC, as of Dec 2016	Patients, as of 31 Mar 2017
Monash Health	218	218	0
Peninsula Health	375	381	0
Eastern Health	203	203	8***
Austin Health	114	114	0
St Vincent's Health	15	15	0
Latrobe Regional Hospital	8	8	0
Barwon Health	4	5	0
Melbourne Health	3	3	0
Mercy Health****	1	0	0
Northern Health	1	1	0
South West Healthcare	1	1	0
Total	943	949	8

* Aesthetic Procedures (Cosmetic) Surgery, Principal Prescribed Procedure Code 509.

** Estimates in December 2016 are derived from communications between health services and the department, and the exact date of communication varied by health service.

*** Still to be reviewed as unable to attend clinic appointment by 31 March 2017.

**** Mercy Health advised at the time of reporting that they had already reclassified this patient.

By 31 March 2017, 878 (93 per cent) of the 949 patients had been clinically reviewed. Among those unable to be reviewed, 62 patients were not able to be contacted by health services by phone and/or letter, eight were unable to attend a clinical appointment by 31 March 2017 and one was deceased† (**Table 2, page 10**).

Among the 878 patients that received a clinical review, 34§ patients had received surgery by 31 March 2017. A total of 274 patients had been added to the reported waiting list, and were waiting for elective surgery in accordance with the guidance issued by the department in December 2016² (**Table 3, page 11**).

† Peninsula Health confirmed that the cause of death was unrelated to the procedure for which the patient was waiting.

§ Twenty-two patients who received surgery had been reassigned to a reportable procedure code and 12 patients received surgery without being reassigned.

Among the 274 patients previously assigned to the aesthetic (cosmetic) surgery procedure code but now added to the reported waiting list, over half were reassigned to reportable elective surgery procedure codes for breast reduction, reconstruction, prosthesis or similar procedures. Others were reassigned to procedure codes for scar revision and other similar procedures (**Table 4, page 12**). The remaining 633 patients were removed from the waiting list in accordance with the current policy because they did not have a clear clinical need, declined or no longer required surgery, received surgery at another health service, could not be contacted, failed to attend the clinic multiple times or were deceased† (**Table 5, page 12**).

A summary of the status of these patients is provided for Monash Health, Peninsula Health, Eastern Health and Austin Health (see **Appendices 1 to 4, pages 16 to 24**). A combined summary for the remaining health services is provided in **Appendix 5, pages 25 to 27**.

PwC did not undertake a full investigation of Mercy Health as the one patient that had been incorrectly assigned to the obsolete procedure code was reassigned to a correct procedure code prior to the commencement of the review.

Table 2: Review status of people assigned to the obsolete procedure code for aesthetic procedures, as of 31 March 2017

Status	At 31 Mar 2017
Reviewed	
Clinic appointment	242
Telephone consultation	508
Review of medical record	128
Total reviewed	878
Unable to be reviewed	
Non contactable	62
Deceased†	1
Still to attend*	8
Total unable to be reviewed	71
Total	949

* Still to be reviewed as unable to attend clinic appointment by 31 March 2017.

† Peninsula Health confirmed that the cause of death was unrelated to the procedure for which the patient was waiting.

Table 3: Number of people assigned to the obsolete procedure code for aesthetic procedures and reassigned to a reportable procedure code or removed from the elective surgery waiting list, as of 31 March 2017

Status	At 31 Mar 2017
Reassigned to a reportable procedure code	
Received surgery	22
Waiting for surgery	274
Total reassigned (see Table 4)	296
Received surgery but not reassigned to a reportable procedure code	12
Removed from elective surgery waiting list (see Table 5)	633
Still to be clinically reviewed*	8
Total	949

* Still to be reviewed as unable to attend clinic appointment by 31 March 2017.

Table 4: Number of people reassigned to a reportable procedure code who were waiting for surgery or received surgery, as of 31 March 2017

Reassigned to a reportable procedure code	At 31 Mar 2017
Other general surgery	2
Repair of blepharoptosis	1
Local excision / destruction of lesion / tissue of skin and subcutaneous tissue	3
Other plastic surgery	95
Cystoscopy	2
Scar revision	1
Breast procedures	17
Breast prosthesis (removal of)	21
Breast reconstruction	11
Breast reduction	143
Total	296

Table 5: Number of people removed from the elective surgery waiting list, by reason for removal, as of 31 March 2017

Reason for removal	At 31 Mar 2017
Surgery not clinically indicated	332
Surgery declined or no longer required	159
Received surgery at another health service	45
Could not be contacted	62
Deceased*	1
Failed to attend clinic multiple times	34
Total	633

* Peninsula Health confirmed that the cause of death was unrelated to the procedure for which the patient was waiting.

Compliance with the Elective Surgery Access Policy

Victoria's ESAP states that aesthetic (cosmetic) surgery should not be performed in public hospitals, unless there is a clear clinical need in relation to a patient's physical health.

The review of elective surgery waiting list management processes across health services identified confusion about, and a lack of consistency in, the application of the ESAP. This related to whether the ESAP applied not only to patients assigned to elective surgery procedure codes but also to patients who had been assigned to elective procedure codes, including the obsolete procedure code for cosmetic surgery.

Sixteen of the 23 health services reviewed demonstrated areas of non-compliance of varying seriousness across all patients waiting for elective surgery **(see Appendices 1 to 5 on pages 16 to 27)**.

- In terms of processes for registering patients, the majority of health services were broadly compliant with the policy with some evidence of non-compliance such as lack of timely processing of referrals or missing documentation at Albury Wodonga Health, Goulburn Valley Health, Royal Children's Hospital, Mercy Public Hospitals, Ballarat Health Service, Bendigo Health Care Group, West Gippsland Healthcare Group, Melbourne Health and Monash Health. This level of non-compliance was rated as a weakness that is not serious, but should be addressed by management in the short term
- In terms of processes for clinical prioritisation of patients, all health services were compliant with the policy, with no evidence of non-compliance
- In terms of processes to support ongoing management of patients' status on the waiting list, the majority of health services were compliant with the policy, with some evidence of relatively minor non-compliance at Albury Wodonga Health, Melbourne Health, Peter MacCallum Cancer Institute, Goulburn Valley Health, West Gippsland Healthcare Group, Royal Victorian Eye and Ear Hospital, Western Health and Monash Health. The recommendations concerned improvements in documentation for key events in waiting list episodes, improvements in validation processes, authorisation for changes in patient's readiness for surgery status, and a lack of formal communication with referring general practitioners
- In terms of scheduling patients for surgery, all health services were considered compliant with the policy with some evidence of relatively minor non-compliance at Melbourne Health and Monash Health.

Across all health services, each service received recommendations for improvements to their compliance with the ESAP. The following key themes emerged that form the foundation for recommendations for state-wide improvement:

- Lack of clarity regarding whether the ESAP applies to both elective surgery and elective procedures
- Lack of formalised training in elective surgery administration and over-reliance on informal training
- Insufficient controls in place to ensure full compliance with the ESAP
- Lack of consistency in wait list validation procedures across health services

- Limitations with patient administration systems, including a lack of segregation of duties in the use of those systems
- Limited resources and challenges in recruiting new specialists and support staff
- Lack of relevant information on referral forms.

Recommendations for the department

1. Review the ESAP to ensure that it provides clear guidance with respect to:
 - Its coverage of relevant instructions outlined in the *Health Circular*² (e.g. not to use obsolete procedure codes) to enhance clarity for all health services
 - Its clarity in relation to authorisation for readiness for surgery status changes, in particular whether or not surgical liaison nurses are considered to be senior clinicians.
2. In relation to optimising compliance with the ESAP:
 - Ensure that health services staff have greater access to formalised and informal education and training regarding elective surgery administration
 - Advise health service managers of internal controls that can be adopted to monitor and increase compliance, including wait list validation procedures
 - Recommend the use of a referral form that includes all information needed to ensure compliance with the ESAP.
3. Consider development of a similar policy for the management of patients waiting for non-surgical procedures (**see findings in Appendicies 2 and 3, pages 18 to 22**).
4. In relation to the elective surgery information system software:
 - Review the scope of the data collection, and provide clarity with respect to the surgery and procedures it includes
 - Optimise compliance with the ESAP by removing the obsolete procedure code.

Recommendations for health services

1. Health service boards and chief executives should ensure all actions recommended to them by PwC are completed within the recommended time frame
2. In relation to optimising compliance with the ESAP, health service boards and chief executives should note the key themes that emerged from this review, and undertake to enhance internal controls within their health services to ensure and maintain compliance
3. Health services should ensure that systems access in their patient administration is appropriately configured to support effective segregation of duties in elective surgery access management.

Recommendations for the health data integrity program

In January 2017 the new Victorian Agency for Health Information assumed responsibility for the health data integrity program previously managed by the department.

Accordingly, the health data integrity program will:

- Ensure all health services take actions recommended by PwC by requiring, as appropriate for each health service, a letter of acquittal from the health service board, and review a copy of any audit commissioned by the health service to ensure compliance with actions recommended by PwC
- Adopt the findings and address the risks from this review in planning its future audit activity and in selecting and specifying future health data integrity audits.

Appendix 1: Monash Health

Patients waiting for aesthetic surgery for clinical reasons

All patients of Monash Health formerly on its waiting list for aesthetic (cosmetic) surgery were reviewed by the stated timeframe (31 March 2017) and either reclassified to an appropriate procedure code so they will be included in public reports or removed from the list in accordance with departmental guidelines. The outcomes of the process of reviewing all patients, including the number of those who received or were waiting for surgery, are shown in **Tables 1a to 1d**.

Compliance with the Elective Surgery Access Policy

At Monash Health there was evidence of historic lack of compliance in relation to patient registration, list management and scheduling. PwC noted significant work underway at Monash Health to ensure compliance with the *Elective Surgery Access Policy* (ESAP).

One issue that remains current is management of patients' readiness for surgery status. Monash Health's current internal *Elective Surgery Access Procedure* allows for changes in patient's readiness for surgery status to be approved by the surgical liaison nurse, rather than a senior clinician. The department's ESAP Clause 9.5 states that "A change in a patient's ready for surgery status for clinical reasons must be authorised by the treating specialist medical practitioner, head of unit or a senior clinician of the health service." Monash Health's internal policy maintains that a surgical liaison nurse (a senior registered nurse) in consultation with the head of unit or treating consultant has the delegated authority to make this patient status decision. Accordingly, this report includes a recommendation that the department review its ESAP to ensure that it provides clear guidance with respect to authorisation for readiness for surgery status changes, in particular whether or not surgical liaison nurses are senior clinicians (**page 14**).

The Victorian Agency for Health Information (the agency) will complete a follow-up audit later in 2017 to ensure Monash Health's compliance with the ESAP.

Table 1a: Review status of people assigned to the obsolete procedure code for aesthetic procedures, as of 31 March 2017

Status	At 31 Mar 2017
Reviewed	
Clinic appointment	28
Telephone consultation	176
Total reviewed	204
Unable to be reviewed	
Non contactable	14
Total	218

Table 1b: Number of people assigned to the obsolete procedure code for aesthetic procedures and reassigned to a reportable procedure code or removed from the elective surgery waiting list, as of 31 March 2017

Status	At 31 Mar 2017
Reassigned to a reportable procedure code	
Received surgery	13
Waiting for surgery	114
Total reassigned (see Table 1c)	127
Removed from elective surgery waiting list (see Table 1d)	91
Total	218

Table 1c: Number of people reassigned to a reportable procedure code who were waiting for surgery or received surgery, as of 31 March 2017

Reassigned to a reportable procedure code	At 31 Mar 2017
Other plastic surgery	45
Breast prosthesis (removal of)	9
Breast reconstruction	4
Breast reduction	69
Total	127

Table 1d: Number of people removed from the elective surgery waiting list, by reason for removal, as of 31 March 2017

Reason for removal	At 31 Mar 2017
Surgery not clinically indicated	35
Surgery declined or no longer required	36
Received surgery at another health service	6
Could not be contacted	14
Total	91

Appendix 2: Peninsula Health

Patients waiting for aesthetic surgery for clinical reasons

All patients of Peninsula Health formerly on its waiting list for aesthetic (cosmetic) surgery were reviewed by the stated timeframe (31 March 2017) and either reclassified to an appropriate procedure code so they will be included in public reports or removed from the list in accordance with department guidelines. The outcomes of the process of reviewing all patients, including the number of those who received or were waiting for surgery, are shown in **Tables 2a to 2d**.

Compliance with the Elective Surgery Access Policy

Discussions with management and key stakeholders of the elective surgery waiting list process, as well as review of procedures, indicated the management and operations of the core elective surgery waiting list process for reportable codes are compliant with the ESAP.

However, due to Peninsula Health's understanding that the department's ESAP did not apply to non-reportable elective non-surgical procedures, patients waiting for cardiology and radiology were managed differently in regard to registration, urgency categorisation, readiness for surgery and list validation. PwC reported that this did not have a significant adverse impact on patient care, as existing internal procedures and practices of the cardiology and radiology units supported Peninsula Health to appropriately manage their patients on the waiting list for elective surgery and procedures. Peninsula Health advise that they will await advice from the department before making changes to their management of non-reportable elective non-surgical procedures. Accordingly, this report includes a recommendation that the department consider development of a policy for the waiting list management of patients waiting for these procedures (**page 14**).

Table 2a: Review status of people assigned to the obsolete procedure code for aesthetic procedures, as of 31 March 2017

Status	At 31 Mar 2017
Reviewed	
Clinic appointment	5
Telephone consultation	290
Review of medical record	44
Total reviewed	339
Unable to be reviewed	
Non contactable	41
Deceased*	1
Total unable to be reviewed	42
Total	381

* Peninsula Health has confirmed that the cause of death was unrelated to the procedure for which the patient was waiting

Table 2b: Number of people assigned to the obsolete procedure code for aesthetic procedures and reassigned to a reportable procedure code or removed from the elective surgery waiting list, as of 31 March 2017

Status	At 31 Mar 2017
Reassigned to a reportable procedure code	
Received surgery	1
Waiting for surgery	63
Total reassigned (see Table 2c)	64
Received surgery but not reassigned to a reportable procedure code	
	6
Removed from elective surgery waiting list (see Table 2d)	311
Total	381

Table 2c: Number of people reassigned to a reportable procedure code who were waiting for surgery or received surgery, as of 31 March 2017

Reassigned to a reportable procedure code	At 31 Mar 2017
Repair of blepharoptosis	1
Other plastic surgery	22
Scar revision	1
Breast procedures	3
Breast prosthesis (removal of)	2
Breast reconstruction	4
Breast reduction	31
Total	64

Table 2d: Number of people removed from the elective surgery waiting list, by reason for removal, as of 31 March 2017

Reason for removal	At 31 Mar 2017
Surgery not clinically indicated	199
Surgery declined or no longer required	32
Received surgery at another health service	38
Could not be contacted	41
Deceased*	1
Total	311

* Peninsula Health has confirmed that the cause of death was unrelated to the procedure for which the patient was waiting.

Appendix 3: Eastern Health

Patients waiting for aesthetic surgery for clinical reasons

All patients of Eastern Health formerly on its waiting list for aesthetic (cosmetic) surgery were reviewed by the stated timeframe (31 March 2017) and either reclassified to an appropriate procedure code so they will be included in public reports or removed from the list in accordance with department guidelines. The outcomes of the process of reviewing all patients, including the number of those who received or were waiting for surgery, are shown in **Tables 3a to 3d**.

Compliance with the Elective Surgery Access Policy

Discussions with management and key stakeholders of the elective surgery waiting list process, as well as review of procedures, indicated the management and operations of the core elective surgery waiting list process for reportable codes are compliant with the ESAP.

However, due to Eastern Health's understanding that the department's ESAP did not apply to non-reportable elective non-surgical procedures, patients waiting for cardiology and radiology were managed differently in regard to registration, urgency categorisation, readiness for surgery and list validation. PwC reported that this did not have a significant adverse impact on patient care, as existing internal procedures and practices of the cardiology and radiology units supported Eastern Health to appropriately manage their patients on the waiting list for elective surgery and procedures.

Eastern Health expects clarification from the department before making changes to their management of non-reportable elective non-surgical procedures. Accordingly, this report includes a recommendation that the department consider development of a policy for the waiting list management of these patients (**page 14**).

Table 3a: Review status of people assigned to the obsolete procedure code for aesthetic procedures, as of 31 March 2017

Status	At 31 Mar 2017
Reviewed	
Clinic appointment	133
Telephone consultation	39
Review of medical record	23
Total reviewed	195
Unable to be reviewed	
Still to attend*	8
Total	203

* Still to be reviewed as unable to attend clinic appointment by 31 March 2017.

Table 3b: Number of people assigned to the obsolete procedure code for aesthetic procedures and reassigned to a reportable procedure code or removed from the elective surgery waiting list, as of 31 March 2017

Status	At 31 Mar 2017
Reassigned to a reportable procedure code	
Received surgery	0
Waiting for surgery	42
Total reassigned (see Table 3c)	42
Removed from elective surgery waiting list (see Table 3d)	153
Still to be clinically reviewed*	8
Total	203

* Still to be reviewed as unable to attend clinic appointment by 31 March 2017

Table 3c: Number of people reassigned to a reportable procedure code who were waiting for surgery or received surgery, as of 31 March 2017

Reassigned to a reportable procedure code	At 31 Mar 2017
Other plastic surgery	17
Breast reduction	25
Total	42

Table 3d: Number of people removed from the elective surgery waiting list, by reason for removal, as of 31 March 2017

Reason for removal	At 31 Mar 2017
Surgery not clinically indicated	80
Surgery declined or no longer required	40
Failed to attend clinic multiple times	33
Total	153

Appendix 4: Austin Health

Patients waiting for aesthetic surgery for clinical reasons

All patients of Austin Health formerly on its waiting list for aesthetic (cosmetic) surgery were reviewed by the stated timeframe (31 March 2017) and either reclassified to an appropriate procedure code so they will be included in public reports or removed from the list in accordance with department guidelines. The outcomes of the process of reviewing all patients, including the number of those who received or were waiting for surgery, are shown in **Tables 4a to 4d**.

Compliance with the Elective Surgery Access Policy

At Austin Health, management of elective surgery and procedures is compliant with the ESAP for both reportable and non-reportable elective surgery procedure codes, with one minor exception.

PwC noted Austin Health's Request For Elective Admission form did not contain all patient information as required by the ESAP; however relevant information was obtained from existing patient profiles or followed up subsequently with patients. Austin Health's registration process, elective surgery waiting list management, scheduling and postponements processes, management monitoring and patient removals complied with the ESAP.

Table 4a: Review status of people assigned to the obsolete procedure code for aesthetic procedures and clinically reviewed, by type of review, as of 31 March 2017

Status	At 31 Mar 2017
Reviewed	
Clinic appointment	66
Review of medical record	41
Total Reviewed	107
Unable to be reviewed	
Non contactable	7
Total	114

Table 4b: Number of people assigned to the obsolete procedure code for aesthetic procedures and reassigned to a reportable procedure code or removed from the elective surgery waiting list, as of 31 March 2017

Status	At 31 Mar 2017
Reassigned to a reportable procedure code	
Received surgery	8
Waiting for surgery	40
Total reassigned (see Table 4c)	48
Removed from elective surgery waiting list (see Table 4d)	66
Total	114

Table 4c: Number of people reassigned to a reportable procedure code who were waiting for surgery or received surgery, as of 31 March 2017

Reassigned to a reportable procedure code	At 31 Mar 2017
Other plastic surgery	9
Breast procedures	13
Breast prosthesis (removal of)	10
Breast reconstruction	3
Breast reduction	13
Total	48

Table 4d: Number of people removed from the elective surgery waiting list, by reason for removal, as of 31 March 2017

Reason for removal	At 31 Mar 2017
Surgery not clinically indicated	17
Surgery declined or no longer required	42
Could not be contacted	7
Total	66

Appendix 5: St Vincent’s Health, Latrobe Regional Hospital, Barwon Health, Melbourne Health, Northern Health and South West Healthcare

Patients waiting for aesthetic surgery for clinical reasons

All patients of these health services formerly on its waiting list for aesthetic (cosmetic) surgery were reviewed by the stated timeframe (31 March 2017) and either reclassified to an appropriate procedure code so they will be included in public reports or removed from the list in accordance with department guidelines. The outcomes of the process of reviewing all patients, including the number of those who received or were waiting for surgery, are shown in **Tables 5a to 5d**.

Compliance with the Elective Surgery Access Policy

PwC advised that St Vincent’s Hospital and Barwon Health are compliant with the ESAP.

PwC advised that at Latrobe Regional Hospital, Northern Health and South West Healthcare elective surgery referral documentation excluded some information stipulated in the ESAP; although it was noted that this information was readily available from other sources.

PwC advised that Melbourne Health had a number of relatively minor areas of non-compliance with the ESAP. Melbourne Health elective surgery referral documentation lacked some of the required information, although it was readily acquired. Correspondence with general practitioners concerning patients placed on the waiting list was not sent consistently, and the periodic validation, or audit of the waiting list needs to be consolidated and performed over the entire waiting list.

PwC noted work underway at these health services to ensure compliance with the ESAP, and the Victorian Agency for Health Information will seek further information later in 2017 concerning these health services to ensure compliance.

Table 5a: Review status of people assigned to the obsolete procedure code for aesthetic procedures, as of 31 March 2017

Status	At 31 Mar 2017
Reviewed	
Clinic appointment	10
Telephone consultation	3
Review of medical record	20
Total	33

Table 5b: Number of people assigned to the obsolete procedure code for aesthetic procedures and reassigned to a reportable procedure code or removed from the elective surgery waiting list, as of 31 March 2017

Status	At 31 Mar 2017
Reassigned to a reportable procedure code	
Received surgery	0
Waiting for surgery	15
Total reassigned (see Table 5c)	15
Received surgery but not reassigned to a reportable procedure code	6
Removed from elective surgery waiting list (see Table 5d)	12
Total	33

Table 5c: Number of people reassigned to a reportable procedure code who were waiting for surgery or received surgery, as of 31 March 2017

Reassigned to a reportable procedure code	At 31 Mar 2017
Other general surgery	2
Local excision / destruction of lesion / tissue of skin and subcutaneous tissue	3
Other plastic surgery	2
Cystoscopy	2
Breast procedures	1
Breast reduction	5
Total	15

Table 5d: Number of people removed from the elective surgery waiting list, by reason for removal, as of 31 March 2017

Reason for removal	At 31 Mar 2017
Surgery not clinically indicated	1
Surgery declined or no longer required	9
Received surgery at another health service	1
Failed to attend clinic multiple times	1
Total	12

References

- 1 Victorian Department of Health and Human Services, *Elective Surgery Access Policy, July 2015* <<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/elective-surgery-access-policy-2015>>
- 2 Victorian Department of Health and Human Services, *Health Circular no. 06/2016: Abolition in Elective Surgery Information System of PPP 509 – Plastics/Aesthetic (Cosmetic) Procedures* <<https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars/circ0616>>





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