Alberta Health Services
Bone & Joint Health Strategic Clinical Network™

ALBERTA BONE & JOINT HEALTH INSTITUTE

Managing Waitlists
Guidelines for Hip and Knee Consultation and Surgical Waitlists in Alberta

Equitable access to health services is provided for Albertans no matter where in the province they live, who they are or what health concerns they may have. Prioritization on a waitlist is determined by the patient's functional limitations, which is determined by the health care providers' professional judgement.

General Wait Listing Principles:

- All patients, whether potentially surgical or non-surgical, will be waitlisted to be seen in order, based on urgency and/or referral date. If there is a wait list for urgency, then urgent patients will be waitlisted by referral date and may be seen ahead of 'routine' and non-surgical patients.
- The management of wait lists will be patient focused and applied consistently.

Current Wait Time Standards

- Receipt of a request for consultation must be acknowledged within 7 days.
- Decision to accept or decline a referral must be made within 14 days. Both the patient and the referring physician must be notified of the decision. If a referral is denied, a reason for the denial and alternative suggestions must be provided.
- An appointment must be communicated to the patient and referring physician within 90 days or referral status needs to be communicated every three months until the patient is seen. This can be done with either a phone call or a letter.

Types of Waitlists:

Four potential wait lists may be maintained by a Hip and Knee Clinic, depending on the make up of their patient population:

- Routine: Any surgical patient waiting for surgery
- Urgent: A patient who has been flagged as urgent. Urgency will be based on clinical opinion, x-ray, physical exam, feedback from MSK Screeners, results of WOMAC/EQ5D and discussion with the patient.
- Day Surgery Candidate: A patient who is flagged as a candidate for day surgery. A patient is identified as a candidate for day surgery as per the day surgery candidacy criteria (supporting material of the H&K Surgical Care Path).
- Short Notice: Any patient who has been flagged as available on short notice, in the case of new OR space or a cancellation of surgery.

Managing Waitlists for Surgeon Consultation

- If the clinic provides MSK screening for patients, a patient's urgency status may change based on the MSK screener's clinical opinion. If the patient is deemed more urgent or less urgent than is indicated on the referral, the change must be noted in the clinic's record keeping so that it is reflected on the surgeon consult waitlist.
- If the clinic does not provide MSK screening, then urgency will be based on the referral triage. All patients should be booked based on their urgency status first and then by the date the referral was received.
- Minimum data on a waitlist will include:

- Date referral received
- Reason for referral – which joint, which side, disease process
- Priority (Urgency)
- Days waiting from when the referral was received.

Managing Waitlists for Surgery

- The decision to proceed to surgery is made by the patient and the surgeon. This decision may occur at the first consult appointment or at a follow-up appointment.
- The decision date is when the wait time for surgery begins.
- Urgency for surgery will be determined by the ACATS code that is completed by the surgeon. Each patient is assigned an aCATS code based on the functional limitations of the patient (Appendix B), with the code being documented in the EMR and on the AHS Surgical Booking Request.
    - aCATS for orthopedics is a 'build-a-code', which includes the diagnosis, the body part and the functional limitations. The functional limitations of the patient will determine the wait time for surgery.
- When a waitlist has a combination of urgent and routine patients, the surgeon's clinical judgement and aCATS code will determine patient priority for surgery. If all patients are equal, then the ready to treat date will be used to book a surgery date
- All day surgery patients should follow the priority of urgency and decision to treat.
    - Special care should be made to select from the day surgery wait list in an equitable way to the inpatient wait lists (urgent or routine, as they may be).
    - Surgical and clinic teams should build policies for balancing the surgeon's inpatient and day surgery OR slates.
- If a patient is offered a surgery date and refuses, a reason needs to be provided along with their new availability date. This should be documented in the clinic's record keeping.
- As much as possible, patients should be offered a surgical date based on the wait list. When this is not possible, filling the operating room time becomes the priority and movement down the wait list to the first person that accepts the surgical date will need to occur. Please see short notice surgery date below.

Appointment Details

- Cancellations: If a patient turns down three attempts to provide a surgery date, they will be removed from the waitlist. A letter to both the patient and the referring physician will be sent. If the patient or referring physician respond and the patient still wishes to have surgery, the decision will be made at surgeons discretion. Patients may cancel their surgery on short notice for a multitude of reasons. The patient should be rescheduled for surgery at the next available date or when the patient indicates that they are available for surgery.
- Short Notice Surgery Date: When a short notice cancellation occurs, every attempt should be made to fill this surgical date. Each surgeon should have a list of urgent patients, short notice patients, and day surgery candidates who are available for short notice appointments. Priority should be given based on urgency, those who are day surgery candidates, and the surgeon's clinical judgement.

For Information on maintaining and auditing your current wait lists please refer to Appendix A.

Appendix A: Wait List Auditing Guidelines

- An audit of the wait list must occur monthly.
- Each month must include:
  - Removing the patient from the wait list when:
    - The patient is waiting on another provider wait list for the same reason for referral.
    - The patient is listed more than once.
    - The patient's condition has changed and the service they are waiting for is no longer appropriate.
    - The patient has received the health service elsewhere.
    - The patient no longer wishes to pursue the health service.
- Check each wait list (Referral, MSK, Surgeon Consult, Surgery) for the following:
  - Correct provider (no MSK screener names on surgical waitlist, no surgeons on screening list)
  - Entered referral date (if blank then enter a date)
  - Entered and correct joint/side/reason/body area
  - Entered MSK date or First Consult date with appropriate status (only waiting or completed)
    - For MSK consults and Surgeon consults making sure that clinics have been reconciled and patient status as surgical or nonsurgical is completed.
    - For cancelled, deceased, postponed, booked, making sure the status is updated
  - Entered correct appointment type (MSK for H&K screening, surgeon consult for surgeon new consults).
- Surgical Wait lists are reviewed for the following:
  - Surgical status, site, special equipment entered and appropriate
  - Decision date, available date, teaching date, booked date entered and appropriate
    - For postponed patients, booked dates must be removed, teaching dates should be checked
    - For booked patients, a booked date and teaching date must be entered
  - aCATS entered and matches a valid aCATS code
  - Consult type (Office Consult) is entered correctly (no Surgical or MSK Consult or Follow Up)
  - Surgery reason and type is correct (Knee Total NOT Knee consult, or Hip Revision and not Hip Revision Consult)

- The EMR waitlist should be checked against the aCATS waitlist to ensure patients are booked on both lists and postponed patients are removed from aCATS but are kept on the clinic EMR waitlist.

Alberta Health Services

Joint Arthroplasty

Alberta Coding Access Targets for Surgery (ACATS)

Type of Procedure	CODE
Primary Arthroplasty	P
Revision Arthroplasty	R

Region of Body	CODE
Hip	HI
Knee	KN
Shoulder	SH
Elbow	EL
Hand (including wrist)	HA
Ankle	AN
Foot	FO
Other body region	OT

Diagnosis Description	CODE
Arthritis/ Joint degeneration	A
Prosthetic Complication *4	B
Osteonecrosis	C
Congenital Disorder	D
Infection *1	E
Fracture acute	F
Fracture non union/ malalignment	G
Other diagnosis *2	U
Metastatic cancer *3	Y

Type of Procedure	Region of Body	Diagnosis Description	Functional Limitation

E.g. Primary knee arthroplasty due to arthritis, moderate to high pain and moderate risk to functional impairment

P	KN	A	S12

E.g. Hip revision for failed prosthetic joint with mild to moderate pain and some risk of structural integrity or impairment, but managing symptoms

R	HI	B	S26

CODE	Functional Limitations	Wait Time
S2	**Difficulty managing symptoms, high risk to progressively get worse** **Severe** risk to the structural integrity of bone or joint Moderate risk of infection progression Inability to perform ADL Imminent loss of independence or function Extreme pain reported by patient	Within 2 Weeks
S6	**Able to manage symptoms, high risk to progressively get worse** **High** risk to the structural integrity of bone or joint Low risk of infection progression High impact in ability to perform ADL High risk of loss of independence or function Severe pain reported by patient	Within 6 Weeks
S12	**Able to manage symptoms, moderate risk to progressively get worse** **High** risk to the structural integrity of bone or joint No risk of infection progression Moderate impact in ability to perform ADL Moderate risk of loss of independence or function Moderate to severe pain reported by patient	Within 12 Weeks
S26	**Able to manage symptoms** **Moderate** risk to the structural integrity of bone or joint No risk of infection progression Low impact in ability to perform ADL Low risk of loss of independence or function Mild to moderate pain reported by patient	Within 26 Weeks

Pain Scale	
10	Extreme
7-9	Severe
4-6	Moderate
1-3	Mild
0	No Pain

*1 Infection - S2 (moderate risk), S6 (low risk)

*2 Other diagnosis: If you use 'other diagnosis' (Code U), please contact your ACATS Lead to discuss the need for modifications to this arthroplasty build a code.

*3 Metastatic cancer:
Only use this code for a joint arthroplasty (primary or revision). Otherwise, use the MSK Oncology section.

*4 Prosthetic complication (Code B) includes (from CIHI):
- Aseptic loosening
- Implant dislocation or fracture
- Instability
- Peri-prosthetic fracture of femur or acetabulum

Please contact your ACATS Lead with any code change requests.

Primary Arthroplasty (P):
Any surgery on joints using new prosthetic replacement parts. This includes total, hemi and bilateral scheduled arthroplasty.

Revision Arthroplasty (R):
Any joint surgery where current parts are replaced, or additional parts are added.