

ORL, Head and Neck - 2018

Introduction

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 similar 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.
- Determine how severe the condition is and then allow for the duration and the frequency of occurrence of each event. Also establish how long the condition has affected the patient from initial onset.
- 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. In these cases the scoring for the staged procedure should be considered as one event.

Automatic Priority

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

Note: all skin lesions should be assessed on the **Skin Lesion** tool instead.

- Other head and neck malignancy (non-skin)
- Biopsy of potential head and neck malignancy
- Cholesteatoma
- Auditory Brainstem Response (ABR)
- Airway compromise
- Benign head & neck neoplasm (exclude lipoma)

Paediatric ORL special cases

- Congenital and syndromic pathology with significant impact on the child
 - Failure to thrive (with/without aspiration/feeding issues)
 - Bilateral sensorineural hearing loss with functional impact (speech delay)
 - Tympanic membrane / middle ear abnormality with conductive hearing loss 40dB (cholesteatoma, retraction pocket, ossicular erosion, perforation, keratin)
 - OME and/or recurrent Acute Otitis Media
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- Not a special case

Otolaryngology

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



Duration = number of days per episode that the condition impacts important activities

With each episode of the condition ask how long it lasts on average.

- < 2
- 2 - 10
- > 10
- Constant

Frequency = number of episodes per year

The frequency is important because some conditions are infrequent and yet severe and other conditions are less severe and more frequent.

- < 3
- 3 - 5
- > 5
- Daily or constant

Likelihood of Progression

Likelihood of progression or deterioration in the next 12 months

Consideration should be given to the risk of progression of this condition if it is left untreated.

In some cases, the clinician may have to find out what the approximate percentage risk is for certain untreated conditions.

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

Significance of Progression

Significance of progression or deterioration in the next 12 months

The risk of developing complications from the untreated condition needs to be considered.

- Low (little clinical change)
- Medium (increase, more urgent or complex intervention necessary, poorer outcome)
- High (life threatening, significant functional impact or organ threatening)

Amount of Benefit

The benefit that is expected or most likely from the proposed treatment

The impact on life of the otolaryngological condition is especially important.

Effectiveness and benefit from a procedure needs to be related to the reversal of Impact on Life rather than any intermediate technical steps.

The effectiveness of therapeutic procedures should be based on the usual effectiveness of that procedure.

Take into account anything of direct relevance to the particular patient that would increase or decrease that effectiveness.

It needs to reflect evidence based practice that may come from local, national or international sources.

With respect to diagnostic procedures, there should be an assessment of effectiveness in relation to managing the overall condition of the patient.

This should include the value of both positive and negative findings in providing for total patient care.

- Limited (marginal benefit compared to risk)
- Moderate (50% improvement)
- Significant (80% improvement)
- Approximately 100% improvement (near complete reversibility of the Impact on Life, prevention of the risk of progression)

Risk of Complications / Adverse effects of the surgical procedure

In evaluating the net benefit of the procedure, consider the extent to which this benefit could be reduced if the patient is at risk of significant complications from that procedure.

There may be complications directly from the procedure or indirectly from other conditions that the patient has.

- Substantially increased (e.g. BMI > 35, MI last 6/12, Cardiac failure, Respiratory failure)
- Mildly increased (e.g. PHx DVT/PE, Ischaemic heart disease)
- Not significantly increased above normal