

General Surgery Clinical Priority Instructions

Assessing and Booking Elective Surgical Patients

Most patients will be seen in the Outpatient Clinics either in Dunedin or in the peripheral clinics (Balclutha, Dunstan or Oamaru). They need to be assessed according to the guidelines. If they are "Urgent" patients, they can be booked for surgery. Otherwise they must be scored using the Clinical Priority Assessment Criteria (CPAC).

There is explicit rationing of care in New Zealand and patients need to acquire a certain number of points to reach a "access threshold" to qualify for publicly funded surgery, which may be well above the level you think is justified on clinical grounds. The scoring system is based on clinical "need" and lifestyle issues. Those that do not qualify may fall into an active review category. Many patients will not qualify. The scoring systems vary between specialities and are available in clinic. The following is a summary.

Urgent patients

If they require urgent/cancer/life or limb threatening surgery – complete the booking form only – and 'score' them a '99' or less. Try to give patient an indication of when they are likely to get surgery. Our aim is to operate on cancers for example within 2-4 weeks.

All other patients must be prioritised (scored) for elective surgery using the General Surgery and Urology Clinical Priority Assessment Criteria forms (CPACs).

Non Urgent Patients

The assessing surgeon should complete section A having completed the clinical examination and identified that a surgical procedure is in the best interests of the patient. Section 'B' should be completed with the patient. For the conditions where there are specific criteria these should also be completed. If the clinical judgement of the assessor is that the patient requires surgery but has not reached the threshold this should be recorded in the box provided with the reason why. This will be reviewed by the other consultant team members.

If timing is dependant on other factors eg. age related, reversal of ostomy, check cystoscopy etc. please indicate in box provided.

If the procedure is a staged procedure eg a reversal of colostomy the original priority will be retained

Tell the patient if possible in the clinic if they qualify for surgery

- A. If greater than Access Threshold: inform the patient that the service aims to **provide surgery within 6 months**. Registrars please check with consultant before placing on wait list.

- B. If qualifies for Active Review: inform the patient that ***they do not qualify for surgery***. The Follow Up Nurse will call them up in 6 months time for review of their condition.

- C. If patient below Access Threshold and does not qualify for Active Review: inform the patient ***they do not qualify for surgery*** and to see their GP if/when their condition deteriorates further. Their GP can re- refer if necessary.

Guide to use of the Visual Analogue Scale

Scoring of patients using the VAS is in relation to all patients seen, not merely in relation to other patients with the same condition.

A) Diagnosis

The influence of the diagnosis or search for a diagnosis (e.g. benign, dysplastic, malignant) on priority.

B) Psychological impact

Degree of psychological/emotional impact of the diagnosis (or the need to make a diagnosis) and/or its symptoms and/or its treatment on the patient priority.

C) Treatment

The impact of the treatment offered on priority as a function of the degree to which

- technical feasibility is influenced by timing
- type/degree of surgery is influenced by timing
- timing influences outcome in terms of differential in cure rate, recovery time and/or patient function
- surgery is part of a total package of care/working in with other services
- surgery fits with respect to the availability of alternative medical therapies (available alternatives, failed alternatives, no alternatives)
- surgery offers advantage/benefit/improvement

D) Patient Characteristics

The impact of patient factors on priority e.g.

- biological age; chronological age; comorbidity; attitude to treatment

E) Symptoms

- 1) The influence of the present level of symptoms on priority. Described by frequency, severity, duration, and periodicity (intermittent vs constant)
- 2) The impact of Sequelae to date on priority. Complications or clinical sequelae there have been up to date.

F) Future complications/progression/natural history

The impact of future complications of the disease on priority. Described by severity, risk and rate of progression.

G) Impact on life

The impact of quality of life and ability to function socially in the community on priority e.g. caring for self; caring for others; work; economic/financial; lifestyle; cosmesis

Each construct is to be considered in isolation in relation to its impact on priority e.g. if symptoms increase the priority then a high score is assigned for that criterion; if comorbidity lowers the priority for surgery, then a low score is assigned for that criterion etc.

CPAC Tool

Patient Sticker

Patient Priority Visual Analogue Scale

Surgeons: Please consider each of the following factors **in isolation**, before then making your overall judgement of priority on the larger, bottom scale.

<hr/> <p>Low High</p>	Diagnosis	In terms of <u>diagnosis or search for a diagnosis</u> , what is this patient's priority?
<hr/> <p>Low High</p>	Surgical Procedure	In terms of any <u>adverse effect of delay on feasibility</u> , necessary extent or outcome of this surgical procedure, what is this patient's priority?
<hr/> <p>Low High</p>	Psychological Impact	In terms of <u>psychological / emotional impact</u> of living with the condition, what is this patient's priority?
<hr/> <p>Low High</p>	Symptoms	In terms of <u>current frequency, severity, duration and/or periodicity of patient symptoms</u> what is this patient's priority?
<hr/> <p>Low High</p>	Future complications	In terms of the <u>risk of complications, likely severity of these or rate of progression</u> , what is this patient's priority?
<hr/> <p>Low High</p>	Social Function	In terms of <u>ability to care for self or others, or to work, or in terms of other economic / lifestyle impacts</u> , what is this patient's priority?
<hr/> <p>Low High</p>	Patient Characteristics	In terms of <u>biological age, chronological age, co-morbidities, and patient's attitude to surgery</u> , what is this patient's priority?

0 100

Global assessment of priority

Name: _____ Date _____ Signature _____