Saskatchewan Surgical Registry Policies & Procedures

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ABBREVIATIONS

AESB	Acute and Emergency Services Branch – Ministry of Health
eHS	eHealth Saskatchewan
ORM	OR Manager © Surgical Software Suite
PRS	Person Registry System
SHA	Saskatchewan Health Authority
ROASC	Registry Operations Advisory Subcommittee
SIS	Surgical Information System
SSCN	Saskatchewan Surgical Care Network
SSR	Saskatchewan Surgical Registry

DEFINITIONS

Booking Package: documentation consisting of a provincially standardized surgical booking form (booking card) and a signed patient consent form, submitted by a surgeon to a surgical facility booking office in order to add a patient to the surgical wait list.

Clinical Staging (postponement reason): a procedure might be postponed in accord with the staging of the patient's illness.

Cancellation: a booked surgical case that is cancelled. A cancelled case becomes inactive and is removed from the surgical waitlist.

Date of first offer: the first date offered for surgery. A patient's wait time may be measured from the time they were booked for surgery to the first surgery date they were offered. The date of first offer recorded in the booking system stays the same even if it is refused or surgery is postponed by the patient. If surgery is postponed by schedulers for system reasons, the date of first offer is replaced by the next surgical date offered.

Diagnosis Code: a combination of letters and numbers that represents a certain medical condition, procedure, symptom, or disease according to the *Saskatchewan Diagnosis Code List*. On a surgical booking form, a diagnosis code refers to the diagnosis or condition that is most responsible for a patient's surgical visit.

Long Waiter: a patient who has been waiting longer than a defined period of time for their scheduled surgery. The period will be defined each year by Ministry mandate.

Postponement: a booked surgical case that is postponed (or deferred). A case that is postponed remains active and stays on the wait list.

Staged Procedure (time unavailable reason): a procedure that cannot be performed until after a specified date or event (e.g. cataract procedures that must be done sequentially in two separate OR visits)

Recall (time unavailable reason): a procedure to be performed on a recall basis, for example a follow-up dental or endoscopy procedure to be performed after a specified time period.

Saskatchewan Surgical Registry: a repository of surgical data on patients who are booked for surgery or have received surgical procedures in Saskatchewan.

Surgical Information System (SIS): includes OR Manager surgical software used within surgical facilities for collection and management of surgical data, as well as other IT applications that collect and feed surgical data to the Surgical Registry.

Time unavailable: wait-listed surgical patients may identify up to six months of unavailable time for non-clinical reasons (work, vacation) without losing their place on the wait list. Unavailable time is subtracted from wait time calculations.

Wait 1: the period between the date a referral is received by a surgeon's office and the date of the surgeon's first consultation with that patient related to the referral.

Wait 2: the period between the booking date for surgery (i.e. the date the case is added to the surgical waitlist) and the surgery performed or offered date, minus any dates the patient is unavailable for surgery. In this document, unspecified reference to "wait time" refers to Wait 2 – the wait for surgery.

1.0 OVERVIEW

Matching surgical care resources to patient need to ensure timely and appropriate care is a key challenge facing governments and health care providers across Canada. The Saskatchewan Surgical Registry was the first of its kind to be able to report detailed information for all patients waiting to receive surgery in a province's operating rooms. The Surgical Registry was developed with the leadership of many dedicated professionals within Saskatchewan's Health Care system.

The Saskatchewan Surgical Registry was created in 2003 by the Minister of Health under the authority granted by the *Provincial Health Authority Act*. The *Saskatchewan Surgical Registry Regulations 2024* outline the responsibility of the SHA and health service organizations, as well as physicians, surgeons and dentists who perform insured surgery in Saskatchewan, to provide information to the Surgical Registry in an acceptable manner. The *Surgical Registry Regulations 2024* reference the *Surgical Registry Policies and Procedures Manual*, as amended from time to time, as a guiding document for stakeholders in the surgical information system.

1.1 Registry Objectives

The Surgical Registry was developed to provide the data needed to ensure fair and timely access to surgical services throughout the province.

The objectives of the Surgical Registry are to provide consistent, province-wide waitlist, booking and surgery performed data needed to:
- Manage surgical waitlists and ensure patients are treated fairly, equitably and within clinically appropriate time frames;
- Assess the capacity and resource requirements of the surgical care system;
- Monitor performance and plan surgical services; and
- Inform the public about wait times and system performance.

1.2 Registry Content

The Registry includes information on patients waiting for and receiving surgical procedures in facilities delivering publicly-funded services.

Key Registry content includes:
- Demographic information;
- Patient priority based on the patient's diagnosis;
- Booking and scheduling information for patients waiting for surgery including information on the procedure, surgeon and facility; and
- Information on emergent and non-emergent surgery performed.

2.0 ACCESS TO DATA

[The Health Information Protection Act](#) (HIPA) and [Regulations](#) legislate privacy protection and obligations of trustees in the health system. Government institutions, health care providers, and administrators must provide the highest level of protection regarding the collection, use, disclosure and safekeeping of personal health information.

2.1 Gaining Access

Each organization, employee or trustee that collects and manages personal health information is bound by the duties and obligations of HIPA, including requiring that only employees that "need to know" have access to patient information. In addition to employees of the SHA and Health Service Organizations who collect information to provide surgical care to patients, a limited number of government officials, analysts and IT personnel may have access to patient-level data. Surgeons may have access to data on their own patients, and surgical leadership may have access to data on patients in their administrative area. For viewing Surgical Registry reports that contain deidentified data, formal access requests are not required.

Policy:
Only credentialled physicians or designated personnel of the SHA, Health Service Organizations, Ministry of Health or eHealth Saskatchewan will be granted access to patient-level surgical data. "Need to know" includes assigned tasks that require viewing, adding or changing patient data, assessing data quality or running reports, and building or maintaining IT infrastructure for the surgical registry.

Procedure:
In the surgical information system, an OR Manager instance (which is unique to a specific SHA facility or area) is the main entry point for access to patient-level data. Access to any OR Manager instance can only be granted by the SHA.

Processes for how to initiate access to ORM, who can receive access, and what levels of access are given, may vary slightly among SHA facilities and regions with separate instances of ORM.

Designated personnel of the SHA, Ministry of Health or eHealth may be given access to any or all instances of ORM. Physicians may be given access to ORM only in the facility(s) or area where they operate. The SHA is responsible for ensuring that all access to surgical patient data at the area or facility level is documented and subject to the organization's central processes and standards for maintaining privacy and security.

Approval Process:
- Each SHA facility or area with its own ORM instance will:
    - designate a manager to authorize access
    - ensure that levels of user access are clearly defined within the ORM instance

- Using established IT account application procedures in that SHA facility or area, the applicable SHA Manager will sign off on:
  - ○ all ORM accounts for SHA users
  - ○ all physician access requests
  - ○ all access requests for Ministry of Health and eHealth Saskatchewan personnel.
- The Surgical Registry Program will approve all Ministry of Health and eHealth Saskatchewan account requests before an access request is submitted to the SHA facility or area.

Authorizers are responsible for ensuring that each user's level of access is appropriate to the user's role, and that permissions are kept current. Authorizers in the Surgical Registry Program and each ORM instance are responsible for maintaining a matrix of users and levels of access.

Levels of access may include:
- <u>IT Access</u> (view, enter or change case information, override validation messages, create reports for the purpose of assisting users and troubleshooting issues)
- <u>Admin Access</u> (view, enter or change case information and override validation messages on input forms)
- <u>User Access</u> (view, enter or change case information but not override validation messages)
- <u>Analyst Access</u> (view patient information and reports but not enter or change information or override messages)
- <u>Physician/Medical Office Access</u> (view, enter or change case information for clients of a specific surgeon, view deidentified reports, but not override validation messages)
- <u>Physician Leadership</u> (view patient information for all surgeons or a designated group of surgeons, view deidentified reports, but not override validation messages)

Operational and government leadership may view reports containing deidentified case data without having an ORM account.

A menu of reports will be available in each instance of ORM, and the Surgical Registry Program will maintain a list of standard provincial reports.

2.2 Access to Information

Policy:
The purpose of the Saskatchewan Surgical Registry is to provide information about performance of the surgical system to the public as well as internal stakeholders such as government, operational leaders, and health service organizations. In accordance with the *Provincial Health Authority Act*, information from the Surgical Registry can be shared with health service organizations and prescribed persons who provide health services, and under some conditions may be shared with the public, and researchers carrying out investigations in the public interest.

Patient confidentiality must be respected and only aggregate results will be reported in any publication.

Procedure:
Requests for access to Surgical Registry data should go through appropriate channels in SHA, eHealth or the Ministry of Health according to the reason for the request.

a) Research
Researchers from within Saskatchewan's health system or outside the health system may request access to Surgical Registry data for the purpose of research. Such requests should go through appropriate processes to ensure that research is well-designed, has appropriate approvals, and meets standards for ethical research and protection of health information. General inquiries about accessing data for research should be directed to the SHA Research Department at ResearchInfo@saskhealthauthority.ca, which may direct inquiries to other bodies as appropriate.

b) Information sharing
In accordance with the Provincial Health Authority Act, information from the Surgical Registry can be shared with health care organizations and prescribed persons who provide health services.

Information from the Surgical Registry can also be made available to the public, provided that any information that might reasonably be expected to identify an individual has been removed. General inquiries about accessing deidentified surgical data can be directed to public platforms for surgical registry reporting at
https://www.saskatchewan.ca/residents/health/accessing-health-care-services/surgery/surgical-performance-and-wait-times

c) Request for information
Requests for surgical data that is not currently available to the public can be directed to the Surgical Registry. Ministry analysts will explore options for providing the information. In some cases, it may be necessary for a formal Request for Information to be submitted to the Ministry or the SHA.

d) Data Sharing
The Saskatchewan Health Authority, as the trustee of surgical patient records, enters into data sharing agreements with the Ministry of Health to clarify the terms for providing information requested by the Ministry to the Surgical Registry data mart.

2.3 Data Quality

Errors in data reported to the Surgical Registry may result in inaccurate reporting of wait lists and wait times, as well as numbers and types of surgery performed. Poor quality data may affect timely access to care by patients as well as accuracy of Saskatchewan's reporting against clinical targets, and the allocation of resources by government and the SHA. In order to ensure that Surgical Registry data reported to the public and used by decision-makers is accurate and of good quality, stakeholders in the Surgical Registry will regularly monitor and correct data errors and take action as required to maintain data quality.

Policy:
The Surgical Registry, eHealth and the SHA will assign appropriate resources to jointly identify and correct data errors in the Surgical Registry in order to meet established data quality standards.

Procedures:
- SHA will designate personnel within surgical facilities whose assigned duties include monitoring and correcting surgical data errors.
- The Surgical Registry will monitor errors in prescribed information provided to the Registry, and provide weekly data quality reports to designated personnel in Regina and Saskatoon, and at regional surgical facilities.
- Designated personnel will regularly review their internal waitlist data along with reporting provided from the Surgical Registry Program.
- Designated personnel will correct data quality errors before the next weekly reporting period, with access to supports from the Surgical Registry and eHealth Saskatchewan.
- The Surgical Registry will provide high level reporting on rates of data errors to surgical leadership.
- Surgical leaders will authorize improvement initiatives as needed to ensure that data is accurate and of good quality.

3.0 ENTERING A PATIENT INTO THE SURGICAL REGISTRY

3.1 Adding a Patient to the Surgical Waitlist

Policy:
All patients booked for a surgical procedure as defined in *The Surgical Registry Regulations, 2024* must be entered in the province's Surgical Registry.

*"**Surgical procedure**" means a surgical procedure listed in the Saskatchewan Surgical Registry Procedure List that is performed on a patient.*
     24 April 2024 P-30.3 Reg 3 s2

Procedure:
Once a patient and their surgeon have decided that surgery is the most appropriate treatment option <u>and the patient is ready for the surgery (see 3.2)</u>, the surgeon must complete a booking form and patient consent form.

The surgeon then forwards the booking package to the booking office for Regina or Saskatoon, or the regional facility where the surgery will be performed. No surgery date will be arranged until the complete booking package consisting of the booking form and signed consent form has been received by the booking office.

The booking office will enter the submitted patient information into the Surgical Registry within seven business days of receiving all the required documentation from the surgeon. Surgeons' offices will endeavor to submit a booking package within 7 business days of receiving consent from the patient.

Surgeons are responsible for recording the date a patient is referred to them and reporting it on the booking form (see policy 5.2).

The surgeon should identify any dates that the patient is not available for surgery on the booking form (see policy 3.3).

Endoscopy procedures are required to be entered into the Registry.

3.2 Ready, Willing and Able

Policy:
Only patients who are ready, willing and able to have their surgery completed in the next six months can be added to the surgical waitlist.

Ready, willing and able (ready to treat) means:
- The surgeon and patient mutually agree to proceed with surgery

- The patient has completed all other therapies prescribed (not including adjunct therapies to be administered before/in addition to surgery)

- All diagnostic and/or procedural tests required to determine diagnosis are complete (excluding pre-operative tests routinely done days or weeks in advance of surgery)

- The patient has met any related clinical criteria that may impact their readiness to proceed to surgery, as determined by the surgeon (such as stabilization of an existing medical condition).

Procedure:
The following documentation must be submitted to the booking office where the surgical procedure is to be performed before the patient is waitlisted or given a date for surgery.

Documentation of readiness consists of:

- **A signed consent form.** When the patient signs the Consent for Surgery form they are stating they are ready, willing and able to undergo surgery any time in the next six months, excluding days they are unavailable for surgery. A consent form may be submitted with the surgeon's signature only, if the surgeon attests that they have received the patient's verbal consent to proceed with the procedure as described.

- **Completed Provincial Surgery Booking Form**. This indicates that all diagnostic tests and specialist consults have been completed and reviewed by the surgeon.

Surgeons may not attempt to add patients to the surgical waitlist prior to consultation, or prior to completion of diagnostic tests or ancillary treatment.

Patients are not considered ready, willing or able to undergo surgery if they twice refuse or postpone for non-clinical reasons surgical dates that are offered them. In this case they are to be recorded as INACTIVE/CANCELLED and referred back to their surgeon. The surgeon can re-book the patient once they are ready to proceed with surgery.

If a patient's medical condition changes to the point that surgery will be delayed indefinitely, they should be removed from the surgical waitlist. The surgeon may add the patient to the Registry again if the patient's condition changes and the surgery is deemed medically beneficial.

Patients who are to be removed from the waitlist should be informed by the surgeon or the operator as appropriate, and the reason should be explained to them.

3.3 Patient Unavailable Days

Policy:
Patients may specify one or more time periods they will be unavailable for surgery for non-clinical reasons (e.g. vacation, work commitment, personal commitment). The time and reason the patient is unavailable for surgery should be recorded on surgical booking forms. This time period will not be included in the wait time calculation. Time unavailable periods for non-clinical reasons may not exceed six months in total.

Booking offices may also use the "time unavailable" field to record periods a patient is not available for surgery because a procedure is a "Staged Procedure" (e.g. a second eye cataract procedure that will be performed only after the first eye is completed) or a "Recall" (e.g. a follow-up endoscopy to be performed at a time specified by the surgeon).

Procedure:
Time periods during which a patient is unavailable are recorded in the Registry and subtracted from the wait time calculation. As wait times for some surgeries can extend beyond the time most people plan their lives, patients are to be encouraged to keep the booking office current with changes in unavailable dates.

Patients may not declare themselves unavailable for an extended or indefinite period. When patients sign the Consent for Surgery form, they are stating they are ready, willing and able to undergo surgery.

Reasons:
The standardized list of "time unavailable" reasons is provided in a drop-down menu in each instance of ORM. The Surgical Registry Program maintains the current list of reasons.

3.4 Booking Staged Procedures

Booking of staged procedures shall remain an acceptable practice. For staged procedures (e.g. cataract, orthopedic, plastic or pediatric procedures that must be done sequentially in two or more separate OR visits) The required booking documentation for the second or subsequent procedures can be submitted at the same time as the booking documentation for the first surgery, as long as the time period between the first and subsequent procedure does not exceed three months. If the time period between the first and next proposed procedure exceeds three months, those procedures shall be managed within the surgeon's office until the patient is ready, willing and able.

The time between staged procedures can be recorded as "time unavailable" due to the reason of staged procedure, and the appropriate "staged" procedure code recorded in the Registry.

The booking office reserves the right to refuse acceptance of staged bookings, but should apply discretion when not accepting staged procedures as this may be detrimental to patient care.

3.5 Patients Who Refuse Surgery Dates

Policy:
Patients are not considered ready, willing or able to undergo surgery if they twice refuse surgical dates that are offered to them. In this case, the booking is cancelled, and the patient is referred back to the surgeon. The surgeon can re-book the patient once they are ready to proceed with surgery.

Procedure:

Booking offices should make every effort to accommodate the patient's schedule when negotiating surgery dates. If the patient declines the first date offered, the booking office must take reasonable steps to ensure the patient understands the refusal policy and the time unavailable policy, and is aware that subsequent refusals may result in cancellation.

- The first time a patient refuses an offer of a surgery date without a clinical reason, the date offered to the patient should be entered into the surgical booking form using the "first surgical offer" date field.
- Refusal should be documented in the Time Unavailable field as "Refused Date Offered."
- If a patient declines a second offer of a surgery date, the patient should be recorded as INACTIVE/CANCELLED and case documentation should be returned to the surgeon's office with a note advising that the patient has twice refused offers to provide them with a surgery date.

The patient may be re-entered into the Registry following a reassessment by the surgeon. If surgery is still required, the surgeon's office must resubmit the patient consent form and a new booking form to the booking office. The booking office will add the patient to the Surgical Registry as a new patient once the required documentation is received. The patient will not receive credit for previous time waited and should be reminded of the "two strike rule" when negotiating a new surgery date.

3.6 Patients Choosing to Change Surgeons or Attempting to Register with More Than One Surgeon

Policy:

Patients are free to consult multiple surgeons or change surgeons at any time, but they may not have multiple entries in the Surgical Registry for the same procedure with different surgeons.

When a patient booked for a procedure chooses to have the procedure performed by a different surgeon, the original booking must be cancelled. The original booking date will be retained as the start date for the patient's wait time.

If a waitlisted patient enquires about other surgeons, the operator may provide information on alternate surgeons with sooner availability.

Procedure:

Booking offices are responsible for preventing or fixing duplicate bookings, and for ensuring that the correct waitlist start date is entered for a patient who changes surgeons.

A booking office may become aware of a duplicate booking by:
- Receiving an error message from the Surgical Registry IT platform when the duplicate booking is entered

- Checking duplicate bookings in the Surgical Registry Data Quality Reports
- Taking waitlist inquiries from patients who want to change surgeons
- Being informed by patients who changed surgeons (a patient with two active bookings should be aware of this through MySaskHealthRecord)

If a booking office determines that a patient is on the waitlist twice for the same procedure, the booking office staff must inform the patient that he or she may not be booked with two surgeons for the same procedure, and must choose between them. The patient should also be informed that the original booking date will be retained as the start date for the wait, regardless of which surgeon they choose.

Changing Surgeons within ORM Instance
When a patient chooses to change surgeons within the same area/facility, which shares the same instance of ORM, the booking office will cancel the case with the first surgeon and keep the case with the second surgeon, retaining the patient's original booking date. The booking office will inform the first surgeon of the cancellation and the reason.

Changing Surgeons between ORM Instances
When a patient wants to change to a surgeon in a different area/facility, with a different instance of ORM, the booking office that becomes aware of the change/duplication must contact the patient. As instructed by the patient, the first booking office may cancel the case in their system, or notify the second booking office, in writing, to cancel the case, referring to the patient's booking information and providing the reason. The booking office where the case is cancelled will inform the surgeon of the cancellation and the reason.

3.7 Patient Required to Change Surgeons

Policy:
When a patient is required to change surgeons because the original surgeon is no longer available (e.g. due to relocation or retirement), every effort will be made to rebook the patient with a new surgeon, and credit will be given for the time the patient has already waited for surgery.

Procedure:
If a patient is required to change surgeons, the Specialty Division Leader or Area Division Lead will be required to arrange for a referral to the new surgeon within 30 days. The new surgeon will need to submit a new booking package to the appropriate booking office, but the patient's original waitlist date will be retained.

To avoid duplicates, booking offices will follow procedures as per section 3.6 for cancelling the case with the original surgeon and re-entering the case with the new surgeon.

No New Surgeon
Where there is no new surgeon to refer to, the Specialty Division Head, Area Division Head or designate is responsible for contacting the patient to discuss treatment options.

a) Patient can seek other treatment options or seek treatment elsewhere and will be removed from the surgical wait list, or

b) Patient can remain on the wait list until a new surgeon is recruited.

When the patient chooses to remain on the surgical waitlist, the procedure will be recorded as postponed, with the reason of *Surgeon Unavailable Long-term.*

The facility where the patient is booked for surgery will be responsible to follow up with patients whose cases have been postponed long term, at least annually or more frequently if warranted by the patient's priority level, to update their status on the Registry. If the patient is still waiting, this information should be communicated to medical leadership.

3.8 Entering Information for a Non-Saskatchewan Resident

Policy:
Out-of-province patients will be prioritized in the Saskatchewan Surgery Registry database the same way as residents of Saskatchewan. However, visitors to Canada are not eligible for elective surgery. Physicians may not submit referrals or elective surgery bookings for visitors to Canada.

Procedure:
A Saskatchewan surgeon may submit a booking package to the appropriate booking office for an out-of-province patient, in the same manner as for patients who reside in Saskatchewan.

The unique identifier assigned to the patient by their province of residence, or a federal government agency or program, must be entered in the surgical registry before surgery can be performed.

Visitors to Canada may receive emergency surgery only, as required, with case information entered into the Surgical Registry after surgery. All costs must be charged to the individual.

3.9 Long Waiting Patients

Policy:
Long-waiting surgical cases will be identified and, where appropriate, prioritized for surgery. Cases should not remain on the surgical wait list without contact with the patient.

Procedures:
The criteria for long-waiting cases will be defined by the Ministry of Health each year as part of accountability agreements with the SHA.

The Surgical Registry will provide information to the SHA and surgeons' offices to identify long-waiting patients and support investigation into factors delaying access to surgery for specific patients or groups of patients/procedures.

SHA personnel and surgeons' offices will work together to ensure that long waiting patients are contacted to validate their continuing need for surgery and to offer appropriate solutions, including transferring patients to surgeons with shorter waitlists.

Long-waiting patients who have been consistently unavailable for surgery, for clinical or non-clinical reasons, or cannot be contacted, may be removed from the surgical waitlist provided reasonable effort has been made to accommodate patient circumstances.

Long-waiting patients who remain on the wait list should be contacted every three months by the booking office to provide information and update patient status.

4.0   POSTPONED AND CANCELLED SURGERIES

4.1 Postponed Surgeries

Policy:
A postponed surgery is a scheduled surgery that is postponed to a later date. The booking record remains active when a surgery is postponed. All postponed surgeries must have a Surgery Date Postponed and a Postponed Reason entered in the Surgical Registry.

Procedure:
The reason for postponement is selected from a drop-down menu in the surgical booking system. The Surgical Registry will retain an official list of postponement reasons (to be available in all ORM instances). Booking offices may note other pertinent details in the comments section in the surgical booking system.

Additions or changes to postponement reasons should follow Surgical Registry change management processes and apply to all facilities.

4.2 Limit on Postponements for Non-Clinical Reasons

Like patients who refuse surgical dates that are offered to them (section 3.5), patients who repeatedly miss or postpone a surgical date for non-clinical reasons are not considered ready, willing and able for surgery.

Patients may miss or postpone their scheduled surgery on one occasion without penalty, but patients who miss or otherwise postpone a scheduled surgery date a second time for non-clinical reasons (section 5.4) will be recorded as inactive and removed from the waitlist.

Reasons include:
 • Patient Arrived Late
 • Patient not available – other
 • Patient wanted 2nd opinion
 • Patient no show on day of surgery
 • Patient family crisis
 • Patient withdrew consent
 • Not able to locate patient
 • Consent not given

Procedure:
The first time a patient misses or otherwise postpones a scheduled surgery date for non-clinical reasons, the booking office will record the postponement and the reason for the postponement in the surgical booking system, and advise the patient that they may not miss or postpone the next scheduled date if they wish to continue to be considered for surgery. The booking office should also remind the patient of the option to specify times when they know they will be unavailable.

The second time a patient misses or otherwise postpones a scheduled surgery date for non-clinical reasons, the booking office will record the case as inactive in the surgical booking system with the cancellation reason "multiple patient postponements" and return the patient's documentation to the surgeon with a notice that the patient must be re-booked in order to get back on the waitlist. If contacted, the booking office will direct the patient to the surgeon's office for follow-up. The patient should also be told that the wait time for the procedure will start over from the new booking date.

The operating room manager and/or surgical scheduling manager have the discretion to override this directive in extenuating circumstances such as a family emergency, or to avoid disadvantaging patients who are suffering hardship, crises or effects of trauma. In these cases, booking offices may allow the surgery to be rescheduled. Exceptions should be recorded under "comments" in the surgical booking system and reviewed regularly.

4.3 Cancelled Surgeries

Policy:
A cancelled surgery is a booked or scheduled case that is removed from the waitlist. When a cancellation occurs, the current status of the case is made INACTIVE, and the inactive Reason is recorded as Cancelled. All cancelled surgeries must have a Surgery Inactive Date and a Cancelled Reason entered in the Surgical Registry.

Procedure:
The reason for cancellation is selected from a drop-down menu in the surgical booking system. The Surgical Registry will retain an official list of cancellation reasons (to be available in all instances of OR Manager). Booking offices may note other pertinent reasons in the comments section in the surgical booking system.

Additions or changes to cancellation reasons should follow Surgical Registry change management processes and apply to all facilities.

4.4 Unable to Locate Patient

Policy:
Due diligence must be followed before any surgery can be cancelled due to "Inability/Unable to Locate Patient." The period of time during which the booking office is unable to locate the patient will be recorded as "time unavailable."

Procedure:
Due diligence is defined as at least 4 contact attempts made (only 1 of which may be short notice), at least 1 week apart. Booking offices will document attempts to contact in the surgical booking system, including date of contact, circumstances of inability to contact (no answer, left voicemail, patient unavailable, etc.), initials of scheduler, and other comments as appropriate.

The period of time during which the booking office is unable to locate the patient will be recorded as "time unavailable." The first attempt at contacting the patient should be entered as "unavailable start date 1," and the date the patient is finally contacted as "unavailable end date 1." This period will not be included in surgical wait time calculations.

If the booking office is unable to contact the patient, the status of the booking will be made INACTIVE/CANCELLED, and the surgeon's office will be notified.

When a case is cancelled for "inability to contact," a 30-day grace period will be given whereby the booking will be reinstated, with the original booking date, if the surgeon's office can provide updated contact information. If the surgeon's office cannot reach the patient within the 30-day grace period, the booking remains cancelled. The surgeon's office will need to resubmit the booking, and the patient will not receive credit for any time already waited.

4.5 Review of Reasons

Policy
Reviewing reasons for time unavailable, postponement or cancellation can help the health system to understand factors affecting access to surgical care.

Procedure
When processing postponements and cancellations, booking offices will exercise care in selecting reasons, and record comments as appropriate in the surgical booking system. Comments entered into ORM will be made available to the surgical registry.

A review of postponement and cancellation reasons will take place annually by ROASC. Changes will be made as appropriate to lists of postponement and cancellations reasons maintained by the Surgical Registry.

5.0 DOCUMENTING AND REPORTING

5.1 Required Information

Policy:
According to *The Surgical Registry Regulations, 2024*, all information required to be submitted to the surgical registry pursuant to the regulations must be submitted in a format acceptable to the Minister and in accordance with the *Saskatchewan Surgical Registry Policies and Procedures Manual*.

SHA personnel who work in booking offices, as well as operating rooms and other treatment areas, are responsible to complete the necessary fields in the surgical booking system, both before surgery (booking information) and after surgery (surgery performed information). All required information must be entered in the Surgical Registry within seven business days of receipt, unless otherwise noted.

5.1.1 Diagnosis-based Prioritization
Policy:
Saskatchewan has adopted a system of diagnosis-based surgical prioritization. Any physician, surgeon or dentist who has agreed to perform a planned surgical procedure on a patient in a facility operated by the Saskatchewan Health Authority, or a health services entity, must enter a diagnosis code on the surgical booking form for the purpose of assessing the patient's wait time priority.

The booking office is responsible to ensure that an appropriate diagnosis code and description has been provided for every elective surgery booking.

5.1.2 Surgical Booking Data
Policy:
Booking offices are responsible for completing the necessary fields in the surgical information system for each patient to be added to the waitlist for surgery, once all required documentation for the patient has been received from the surgeon.

Required information includes:
- Procedure name
- Whether it is an in-patient or out-patient procedure
- Name of surgical facility
- Name of referring physician
- Name of surgeon who is to perform procedure
- Date the referral was received by the surgeon, and date of patient's initial visit with that surgeon
- Patient diagnosis (using Dx Code)
- Name, address, phone number, DOB, sex and HSIN of patient
- Dates & reasons for patient unavailability, if any

Procedure:
If a surgeon submits a booking form that fails to provide prescribed information as above, the booking office must return the form to the surgeon's office for correction. A patient may not be added to the Surgical Registry unless the required information is provided.

Any concerns about requirements for booking surgery in Saskatchewan hospitals may be referred to the Surgical Registry.

5.1.3 Surgery Performed Data
Policy:
All surgery performed data is collected by staff in ORs/treatment rooms and entered into the surgical information system by designated personnel. Documentation of surgery performed must be provided to the Surgical Registry within seven business days of the procedure being performed.

Required information includes:
- Name of the procedure performed
- Whether procedure was in-patient or out-patient
- Name of surgical facility
- Name of surgeon who performed the procedure
- Date on which the surgical procedure was performed
- Type of anesthesia that was used

5.1.4 Emergency Surgical Procedures
Policy:
All data on emergency surgery performed is collected by OR staff and entered into the surgical information system by designated SHA personnel. Documentation of surgery performed (5.1.3), as well as patient name, address, phone number, DOB, sex and HSIN, must be provided to the Surgical Registry within seven business days of the procedure.

5.1.5 Changes to Information Provided
Policy:
If SHA personnel become aware of any change to the information submitted to the surgical registry with respect to a planned or performed surgical procedure, the new information must be entered into the surgical information system within 5 days after receiving the change of information.

5.1.6 Date and Time Field
Policy:
Designated personnel entering information into the surgical booking system must complete both the date and time fields for the "booking date emergency surgery" field, and "date of surgery performed" field using the 24-hour clock.

5.2 Documenting Patient Referral Dates

Policy:
Surgeons are responsible for recording on the surgical booking form the date they received a referral for a surgical consult and the date of their initial consult with the patient related to this referral. The purpose is to track Wait 1, the length of time the patient waited to see the specialist.

5.3 Change in Patient's Clinical Condition

Policy:
Should a patient's symptoms or condition change to the extent that the surgeon would alter their diagnosis, the surgeon may submit a revised surgical booking form to the booking office with the new diagnosis code and corresponding surgical priority.

Any patient who is waitlisted for a planned procedure may have their procedure performed as an emergency if physicians on call determine that this is necessary.

Procedure:
When a patient already booked for elective surgery presents to their surgeon with an escalation of the symptoms that led to the decision to perform surgery, or presents with additional symptoms that were not present at the initial assessment, the surgeon may submit a revised surgical booking form that indicates a change in the patient's diagnosis.

When the booking office receives a revised surgical booking form for the patient, the new diagnosis is entered into the surgical booking system, which will prompt a change in the patient's surgical priority. The patient's booking date remains unchanged, and the original consent form may be retained.

If a patient who is on the waitlist for planned surgery presents at an emergency department, the hospital should follow the current process for notification of the patient's physician or surgeon. If the emergency visit results in surgery performed, documentation will be completed within seven business days following surgery. At that time the elective booking must be cancelled using the cancellation reason "waitlisted booking performed as an emergency."

If the emergency visit does not result in surgery performed, the surgeon may submit a revised surgical booking form with a new diagnosis that fits the patient's condition.

5.4 Collecting First Surgical Offer Date

Policy
It is important for booking offices to record the first surgery date offered, whether or not the first date is accepted by the patient.

When surgical wait time is extended for a patient reason (see below), the additional waiting period is excluded from wait time calculations. This allows the system to differentiate the portion of patient wait time that is due to system performance.

However, when a confirmed date of surgery is postponed due to a surgical system reason (see reasons below), then the first date offered to a patient is no longer valid, and this field should be changed to the new date offered for surgery.

Procedure

When a patient is offered a date for surgery by the booking office, this date is entered in the "first surgical offer" date field in the booking record.

Patient declines first offer
- The first surgical offer date remains the same in the surgical booking system
- The date is recorded as "time unavailable" due to "patient refused offer"
- The patient has surgery at a later date, but the date of first offer remains the same.

Patient accepts first offer, but later misses or postpones surgery <u>for a patient reason</u>
- The first surgical offer date remains the same in the surgical booking system
- The booking office records the surgery as postponed (select reason)
- The patient has surgery at a later date, but the date of first offer remains the same.

Patient accepts first offer, surgery is scheduled but postponed <u>for a system reason</u>
- The booking office records the surgery as postponed (select reason)
- The first surgical offer date is changed to the postponed date.
- If the system postpones multiple times, the first surgical offer date is always updated to the postponed date.
- If no postponed date is offered, the date of first offer field is left blank

Patient reasons <u>may be clinical or non-clinical</u>. A patient's procedure may be postponed through no fault of their own (such as illness, pregnancy, anesthetist concerns), but the postponement is also not the system's fault. For performance reporting, the patient's surgical wait time is measured to the first date the system was able to provide their surgery.

Patient reasons include:

Clinical
- Clinical Staging
- Medical Complications
- Patient pregnant
- Unable to intubate patient
- Surgeon wanted 2nd opinion
- Patient postponed by surgeon
- Patient postponed by Anaesthetist/Internist
- Patient Illness
- Patient ate/drank

Non-clinical
- Patient Arrived Late
- Patient not available – other
- Patient wanted 2nd opinion
- Patient no show on day of surgery
- Patient family crisis
- Patient withdrew consent
- Not able to locate patient
- Consent not given
- Unfavourable weather conditions

Surgical System postponement reasons include:
- Bumped for more urgent/emergent case
- Clerical error
- Equipment not available/equipment failure
- Lab/DI not available
- No bed available
- Nursing interruption
- No ICU/observation bed available
- Ran out of OR time
- Surgeon choice of site
- Surgeon unavailable long term
- Surgeon unavailable short term

5.5 Sharing Surgical Performance Data

The Surgical Information System includes OR Manager, a software suite provided to all publicly-funded health entities in Saskatchewan to support access, quality, and efficiency of surgical information management for residents of Saskatchewan.

The functionality of OR Manager allows collection of surgical performance information additional to what is described in the Surgical Registry Regulations. In the interest of collaboration, ORM instances will make available to the surgical registry additional data such as:
- Date stamps for starts and stops intraoperatively
- Wait time starts and stops for emergency cases
- Costs of materials and devices as requested

Any information collected in OR Manager instances should be available to the Surgical Registry Program, subject to appropriate authorization. Data analysis, reports, queries, applications or projections developed for the Surgical Registry Program will also be made available to the SHA.

6.0 CHANGE REQUESTS

6.1 Change Requests Affecting the Surgical Information System (SIS)

Policy:

The Surgical Information System is Saskatchewan's IT infrastructure for collection and management of surgical information. It integrates ORM instances, data repositories, and multiple other systems and applications to feed high quality data to the Surgical Registry. Through many changes in the IT landscape and health system organization since 2012, SIS has maintained the Surgical Registry vision of a provincial set of surgical information that informs government, operational leaders, the public, and other surgical system stakeholders.

A key benefit of SIS has been the provincial configuration of major components of the system, requiring all entities delivering surgical care to conform to common standards. This facilitates standard business practices, consistency and quality of data, and comparative analyses.

Changes to elements shared between the Surgical Registry and OR Manager are subject to SIS provincial configuration support processes to ensure proper management of data quality and data consistency between the integrated systems. The following procedures are designed to maintain provincial configuration and minimize deviation.

Procedure:
All users of the surgical information system observe provincially-configured elements including:

- The provincial surgical procedure list;
- The provincial diagnosis code list;
- The Surgical Registry Policies and Procedures Manual;
- A list of surgeons and anaesthesiologists (from the Provider Registry);
- Content and format of the Surgical Booking Form;
- Standardized tables for cancellation reasons, postpone reasons, unavailable reasons;
- Shared elements between OR manager instances including dictionaries, user defined screens, reports
- Common classifications used for national and provincial reporting including emergency surgery type (patient category); service (procedure grouping); cancer status; levels of clinical priority; and provincial date definitions

Processes for requesting change to a provincially-configured element of SIS are as follows:

- SHA users of the surgical information system at the level of facility, area or administrative body, as well as users within the Ministry or eHS, may identify a need for changes to SIS as a result of new demands for reporting and analysis, or evolution in clinical practice, technology, or business processes.

- Requests for changes to the provincially-configured elements of SIS are communicated to the Surgical Registry Program via AESB Surgical Services Unit.
- AESB consults other users, provincial advisory committees and/or expert groups
- AESB consults the SHA and eHealth about the feasibility of changes
- AESB actions the request

6.2 Change Requests to Diagnosis Codes

Policy:
Requests for changes to diagnosis codes, including changes to clinical priority targets, require peer consultation and provincial consensus before they can be recommended for provincial adoption. The following processes are to be followed to ensure that consultations occur and that affected surgeons have had an opportunity to respond before changes are recommended to the Ministry.

Procedure:
- The Provincial Diagnosis Code List will be updated only once per year (as required), and changes will come into effect annually on April 1.
- The Surgical Registry Physician Advisory Committee (SR-PAC) is the body that reviews feedback and change requests, seeks clarification as required, undertakes consultations with peers, incorporates evidence and expert advice, and makes recommendations to surgical leadership for changes to the Diagnosis Code List.
- The Surgical Registry accepts feedback and change requests year round, but change requests will only be reviewed by SR-PAC and taken forward as recommendations between October 1 and December 31.
- The Surgical Registry will proactively seek feedback from surgeons at least 3 months before the review period starts.
- Upon approval by surgical leadership (the Provincial Surgical Executive Committee) the recommended changes will be communicated to surgeons in writing and incorporated into the surgical information system.

6.3 Other Change Requests

Changes to individual instances of ORM, even though they may not relate to provincially-configured elements, should be approached carefully, with consideration of effects on other stakeholders and data flow processes. Facilities should inform eHealth, SHA Digital Health, and the Surgical Registry Program when considering changes.

It is also understood that changes in the surgical information system may have an effect on individual ORM instances, and should be rolled out with appropriate time, input and support. Changes related to the addition of new data elements to the Surgical Registry Database, as requested from time to time by the Surgical Registry Program, will go through SHA Digital Health and eHealth Saskatchewan, who will support the required flow of information into the Surgical Registry database.

Changes to IT applications, interfaces or databases that might affect Surgical Registry reports must be approved by Surgical Registry Program data analysts.

6.4 Changes to the Surgical Registry Policies and Procedures Manual

The Surgical Registry Policies and Procedures Manual is intended to describe the mutual understanding and collaboration of stakeholders in the surgical information system including the Ministry of Health Surgical Registry Program, eHealth, the SHA, surgeons and other health organizations. It is understood that this document will evolve to respond to changes in clinical practice, provincial regulations, leadership priorities, and IT environment.

- The process of revising the P & P Manual is led by the Ministry of Health Surgical Registry Program, but changes may be proposed by any stakeholder body.

- The Surgical Registry relies on the Registry Operations Advisory Subcommittee (ROASC), as a body that represents SHA and eHealth users of the surgical information system, to help draft and provide initial feedback on the P & P Manual.

- Membership of ROASC, as the main consultative body for the Surgical Registry Program, is open to personnel of booking and scheduling offices, OR Managers, Acute Care Directors, health information management personnel, and analysts within the Ministry and eHealth. ROASC is not a decision-making body, but advises on Surgical Registry matters.

- Input of surgeon leadership is sought through the Surgical Registry Physician Advisory Committee

- Membership of the Surgical Registry Physician Advisory Committee is through an application process, which is overseen by the Provincial Head of Surgery and the Provincial Head of Obstetrics and Gynecology who serve as co-chairs for the Committee.

- Proposed changes will be reviewed by the Surgical Executive Committee (SEC) and the Minister of Health.

- With Ministry approval, the revised document will be submitted to legislative bodies as an addendum to the Surgical Registry Regulations, 2024.

- The P & P Manual will be reviewed with ROASC every two years, even if no change requests have been initiated, to ensure that the document still aligns with current practice and supporting technology and processes.