



Elective surgery roadmap – summary and FAQs

17 September 2020

Summary

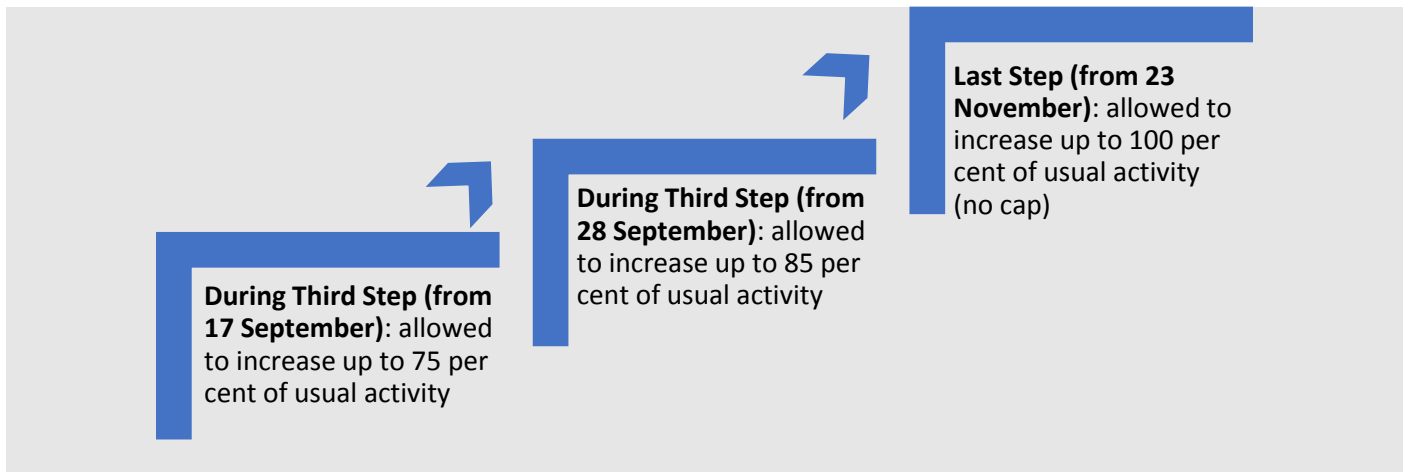
The elective surgery roadmap safely and steadily scales up health sector activity in steps within the confines of an ongoing COVID-19 environment.

The steps align with Victoria's Coronavirus roadmap to reopening, therefore each is subject to the trigger points and public health advice.

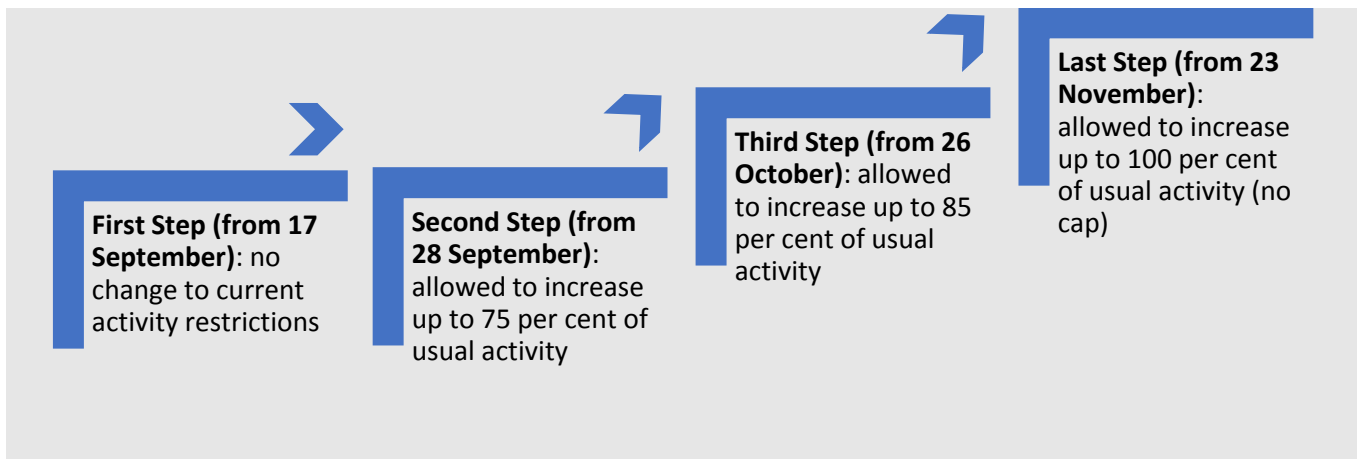
The roadmap sees public and private providers in regional Victoria able to increase their activity levels before providers in metropolitan Melbourne.

The roadmap aligns on 23 November, when public and private providers in both metropolitan Melbourne and regional Victoria can increase up to 100 per cent of usual elective surgery activity (with no cap in place).

Elective surgery roadmap (public and private providers) – regional Victoria



Elective surgery roadmap (public and private providers) – metro Melbourne



Elective surgery roadmap – FAQs

How has this roadmap been developed?

This roadmap has been developed using best available information and seeks to strike a balance across multiple competing priorities, with the central tenet being the safety of healthcare workers, patients and their communities. It is designed to safely and steadily scale up health sector activity in an ongoing COVID-19 environment.

How is elective surgery defined?

For the purpose of this roadmap, elective surgery is defined as all surgery that can be booked in advance and is not considered an emergency.

For public health services, this includes ESIS and non-ESIS activity.

How is 'normal activity' defined?

For public health services, normal activity levels are defined as elective surgery completed during the same week of the prior year.

Private hospitals may opt to align their caps to current capacity rather than prior year activity levels. For example, if the cap is 75 per cent, private hospitals may complete activity up to 75 per cent of operating capacity.

When can I begin non-urgent activity?

Non-urgent activity can begin in regional Victoria as of today (17 September 2020).

Non-urgent activity is scheduled to begin in metropolitan Melbourne on 28 September, subject to the trigger points and public health advice consistent with the Second Step of the Victorian *Coronavirus roadmap to reopening* being achieved.

Do I have to scale up to the activity cap?

No. The activity caps are a ceiling rather than a floor – while services are encouraged to slowly increase their activity, this will need to be done allowing for your local environment such as COVID-19 demand, workforce challenges and compliance with infection control measures.

Can I exceed the cap at one of my sites?

For public providers, the cap is applied at a health service level and is therefore an aggregate of activity across your sites. Therefore, some sites may operate at levels above the cap while others remain below.

For private hospitals the cap applies to each registered facility. Sites are as listed on individual registration certificates.

What if I'm currently exceeding the cap?

The department is aware that some health services are currently exceeding the caps outlined in the roadmap to meet demand for urgent elective surgery. If you need to exceed the cap to deliver care for your urgent patient cohort, you should continue this practice. If that's the case, you should not begin non-urgent activity.

Can public activity occur in private hospitals? If so, is it included in their activity cap?

Public activity can occur in private hospitals.

All public activity completed in private hospitals is not included within the cap of the private or public hospital – it can be completed outside of the cap.

Can I schedule regional patients at Melbourne health services and vice versa?

Yes, for all urgent and non-urgent patients if the service is not available in the patient's respective area.

How should patients be prioritised for treatment?

The following principles should guide prioritisation:

1. Patients should continue to be prioritised based on clinical need.
2. Non-urgent patients that were scheduled for theatre yet were cancelled as a result of the pandemic.
3. Services should then focus on long-waiting patients and those that have waited longer than clinically recommended time.

Can I do all my activity in the first few days of the week?

The department will not be prescriptive regarding theatre scheduling.

That being said, a central principle of the roadmap is to minimise movement of people throughout the community and therefore reduce the risk of spread of COVID-19 infection amongst healthcare workers, patients and wider community. Health services are encouraged to schedule activity considering this.

How will the caps be monitored by the department?

Activity will continue to be monitored via data submitted to the AIMS daily elective surgery form in HealthCollect.

Are there other resources available to help support services in the resumption of elective surgery?

Safer Care Victoria's Perioperative Expert Working Group are currently developing guidance that will be shared with health services shortly. The document will describe core principles and promote a local governance approach to help guide safe resumption of non-urgent elective surgery activity.