

Elective Surgery Access Service (ESAS)

Business rules

Contact details

For specific information contact the ESAC at the receiving centres:

St Vincent's:
(03) 9288 4706

Royal Victorian Eye and Ear Hospital:
(03) 9929 8649

Royal Women's Hospital:
(03) 9344 3196

The Alfred Centre:
(03) 9076 0215

For further general information about ESAS contact:

The Surgical Services Program
Department of Health
50 Lonsdale Street
Melbourne, 3000

Telephone: (03) 9096 8975

Purpose of document

This document provides the business rules for health services in relation to the Elective Surgery Access Service (ESAS). The information provided in this document should be read in conjunction with the *Elective Surgery Access Policy* (Department of Health, 2009).

Aim of ESAS

ESAS aims to provide a streamlined system for transferring elective surgery patients from health services that are unable to treat them within clinically appropriate timeframes, to health services with the capacity to offer rapid treatment.

Outline of ESAS process

The referring health service will seek in principle agreement from the appropriate surgical team prior to contacting suitable patients with an offer of earlier surgery at another institution (the receiving health service).

Patients who accept the offer will be asked to consent to the ESAS process and to have their relevant clinical details forwarded to the receiving health service.

The receiving centre will then liaise with the patient to arrange treatment and post surgical follow up.

Referring health services and their responsibilities

A referring health service is any health service with patients on its elective surgery waiting list who may wait longer than is clinically desirable for the surgical specialties and procedures being offered at the receiving health services.

Referring health services must consider their capacity to admit the patient within the recommended urgency category timeframe. Patient selection, with reference to the eligibility criteria, preparation and follow up, is the responsibility of the referring health services.

Receiving ESAS centres

Receiving centres have the capacity to treat referred elective surgery patients in selected specialties, ideally within eight weeks of referral.

The following are the receiving ESAS centres (and associated specialties) for 2009-10:

- **St Vincent's** (orthopaedic surgery)
- **Royal Victorian Eye and Ear Hospital** (ear, nose and throat surgery)
- **Royal Women's Hospital** (Gynaecology)
- **The Alfred Centre** (various specialties).

Each receiving centre should develop an ESAS information and documentation pack to be made available to referring health services. This should include:

- a list of all procedures for ESAS referral
- specific referral guidelines for ESAS, including eligibility criteria
- referral forms
- details regarding required investigations
- a list of documentation required
- ESAS contact details
- patient feedback forms.

Redirection of referrals from primary care should be considered when a health service has a limited capacity to treat patients within clinically appropriate timeframes. Receiving health services should supply Elective Surgery Access Coordinators (ESACs) at referring health services with standard information letters to be given to General Practitioners (GPs) outlining the process. Receiving centres are encouraged to promote ESAS to GPs.

Target setting

Receiving centres are encouraged to discuss and negotiate targets with referring health services each year and to communicate regularly regarding the number of referrals received and the outcome of these referrals.

Receiving centres are encouraged to promote their ESAS to referring health services.

Timeframes

- The ESAC at the referring health service should forward all paperwork to the receiving centre within 10 working days of receiving paperwork from patients.
- The patient is the responsibility of the receiving centre once the patient has signed the consent for transfer of surgery and the receiving centre has accepted the referral from the referring health service.
- The maximum timeframe for treating the transferred patient following receipt of full paperwork and acceptance of referral is 12 weeks.
- Timeframes are negotiable when patient co-morbidities are present and require investigation or need to be addressed before surgery can be scheduled or when the patient has nominated a particular timeframe for treatment outside of these parameters.

Data management and reporting

- All patients should remain on the waiting list at the referring health service until it receives confirmation of surgery completion.
- The ESAC at the receiving centre should fax or email confirmation of surgery completion to the referring health service within three days of surgery.
- On notification that the patient has been treated, the referring health service and receiving centre should remove the patient from their waiting list using the appropriate code and including the date the surgery was performed. Refer to the Elective Surgery Information System (ESIS) manual for relevant codes.
- On notification that a patient requires investigations that cannot be performed within the usual preoperative preparation process, the patient's status should be changed to 'not ready for care' on the waiting list at the referring health service, in accordance with the principles for managing patient status outlined in the *Elective Surgery Access Policy* (2009).
- The Elective Surgery Referral Service is an electronic link between referring and receiving health services that uses data submitted to the Department of Health (the department). Referring and receiving health services must maintain timely and accurate entries in this database to confirm patient progress and outcomes to all stakeholders in the ESAS process.
- All health services participating in ESAS are expected to submit ESAS data. It is the responsibility of the ESAC at the referring health service to maintain a record of the patients offered ESAS and the outcome of the offer. ESAS data must adhere to privacy principles and legislation.
- The department will request regular updates from receiving centres on the number of patients referred, the waiting time of patients treated and patients removed without treatment. This information will be available to all health services.

Transport assistance

Patients participating in ESAS are eligible for transport assistance. Transport assistance should be included in all correspondence offering ESAS to eligible patients. It is the receiving centre's responsibility to arrange all aspects of transport for patients.

Patients are eligible for transport assistance if they:

- live more than 15 km from the hospital providing surgery
- do not have access to public transport or their medical condition restricts them from using it
- do not have support of family members or friends to drive them to appointments
- are travelling more than 100 km to access the health service (for more information refer to the Victorian Patient Transport Assistance Scheme).

The receiving centre may seek advice regarding patient eligibility from the Surgical Services Program.

On receiving an invoice and a summary of patient details from the designated centre, the department will reimburse the health service for transport charges. Invoices should be addressed to:

The Surgical Services Program,
Department of Health,
Level 18, 50 Lonsdale Street,
Melbourne 3000.

When possible, transport assistance should be limited to journeys to and from preadmission clinics, admission and discharge. It is at the receiving centre's discretion whether further transport assistance should be offered. When transport assistance is required more frequently, involves a mode of transport other than a taxi, or the assistance extends to a carer, prior approval should be requested in writing from the Surgical Services Program.

Patients travelling from rural areas may access transport under the conditions of the Victorian Patient Transport Assistance Scheme (VPTAS).

For more details go to

www.health.vic.gov.au/ruralhealth/vptas

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