

Elective Patient Business Principles

7 days prior to day of surgery	Provide draft theatre lists as soon as the minimum booking information is available for each case and preferably at a minimum 7 days prior to the day of surgery	
Close of business 3 days prior to day of surgery	Sessions booked to <50% of available minutes*	<p>Rooms will be contacted by the theatre manager. Empty sessions may be cancelled following negotiation.</p> <p>Sessions <50% booked will be capped and no additional elective patients may be added to that session. Capped sessions may be stacked so they follow each other or emergency cases may be added to the end of a stacked session.</p> <p>Capped session start times to be negotiated between the theatre manager and surgeon.</p> <p><i>*Exception: those on the on-call roster the night before their elective session will not be capped</i></p>
	Sessions booked 50% to 100% of available minutes	No action from Epworth. Rooms may add elective patients up until midday the day before surgery, provided the available session minutes are not exceeded.
	Requests to book sessions >100% of available minutes	Rooms requesting to book a session to >100% available minutes will be referred to the theatre manager to negotiate an extension of session duration.
Emergency and urgent cases with notification <24hrs	Urgent or emergency cases requiring treatment <24hrs	Rooms requesting treatment of an emergency case to contact the floor coordinator to allocate a theatre based on required clinical treatment times.

Theatre utilisation calculations

Field	Definition
Utilisation target for elective sessions	75% of available minutes
Calculation of procedure duration	Based on retrospective actual duration of each procedure (to 80 th percentile) specific to the surgeon performing that procedure.
% utilisation calculation	$\frac{\text{number sessions minutes}}{\text{total available minutes}} \times 100$
Number session minutes	Number of minutes from start of 1st procedure (anaesthetic start) to end of last procedure (out of theatre) within the session
Total available minutes	Indicates the overall number of minutes the session was available for which includes where the session may commence before the session start time and finish after the end of session time
AM session	8:00am- 12.30pm
PM session	1.30pm- 6:00pm
Twilight sessions	6.30pm- 10.00pm The maximum time a surgeon is permitted to operate an elective list at any Epworth facility is between 8am and 10pm.

Emergency patient treatment times

Priority category	Priority Description	Examples	Decision for theatre allocation	Response Time
P1	Life threatening conditions The patient is at immediate risk of life, or near death.	Uncontrolled internal haemorrhage, sepsis or circulatory shock, ruptured AAA, cranial decompression, very urgent caesarian section, post-operative internal haemorrhage	Highest priority for emergency theatre resources. If not immediately available the next available theatre will be allocated. Elective lists will be interrupted if an immediate vacancy cannot be found.	RT < 1 hour
P2	Organ threatening conditions The patient is physiologically stable, but there is immediate risk of organ survival or systemic decompensation.	Ischaemic limb or bowel, fasciotomy, ruptured bowel, peritonitis	Second priority for emergency theatre resources. Patients within this category will be allocated the next available theatre time usually within hours of booking. Elective lists may be asked to stand down if addition to a capped list within 4hrs cannot be sourced.	RT < 4 hours
P3	Non-critical but emergent The patient is physiologically stable but the surgical problem may undergo significant deterioration if left untreated.	Appendicitis, compound fractures, acute bowel obstruction, external fixation pelvic fractures.	Third priority for emergency theatre resources. Patients will be allocated the next available theatre time, either via addition to the end of a capped list today or opening of a twilight list. Elective sessions may be interrupted.	RT < 8 hours
P4	Non-critical, non emergent but urgent The patient's condition is stable. No deterioration is expected.	Fractured neck of femur, closed reduction fractures, incision of superficial abscess.	Fourth priority for emergency theatre resources. Patients will be allocated the next available theatre time. Consider booking on next specialty elective session. Booked via addition to the end of a capped list today or tomorrow or opening of a twilight list.	RT < 24 hours
P5	Elective	Cataract surgery, hernia repair, hip or knee replacement, abdominoplasty, elective caesarean, tonsils.	Patients are booked into a theatre allocated to their surgeon by the surgeon's rooms according to the booking principles.	No required treatment timeframe



Minimum required information on theatre list

To be provided when making a request for booking, preferably at 7 days prior to day of surgery

Patient information

- Patient Surname and First name
- Patient date of birth
- Patient Address
- Patient contact phone number
- Medicare Number (or Workcover, TAC, DVA, overseas)
- Health fund name and number (or as above/ self- insured)

Procedure information

- Procedure date
- Procedure name
- e-CMBS number
- Surgeon name
- Anaesthetist name
- Specialist equipment or prosthesis (if applicable)

Epworth HealthCare: Elective Patient booking processes and information

Document	Theatre list	Patient admission details (MR1)	Pre-admission details (MR2)	Patient Consent Form (MR3)	Patient Health History (MR9)	Annual leave notification
Purpose	Enables a theatre booking to be made using minimum required information	Enables patient registration on Epworth system	Used to supplement the theatre list with specific procedure or patient information	Documents patient consent for treatment	Facilitates clinical pre-admission	Notification of surgeon annual and conference leave
Required?	Yes	Yes	Optional	Yes. Must be an Epworth consent form.	Yes	Yes
Timeframe	Draft list 7 days before day of surgery & final list 3 days before day of surgery – refer to business principles	When booking is confirmed, > 7 days prior to day of surgery	Draft list 7 days before day of surgery & final list 3 days before day of surgery – refer to business principles	A signed version is required prior to day of surgery	When booking is confirmed, >7 days prior to day of surgery	Annually or as required
Who completes	Rooms	Rooms (admission details section) & patient (rest of form)	Rooms	Doctor and patient	Patient	Rooms
Responsible for providing	Rooms	Patient	Rooms	Rooms	Patient	Rooms
Preferred method of submitting forms	Print theatre list from practice management software. Mark new/deleted and changes. Email or fax to the Patient Service Centre	Online via Epworth website	Online via Epworth website	Signed in rooms and emailed to the PSC clearly identifying the patient information.	Online via Epworth website	Online via Epworth website
Alternative method of submitting forms	Not applicable	Patient completes in rooms, which scan to the PSC. Patient emails to the PSC. Patient posts or hand delivers on day of surgery	MR2 forms may be completed in hard copy and emailed or faxed to the PSC	Hand delivered to the PSC or provided in hard copy by patients on day of surgery	Patient completes in rooms, which scan to the PSC. Patient emails to the PSC. Patient posts or hand delivers on day of surgery	Email notification to PSC



Contact details

	Switch board	Patient Service Centre			Theatre reception	Floor coordinator
		Email	Phone	Fax		
Cliveden	9419 7122	ehcliveden.admissions@epworth.org.au	9419 7122	9419 0347	9419 7122	9419 7122
Eastern	8807 7100	eebookings@epworth.org.au	8807 7772	8807 7676	8807 7300	8807 7724
Freemasons Clarendon St	9483 3833	efbookings@epworth.org.au	1800 337 453	9483 3318	9483 3401	9483 3412
Freemasons Victoria Parade	9418 8178	efbookings@epworth.org.au	1800 337 453	9483 3318	9418 8177	9418 8287
Hawthorn	9415 5777	ehabookings@epworth.org.au	9415 5720	9415 5604	9415 5711	9415 5680
Richmond	9426 6666	booking@epworth.org.au	9426 6155	9426 7692	9426 6271	9426 6887