Introduction

Purpose of this document
This is a briefing paper to provide information about the benefits of treatment in turn. The paper has been prepared to accompany the circular issued by the Department of Health on 12 December 2011 to amend section 9 of the Elective surgery access policy - Managing elective surgery patients and treatment times in Victoria’s public health services (ESAP, 2009).

Elective surgery access policy
The ESAP seeks to support best practice in elective surgery waiting list management. The elective surgery waiting list is managed to ensure patients are treated equitably within clinically-appropriate timeframes and with priority given to patients with an urgent clinical need.

The amendment to section 9, scheduling patients for surgery, to include a requirement to treat in turn wherever possible, seeks to strengthen the ESAP to further promote equitable access to elective surgery and is aimed at optimising waiting list performance within a health service’s elective surgery capacity.

Why treat in turn works

How the elective surgery waiting list works
A waiting list is a queue of patients waiting for treatment. All queues share common features including in-flows, out-flows and a stock of those still waiting in the queue. In the case of the elective surgery waiting list, in-flows are represented by patients being added to the waiting list (demand) and out-flows by patients being treated (supply).

Long waits for treatment occur for two reasons:

- There is a mismatch between demand and supply.
- Patients are treated out of order.

The first step to ensuring that patients are treated within clinically-appropriate timeframes is for health services to identify patients with an urgent clinical need. The second step is to ensure that less urgent patients are treated according to waiting time or ‘in turn’ within their urgency category, wherever possible.
Treatment in turn

In theory, the best way to ensure that all patients wait the shortest average time is to treat each patient strictly in turn. The following diagram illustrates this concept simply:

![Diagram showing treatment in turn]

**If patients queue in turn**

They all wait the same time

**If some patients jump the queue**

Waits longer

The other patients wait longer.

In reality, however, strict treatment in turn is not always possible for clinical and logistical reasons. The ESAP recognises a number of specific circumstances where a patient will be exempt from treatment in turn:

- The patient’s condition has deteriorated. This makes their need for treatment more urgent.
- The health service has previously postponed the patient’s surgery. The health service should reschedule the patient’s surgery as soon as possible. When a hospital-initiated postponement occurs within two weeks of a patient’s scheduled date of surgery, an offer of a new date for admission must occur within five working days (section 10.4, ESAP).
- Patient availability. This is often an issue when a patient is offered surgery at short notice.
- Resource availability. This includes the availability of:
  - Theatre time, including the required mix of short and long cases to maximise theatre utilisation.
  - Staff, including the expertise of staff rostered on and the need for combined surgical teams.
  - Equipment, including the need for specialist equipment and the number of particular instrument sets available.
  - Hospital capacity, including the availability of ward and intensive care beds.
- Sound clinical reasons. This may include the following circumstances:
  - Patients, who for clinical reasons, are deemed to require surgery more urgently than other patients within the same urgency category.
  - Patients may not be clinically suitable to offer surgery at short notice because they need to cease medication prior to surgery or are yet to attend the required pre-admission clinic.
  - Patients may be required to be treated at a particular campus or centre of a health service due to their clinical condition.
- Teaching and training needs. When scheduling a patient for surgery to meet the training needs of staff, health services must ensure that no other patients with similar characteristics have a higher clinical need or have waited longer for treatment.
Pooled waiting lists

The effectiveness of treat in turn relies on a single queue. As the diagram above demonstrates a single queue will have a shorter overall waiting time that a series of short queues for each surgeon. Unit based elective surgery waiting lists (or pooled lists) allow surgeons to include their patients on a combined list for their speciality. Patients on pooled lists can expect to be treated in turn by any of the surgeons within the group.

A patient’s medical condition or personal circumstance may require treatment that is unsuitable for pooling. The treating surgeon should determine whether patients are suitable for pooled waiting lists. Pooled lists seek to even out waiting times between surgeons and can assist in reducing delays caused by theatre allocation, emergency surgery, surgeon’s leave and registrar rotations.

Treating the majority of patients in turn from a pooled list improves patient flow, leads to decreased variation and an overall reduction in the average time that all patients wait.

Regular and effective review

For treatment in turn to work effectively, health services need clear leadership and accountability within their organisation. Health services’ normal case review and waiting list management activities should include an analysis of treatment in turn. Health services must satisfy themselves that they have appropriate local policies and procedures in place to actively support the implementation of treatment in turn, and that any variations are for appropriate reasons, as stipulated in section 9.2 of the ESAP.

To inform health services on their treat in turn rates, the department will be releasing a quarterly treat in turn ‘heat map’ to health services with the regular performance reporting information. This report will provide an opportunity for health services to compare performance at a statewide level on their treat in turn rates.

Electronic resources have been developed to assist health services with patient selection and treatment in turn. This includes a ‘pivot tables 101’ PowerPoint presentation and an example Excel spreadsheet. All you need is your health service’s elective surgery waiting list data and support from your health service information technology department. Please contact your health service Redesign Lead http://www.health.vic.gov.au/redesigningcare/redesign.htm or register to join the Redesign Member’s Forum http://rhcp.forum.tempdomain.info/login.asp?target=default.asp to access these resources.

The Department of Health’s Health Data Standards and Systems website contains the Elective Surgery Information System (ESIS) Census Output File Guidelines: July 2011, which can assist health services to use pivot tables to analyse their ESIS census data. A number of key performance indicators can be easily measured using this tool. The guidelines can be accessed at: http://www.health.vic.gov.au/hdss/esis/census_extract_guide.pdf

Case study

Austin Health

In July 2009, Austin Health conducted a thorough analysis of its elective surgery waiting list, including capacity, clearance rates, theatre sessions, waiting list registrations and the composition of the waiting list by speciality, procedure and urgency category.

This analysis revealed that most patients were waiting for orthopaedic surgery and that most new registrations on to the waiting list were for urology procedures. The vast majority of patients on the waiting list had been categorised as Category 2 patients.

To address these issues, Austin Health took the following actions:

• Formed a committee to oversee elective surgery comprising Executive Directors, Clinical Service Unit Directors, the Medical Director, the Professor of Surgery, the Surgical Session Manager, the Patient Flow Coordinator and the Elective Surgery Access Manager.
• Hired a Head of Unit for Orthopaedics who shared the health service’s philosophy and was keen to implement best practice waiting list management techniques.
• Reallocated theatre sessions based on clearance rates and allocated additional orthopaedic sessions.
• Monitored urology registrations to ensure that referrals were appropriate.
• Worked with surgeons in each speciality to gain agreement about categorisation practices for common procedures.
• Pooled waiting lists among surgeons where appropriate.
• Shared procedures across specialities where appropriate, for example, carpal tunnels in general surgery.
• Implemented a treat in turn policy to prevent queue jumping.

Austin Health's treat in turn policy requires all staff, including booking staff and surgeons, to schedule patients for surgery according to waiting time. An electronic waiting list booking tool has been developed to facilitate this. Liaison nurses monitor the waiting list and challenge bookings which are not based on waiting time. The Elective Surgery Access Manager also monitors the list prospectively and retrospectively to identify areas for improvement.

The experience at Austin Health demonstrates the benefits of scheduling patients for surgery according to waiting time where possible.

**Conclusion**

The elective surgery waiting list is a queue of patients waiting for treatment. The first step to ensuring that patients are treated within clinically-appropriate timeframes is for health services to identify patients with an urgent clinical need. The second step is to ensure that less urgent patients are treated according to waiting time or ‘in turn’ within their urgency category, wherever possible. To ensure equity of access, health services should ensure that factors that contribute to treating patients out of turn are minimised.

Benefits of treatment in turn include:

• Urgent patients are treated quickly.
• Routine patients are treated fairly in waiting time order within their urgency category.
• Patients have more predictable and equitable waiting times.