

# Patient Prioritization Codes: Overview

---

## 1. Patient Prioritization Codes

In 2010, the Ministry of Health (the Ministry) and BC's Health Authorities developed and implemented a standardized approach to prioritizing adult patients waiting for scheduled (elective) surgery. Using this approach, surgeons use their assessment of the patient to select a diagnosis/clinical condition from a standard list of descriptions. Each standard description of diagnosis/clinical condition in the list has an alphanumeric code assigned to it, along with a priority level and an associated wait time benchmark / target. Orthopaedic codes are structured differently, but still include a priority level and wait time benchmark / target. This list is commonly referred to as the 'patient prioritization codes.'

The patient prioritization codes are intended to be used by surgeons to help manage their waitlists for elective surgery and to book patient in turn within their respective priority categories. Information related to each patient booked for surgery, including their prioritization code, is stored in the provincial Surgical Patient Registry (SPR), the province-wide data storage and reporting system on all patients waiting for and receiving surgery in BC. The SPR provides information and reports on waitlists and waitlisted patients to Health Authorities, individual surgeons, the Ministry and the public.

As the patient prioritization codes provide a clear and consistent indication of the clinically acceptable wait time benchmarks for patients, comparison is possible between the benchmarks and how long patients actually wait. This helps better understand capacity needs across the province. Accurate, audited surgical information, including priority levels, is intended to help ensure that waitlists are being managed fairly and in a transparent way.

## 2. Patient Prioritization Code Review Project

When the patient prioritization codes were implemented in 2010, they were accompanied by a commitment for a review once use of the codes had stabilized. Completion of this comprehensive review – to ensure that the existing descriptions of diagnosis/clinical conditions used in the adult patient prioritization codes are correct, comprehensive and have an appropriate wait time target – is a top priority of the Provincial Surgical Executive Committee (PSEC).

PSEC provides strategic oversight for the planning of surgical services across the continuum of care in order to meet the needs of the BC population. Using a patient centered approach, the committee provides advice and recommendations to, and receives strategic direction from, the Ministry of Health with the goal of improving surgical care in accordance with the dimensions of quality. Membership includes surgeons, anaesthetists, health authority administrators, the Ministry of Health, patient representatives, and representatives from various key health organizations.

Phase 1 and 2 of the review were completed by the summer of 2014 during which input was collected from individual surgeons and Health Authority surgeon groups on suggested changes to the codes.

Phase 3 and 4 were completed by March 2015 during which the codes were reviewed by provincial groups representing each clinical specialty, such as "General Surgery" or "Ophthalmology" in a WebEx-enabled

consultative session. Where there were significant overlaps of code usage between specialties, they were reviewed collectively by those specialties. Eleven of these sessions took place.

As part of the final phase – Phase 5 - a ‘Wise Council’ was established in April 2015 to conduct a cross-specialty review of all the specialties’ proposed changes to all the codes’ structure, descriptions and priority levels as well as address any outstanding issues. Membership included PSEC surgeons and anaesthetists; administrators from the Health Authorities and the Ministry of Health; and patient and family physician representatives.

This multi-phase code review has now concluded and the updated codes/wait time targets and implementation plan were signed-off on by PSEC on June 26<sup>th</sup>, 2015.

Starting September 1<sup>st</sup> 2015, surgeons will use the new patient prioritization codes as part of the surgery booking process, but old codes will also continue to be accepted. Starting September 28<sup>th</sup> 2015, old codes will no longer be accepted for new cases. Note that existing cases in the SPR with old codes will not have their prioritization code updated and will be allowed to exist for as long as the case is active.

### 3. Next Steps

*Patient Prioritization Code Feedback Loop:* There are existing processes in place to accommodate ongoing patient prioritization code changes through the provincial SPR Governance Group. Its mandate includes approving changes to the SPR and its data that are provincial in nature and its membership includes the Ministry of Health, health authority administrators, and the SPR office. It is recognized that surgeons need to be aware of whom to contact if they have a recommendation for a code change (e.g. new code, change of description, etc.) and that the recommended changes to the codes need to be reviewed as a whole with the other codes on a regular basis. Over next the 6 months, the SPR Governance Group will be developing a robust process for code changes and their implementation. Once this process has been established, it will be communicated to relevant stakeholders.

*Patient Prioritization Code Monitoring:* Under the direction of PSEC, an indicator and target will be developed for the correct use of the patient prioritization codes. This indicator will be part of their overall provincial monitoring framework for surgical services. The indicator will be focused on the proper use of the codes: surgeons prioritizing patients consistently and correctly. The idea is to correct variances. As a patient it should not matter where you receive care in the province, everyone with the same condition or need should be prioritized equally.

*Education and Training:* Under the direction of PSEC, a Wait List Management Working Group will be initiated by fall of 2015 to determine optimal wait list management approaches and revise the provincial wait list management policy. Part of the work of this group will also be to determine the best education and training strategy related to overall waitlist management, of which the correct and consistent prioritization of patients is part.

### 4. Frequently Asked Questions

#### 1. How do the patient prioritization codes benefit patients?

- Patients, no matter where they live in BC, are assessed for urgency with a higher degree of objectivity and in the same way as other patients with similar conditions.

- Better waitlist management and more accurate information on patient urgency and priority will improve the timeliness and equity of patients' access to surgery.

## **2. How do the patient prioritization codes benefit surgeons?**

- Surgeons are able to prioritize surgical patients using a standardized method that is used by their peers across the province. This provides accurate wait time data reports to surgeons in a way that makes it easier for them to manage their waitlist.

## **3. How do Health Authorities and the Ministry use the data?**

- Health Authorities have more accurate and timely data to better manage surgical access and surgical resources. For instance, some Health Authorities and/or committees may use the data as part of an operating room time allocation system; however, this is not a provincial requirement.
- The Ministry has access to aggregated, accurate, and comprehensive data to assist in monitoring performance, forecasting need, and reporting on wait time data through its public provincial surgical wait time website.

## **4. What are the wait time targets for the various priority levels?**

- In Health Authorities, every combination, no matter the clinical specialty, corresponds to one of the following priority categories for scheduled (elective) procedures:

Priority Level & Recommended Wait Times	
Priority Level	Recommended Timeframe
1	Within 2 weeks
2	Within 4 weeks
3	Within 6 weeks
4	Within 12 weeks
5	Within 26 weeks

## **5. What if patients are not getting in within the recommended wait time benchmarks?**

- The system of patient prioritization is intended as a useful tool to assist surgeons with managing their waitlist. The decision as to when a patient undergoes surgery will still be between the surgeon and the patient and surgeons will continue to organize their OR slate.
- If a patient's condition or diagnosis changes, the surgeon is able to reassess the patient's priority.
- Through accurate wait list management, the key objective is to better identify areas in which improvements to access are necessary.

## **6. How/where can surgeons access their waitlist information?**

- Surgeons' own detailed waitlist information within the Surgical Patient Registry (SPR) can be accessed from within a Health Authority's information systems, and some surgeons can also access the information using their office information systems.
- Some Health Authorities send reports to their surgeons – please contact your HA SPR administrator for details.
- Higher level, summary wait time information can be accessed by the public on the provincial surgical wait time website: <https://swt.hlth.gov.bc.ca/>.

**7. How is a patient's urgency/priority information entered to the SPR?**

- Surgeons indicate a patients' clinical description from the pre-established provincial list of patient condition/diagnosis description on the operating room booking form they provide to the Health Authority. All the Health Authority information is uploaded daily to the SPR, which incorporates the wait time benchmarks accordingly.

**8. What if a patient condition/diagnosis description doesn't appear on the provincial coding list?**

- There is an 'other' category that surgeons can use if a patient's condition does not appear on the standardized provincial list of patient condition/diagnosis descriptions.
- A surgeon can also make suggestions re code changes, including an addition, to their Health Authority contact.