

Service Agreement - Department of Health and Human Services Tasmania: 2013, KPI??-Number of over boundary, urgency category 2 patients on the elective surgery waiting list, 2013

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Over boundary urgency category 2 elective surgery patients on the waiting list
METEOR identifier:	524042
Registration status:	Tasmanian Health , Superseded 09/12/2016
Description:	This indicator reports the number of urgency category 2 patients, ready for care, who are waiting for a elective surgery longer than the recommended number of waiting days for that urgency category (90 Days).
Indicator set:	Service Agreement - Department of Health and Human Services Tasmania: 2013 Tasmanian Health , Superseded 12/12/2016
Outcome area:	Elective surgery access Tasmanian Health , Standard 07/12/2016

Collection and usage attributes

Computation description: A patient may be 'ready for care' or 'not ready for care'. Ready for care patients are those who are prepared to be admitted to hospital or to begin the process leading directly to admission. Not ready for care patients are those who are not in a position to be admitted to hospital. These patients are either:

- Staged patients whose medical condition will not require or be amenable to surgery until some future date; for example, a patient who has had internal fixation of a fractured bone and who will require removal of the fixation device after a suitable time; or deferred patients who for personal reasons are not yet prepared to be admitted to hospital; for example, patients with work or other commitments which preclude their being admitted to hospital for a time.
- Not ready for care patients could be termed staged and deferred waiting list patients, although currently health authorities may use different terms for the same concepts.

Staged and deferred patients should not be confused with patients whose operation is postponed for reasons other than their own unavailability, for example; surgeon unavailable, operating theatre time unavailable owing to emergency workload. These patients are still 'ready for care'.

Patients who are not ready for care should be excluded from calculation.

The recommended wait time before treatment, in days, for urgency category 2 patients is 90 days or less (i.e. ≤ 90 days).

See *Tasmanian wait list procedure code (TWLPC)* for a list of indicator procedures.

Numerator: Total number of urgency category 2 patients on elective surgery waiting lists that are ready for care who have waited longer than the recommended waiting time.

The recommended waiting time for urgency category 2 is within 60 days (i.e. ≤ 90 days).

Urgency category 2 patients who have waited 61 days or longer are considered over boundary.

— Data Element / Data Set

Numerator data elements:

Data Element / Data Set

[Person—person identifier, identifier \(Tasmanian\) N\(9\)](#)

Data Element / Data Set

[Establishment—organisation identifier, \(Tasmanian\) identifier NNNN](#)

Data Element / Data Set

[Elective care waiting list episode—waiting time \(at a census date\), total days N\[NNN\]](#)

Guide for use

Data is obtained from the [TotalWaitingDays] field in Health Central.

The number of days is calculated by subtracting the listing date for care from the census date, minus any days when the patient was 'not ready for care', and also minus any days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at removal.

Days when the patient was not ready for care is calculated by subtracting the date(s) the person was recorded as 'not ready for care' from the date(s) the person was subsequently recorded as again being 'ready for care'.

If, at any time since being added to the waiting list for the elective surgical procedure, the patient has had a less urgent clinical urgency category than the category at census, then the number of days waited at the less urgent clinical urgency category should be subtracted from the total number of days waited.

In cases where there has been only one category reassignment (i.e. to the more urgent category attached to the patient at census) the number of days at the less urgent clinical urgency category should be calculated by subtracting the listing date for care from the category reassignment date. If the patient's clinical urgency was reclassified more than once, days spent in each period of less urgent clinical urgency than the one applying at census should be calculated by subtracting one category reassignment date from the subsequent category reassignment date, and then adding the days together.

When a patient is removed from an elective surgery waiting list, for admission on an elective basis for the procedure they were awaiting, but the surgery is cancelled and the patient remains on or is placed back on the waiting list within the same hospital, the time waited on the list should continue.

Therefore at the census date, the patient's waiting time includes the number of days waited on an elective surgery waiting list, both before and after any cancelled surgery admission. The time waited before the cancelled surgery should be counted as part of the total time waited by the patient.

Data Element / Data Set

[Elective care waiting list episode—waiting time \(at a census date\), total days N\[NNN\]](#)

Guide for use

Data is obtained from the [???] field in Health Central and is the end of the reporting month unless otherwise specified.

Data Element / Data Set

[Elective care waiting list episode—waiting list type, code AAA\[AA\]](#)

Guide for use

Data is obtained from the [WaitingListTypeRefId] field in Health Central and only includes records with the name type code of *Inpatient service*.

Data Element / Data Set

[Elective surgery waiting list episode—intended procedure, waiting list procedure \(Tasmanian TWLPC\) code NN\[N\]](#)

Guide for use

Data is obtained from the [PlannedPrimaryProcedureCodeId] field in Health Central.

Patients awaiting the following procedures are out of the scope for elective surgery reporting:

Code	Description
32	Colonoscopy (non surgical)
88	Cosmetic including - circumcision, varicose veins, mammoplasty, tattoo removal, abdominoplasty, wher
113	Bronchoscopy
128	Wisdom teeth removal
129	Other dental procedures
320	Colonoscopy (Bowel Cancer Screening Program)
321	Direct access colonoscopy (Bowel Cancer Screening Program)
322	Direct access colonoscopy non surgical
323	Direct access upper GI endoscopy
324	Direct access gastroscopy and colonoscopy
325	EUS Endoscopy ultrasound
326	Chemotherapy
327	Endoscopic retrograde cholangiopancreatography (ERCP)
328	In fusion
505	LUSCS
506	Other obstetrics
777	Emergency surgery
990	Gastroscopy & colonoscopy
998	Upper GI endoscopy
999	Non surgical treatment

Data Element / Data Set

[Elective care waiting list episode—clinical urgency, code X\[AXAA\]](#)

Guide for use

Data is obtained from the [CurrentPriorityRefId] field in Health Central for patients with the clinical urgency status recorded as 2 - Semi-urgent.

Data Element / Data Set

[Elective care waiting list episode—patient listing status, Tasmanian code N](#)

Guide for use

Data is obtained from the [SuspendedFlag] field in Health Central and only patients 'ready for care' are to be included for the calculation of this indicator.

Denominator: No denominator

Disaggregation: Specified disaggregation: Hospital.

Disaggregation data elements:

Data Element / Data Set

[Establishment—organisation identifier, \(Tasmanian\) identifier NNNN](#)

Representational attributes

Representation class: Count

Data type: Point in time

Unit of measure: Person

Format: NNN[NN]

Accountability attributes

Reporting requirements:

- 2013-14 Service Agreement
- Your Health and Human Services: Progress Chart
- Budget Paper No. 2
- Annual Report

Relational attributes

Related metadata references: Has been superseded by [Service Agreement - Department of Health and Human Services Tasmania: 2014, Number of over boundary, urgency category 2 patients on the elective surgery waiting list, 2014](#)
[Tasmanian Health](#), Superseded 09/12/2016