

Urology - 2017

Introduction

This tool is in trial but is also used as an agreed local tool at some DHBs.

General Comments and Directions

- Scoring should be based on the considered view of the clinician taking into account the patient's history, examination, results of investigations and the clinician's experience in treating like patients.
- Criteria only apply for patients where a procedure is indicated and the patient wishes it and all non-surgical therapeutic options have been explored.
- These criteria only apply to elective and arranged admissions.
- The score should be calculated during the consultation, and the patient informed whether they will be accepted for publicly funded treatment. This may occur during the first or follow-up consultation, after investigations have assisted with establishing a diagnosis (e.g. CT scans).
- If due to exceptional factors not included in the prioritisation criteria, the booking status generated does not adequately reflect the patient's priority, the booking status may be overridden. The reason for the exception must be documented.

More than one procedure

Where two or more related but independent procedures are contemplated at the same operating session the score should relate to the most significant procedure.

Staged Procedures

A treatment procedure may be staged over several months or years. For the purpose of the priority access scoring a related series of treatments should be considered as one event. Repeat scoring is not required.

This tool does not cover:

- Acute admissions
- Sterilisation (please use the Sterilisation tool)

Special cases

Automatic Priority

An appropriate priority score reflecting the clinically appropriate timeframe for treatment will be automatically assigned for the following cases:

- Treatment where a confirmed diagnosis of malignancy exists
- Renal transplant package of care (including Live donor)
- Investigation of symptoms or signs where a high probability of diagnosis of malignancy, e.g. biopsy of tumour
- Threat of organ failure e.g. bladder obstruction with complications or upper tract obstruction
- Investigation where diagnosis is uncertain but probably benign
- Congenital conditions e.g. hypospadias and undescended testes
- Not a special case

Prioritisation

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Impact on Life

Warning: please proceed with this prioritisation event only if you have a completed Impact-on-Life Self-Assessment form from the patient.

Impact of the condition on ability to engage in and enjoy activities which are important to the individual patient.

Please transcribe information from the questionnaire completed by the patient.

This scale ranges from 1: *No difficulty* to 6: *Extremely difficult*.

Social Interaction



Personal Interaction



Ability to fulfil your responsibilities to others



Personal Care



Personal Safety



Leisure Activities



Frequency (periodicity)

Periodicity of episodes that the condition has an impact.

Episode equals a period of symptoms (physical or emotional) related to the surgical condition, e.g. pain, bleeding, infection, anxiety. Asymptomatic disease will rank nil for frequency and duration.

- Nil
- Less than monthly
- Monthly
- Weekly
- Daily
- Constant

Episode Duration

Time per episode that the condition has an impact.

- Nil
- Minutes
- Hours
- Days
- Constant

Overall duration of the symptoms

- Nil
- < 1 year
- ≥ 1 year

Risk of deterioration in the next 12 months

Natural history of the surgical condition.

Significance of deterioration in the next 12 months

- Low (minimal clinical consequence)
- Medium (increased, more urgent or complex intervention necessary, poorer outcome)
- High (death, life or organ threatening)

Likelihood of deterioration in the next 12 months

- Low (stable condition unlikely to deteriorate)
- Medium (gradual or possible deterioration)
- High (rapid or expected deterioration)

Benefit

Benefit has two parts. **Amount of benefit** relates to the efficacy of the planned operation. **Likelihood** relates to this specific patient.

Amount of benefit from the planned operation

Efficacy of the planned operation itself

- Small improvement in symptoms, and/or low impact on risk of deterioration
- Moderate improvement in symptoms, and/or moderate impact on risk of deterioration
- Large improvement in symptoms, and/or large impact on risk of deterioration

Likelihood of achieving maximum benefit for this patient

Effectiveness of the planned operation for this patient and should be scored reflecting overall benefit, considering frailty, comorbidity, procedural complexity, diagnosis and risk of complications.

- Low (<25% likelihood of achieving maximum benefit)
- Medium (25-75% likelihood of achieving maximum benefit)
- High (> 75% likelihood of achieving maximum benefit)