

Calgary Zone Surgical Contracts Booking/Waitlist Request Manual

Document History

1.0	Date	Name	Changes/Details
1.1	2014-05-08	C. Humble/J. Epp	New format; updated with new NHSF Booking/Waitlist Request Form; removal of all references to vestibular procedures; updated NHSF facility abbreviations
1.2	2015-02-24	C. Humble	Removed all reference to aCATS “pilot project” and included Podiatry and Oral Maxillofacial to aCATS services Updated FAQ #2 with options to change Decision Date Updated FAQ #5 to include Podiatry and Oral Maxillofacial to aCATS services Added FAQ # 7 What to do if there is a change to the Ready to Treat date
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Distribution

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Table of Contents

Surgical Contracts Booking/Waitlist Process Overview	4
Surgical Contracts Booking Request Form and Location	4
Completing an Surgical Contracts Booking/Waitlist Request Form (Calgary Zone)	4
Surgical Contracts Booking/Waitlist Request Form Data Fields.....	5
Surgical Contracts Booking/Waitlist Request Form Submission	8
Surgical Contracts Booking/Waitlist Request Form Returns	8
Surgical Contracts Desk	8
FAQs	9
Appendix A	11
Surgical Contracts Booking/Waitlist Request Form.....	11
Appendix B	12
Surgical Contracts Facility Abbreviations.....	12
Appendix C	13
Surgical Contracts Booking/Waitlist Request Flow Chart.....	13

Surgical Contracts Booking/Waitlist Process Overview

All Alberta, Calgary Zone, residents, excluding WCB claimants, having insured surgery performed in a private facility, must have a Surgical Contracts Booking/Waitlist Request form completed and submitted to the Surgical Contracts Desk.

Completion of the Surgical Contracts Booking/Waitlist Request form is in accordance with Surgical Contracts and AHS and AHW reporting requirements.

The Surgical Contracts desk enters all Surgical Contracts bookings/waitlisted cases into OR Manager. After waitlist entry is complete, OR Manager generates a Procedure Report with a unique BURN (Booking Unique Record Number) and the Surgical Contracts desk sends system generated Procedure Reports to surgical facilities each business day.

The Surgical Contracts Booking/Waitlist Request Form manual is intended for Calgary Zone Physicians & office staff and contains information regarding the completion and submission of the Surgical Contracts Booking/Waitlist Request Form.

Electronic link to Surgical Contracts Booking/Waitlist Request Form Manual:

<http://www.albertahealthservices.ca/info/Page4896.aspx>

Surgical Contracts Booking Request Form and Location


The Surgical Contracts Booking Request Form is available electronically. Electronic forms may be printed or completed on the computer and are available in both PDF and Word formats.

Electronic link to the form: <http://www.albertahealthservices.ca/info/Page4896.aspx>

Completing a Surgical Contracts Booking/Waitlist Request Form (Calgary Zone)

- The Surgical Contracts Booking/Waitlist Request Form must be completed **prior** to **all** insured surgery performed on Alberta residents in a private facility, excluding WCB claimants
- A **single** booking form is required when one or multiple procedures are planned for the **same** patient on the **same** surgical date
- A **single** booking form is required for a bilateral procedure. A bilateral procedure is when the **same** procedure will be performed on **both the left and right** sides on the **same** patient on the **same** day. A bilateral procedure is waitlisted as one (1) procedure on the booking form.
- Two (2) **separate** booking forms are required for a left and a right procedure if they are to be done on **different** surgical dates
- **All fields are mandatory unless otherwise noted**
- Please **type or print** legibly
- **All** date fields are entered in YYYY/MM/DD format
- **All** name fields are entered Last Name, comma, First name or First name initial

Surgical Contracts Booking/Waitlist Request Form Data Fields

Step	Action						
1.	<div style="display: flex; justify-content: space-between; align-items: center;">  <div style="border: 1px solid black; padding: 10px; text-align: center; width: 60%;"> <p>Patient Label Here</p> <p style="color: red; font-weight: bold; border: 1px solid red; display: inline-block; padding: 2px;">A</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Surgical Contracts Booking/Waitlist Request</p> </div> <table border="1" style="width: 50%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Site B</td> <td style="width: 50%;">Date Surgical Contracts Desk Received <small>(YYYY-MM-DD)</small> <small>(AHS Use Only)</small></td> </tr> <tr> <td>Date Submitted <small>(YYYY-MM-DD)</small> C</td> <td>Surgeon's Name (Last, First) D</td> </tr> <tr> <td></td> <td>Surgeon's Phone () E</td> </tr> </table> </div> <p>A. Patient Label Here: Place patient label here, as per office/facility practice. Note: Patient information provided on the label does not need to be duplicated in the corresponding Patient Information fields.</p> <p>B. Site: State the Facility (location) where the surgery will be performed. Enter acceptable facility abbreviations (refer to Appendix B) or write facility name in full.</p> <p>C. Date Submitted: Enter the Date that the Surgical Contracts Booking/Waitlist Request form is submitted</p> <p>D. Surgeon's Name (Last, First): Enter the Surgeon's last name and first name</p> <p>E. Surgeon's Phone: Enter the Surgeon's Office phone number</p>	Site B	Date Surgical Contracts Desk Received <small>(YYYY-MM-DD)</small> <small>(AHS Use Only)</small>	Date Submitted <small>(YYYY-MM-DD)</small> C	Surgeon's Name (Last, First) D		Surgeon's Phone () E
Site B	Date Surgical Contracts Desk Received <small>(YYYY-MM-DD)</small> <small>(AHS Use Only)</small>						
Date Submitted <small>(YYYY-MM-DD)</small> C	Surgeon's Name (Last, First) D						
	Surgeon's Phone () E						

2. **Patient Information Section:**

1 Patient Information					
Surname	First <input type="checkbox"/> F	Middle	Age <input type="checkbox"/> G	DOB (YYYY-MM-DD) <input type="checkbox"/> H	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I
PHN # <input type="checkbox"/> J	Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> K	Cancer Suspected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> L	A-CATS Diagnosis Code <input type="checkbox"/> M		
Signature/Designation <input type="checkbox"/> N				Date (YYYY-MM-DD) <input type="checkbox"/> O	

F. Surname, First, Middle: Enter the patient's Full Name as it appears on their Alberta Personal Health Card

G. Age: Enter patient's age

H. DOB: Enter patient's date of birth

I. Gender: Enter patient's gender

J. PHN#: Enter the patient's Alberta Provincial Health Care number

K. Cancer: If cancer is confirmed by previous tests and if this operation is related to this confirmed cancer diagnosis, **check** the Yes box. If cancer is not confirmed, **check** the No box.

L. Cancer Suspected: If cancer is suspected, but has not yet been confirmed, and if this operation is related to this possible cancer diagnosis, **check** the Yes box. If cancer is not suspected, **check** the No box.

M. A-CATS Diagnosis Code: This is a Mandatory field for Surgical Contracts Ophthalmology, Podiatry and Oral Maxillofacial Surgical Services. **Enter** the Western Canada Waitlist Score (WCWL) for all patients requiring a cataract procedure **OR enter** the aCATS code for all non –cataract procedures.

Note: Submission of the WCWL form to the Surgical Contracts desk is not necessary.

N. Signature Designation: Enter the Signature and Designation of the person completing Patient Information section. Electronic signatures are acceptable.

O. Date: Enter date Patient Information section completed.

3. **Booking Information Section:**

2 Booking Information		
Decision Date for Surgery <input type="text" value="P"/> (YYYY-MM-DD)	Ready to Treat Date <input type="text" value="Q"/> (YYYY-MM-DD)	
Admit Category <input type="checkbox"/> Elective <input type="checkbox"/> Urgent 3 day <input type="checkbox"/> Urgent 7 day <input type="checkbox"/> Urgent 14 day <input type="checkbox"/> Urgent 28 day <input type="checkbox"/> Urgent 42 day <input type="text" value="R"/>		
Procedure 1 Description +/- Code <input type="text" value="S"/>	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="text" value="T"/> <input type="checkbox"/> Bilateral	Surgeon 1 <input type="text" value="U"/>
Procedure 2 Description +/- Code <input type="text" value="V"/>	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	Surgeon 2
Procedure 3 Description +/- Code	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	Surgeon 3
Signature/Designation <input type="text" value="W"/>	Date <input type="text" value="X"/> (YYYY-MM-DD)	

P. Decision Date for Surgery = Decision Date to Treat: Enter the date that the surgeon and the patient decide that surgery is the treatment option. The Decision Date for Surgery is defined as the date on which sufficient pre-treatment testing is complete that the physician can reasonably assume that the patient will be treated and the patient has agreed to the treatment

Q. Ready to Treat (RTT): Enter the date the patient is ready to begin treatment from a social, personal and medical perspective.

- **RTT- Planned Delay:** If the patient is not proceeding directly to surgery but has a planned delay (i.e., cancer treatment first, patient choice or physician choice), then the RTT date will be the date on which any planned delay is over, and the patient is ready to begin treatment.
- **RTT - No Planned Delay:** If there is no planned delay, the RTT Date is the same as the Decision Date for Surgery.

R. Admit Category: Check the correct admit category. All patients requiring scheduled surgical procedures are categorized preoperatively into 2 categories: Elective or Urgent.

- **Elective Admit Category:** The Elective admit category applies to those cases that can wait 43 days or longer without any anticipated harm to the patient.
- **Urgent Admit Category:** The Urgent admit category is divided into sub categories defined by the time frame, in days, within which the surgery must be performed. **Do not** use to indicate that the surgery will be done with a specific time frame.
 - Urgent within 3 days
 - Urgent within 7 days
 - Urgent within 14 days
 - Urgent within 28 days
 - Urgent within 42 days

S. Procedure 1 Description +/- Code: Enter the Surgeon's description of the surgical procedure. Enter the OR Manager Procedure code mnemonic, if known. Refer to Surgical Contracts OR Manager Procedure Code Table.

	<p>T. Procedure 1 Laterality: Check the appropriate box, if the surgery involves a paired organ, limb or structure. If no laterality involved, mark N/A.</p> <p>U. Procedure 1 Surgeon: Enter the name of the Surgeon who will be performing surgery</p> <p>V. Repeat steps from sections S, T, and U for multiple procedures only if same surgeon performing additional procedures on the same day</p> <p>W. Signature Designation: Enter the Signature and Designation of the person completing the Booking Information section. Electronic signatures are acceptable.</p> <p>X. Date: Enter date Booking Information section completed</p>				
4.	<table border="1" data-bbox="326 583 1515 674"> <tr> <td colspan="2" data-bbox="326 583 1208 632">3 Surgical Contracts Desk Use Only</td> </tr> <tr> <td data-bbox="326 632 1208 674">BURN <input type="checkbox"/> Y</td> <td data-bbox="1208 632 1515 674">Initials <input type="checkbox"/> Z</td> </tr> </table> <ul style="list-style-type: none"> Do not enter any information in sections Y or Z. This will be done by Surgical Contracts Team 	3 Surgical Contracts Desk Use Only		BURN <input type="checkbox"/> Y	Initials <input type="checkbox"/> Z
3 Surgical Contracts Desk Use Only					
BURN <input type="checkbox"/> Y	Initials <input type="checkbox"/> Z				

Surgical Contracts Booking/Waitlist Request Form Submission

- All completed forms must be sent **DAILY** or **as soon as possible** to the Surgical Contracts Desk.
- Booking/Waitlist submission is via:

Secure e-mail: surgical.contracts@ahs.ca (approved sites only)

- Fax: (403) 944-4010
- If neither Secure e-mail nor fax are available, **use** secure courier, i.e. Transmed

Surgical Contracts Booking/Waitlist Request Form Returns

- Surgical Contracts Booking/Waitlist Form(s) will be returned to the originator if incorrect patient information or mandatory fields are left blank
- Complete** and/or **correct** the form and **re-submit** to Surgical Contracts Desk
- Patients *will not be waitlisted* until complete, correct forms are received by the Surgical Contracts Desk

Surgical Contracts Desk

- The Surgical Contracts Desk receives all Surgical Contracts Booking/Waitlist Request forms, initiates AHS Calgary Zone waitlist data entry and enters post-operative Surgical Contracts data.

Surgical Contracts Desk Contact Information:

FMC – South Tower, 9th Floor, Room 904
 3031 Hospital Drive NW
 Calgary, Alberta T2N 2T8
Phone: 403-944-4410
Fax: 403-944-4010

E-mail: surgical.contracts@ahs.ca

Surgical Contracts Team Lead Contact Information:

FMC – South Tower, 9th Floor, Room 904
3031 Hospital Drive NW
Calgary, Alberta T2N 2T8
Phone: 403-944-2473
Fax: 403-944-4010

FAQs

- 1. What do I do if there is a change to the procedure or surgeon on a booking after it's been submitted?**
Update the *original* Surgical Contracts Booking/Waitlist Request Form with the new information. Submit the updated form to the Surgical Contracts Desk.
- 2. What do I do if there is a change to the Decision Date for Surgery on a booking after it's been submitted?**
There are two options:
 - 1) Resubmit the *original* Surgical Contracts Booking form with "Cancel Booking" written on the form **and** submit a new booking request form with the new Decision Date
 - 2) Send/resend the Surgical Contracts Waitlist by aCATS Diagnosis by Surgeon Detail with an updated Decision Date
- 3. Who do I call for information about completing a booking form?**
Contact the Surgical Contracts Desk.
- 4. My Surgical Contracts booking was sent back. Why?**
Surgical Contracts Booking forms are sent back if incomplete or incorrect patient information is supplied. Complete and/or correct the form and re-submit. Contact Surgical Contracts Desk if you have any questions.
- 5. Do I need to complete the aCATs Diagnosis field?**
Yes, if your surgical service is Ophthalmology, Podiatry or Oral Maxillofacial, the aCATs Diagnosis code field must be completed.
Note: Booking request forms will be returned if the aCATS diagnosis field is not completed by aCATS services and the booking will not be waitlisted until a completed form is received by the Surgical Contracts desk.
- 6. Do I need to complete the Ready to Treat (RTT) field?**
Yes, if your surgical service is Ophthalmology, Podiatry or Oral Maxillofacial. **NOTE:** Booking request forms will be returned if the RTT field is not completed by aCATS services and the booking will not be waitlisted until a completed form is received by the Surgical Contracts desk.
- 7. What do I do if there is a change to the Ready to Treat date on a booking after it's been submitted?**
There are two options:
 - 1) Resubmit the *original* Surgical Contracts Booking form with an updated Ready to Treat date
 - 2) Send/resend the Surgical Contracts Waitlist by aCATS Diagnosis by Surgeon Detail with an updated Ready to Treat date
- 8. My patient has cancer but the surgery is not related to the cancer diagnosis. What do I mark on the cancer box?**
If the surgery being booked is not directly related to a Cancer diagnosis, mark **NO**. An example would be a patient who has leukemia, but needs to have an Eye cataract with IOL insertion.
- 9. Where can I get NHSF Booking/Waitlist Request forms?**

<http://www.albertahealthservices.ca/info/Page4896.aspx>

10. Where can I get an NHSF Procedure Code Table?

Contact the Surgical Contracts Desk. The Surgical Contracts desk can also answer procedure coding questions.

11. How do I find out if a patient has been waitlisted?

Surgeon Offices:

- **Complete** Desk Case Request form: <http://www.albertahealthservices.ca/4896.asp>
- **Submit** form to Surgical Contracts Desk
- **Contact** the facility and provide the BURN

Surgical Facilities:

- **E-mail** the Surgical Contracts Desk and **request** "Report for Waitlisted and Completed Cases"
- **Contact** surgeon office if patient is not waitlisted

Appendix A

Surgical Contracts Booking/Waitlist Request Form



Patient Label Here

Surgical Contracts Booking/Waitlist Request		Site	Date Surgical Contracts Desk Received <small>(YYYY-MM-DD)</small> (AHS Use Only)	
Date Submitted <small>(YYYY-MM-DD)</small>	Surgeon's Name (Last, First)		Surgeon's Phone ()	
1 Patient Information				
Surname	First	Middle	Age	DOB <small>(YYYY-MM-DD)</small> <input type="checkbox"/> Female <input type="checkbox"/> Male
PHN #	Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer Suspected <input type="checkbox"/> Yes <input type="checkbox"/> No	A-CATS Diagnosis Code	
Signature/Designation			Date <small>(YYYY-MM-DD)</small>	
2 Booking Information				
Decision Date for Surgery <small>(YYYY-MM-DD)</small>		Ready to Treat Date <small>(YYYY-MM-DD)</small>		
Admit Category <input type="checkbox"/> Elective <input type="checkbox"/> Urgent 3 day <input type="checkbox"/> Urgent 7 day <input type="checkbox"/> Urgent 14 day <input type="checkbox"/> Urgent 28 day <input type="checkbox"/> Urgent 42 day				
Procedure 1 Description +/- Code		<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	Surgeon 1	
Procedure 2 Description +/- Code		<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	Surgeon 2	
Procedure 3 Description +/- Code		<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral	Surgeon 3	
Signature/Designation			Date <small>(YYYY-MM-DD)</small>	
3 Surgical Contracts Desk Use Only				
BURN			Initials	

Instructions:

- The Surgical Contracts (formerly NHSF) Booking/Waitlist Request must be completed for all insured surgery performed on Alberta residents in a private facility, excluding WCB claimants.
- This form is available on the Alberta Health Services external website at <http://www.albertahealthservices.ca/4896.asp>
- Completed Surgical Contracts Booking/Waitlist Requests are to be submitted daily to Surgical Contracts Desk.
- Form submission: (1) Secure E-mail NHSFCasemanagement@albertahealthservices.ca (Approved Sites), (2) or Fax (403) 944-4010.
- Questions/Concerns: Contact the Surgical Contracts Office: FMC - ST, 9th Floor, Room 904, 3031 Hospital Drive N.W. Calgary, Alberta T2N 2T8, (403) 944-4410 or email NHSF-Casemanagement@albertahealthservices.ca

Appendix B

Surgical Contracts Facility Abbreviations

DVD	Dr. Douglas Vincelli Prof Corp
HCS	Holy Cross Surgical Services
ICS	I Care Services
MBS	Marlborough Surgicentre
RMS	Rocky Mountain Surgery Centre
RVS	Royal View Surgical Centre
SAE	Southern Alberta Eye Center
SBO	Steve Bureau Oral & Maxillofacial Surgery
SCI	Surgical Centres Inc
SCO	South Calgary Oral & Maxillofacial Surgery

Appendix C

Surgical Contracts Booking/Waitlist Request Flow Chart

