

Improving time to treatment

Guidelines on procedures not funded to be routinely performed in Tasmanian public hospitals – January 2010



Introduction

From 1 January 2010 some elective surgery procedures will no longer be routinely performed in Tasmanian public hospitals. This will ensure that public hospital elective surgery is prioritised to treat patients who have an identified clinical need for surgery to improve their health. It also augments the current approach to prioritisation of elective surgery.

Principles

1. Patients should be referred by surgeons to Tasmanian public hospital waiting lists only when surgery meets an identified clinical need to improve the health of patients.
2. Prioritisation of surgery will occur according to clinical need.

These principles apply to both public and privately insured patients.

Exceptional circumstances

The procedures listed in these guidelines will no longer be **routinely** performed in a public hospital in Tasmania. However, these procedures are able to be performed in a public hospital under exceptional circumstances where patients:

- meet one or more of the exceptional clinical indications for surgery (refer table 1, pages 6-8)
- have “other” circumstances which demonstrate an overriding need for surgery. These circumstances will be at the discretion of the Director of Surgery of the public hospital to which the patient was referred.

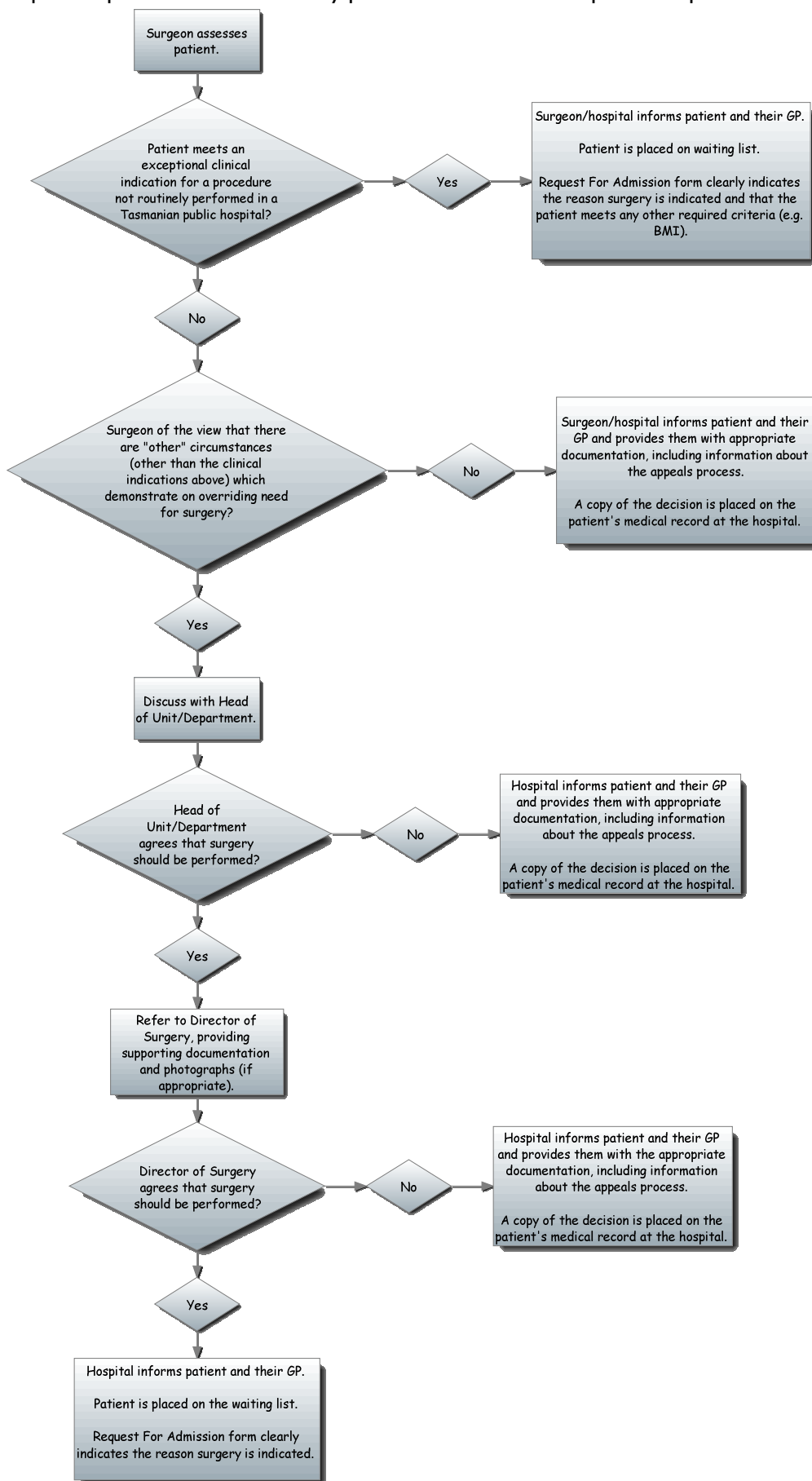
If a surgeon assesses a patient as **meeting the exceptional clinical indications for surgery**, the Request For Admission (RFA) form should be completed and the patient placed on the elective surgery waiting list in accordance with hospital processes. The surgeon must clearly indicate on the RFA the reason(s) why surgery is indicated and whether the patient meets any other required criteria such as those related to Body Mass Index (BMI).

If a surgeon is of the view that a patient has **“other” circumstances** (other than the exceptional clinical indications listed) which demonstrate an overriding need for surgery, the Director of Surgery or, in certain circumstances, the Tasmanian Statewide Surgical Services Committee (TSSSC), must give their approval for surgery to proceed.

The hospital approval processes which need to be adhered to under these circumstances are detailed in flowchart 1.

Flowchart I Hospital approval process

The flow chart below details the process to be followed should a surgeon be of the view that a patient requires a procedure not routinely performed in Tasmanian public hospitals.



Patient appeals process

If a patient is referred to a public hospital for a procedure listed in these guidelines and surgery is declined, an appeal can be requested by the patient via their General Practitioner (GP). As patients usually cannot undergo a procedure without the referral of a GP, patients are not permitted to appeal on their own behalf.

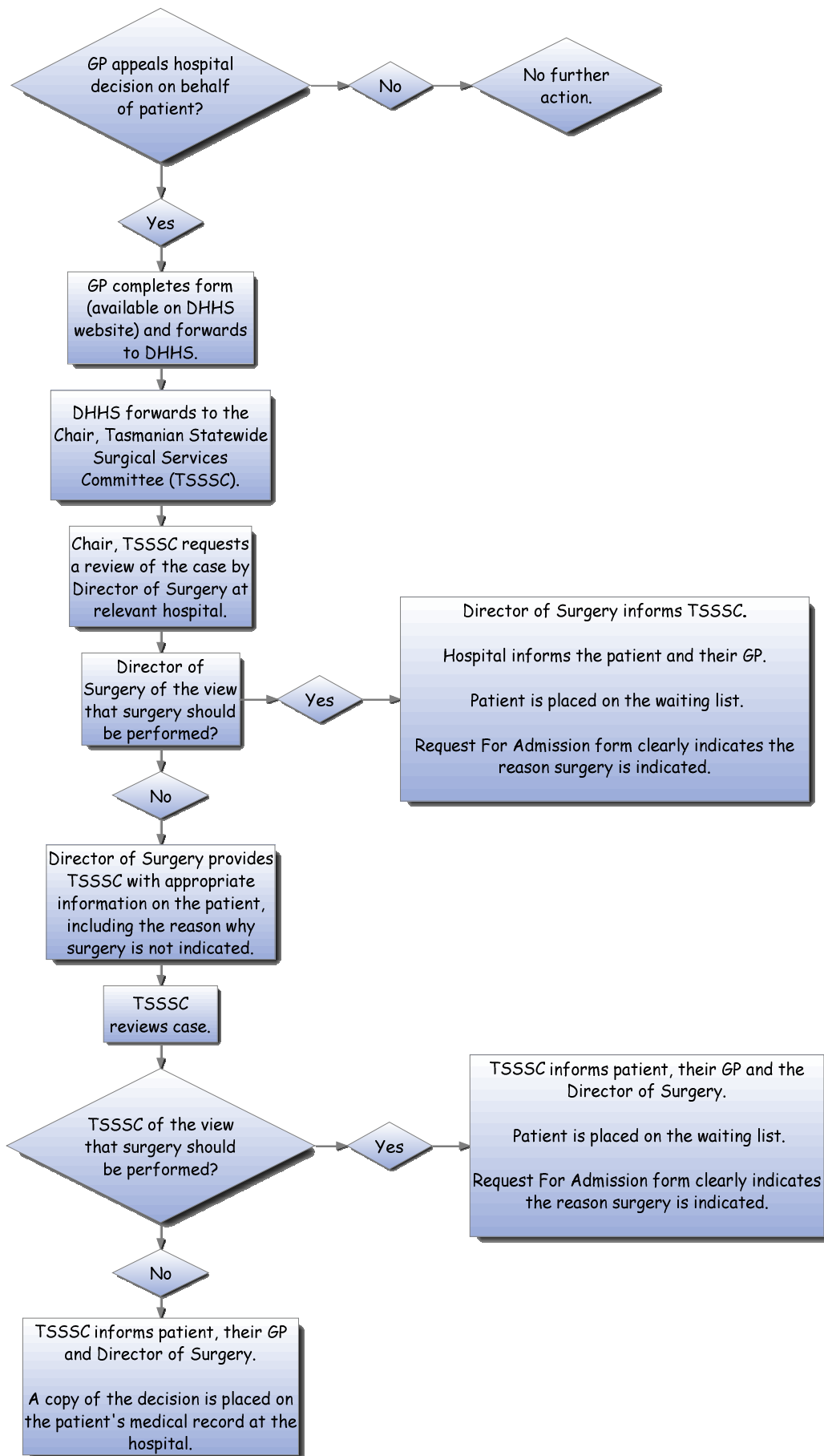
Occasionally patients are referred to a private surgeon from a hospital emergency department. In this instance, the patient's GP continues to be the most appropriate person to appeal on their behalf.

Appeals must be made in writing to the TSSSC by completing the form available at: http://dhhs.tas.gov.au/health_and_wellbeing/hospitals/elective_surgery

The TSSSC will make its determination in consultation with the Director of Surgery of the hospital where the patient was assessed. The decision of the TSSSC will be communicated in writing to the Director of Surgery and to the patient's GP. A copy of this decision is to be placed on the patient's medical record at the hospital.

Flow chart 2 on the following page details the appeals process.

Flowchart 2 Patient appeals process



Patients already on the waiting list

Patients already on the elective surgery waiting list for a procedure not routinely performed in a Tasmanian public hospital must be reviewed.

A patient can remain on the waiting list if they:

- meet one or more of the exceptional clinical indication for surgery (refer table I, pages 6-8)
- have “other” circumstances which demonstrate an overriding need for surgery and the Director of Surgery or the TSSSC has given their approval (refer flowchart I Hospital approval process on page 2).

If a patient is assessed as having an exceptional clinical indication for surgery or if there are overriding “other” circumstances, these must be clearly documented in the patient’s medical record.

If a patient is removed from the waiting list as a result of this review process, they must be provided with a letter containing information on the:

- new guidelines and their implementation date
- review process
- reason they were removed from the waiting list
- process for appeal.

A copy of this letter should be forwarded to the patient’s GP and placed on the patient’s medical record at the hospital.

Information for GPs

Information for GPs about these guidelines has been developed and is available at:

http://dhhs.tas.gov.au/health_and_wellbeing/hospitals/elective_surgery

This includes information on the patient appeals process.

Guidance for clinicians – exceptional clinical indications for surgery

This section provides guidance on the clinical factors that a surgeon will need to take into account when determining whether a procedure listed in these guidelines can be performed in a Tasmanian public hospital.

Table 1.1 Plastic Surgery Procedures

Body Contouring Procedures

Procedure	Exceptional clinical indications for surgery
<ul style="list-style-type: none"> Abdominal lipectomy Abdominoplasty Apronectomy 	<ul style="list-style-type: none"> Correction of scarring as a result of previous abdominal surgery or trauma Disabling or persistent physical discomfort Intertrigo Post morbid obesity treatment where clinical symptoms present (e.g. intractable intertrigo) and BMI is <28 Required for hernia repair or other abdominal surgery Poorly fitting stoma bags
Liposuction	<ul style="list-style-type: none"> Post traumatic pseudolipoma Lipodystrophy with BMI Gynaecomastia with BMI Lymphoedema Flap reduction <p>Above conditional on BMI <28</p>
Other skin excisions for contour, e.g. buttock, thigh, arm lift	<ul style="list-style-type: none"> Post morbid obesity treatment where clinical symptoms present (e.g. intractable intertrigo) and BMI is <28

Breast Procedures

Procedure	Exceptional clinical indications for surgery
Breast reduction (bilateral/unilateral)	<p>Female:</p> <ul style="list-style-type: none"> Post mastectomy surgery where BMI < 28 Chronic head, neck and back ache (where pain is due to breast size) and/or chronic intertrigo <p>Male (gynaecomastia)</p> <ul style="list-style-type: none"> Suspected malignancy Pain, 19 years or older, must have been present for more than 2 years and BMI < 28 Following treatment for cancer of the prostate <p>This procedure is not provided to patients with a BMI > 35</p>
Breast augmentation (bilateral/unilateral)	<ul style="list-style-type: none"> Malformation due to disease, trauma or a congenital condition (but not as the result of previous cosmetic surgery as a privately insured patient)
Mastopexy (breast lift)	<ul style="list-style-type: none"> Post morbid obesity treatment where clinical symptoms present (e.g. intractable intertrigo) and BMI is <28
Removal of breast prosthesis/ Revision of breast augmentation	<ul style="list-style-type: none"> Removal of breast prosthesis and revision of breast augmentation - rupture, infection or capsular contracture Revision of breast augmentation – as a part of treatment for breast cancer and reconstruction
Nipple eversion (for nipple inversions)	<ul style="list-style-type: none"> None
Nipple and/or areola reconstruction	<ul style="list-style-type: none"> When performed as a part of a breast reconstruction due to disease or trauma (but not as the result of previous cosmetic surgery)

Table I.1 Plastic Surgery Procedures (cont.)

Facial Procedures

Procedure	Exceptional clinical indications for surgery
Facelift	<ul style="list-style-type: none"> • Congenital facial abnormalities • Facial palsy • Specific conditions affecting the facial skin e.g. cutis laxa, pseudoxanthoma elasticum, neurofibromatosis • To correct the consequences of trauma • To correct deformity following surgery (where the primary procedure was not cosmetic)
Reduction of upper or lower eyelid	<ul style="list-style-type: none"> • Visual impairment
Rhinoplasty (including septoplasty and removal of nasal polyps)	<ul style="list-style-type: none"> • Correction of severe nasal obstruction and/or post-traumatic deformity causing functional problems (but not as the result of previous cosmetic surgery as a privately insured patient) • Correction of significant developmental deformity (cleft nose, bifid tip and twisted nose)
Correction of bat ear(s) >19 years	<ul style="list-style-type: none"> • None
Repair of external ear lobes	<ul style="list-style-type: none"> • Post traumatic surgery i.e. repair of acute laceration, but not as the result of use of expander devices

Skin and Subcutaneous Tissue Procedures

Procedure	Exceptional clinical indications for surgery
Hair transplant	<ul style="list-style-type: none"> • Treatment of alopecia due to disease or trauma
Tattoo removal procedures	<ul style="list-style-type: none"> • None
Removal of skin lesions (e.g. skin tags)	<ul style="list-style-type: none"> • Suspected malignancy • Obstruction of orifice or vision • Facial disfigurement • Recurrent infection • Function limitation on movement or activity • Pain • Located on a site where they are subjected to trauma
Revision of scar	<ul style="list-style-type: none"> • Where scar is the result of surgery, disease or trauma • Where scar is the result of neoplastic surgery and is disfiguring and extensive

Table 1.2 Urology and Gynaecology

Procedure	Exceptional clinical indications for surgery
Lengthening of penis procedure	<ul style="list-style-type: none"> • Congenital abnormalities in children • Recurrent urinary tract infections where the patient is at risk of requiring renal dialysis
Insertion of artificial erection devices	<ul style="list-style-type: none"> • Patients using urodomes • Spinal patients with neurological erectile dysfunction
Reversal of sterilisation	<ul style="list-style-type: none"> • None
Gender reassignment surgery	<ul style="list-style-type: none"> • Congenital abnormalities in children
Genital surgery aimed at improving appearance	<ul style="list-style-type: none"> • Patients requiring prostheses following orchidectomy
Testicular prostheses	<ul style="list-style-type: none"> • Following orchidectomy for malignant disease

Table 1.3 Vascular Surgery

Procedure	Exceptional clinical indications for surgery
Varicose vein procedures	<ul style="list-style-type: none"> • Chronic leg swelling, chronic dermatitis, leg ulcers or foot infections that fail to heal as a result of severe varicosities causing chronic stasis and venous ulceration • Objective clinical evidence of chronic venous insufficiency • Recurrent (more than 2 episodes superficial thrombophlebitis)

Notes:

- Circumcision is not included in these guidelines and will be considered at a future date.
- A DHHS careway for morbid obesity surgery is currently being developed.



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