

# National Partnership Agreement on Improving Public Hospital Services: National Elective Surgery Target (NEST) - Calculating overdue patients with the longest waits

## Identifying and definitional attributes

<b>Metadata item type:</b>	Glossary Item
<b>Synonymous names:</b>	National Elective Surgery Target (NEST) tail
<b>METEOR identifier:</b>	481100
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Standard 21/11/2013</li></ul>

**Definition:** Calculating the 'tail' (the 10% of overdue patients who have waited the longest)

The 'tail' is the list of patients who meet the criteria at National Health Reform Agreement—National Partnership Agreement on Improving Public Hospital Services (NPA IPHS), Clause A26(c).

As per the NPA IPHS, the baseline for calculating the 'tail' will be 10% of overdue patients who have waited the longest as at 31 December prior to the reporting year. The 'tail' is 10% plus ties, meaning all patients due on that day get included, not necessarily just 10% of patients. The Commonwealth and jurisdictions should agree on the list of patients in the 'tail' by 28 February of the reporting year. As per the NPA IPHS, the 'tail' will be calculated from unit level data provided by the jurisdictions, enabling the Commonwealth to uniquely identify patients and verify performance in the subsequent year.

The 10% of overdue patients who have waited the longest are the 10% of 'ready for care' patients in each jurisdiction, in each category who have been waiting more than: Category 1 = 30 days; Category 2 = 90 days; Category 3 = 365 days.

For each category:

1. Identify all patients overdue as at 31 December, then calculate the 10% of these numbers rounded up to a whole number.
2. List all overdue patients by number of days past overdue date.
3. Working from the longest 'overdue' case, work back up the list to the 10th percentile case.
4. Include all the cases up to this point in the 'tail', including all patients equal to or more overdue than the 10th percentile case.

For further explanation, see the example below:

### Explanation of 10% 'tail' calculation across categories

Overdue patients are those who have waited more than Category 1: 30 days, Category 2: 90 days, or Category 3: 365 days for surgery. For example, the spread across categories may be:

	Category 1	Category 2	Category 3
Number overdue	0	154	300

<b>Number of overdue in bottom 10%</b>	0	15.4	30
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How to calculate 'ties':

The 'tail' needs to be calculated separately for each category. Where 10% does not equate to a whole number, the total should always be rounded up.

In the example above, Category 2 includes 15.4 patients, which is rounded to 16. To calculate ties, the jurisdiction must determine how long the 16th patient has been waiting, and then include all other patients who have been waiting the same number of days.

	<b>Days overdue</b>	<b>Patient number</b>	
	159	1 *	Longest overdue patient
	158	2	
	:	:	
<b>10% of longest -waiting overdue patients</b>	133	14	
	131	15	
	129	16	
<b>Cut-off for the 'tail' = 10% plus ties</b>	129	17 **	These three patients all have the same wait time as patient number 16. Therefore they are the 'ties' and they will also be included in the 'tail', to receive treatment in the following year.
	129	18 **	
	129	19 **	
	122	20	
	120	21	
	:	:	

Notes:

\* Indicates the longest overdue patient

\*\* These three patients all have the same wait time as patient number 16. Therefore they are the 'ties' and they will also be included in the 'tail', to receive treatment in the following year.

As this example demonstrates, including the 'ties' will increase the number of category 2 patients in the 'tail'. In this case, the 'tail' will be extended to include 19 patients.

This process should be followed for each category, to determine the number of 'ties' in each category that need to be added to the 'tail'.

### Scope

All hospitals reporting to the Elective Surgery Waiting List Reduction Plan. Subject to agreement between the jurisdiction and the Commonwealth, hospitals can come into the scheme that have existing waiting lists that have not previously been reported. If facilities are to be added, they should be added to reporting figures only from 31 December. To be eligible to be in scope, a jurisdiction must submit both removals and census data for each hospital.

### Patient on more than one waiting list

This is an issue only in cases where a particular patient is in the 'tail' for more than one waiting list for the same procedure. The jurisdictions have agreed that patients should not appear on more than one waiting list; if this occurs, jurisdictions will identify any such instances.

### Changing urgency categories

For the purposes of the NPA IPHS NEST tail: once identified in the 'tail', subsequent changes to urgency category are not relevant and the patient must be treated in the relevant year.

### 'Not ready for care' patients

'Not ready for care' patients are not counted in the 'tail' calculations, as patients not ready for care will not be on the waiting list when the 'tail' is calculated. If a patient is classified as 'not ready for care' subsequent to inclusion in the 'tail', jurisdictions are advised to manage early.