SELF ASSESSMENT CHECKLIST FOR SURGICAL SERVICES IN NSW PUBLIC HOSPITALS

Introduction

The aim of surgical services program is to ensure that patients receive timely and quality care at the most appropriate facility for their condition. The successful delivery of surgical services is dependent on managers ensuring that key components of surgery service delivery are implemented.

Key Components of Surgical Service Delivery

Please complete this self-assessment, using the rating schedule on page 8, to determine opportunities for improvement.

Booking Office	Rating		
	Green	Amber	Red
RFA Management & Receipt			
RFA checked for minimum data set.			
Check that the Clinical Priority Category is appropriate as per reference list in the Advice for Referring and Treating Doctors.			
Any discretionary cosmetic procedures are checked against the Waiting Times and Elective Surgery Policy.			
RFAs are registered on the PAS system within 3 days of receipt.			
Category 1 (Admission within 30 days) Planned Admission Date assigned on booking.			
On allocation of PAD/TCI the Patient Flow Manager is notified of the ICU bed requirement.			
Escalation Systems			
An escalation system has been identified for managerial issues e.g. obtaining dates from doctor for patients approaching benchmark, NRFC issues e.g. patient requesting to be deferred when registered onto the waiting list, unnotified surgeon leave, large volume of RFAs received from a surgeon's rooms.			
An escalation system has been identified for clinical issues e.g. CPC not aligned with policy or a cosmetic/discretionary procedure requested.			
Staff Training Program			
All staff have attended specific waiting list management orientation including:			
• All staff receives a copy of the Waiting Time & Elective Surgery Policy PD2012_11 and CPC Reference list IB2012_004 & Ministry issued Procedure Manual (Flip Chart).			
• All staff completed E learning package.			
• All staff have undergone Waiting List PAS training.			
Regular program of in-service education established.			
Two people in each booking office should be trained in the use of WLCOS to correct errors and produce monthly reports.			
Regular follow up and education of staff in the use of Waiting List Bookings used in error for emergency admissions.			

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