Booked Patient E-Learning Module

It is recommended that this module is to be used in conjunction with:

- **PD2012_011 Waiting Time & Elective Surgery Policy – download at:**
  http://www0.health.nsw.gov.au/policies/pd/2012/PD2012_011.html

- **IB2012_004 Advice for Referring and Treating Doctors – download at:**
  http://www0.health.nsw.gov.au/policies/ib/2012/IB2012_004.html

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Acronyms

CEAP	Clinical severity, Etiology or cause, Anatomy, Pathophysiology
CPC	Clinical Priority Category
ED	Emergency Department
GP	General Practitioner
IB	Information Bulletin
ICU	Intensive Care Unit
LHD	Local Heath District
NRFC	Not Ready for Care
PAD	Planned Admission Date
PAS	Patient Administration System
PD	Policy Directive
RFA	Recommendation for Admission
RFC	Ready for Care

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Referring Patients to the Waiting List

How medical and surgical patients (excluding obstetrics and renal dialysis) are referred to the Waiting List?

General Practitioner /Outpatients	Surgeon Assessment and Referral	Recommendation for Admission (RFA)	RFA received at hospital
Patient sees GP and is referred to Surgeon	Patient assessed & surgeon recommends procedure	Surgeon completes RFA and assigns Clinical Priority Category	RFA is checked and registered onto the waiting list

- A Recommendation for Admission (RFA) form is the essential piece of communication that the surgeon sends to the hospital requesting admission to hospital for the patient, for a planned admission date to be allocated at a future time.

- RFAs can only be accepted from clinicians who are currently contracted and appropriately credentialed with the Local Health District/Network or facility.

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Referring Patients to the Waiting List

All patients must be assigned a Clinical Priority Category (CPC) by their referring surgeon.

What are the Clinical Priority Categories?

Category 1	**Admission within 30 days**	Desirable for a condition that has the potential to deteriorate quickly to the point it may become an emergency
Category 2	**Admission within 90 days**	Desirable for a condition that is not likely to deteriorate quickly to the point it may become an emergency
Category 3	**Admission within 365 days**	Desirable for a condition that is unlikely to deteriorate quickly and has little potential to become an emergency
Category 4	**Not ready for care (staged & deferred)**	Patients who are either not ready for admission (staged) and those who have deferred admission for personal reasons (deferred)

- **Only an authorised doctor may undertake reclassification of patients between categories 1, 2 & 3**
- **The referring doctor must be notified in writing of any change to the original CPC that was assigned**

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Referring Patients to the Waiting List

Demand Management

- Managers & Department Heads
  - Actively monitor the current volume *(number of patients)* of each surgeons waiting list including the additions to ensure there is capacity *(enough operating time)* to treat patients in the recommended clinical timeframe.
  - If the surgeon has no capacity *(not enough operating time)* then the RFA is to be accepted, however explore options:
    - Additional theatre time at same or another facility
    - Transfer of patients to another surgeon with a shorter waiting list at same or another facility
    - Private sector option

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Review Questions – Referring Patients to the Waiting List

Statement	TRUE	FALSE
An RFA can be accepted from any surgeon who is credentialed to perform surgery.		✓
An RFA is required to register a patient on the Waiting List.	✓	
Clinical Priority Category (CPC) 3 (within 365 days) is usually desirable for a condition that has the potential to deteriorate quickly to the point it may become an emergency.		✓
The Admission/Waiting List Manager is able to authorise changes to a patients CPC (1,2 or 3).		✓
When a patient's CPC is changed the referring doctor needs to be notified in writing.	✓	

The surgeon must also be contracted to work in the facility

This description describes Cat 1 (30 days)

Only an authorised doctor can makes changes to CPC 1, 2 & 3

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Acceptance of the RFA

Prior to acceptance of a Recommendation for Admission (RFA) the form must be checked using the following checklist – any anomalies should be escalated to the Admissions Manager or your hospital equivalent as soon as possible.

	Item to be checked	Action to be taken
Minimum data set 	Patient details: full name, address, contact information, gender, Medicare number, date of birth, CPC, discharge information, planned procedure, presenting problem, medical history, treating doctor, GP, consent (if available), special requirements (e.g. ICU bed, equipment), interpreter, planned admission date (if available), anticipated election status, status review date (staged patients)	Send RFA incomplete form letter to surgeon PD2011_ For ICU bed notify _____ For special equipment notify_____ For interpreter contact interpreter service
Clinical Priority Category (CPC)	Check against Reference list IB2012_004	If CPC differs from reference list without supporting clinical information then the RFA is the be referred to the Admissions /Waiting list Manager for action.
Category 1 patients (within 30 days)	Planned admission date should be allocated	An RFA that has no planned admission date or the date is outside the 30 days CPC then refer to Admissions manager
Cosmetic & Discretionary Surgery	Check the procedure is not listed under the cosmetic or discretionary procedures list located in PD2012_011(page 6)	If the procedure is listed the RFA should be escalated to senior management via the Admissions /Waiting list manager.
Bilateral Procedures	Check that patient has only one booking for the same procedure at any one time located in PD2012_011 (page 11)	If more than one booking for same procedure escalate to Admissions/Waiting list manager for discussion with surgeon

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Acceptance of RFA

RFA forms should be complete, accurate, legible and date stamped

- Patients should be placed on the electronic waiting list within 3 working days of receipt of a completed RFA
- An RFA with a requested admission date of >12 months should be discussed with the treating doctor before confirmation of acceptance
- If an RFA is not presented within 3 months of the date the RFA was signed by the referring doctor a review of the patient's clinical condition may be required before the RFA is accepted
- At the time of lodgement of the RFA, a patient should be ready for care and be able to accept an assigned planned admission date
- If the RFA is for a staged procedure, the time interval when the patient will become ready for care must be stated on the RFA

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Acceptance of RFA

RFA forms should be complete, accurate, legible and date stamped

- Referring Doctors must ensure they are available to perform the procedure within the clinically recommended timeframe

- Where the surgeon does not have the capacity (*enough operating time)* to undertake the procedure in the clinical priority timeframe or has not organised an alternative option, then the case should be escalated to senior management to explore alternative options for treatment, however the RFA should be accepted and patient entered onto the booking system within 3 working days, whilst the case is being escalated.

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Variations from Standard Bookings

Procedure/treatment not provided at the facility-

- RFA not accepted Referring doctor should be informed and alternative arrangements negotiated with senior management

New Procedures –

- LHD New Interventions Assessment Committee must approve new procedures. RFA not accepted until approval is given. Hospital Admissions Manager or your hospital equivalent to be advised.

Bilateral Procedures-

- RFA accepted for one procedure unless bilateral procedure is occurring in the same admission

Multiple Procedures-

- RFA be accepted if treatments/procedures are independent of each other.

Duplicate Bookings-

- RFA will not be accepted for the same procedure with different referring doctors at the same or different hospitals

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Variations from Standard Bookings

Transferring patients within LHD/Network

- Patient added to accepting hospital list (PAS) with original listing date.
- The waiting list booking at the original hospital should be removed on confirmation that patient is on accepting hospital waiting list.
- The original RFA should be sent to the receiving hospital and a copy retained for auditing purposes.

Contracts with other LHD/Network

- Patient remains on original hospital PAS.
- Patient added to accepting hospital list (PAS) with new listing date.
- Copy of RFA to be held at original hospital – original RFA forwarded to accepting hospital.
- When procedure is undertaken the accepting hospital advises original hospital and patient is removed from waiting list (PAS).

Contracts with Private hospitals

- Patient should be added to the public hospital waiting list.
- Copy of the RFA to be held at original hospital – original forwarded to accepting hospital.
- When procedure is undertaken at private hospital they advise the public hospital and patient is removed from waiting list.

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Review Questions – Acceptance of RFAs

Statement	TRUE	FALSE
On an RFA only the minimum data set needs to be checked before it is registered on to the system.		✓
All RFAs that are Category 1 (within 30 days) should have a planned admission date allocated when they are received by the hospital.	✓	
An RFA can be accepted for any procedure.		✓
If the CPC allocated differs from the CPC in the Reference List in Information Bulletin 2012_004 *Advice for Referring and Treating Doctors*, should it be referred to the Waiting List/Admissions Manager for action.	✓	
A surgeon is permitted to submit two RFAs for bilateral procedures (e.g. left hip replacement and right hip replacement) at the same time.		✓
If an RFA is not presented within 3 months of the date the RFA was signed by the referring doctor a review of the patient's clinical condition may be required before the RFA is accepted	✓	
If the surgeon does not have the capacity to undertake the procedure in the clinical priority timeframe or has not organised an alternative option, then the case should be escalated to senior management to explore alternative options for treatment, however the RFA should be accepted and patient entered onto the booking system within 3 working days, whilst the case is being escalated	✓	

CPC, PAD for Cat 1, Cosmetic procedures & Bilateral procedures also need to be checked

New procedures and Cosmetic and Discretionary procedures must be approved before acceptance

The second RFA cannot be accepted until the first procedure has been performed and the patient assessed as ready to undergo the second procedure

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Registration on to the Waiting List

Accurate entry of data on to the electronic waiting list is essential. If data is not accurately entered then the patients waiting time can be adversely affected.

Steps to Register a Patient on the Waiting List

RFA is date stamped on the day it is received, this becomes the listing date and is used in the calculation of waiting time.

Patients should be placed on the electronic waiting list within 3 working days of first receiving the form

Essential Communication

- **Patient** – the patient must be contacted by letter or telephone (depending on time frame available).
- **General Practitioner (GP)** – The nominated GP should be notified in writing within 3 days of the patient being added to the waiting list

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Managing the Patients on the Waiting List

A waiting list is kept by the hospital and contains the names and details of all patients registered as Requiring elective admission to that hospital

How is the waiting time calculated?
A patient's waiting time is calculated by the number of ready for care (RFC) days from listing date. Not ready for care days (staged & deferred) are excluded

What is a Clinical Review?
Is the review of a patient on the waiting list to ensure that their waiting time is appropriate for their clinical condition. Whilst patient is undergoing a clinical review they must remain in their current clinical priority category.

What are the major objectives of a Clinical Review?

- To determine any change in priority for the procedure, with the resulting need to revise the patient's clinical priority category
- Whether admission is still required.

The hospital is responsible for organising the clinical review and should be at no cost to the patient

Patients remain in their current clinical priority category while undergoing clinical review

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Ready for Care

A ***ready for care*** patient is defined as a patient who is available for admission to hospital for their planned procedure/treatment

A patient remains classified as ***ready for care*** if there admission is postponed due to reasons other than their own availability

For example:

- Doctor unavailable
- Theatre unavailable
- No bed available

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Not Ready for Care

A Not Ready for Care patient is a patient who is not available to be admitted to hospital until some future date and is either:

Staged – not ready for clinical reasons

- Unfit – a co morbity exists which, until resolved, renders them unfit for the proposed treatment
- Planned – the patient requires the procedure/treatment periodically (e.g. check cystoscopy), the patient requires treatment as part of a staged procedure (e.g. removal of pins & plates) or the patient is booked for more than one independent procedure and the procedure is the lowest clinical priority of the procedures required

Deferred – not ready for personal reasons

- Patient is on holidays and is unavailable for admission
- Patient is unable to accept a date due to work commitments
- Patient is unable to accept a date due to other reasons e.g. personal carer, unable to obtain home support

What is the maximum number of days a patient can defer treatment?

Category	Maximum timeframe
1 (30 days)	15 days (deferrals for Category 1 needs to be discussed with the treating doctor)
2 (90 days)	45 days
3 (365 days)	180 days

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Managing Not Ready for Care (NRFC)

Status Review Date (SRD)

- The SRD is the date determined for an assessment (clinical or administrative) as to whether a deferred or staged person (NRFC) has become ready for admission to the hospital at the first available opportunity (RFC).
- This the day you should contact the patient to determine their RFC status.

A SRD should be set each time:

- A patient is added to the waiting list as a staged admission or defers whilst on the waiting list
- Status changes from RFC to NRFC
- Status remains NRFC after assessment
- Specifies a forward planned admission date for own non medical reasons
- SRD timing – is dependant on the patients original CPC

Category	Maximum timeframe
1 (30 days)	15 days
2 (90 days)	45 days
3 (365 days)	180 days

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Review Questions – Managing Patients on the Waiting List

Statement	TRUE	FALSE
RFA is date stamped on the day it is received and this becomes the listing date	✓	
A patient's waiting time is calculated by the number of ready for care (RFC) days from listing date. Not ready for care days (staged & deferred) are excluded	✓	
A patient can be reclassified to not ready for care while they undergo a clinical review		✓
The maximum number of days a category 3 (within 365 days) patient can defer treatment is 180 days	✓	
The status review date is the day you should contact the patient to determine their RFC status.	✓	
A patient can be reclassified as *not ready for care* if there admission is postponed due to reasons other than their own availability e.g. doctor is on leave		✓
A *ready for care* patient is defined as a patient who is available for admission to hospital for their planned procedure/treatment	✓	

A patient must remain in their current clinical priority category whilst undergoing a clinical review

A patient must remain ready for care if a delay is due to non patient factors

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Managing Patients on the Waiting List

Admission Process

- Allocation of a planned admission date or to come in date should be based on the patient's clinical priority category
- Patients should be treated in queue order (equity and access)
- Other factors to be considered: previous delays, preadmission assessment requirements, resource availability (special equipment)

Clinical Priority Category	*Recommended allocation of Planned Admission Date (PAD)*
1 (30 days)	PAD on booking
2 (90days)	PAD within 45 days
3 (365 days)	PAD within 270 days

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Hospital & Patient Initiated Postponements

Hospital Initiated Postponements (Delay)

Patients postponements should be avoided and can only occur when all options are exhausted and senior management have made the decision. If a postponement is to proceed then the following steps should be taken:

- Record the reason
- Patient rescheduled on next available list according to CPC
- New PAD allocated within 5 working days of the postponement and communicated to patient
- Category 1 patients who have arrived at the hospital should not be postponed without authorisation of senior member of management and treating doctor.
- For patients that are admitted and their surgery is subsequently cancelled due to Hospital reasons the patient administration system (PAS) should reflect: the patient admitted and discharged and the patient should be rebooked with the original listing date and history

Category	Maximum timeframe
1 (30 days)	15 days (deferrals for Category 1 needs to be discussed with the treating doctor)
2 (90 days)	45 days
3 (365 days)	180 days

Essential communication for deferring patients

- Determine length of time for deferral
- Advise of maximum deferral time depending on CPC
- Advise of maximum of 2 deferrals

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Transfer of Patients to Doctors with a shorter waiting time

- 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 LHD 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.
- The new doctor will determine the requirement to review the patient.
- The patient's listing date and history must be that of the original booking.
- The patient's current clinical priority category must be maintained, unless altered after clinical review by the new treating doctor.

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What constitutes a genuine offer ?

The offer to the patient has to be considered "reasonable”. This needs to be determined for each individual and the following considered:

- The circumstances of the patient (e.g., age, available support, public transport, physical condition and the required procedure).
- The offer must be specific. The name of the clinician, hospital, and planned admission date or an estimate of the likely waiting period must be given.
- The offer must be a credible alternative and be available if the patient decides to accept the offer.

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Managing the Patients on the Waiting List

Removing Patients from the Waiting List

Patients can be removed from the waiting list for reasons other than admission
Hospitals should exercise discretion on a case by case basis to avoid disadvantaging patients.

Reasons for removal

- Patient declines treatment
- Patient defers treatment on 2 occasions
- Patient fails to arrive
- Patient not contactable (by phone and by letter)
- Refusal for clinical review
- Patient deceased

(see page 26 PD2012_011 for required actions)

Essential communication

- **Send advice letters (templates in policy) of removal from waiting list to:**
  - **Treating Doctor**
  - **GP**
  - **Patient**

Reasons for removal

- Patient declines treatment
- Patient defers treatment on 2 occasions
- Patient fails to arrive
- Patient not contactable (by phone and by letter
- Refusal for clinical review
- Patient deceased

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Review Questions – Managing Patients on the Waiting List

Statement	TRUE	FALSE
Allocation of a planned admission date or to come in date should be based on the patient's clinical priority category	✓	
Following a hospital initiated postponement a new Planned Admission Date allocated within 5 working days of the postponement and communicated to patient	✓	
There is no limit as to how many times a patient is allowed to defer their surgery.		✓
Category 1 patients who have arrived at the hospital can be postponed without authorisation of senior member of management and treating doctor.		✓
Where the patient declines two genuine offers of treatment with another doctor or at another hospital, then the patient they may be removed from the waiting list in consultation with the LHD Program Director of Surgery and original treating doctor (prior to the patient being removed from the waiting list).	✓	
If a patient is removed from the waiting list letters of advice should be sent to the treating surgeon, the patient and the GP.	✓	

Following the first deferral, patients should be advised they can Only defer a maximum of 2 times.

Category 1 postponements must be authorised by treating doctor and a senior manager.

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Record Keeping

Hospitals must keep accurate records of waiting list information and document any changes on the Recommendation for Admission (RFA) and Electronic Waiting List (PAS) where applicable.

Documentation

- Any changes made to a patients booking must be validated with documented evidence with reasons and signed by the relevant staff member.
- The documentation must be attached or part of the RFA
- The electronic waiting list should also be updated to reflect any changes.

Reporting

Reports that should be reviewed on a regular basis:

- Past planned admission date report
- Duplicate bookings (within hospital/LHD)
- Removal of patients from the waiting list other than admission
- Patients from the awaiting list admitted through Emergency Dept
- Patients who have incurred a delay (including those without a PAD)

(*Further information about these reports can be obtained in page 28 & 29*)

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Auditing the Waiting List

Patient details on the waiting list are accurate, valid and complete

Documentation must provide a clear audit trail (electronic and RFA)

Transparent processes are in place for equitable access to elective surgery. Records relating to audits must be kept for three years

Clerical Audit

- Review of waiting list must be undertaken at least weekly
- Check whether patient has already has their procedure
- Check for duplicate bookings
- Check that clinical priority category is assigned appropriately
- Update Status Review Date (SRD)
- Review passed planned admission dates
- Identify patients on waiting list that were admitted through ED

Review of Waiting List by Treating Doctor

- Doctor to receive a comprehensive list of patients on their waiting list (at least monthly)

Patient Audit

- Patients (RFC & NRFC) are to be contacted (letter or telephone) if they have been waiting for greater than 6 months from listing date to ascertain if they still require admission.

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Review Questions – Record keeping & Auditing

Statement	TRUE	FALSE
Any changes made to a patients booking must be validated with documented evidence with reasons and signed by the relevant staff member.	✓	
All doctors who have a waiting list should have a copy of their complete waiting list sent to them every 3 months for verification		✓
Once a patient has been on the waiting list for 6 months the patient should be contacted to verify that they still require their procedure	✓	
Records relating to audits must be kept for 12 months		✓
Reports that should be reviewed on a regular basis: •Past planned admission date report •Duplicate bookings (within hospital/LHD) •Removal of patients from the waiting list other than admission •Patients from the awaiting list admitted through Emergency Dept •Patients who have incurred a delay (including those without a PAD	✓	

Doctors must have their list sent at least monthly for verification

Records relating to audits must be kept for a minimum of 3 years

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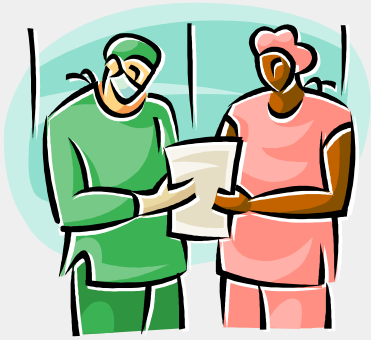
Doctor's Leave

ADMISSION & BOOKING STAFF ARE REQUESTED TO ADVISE MANAGEMENT OF DOCTOR'S LEAVE

- To ensure appropriate theatre scheduling, doctors are requested to provide as much notice of intended leave as possible (minimum of six weeks).
- A management plan for affected patients should be developed and implemented for all leave.
- A patient's clinical priority category (CPC) and listing date does not change as a result of doctor's leave.



Patient's Management Plan

- Are assured that their queue order will not be affected
- Are advised who the replacement doctor will be
- Are advised if clinical review is required
- Are advised with information and current waiting time

Types of Doctor's Leave

- Annual, Study or Conference
- Unplanned leave e.g. sick
- Resignation (Planned or Unplanned)
- Death

(see pages 32 & 33 of PD2012_011 for required actions)

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Review Questions – Doctor's Leave

Statement	TRUE	FALSE
When a doctor goes on extended leave or resigns it is necessary to organise a management plan for each patient	✓	
A management plan will ensure affected patients are: •assured that their queue order will not be affected •advised who the replacement doctor will be •advised if clinical review is required •advised with information and current waiting time	✓	
When a doctor resigns it is permissible to reclassify their patients into Not Ready for Care		✓

A patient's clinical priority category (CPC) and listing date does not change as a result of doctor's resignation or leave.

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Test Your Knowledge

Bill's Story

Bill Wilson presents to the Booking Office with an RFA from Dr Smith requesting that he be added to the waiting list for left knee replacement. Dr Smith has ticked CPC 2 (within 90 days) on the RFA. Bill also has been on the waiting list for excision of lipoma from his abdomen for 3 months under Dr Jones. The CPC allocated for this procedure is 3 (within 365 days).

QUESTION

- Before the booking office can enter this RFA on to the waiting List what does the booking clerk need to check?

ANSWER

The RFA needs to have all the following checked:

- All Minimum data set is present
- The CPC allocation should have supporting clinical information and should be escalated to the Admissions/waiting List Manager (Ref List indicated that Total Knee replacement is routinely CPC 3)
- Is it Bilateral Procedure - NO
- Is it Cosmetic & Discretionary - NO
- Need to check with surgeons which procedure of the hernia or knee replacement takes priority – the other should be Not Ready for Care.

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Test Your Knowledge

Bill's Story - continued

The booking clerk escalates the RFA to the Admissions Manager/Waiting List Coordinator who contacts Dr Smith and ascertains Bill has very limited mobility and clinical information to support the allocation of CPC 2 which was forwarded to the booking office.
The Admissions Manager/Waiting List Coordinator also contacts Dr Jones who indicates that Bill's lipoma operation can wait until after Bill has recovered from his knee replacement.

QUESTION

- What action does the Booking clerk need to take now that this information has been received?

ANSWER

- Bill's waiting list booking for a knee replacement should be entered as CPC 2 (within 90 days) and his listing date is the date the RFA was first received.
- The booking for the excision of lipoma from his abdomen should be made Not Ready for Care Staged with a Status review date in 4 months time.
- Bill is sent a letter advising him of his booking on to waiting list
- Bill's GP should also be notified of his waiting list booking
- The information received should be documented on the RFA

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Test Your Knowledge

Bill's Story - continued

Bill has his knee replacement surgery three months after he went on Dr Smith's waiting list. He sees Dr Smith a month after his surgery and he is given clearance to have his lipoma surgery. Two weeks earlier Dr Jones provides notice of his intention to resign in 3 months time. Dr Jones advises that he will not be able to undertake Bill's surgery before his resignation takes effect.

QUESTION

What actions need to be undertaken in relation to Bill's waiting list booking under Dr Jones?

ANSWER

- Bill should be returned to Ready for Care in his original CPC (CPC 3 – within 365 days)
- Bill should be advised of Dr Jones' resignation
- A clinical review should be arranged with another surgeon (at no cost to Bill)
- Once the outcome of the Clinical Review is known the appropriate actions need to occur
- All this information should be documented on the RFA

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Test Your Knowledge

Lily's Story

Lily Howard presents to the booking office after consulting with Dr Rickman for her troublesome bilateral ligation of varicose veins. Dr Rickman has completed an RFA and indicated that Lily's condition warrants a CPC 3 (within 365 days) allocation.

QUESTION

Before the booking office can enter this RFA on to the waiting List what does the booking clerk need to check?

ANSWER

The RFA needs to have all the following checked:

- All Minimum data set is present
- Is it Cosmetic & Discretionary – Varicose vein surgery is permitted only for patients who have a CEAP Grade > 3 (page 6) there should be supporting clinical information to verify this.
- The CPC allocation is consistent with the Reference List (Ref List indicated that Varicose veins CPC 3)
- Is it Bilateral Procedure – YES (being undertaken in same admission)

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Test Your Knowledge

Lily's Story - continued

The booking clerk escalates the RFA to the Admissions Manager/Waiting List Coordinator who contacts Dr Rickman and ascertains Lily's CEAP is classified as Grade 3. Clinical information is forwarded to the booking office and Lily is booked on to the Waiting List

QUESTION

What action does the Booking clerk need to take now that this information has been received?

ANSWER

- Lily's waiting list booking for a varicose veins should be entered as CPC 3 (within 365 days) and the listing date is the date the RFA was first received.
- Lily is sent a letter advising her of her booking on to the waiting list
- Lily's GP should also be notified of his waiting list booking
- The information received should be documented on the RFA

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Test Your Knowledge

Lily's Story - continued

Lily has now been on the waiting list for 6 months. The booking office sends an audit letter to Lily asking her if she still requires her surgery. Lily phones the booking office to advise that she has just found out she is pregnant and her baby is due in 7 months time.

QUESTION

What actions should the booking clerk take?

ANSWER

- Lily should be advised that as she is unable to have her surgery for a least 12 months that she should come off the waiting list and arrange a new consultation with her surgeon when she is ready to have her surgery.
- This information should be documented on the RFA
- Lily should be removed from the waiting list
- Lily should be sent a letter formally advising of her removal from the waiting list
- Dr Rickman should be advised of her removal and the reason for removal.

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Need help with this Waiting Time Management E-Learning

Contacts at Ministry of Health:

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