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| Readiness self-assessment tool |
| Planned surgery access policy 2024 |
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The Department of Health (the department) has developed this readiness assessment tool and an implementation tracker to support health services with implementation to **meet all the requirements of thepolicy by June 2026**. These tools aim to support the identification of good practice in action, areas needing improvement and actions that will be undertaken to meet expectations of the policy. If you have any questions about these tools, please contact healthservicesimprovement@health.vic.gov.au.

# Introduction

Planned surgery is central to Victoria's healthcare system. It provides essential care that improves the quality of life for tens of thousands of Victorians each year.

The Victorian Government wants to maintain and improve equitable access to high-quality planned surgery. To achieve this, we are undertaking local reforms and making broader investments in surgery with a focus on ensuring the planned surgery system can withstand ongoing pressures. We want to make sure we can deliver timely and high-quality care into the future.

The [Planned surgery access policy 2024](https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides) <https://www.health.vic.gov.au/patient-care/surgical-services-policies-and-guides> outlines the department’s expectations regarding access to planned surgery and procedures. This policy replaces the 2015 publication Elective surgery access policy.

To implement the policy health services should:

* develop local policies, protocols and procedures that align with the requirements of this policy
* identify the health service staff responsible for performing the tasks required by the policy
* provide training and education programs for staff who manage the access to planned surgery
* monitor the health service’s performance against the policy, particularly new policy requirements.

## About this readiness self-assessment tool

This readiness self-assessment tool has been developed to support health services in meeting the expectations and planning for implementation of thepolicy. This tool aims to support the identification of good practice in action, areas needing improvement and actions that will be undertaken to meet expectations of the policy.

It is envisaged that each health service will nominate a lead group or committee to consider actions that may be needed to respond to the policy and complete the readiness self-assessment.

The group or committee should look for and document evidence of practice in action that supports the ratings allocated to each obligation, identify gaps that need to be addressed and set timeframes for achievement within the required timelines for implementation.

Table 1 lists the key policy changes between the old and new policy documents. Other gaps may be identified if the health service has not acted on, or completed work on, meeting the expectations described in the earlier 2015 Elective surgery access policy.

Health services may wish to complete the readiness self-assessment for each speciality or for specific preparation lists and then compile a hospital-wide self-assessment.

The results of the readiness self-assessment will help the health service determine an action plan for implementation of the policy for specific services and across the organisation to **ensure full implementation of obligations and expectations within 24 months from publication of the policy**.

Note: in the policy the use of the term ‘must’ denote actions that are obligations to be met by the health service within a specified timeframe. The use of the term ‘should’ refer to practices that a health service should be aiming to do with increasing frequency.

## Rating scale

**The following rating scale can be used to rate how the organisation is performing against each statement or expectation:**

1. **just beginning, self-assessment and planning**
2. **some progress, implementation of some aspects evident**
3. **most but not all aspects implemented**
4. **all aspects implemented**
5. **all aspects implemented, and regularly reviewed**

The following questions can be asked to inform the rating for each service:

* To what extent is the requirement implemented?
* Do all surgical specialities or services meet requirements to the same extent?
* What information is available to the public/patient?
* If asked, what would people say about how the service meets each requirement or the policy as a whole?

## Readiness self-assessment tool

Table 1 Key changes in policy described in Planned Surgery Access Policy

| Obligations / expectations to be met: | Rating (1-5) | Evidence of practice: | Gaps in practice: | Actions to improve practice: | By whom:By when: |
| --- | --- | --- | --- | --- | --- |
| Section 2 About the policy |  |  |  |  |  |
| The scope of the policy has been expanded to all planned surgery and procedures as identified in the [ESIS manual](https://www.health.vic.gov.au/data-reporting/elective-surgery-information-system-esis) <https://www.health.vic.gov.au/data-reporting/elective-surgery-information-system-esis>Refer to Section:* 2.2 Scope
* 2.3 Out of Scope

**Health services have 24 months to implement this requirement of the policy.** |  |  |  |  |  |
| Section 4 Guiding principles |  |  |  |  |  |
| Health services must have the appropriate local policies and procedures in place to ensure each patient referred is treated in turn. Refer to Section:* 4.1 Treat in turn

**Health services should be able to immediately implement the requirement of the policy as treat in turn measures should already be in use.**Over the next 12 months, the department will develop a standard methodology to calculate the current treat-in-turn ratio at each health service and share these findings. This will support ongoing service improvement and future improvement targets. |  |  |  |  |  |
| Section 5 Communication with patients |  |  |  |  |  |
| New communication timeframes and points of communication between health services and patients to deliver patient-centred, timely and structured communication.Refer to Section:* 5.1 Principles for communication
* 5.2 Points of communication
* 7.4 Hospital-initiated postponements
* 7.6 Validation of the preparation list

**Health services have 6 months to implement this requirement of the policy.** |  |  |  |  |  |
| Section 7 Preparation list management |  |  |  |  |  |
| Health services must maintain a single preparation list for each surgical or procedural specialty **Health services have 24 months to implement this requirement of the policy.** |  |  |  |  |  |
| Health services **must not** accept surgical referrals that are incomplete or do not have the required information and take immediate action for category 1 requests Refer to Section:* 7.2 Surgical referral response

**Health services should be able to immediately implement this requirement of the policy.** |  |  |  |  |  |
| Health services are encouraged to develop innovative and collaborative agreements to centralise and streamline list management across the Victorian public health system. Refer to Section:* 7.3.2 Regionalised preparation lists

**This section builds on the concept of pooled waiting list included in the 2015 Elective surgery access policy. Health services should be able to immediately implement this requirement of the policy where applicable, or as required.** |  |  |  |  |  |
| The head of unit (or their delegate) is responsible for managing and overseeing the preparation list for their surgical or procedural speciality Refer to Section:* 4.1 Treat in turn
* 4.2. Clinical urgency categorisation and registration
* 7.1 Capability and capacity
* 7.2 Surgical referral response
* 7.3.2 Regionalised preparation lists
* 7.4 Hospital-initiated postponements
* 7.6 Validation of the preparation list
* 7.8 Public and private patients**.**

**Health services should be able to immediately implement this requirement of the policy.** |  |  |  |  |  |
| Increased frequency of clerical and clinical audits of preparation lists.Refer to Section:* 7.6 Validation of the preparation list

**Health services have 12 months to implement this requirement of the policy** |  |  |  |  |  |

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