

aCATS EBOOK

UNDERSTANDING AND USING READY TO TREAT

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INTRODUCTION

Adult Coding Access Targets for Surgery (aCATS) is a Surgery Strategic Clinical Network (SSCN) project designed to manage, measure and report surgical wait times in Alberta. This data system was implemented in response to the need to deliver the right treatment to the right patient at the right time.

aCATS has three main goals:

1. To help the patient understand his or her wait time, according to his or her diagnosis, readiness for treatment and level of urgency.
2. To help the surgeon deliver the right treatment at the right time based on good data.
3. To help the health care system support high-quality, patient-centred care.

Learn more about these goals in this [fact sheet](#).

This eBook will provide you with all the information you need to understand and use Ready to Treat effectively. This book will teach you the basics of Ready to Treat; defining functionally, socially and medically readiness; when to change Ready to Treat; and the available supports and resources.

CHAPTER 1

THE BASICS

The Path to Care continuum illustrates the patient journey from Primary Care through the referral process and to receiving surgery. This journey is broken down into 11 timestamps, each representing a specific point in this journey. aCATS is a measurement system focused on timestamps T6 -T9, known as the Service Pathway. We cover Path to Care in detail in Chapter 5.

When booking a surgery, there are three necessary elements to aCATS data: aCATS code, Decision to Treat date and Ready to Treat date. An aCATS code measures the wait time between Ready to Treat (T7) and Surgery Date (T9).

aCATS Code

The aCATS code is a simple, randomized alphanumeric code that identifies both a diagnosis and suggested wait time. All codes are categorized by service and listed in the [aCATS Code Book](#). This book is updated annually to reflect the most accurate diagnosis and wait times.

Decision to Treat

Decision to Treat is when the health care provider (surgeon or other) and patient decide that surgery is the proper treatment. aCATS considers this the starting point in the patient's surgical journey. Decision to Treat is also one of the three required elements on a surgical booking request (SBR) form.

Ready to Treat

While Decision to Treat and aCATS code are important data elements for both the health care provider and the surgical services operations, Ready to Treat is focused on the patient. Ready to Treat is the date when the patient is socially, functionally and medically ready to receive surgical treatment. We define socially, functionally and medically further in the next three chapters.

In Alberta Health Services' (AHS) [Wait Time Management, Measurement and Reporting of Schedule Health Services Procedure Manual](#), Ready to Treat is mandated as the start date for measuring wait times. In other words, a patient's wait time will start the date they are ready to receive surgery.

Establishing a Ready to Treat date can be both simple and complicated. For the majority of cases, Ready to Treat and Decision to Treat are the same date. This means that the patient is ready for surgery, or there are no foreseen circumstances preventing the patient from receiving the treatment within the suggested wait time, at the same time he or she has made the decision with the surgeon.

However, there are a small number of cases where the Ready to Treat and Decision to Treat dates are not the same. This makes the process a little more complicated. Proper data input and understanding exactly what, how and when aCATS measures this data helps ensure that you – whether you are scheduling patients for surgery, reading aCATS reports or making surgical capacity decisions – are fully equipped to use aCATS effectively and produce the best possible data.

The rest of this eBook talks about Ready to Treat in detail.

CHAPTER 2

MEDICALLY READY

What does it mean to be medically ready to receive surgery? We will talk about the definitions and give you a scenario to help you understand what this means for you.

Definition A patient is medically ready for surgery when he or she meets the appropriate standardized medical criteria to proceed with the surgery. This means that the patient has no medical reason to delay the surgery.

Let's see what medically ready means in real life.

Scenario #1: Matters of the Heart!

Your patient was scheduled for eye surgery when he had a heart attack. He is no longer medically ready for his surgery. His wife reports that her husband will undergo certain tests such as an echocardiogram, cardiac catheterization and possibly an angioplasty with insertion of a stent.

Response

Your patient will not be medically ready for his eye surgery until all tests have been completed and his cardiologist has given the 'okay' for him to proceed with the eye surgery. Ready to Treat date is the expected day that this medical issue is resolved.

Scenario #2: Break Down!

Your patient is waiting for an MRI that has to be completed before surgery. The MRI at the hospital breaks down. Now your patient has to be booked at another site, which is going to add three weeks to the wait.

Response

No change to the Ready to Treat is needed. This delay is not caused by the patient. It is a delay by the system. The Ready to Treat only changes when a delay is caused by the patient. The most common Ready to Treat scenario is when there is no foreseeable event that will delay the surgery to proceed.

CHAPTER 3

SOCIALLY READY

What does it mean to be socially ready for surgery? We will talk about the definitions and give you scenarios to help you understand what this means for you.

Definition A patient is socially ready for surgery when he or she is ready to proceed with surgery and is able to accept a surgery date offered by the office. This means that the patient has no foreseeable social delays that will prevent the surgery from being performed within the suggested wait time, according to the aCATS code.

Let's see what socially ready means in real life.

Scenario #1: You're Invited!

Your patient has just received a wedding invitation for her cousin's wedding in Jamaica. While discussing her suggested wait time, which is 12 weeks, she discloses this information. Your patient must travel to Jamaica during the week the surgery should be scheduled, according to the aCATS code.

Response

Knowing this you set a new Ready to Treat date to reflect your patient's availability, which is the first day the patient is back from the vacation.

Scenario #2: Tough Choices!

Your patient has uterine fibroids causing abnormal bleeding. She and her surgeon have agreed that a hysterectomy is necessary. She has considered her job and family commitments. She decides that she is willing to proceed with the hysterectomy as soon as possible. She is ready for this scheduled surgery.

Response

No change to the Ready to Treat is needed. The most common Ready to Treat scenario is when there is no foreseeable event that will delay the surgery to proceed.

As you see through these scenarios, a patient is socially ready to receive surgery when there is no foreseeable delay in the surgical process. If there is a social delay, the surgeon can choose to change the Ready to Treat date to reflect the delay or to not schedule the patient until he or she is ready to receive treatment. We provide guidelines to changing a Ready to Treat date in Chapter 6 of this book.

CHAPTER 4

FUNCTIONALLY READY

What does it mean to be functionally ready to receive surgery? We will talk about the definitions and give you scenarios to help you understand what this means for you.

Definition A patient is functionally ready for surgery when he or she is physiologically and cognitively ready to proceed with the surgery.

Let's see what functionally ready means in real life.

Scenario #1: Ramping Up

Your patient requires a double below the knee amputation. He has eight stairs to climb to get into his house. Because being functionally ready includes changes to the living environment to accommodate post-surgical needs, your patient requires a ramp to his house to accommodate his wheelchair.

Response

You set the Ready to Treat date when the wheelchair ramp is built.

Scenario #2: Let's Go!

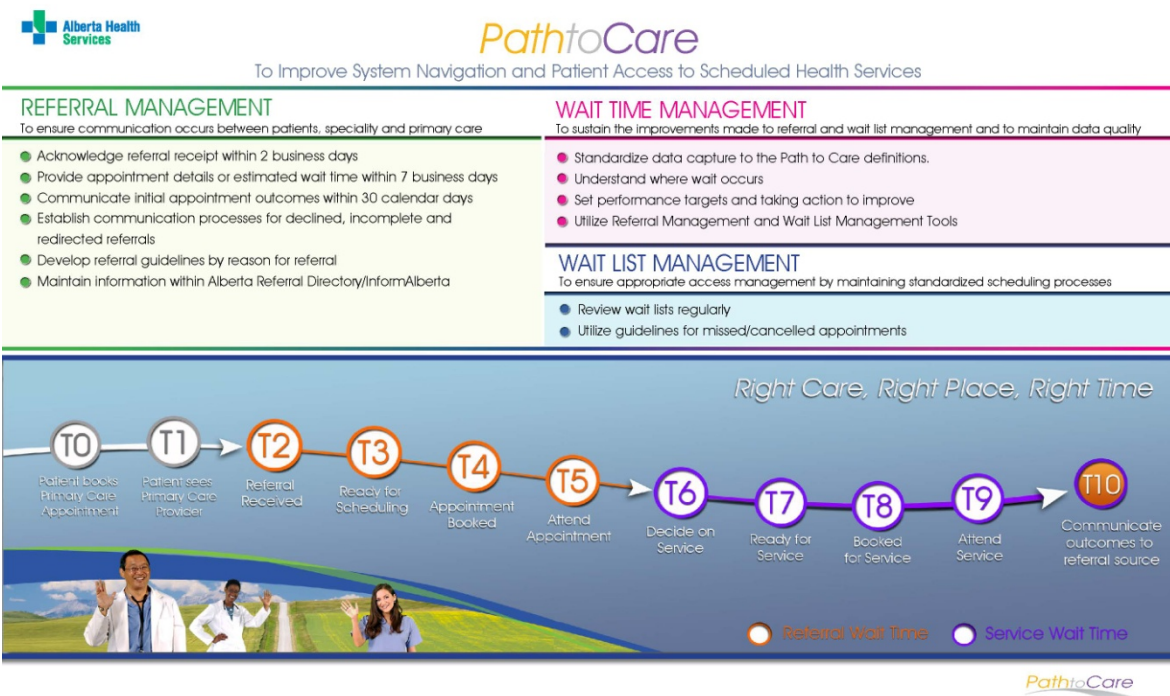
Your patient is going to be admitted for surgery on her bladder. At the time of the initial consultation and Decision to Treat, the surgeon records her mental status as excellent, with no cognitive issues. She is functionally ready and willing to have her urological procedure.

Response

No change to the Ready to Treat is needed. The most common Ready to Treat scenario is when there is no foreseeable event that will delay the surgery to proceed.

CHAPTER 5 PATH TO CARE

aCATS is an important, however small, part of the Path to Care patient journey. The Path to Care continuum details the patient journey from the time a patient sees his or her general physician through the referral and surgical processes. The patient completes the journey when the surgical care provider notifies the referrer, or general physician, the surgery has been completed and the patient has been discharged.



The Path to Care continuum is broken down into two wait time sections: referral wait time and service wait time. aCATS measures the service wait time. Each timestamp on the continuum point represents a data point used to calculate wait times. Decision to Treat is T6, or the day the patient and surgeon decides on treatment. Ready to Treat is T7, or the day the patient is ready for surgery (we covered this in Chapters 2-4). The surgery is booked at T8. The surgery is performed at T9.

When a surgeon or a medical office assistant (MOA) fills out the booking request form – this varies by site and zone – the essential timestamps are T6, T7 and the aCATS code.

There are three pillars to the Path to Care program: Right Care. Right Place. Right Time.

Right Care

The Right Care is all about the referral process. Path to Care is working with programs and services to create referral guidelines. Some of the guiding questions include

- What information is required for a complete referral?
- Are referrals processed and responded to a timely manner?
- Are appointment details and the outcome conveyed back to the referral source?

These questions will help create guidelines that will inform better referral practices. By understanding the referral process, we can understand the patient's true wait time and work to make it better.

Right Place

Understanding the capacity of sites across the province helps operational leaders and decision makers grasp the limits, pressures and opportunities of surgical services. To understand if a patient receives his or her surgery at the right place, we are asking questions that include

- What services are provided, by whom and where?
- What is the estimated wait time for that service?

Asking these questions and investigating their answers will inform better practices to guide surgical placement in the province, where patients can get the best care in an appropriate amount of time.

Right Time

This is where aCATS plays a role. Path to Care has developed a standardized wait times measurement, management and reporting policy to support and guide all services, projects and programs involved in health care wait times. This policy is important because by consistently measuring wait times, we can identify both patient and system-driven delays and opportunities to improve wait times. The policy also allows the reporting of transparent and accurate wait times. This serves equitable access and patient choice.

aCATS was designed to be a tool to provide transparency in surgical wait times. When the aCATS data is collected, analyzed and used, it provides the foundational elements to this transparency. Additionally, aCATS data provides a consistent approach to prioritize patients based on diagnosis and urgency. aCATS may also start the conversation between the surgeon and his or her patients on how long they can expect to wait for surgery.

CHAPTER 6

WHEN TO CHANGE READY TO TREAT

In Chapter 1, we talked about the basics of Ready to Treat. We learned how to set an appropriate Ready to Treat Date. In Chapters 2-4, we learned what it means to be medically, socially and functionally ready for surgery. Most often a Ready to Treat date remains static throughout the waiting process. However, there are a few instances when you need to change the Ready to Treat date. This chapter will help you understand when to make the changes. We cover examples and appropriate responses for social, medical and function reasons you may need to change a Ready to Treat date.

In general you will need to change the Ready to Treat date when the patient is not able to accept the first available surgical date or the patient requires a change to an already scheduled surgical date and there is a significant patient-driven delay until the next accepted surgical date. If this change is required, here are the appropriate responses for the majority of patient-driven delays.

Medical Reasons

The patient does not meet appropriate standardized medical criteria and the surgery cannot be scheduled until medical issues are resolved. Examples of this include a cardiac event, stroke, pregnancy, infection, new diagnosis, chemo/radiation or required weight loss. This list is not exhaustive, but covers the majority of situations when a patient is not medically ready for surgery.

The response: Ready to Treat is the date when the patient is medically cleared to proceed to surgery. The patient has completed all tests and treatments and has met all the pre-surgery conditions (e.g. weight loss).

Social Reasons

The patient is not ready and willing to proceed with surgery. This could mean that the patient has a foreseeable delay to prevent the surgery from occurring. Examples of this include seasonal workers, including farmers, oil and gas workers, teachers, students; vacations/planned absences, wedding or a change in occupation. This list is not exhaustive, but covers the majority of situations when a patient is not socially ready for surgery.

The response: Ready to Treat is the date the patient is able to accept a surgical date.

Functional Reasons

The patient requires additional resources to proceed with or following surgery. Examples of this include the patient requires caregiver support for themselves and/or their family or the patient is waiting for health care or insurance coverage. This list is not exhaustive, but covers the majority of situations when a patient is not functionally ready for surgery.

The response:

- If the patient requires support, Ready to Treat is the date when the patient supports are in place.
- If the patient requires health care or insurance coverage, Ready to Treat is the date when the coverage is effective.

When to Keep Ready To Treat

There are a few instances when the Ready to Treat date should not be changed. If the delay is caused by the system and not initiated by the patient, do not change the Ready to Treat. The following is a list of reasons the fit this scenario:

- Operating room (OR) running late, case(s) postponed
- OR slate is impacted by emergency cases and bumping of elective cases
- OR seasonal closures – reduced OR capacity
- Surgeon unavailable (sickness, injury, vacation or extended absence)
- Anaesthetist / staff unavailable
- OR or facility issues / maintenance
- Equipment or surgical supplies unavailable
- Severe weather or environmental hazard impacting travel of Patient or staff

When to Remove a Patient from a Waitlist

A patient should be removed from the wait list when the patient:

- Has a clinical condition that has deteriorated where the surgical procedure is no longer appropriate
- Is confirmed deceased (by Vital Statistics)
- Has had the procedure completed elsewhere (including emergency surgery)
- No longer wishes to pursue surgery
- Cannot be contacted after multiple (minimum of three) attempts and due diligence. This includes preadmission appointments and surgery dates
- Refused three scheduled dates for non-medical reasons
- Is waiting on multiple wait lists for the same surgical procedure
- Appears on one wait list multiple times for the same procedure

This list is not exhaustive, but it covers the majority of situations you will encounter.

CHAPTER 7

CHALLENGES OF READY TO TREAT

There are a number of challenges associated with Ready to Treat. The primary challenge is knowing when and how to set a new Ready to Treat date when there are delays for whatever reason. Ready to Treat does not have a specific definition and can be open to interpretation. Although this document has tried to provide guidance, some situations fit into the grey area. When there is a question about whether or not a Ready to Treat date should be changed, please contact your aCATS Lead who will give the best advice.

Some other challenges with Ready to Treat:

- Knowing the exact date the patient is ready following a patient-initiated delay
- Making the changes in the hospital booking system
 - Workload issue within the office
 - Forms and process at the hospital site

CHAPTER 8

IMPORTANCE OF READY TO TREAT

Because Alberta Health Services (AHS) has mandated that surgical wait times be measured from Ready to Treat, understanding this data element is important. As you know, every surgical booking request must include a Ready to Treat date in order to book a patient for surgery. As you learned in the previous chapter, the Ready to Treat date can be revised to account for patient delays to surgery. This helps improve the accuracy of surgical wait times.

Ready to Treat is important for a variety of other reasons, including

- Ensuring the patient is ready for surgery;
- Enabling better communication between the patient and surgeon;
- Measuring patient and system driven delays;
- Ensuring that all data on reports and audits is complete; and
- Allowing flexibility and agility in measuring surgical wait times.

CHAPTER 9

SUPPORT AND RESOURCES

We have many resources to help you understand and use Ready to Treat. One of our best resources is our aCATS Leads. Each aCATS Lead represents the different surgical sites across the province. They are here to help. Our Leads can:

- Offer Ready to Treat training sessions for you to ensure that everyone has the same information.
- Invite you to identify gaps in the training materials. The Lead will provide additional resources, if available.
- Connect with you to review Ready to Treat dates and the status of patients. This helps ensure the wait list is the most accurate. This includes situations where Ready to Treat dates need to be changed.
- Review reports with you, paying attention to Ready to Treat.
- Educate you on and confirm Alberta Health Services' (AHS) policy to measure wait times from Ready to Treat.
- Ensure you have the most up-to-date and accurate contact information.

If you are unsure who your aCATS Lead is, visit our page [Meet the Team](#). We have a number of other aCATS resources on our [website](#) for your reference.

CONCLUSION

Ready to Treat is one of most important elements of aCATS. Patient surgical wait times are measured starting at this date, and surgical booking requests are incomplete without it. It serves as the foundation for the entire aCATS data system.

Proper input of Ready to Treat dates ensures the optimal quality and integrity of the data. This, in turn, allows the health system to produce the most accurate and appropriate surgical wait lists.

This book talked about Ready to Treat in detail, what it means, how to set it and how to receive support. If you have any questions regarding Ready to Treat, contact your site's aCATS Lead.