

# BC Diagnosis Prioritization Codes Review Project

## Background

In 2010, the BC Ministry of Health (MoH) and Health Authorities (HA) developed and implemented a standardized approach to prioritizing patients waiting for elective surgery. The purpose was to prioritize patients waiting for surgery based on patient diagnosis/condition rather than the procedure. Using this approach, surgeons/ specialists use their assessment of the patient to select the most appropriate reason (diagnosis) for surgery. Each diagnosis is assigned an alphanumeric code along with a priority level and an associated wait time benchmark/ target. This standardized approach ensures equitable access to all patients across BC with similar clinical presentation, regardless of where services are being performed. BC Diagnosis Prioritization Codes are commonly referred to as the patient prioritization or diagnosis codes list, by specialty.

## What is a Diagnosis Prioritization Code?

A Diagnosis Prioritization Code is a method of prioritizing patients for surgery based on their clinical condition and standardizes the timeframe in which their procedure should be performed. Diagnosis codes are also used for case type identification.

Each Diagnosis Prioritization Code includes:

- **Diagnosis Prioritization Code** - A unique alphanumeric code, the first two digits represent the CIHI specialty, third and fourth letter represents the CIHI body area, and the fifth and sixth letters make the unique code for each reason for surgery.
- **Diagnosis Description** - The reason for the procedure. This is the clinical presentation of the patient which stipulates the clinical indication for the procedure.
  - Note: If there is no Diagnosis Code deemed appropriate for a patient's diagnosis/symptoms, or the existing priority level is inappropriate for the patient, the specialist can select an 'Other' code. If an 'Other' code is selected, a free-text description of the patient's diagnosis/symptoms must be provided on the Booking Form.
- **Priority Level** - An age specific standardized prioritization associated with the diagnosis prioritization code.
- **Wait Time Target** (Clinical Benchmark) - This indicates the maximum time the patient should wait for the procedure based on the priority level and is measured in weeks for adults and in days for pediatrics.
- **Diagnosis Group** - A grouping of diagnosis codes to assist with code stratification and categorization. For example, General Surgery has a few groups related to GI Endoscopy: Positive FIT, Screening for Family History, Surveillance, Symptoms & Findings, and Other Diagnosis.

## Frequently Asked Questions

### 1. How do BC Diagnosis Prioritization Codes benefit patients?

- Regardless of where one resides in the province, each patient with the same condition or need will be prioritized equitably.
- Better waitlist management and more accurate information on patient urgency and priority will improve the timeliness and equity of patients' access to surgery.

### 2. How do BC Diagnosis Prioritization Codes benefit surgeons?

- Surgeons maintain autonomy by assigning a diagnosis prioritization code based on an individual patient's clinical presentation.

- Surgeons prioritize patients using a standardized method consistent with their peers ensuring equitable resource allocation to assist with waitlist management.
- Surgeons are assured their patients are being seen with the same urgency as they would by any of their peers.
- Improved reporting consistency across datasets.

### 3. How do Health Authorities and the Ministry use the data?

- Health authorities have accurate and timely data to better manage surgical access and surgical resources. For instance, some health authorities and/or committees may use the data as part of an operating room time allocation system and/or inpatient bed allocation.
- The MOH has access to accurate and comprehensive data to promote transparency, assist in monitoring performance, wait time reporting as well as modelling and other analyses for stakeholders.
- Diagnosis Prioritization Codes are used in the selection of patient cohorts. For example, safety is a concern for gender-affirming surgery patients therefore, the diagnosis code is used to identify those individuals to flag for phone call notification when they have been added to the surgical waitlist, rather than mailing a notification letter.
- Patients are identified as a “Long Waiter” based on their wait time compared to their diagnosis code / clinical benchmark. “Long Waiter” patients are identified in the SPR for health authorities to provide follow-up patient contact. The Ministry of Health and health authorities utilize this waitlist audit to ensure patients on waitlists are still waiting for surgery and remove patients when necessary. This improves data quality on waitlists and access to surgery.

### 4. What are the wait time targets for the various priority levels?

- Every diagnosis prioritization code corresponds to one priority with an associated wait time target for scheduled procedures. Currently, there is no standardized wait time targets/ prioritization for unscheduled procedures.
- Adult wait time targets are measured in weeks, pediatric are measured in days.
- The following are the wait time targets for each priority level for adult and pediatric diagnosis prioritization:

Adult		Pediatric	
Priority Levels and Recommended Wait Times		Priority Levels and Recommended Wait Times	
		I	Within 1 day
		IIa	Within 7 days
1	Within 2 weeks		
		IIb	Within 21 days
2	Within 4 weeks		
3	Within 6 weeks	III	Within 42 days
3B	Within 8 weeks		
4	Within 12 weeks		
		IV	Within 90 days
		V	Within 180 days
5	Within 26 weeks		
		IV	Within 365 days

## 5. What is the definition for each Priority level?

- Each diagnosis prioritization code is assigned a priority level. The following criteria standardizes priority levels for adults across specialties.

Priority	Wait Time (weeks)	Criteria
1	2	High risk to life or limb, conditions that cause possible organ damage, or permanent loss of function.
2	4	Time sensitive conditions, if not addressed quickly may result in permanent loss of function.
3	6	Patient need is high but delay risk to patient is lower. Conditions not progressing quickly, there is no associated complications, or medical treatment is available to prevent complications.
4	12	Patient need is moderate and the risk to patient is low. Conditions where the medical treatment does not offer any further solution and surgery is now considered.
5	26	Tolerable functional defect or lifestyle impact. Conditions are cosmetic in nature or need is not a primary medical necessity.

## 6. How is a patient's urgency/priority information added to the SPR?

- Surgeons indicate a patients' reason for surgery by providing the corresponding diagnosis code on the operating room booking package provided to the Health Authority. Operating room booking information from the Health Authority is transferred daily to the SPR, which incorporates the wait time benchmarks accordingly.

## 7. What if a patient condition/diagnosis is not available?

- There is an 'Other' category that surgeons can use if a patient's condition is not available, or the priority level associated is not correct for the patient's clinical need. The Surgeon must provide the patient's diagnosis in the description when using an 'Other' diagnosis code.
- A surgeon can submit requests for diagnosis prioritization code updates, including additions, to their Health Authority contact or the SPR.

## 8. How is a BC Diagnosis Prioritization Code different than a procedure code?

- A procedure is what is being completed, a diagnosis is the reason for the procedure.
- In BC, patients are prioritized based on the *reason* for surgery or *diagnosis*. For example, two patients can be waitlisted for hysterectomies, but one requires the procedure because they have endometriosis and the other requires the procedures because they have endometrial cancer. These two patients will have different priorities based on the diagnosis but have the same procedure.

## 9. What is the difference between a scheduled/unscheduled and emergent/elective surgery?

- Scheduled surgery is defined as a planned, non-emergency surgery. Scheduled surgical cases have a standardized diagnosis prioritization code with an associated priority level assigned by the surgeon.
- For the Ministry's scheduled surgery wait times reporting, two urgency groupings based on priority levels are used:
  - Urgent scheduled: Adult priority levels 1 & 2 and Pediatric priority levels I, IIa & IIb.
  - Non-urgent scheduled: All other priority levels.
- Scheduled surgeries are also referred to as elective surgeries. However, this definition is context-specific & may refer to all scheduled surgeries or a subset of scheduled surgeries, e.g., non-urgent scheduled surgeries only.
- Unscheduled surgeries can be non-elective, emergency, or unplanned. Most add-on cases are also considered unscheduled surgeries. A booking may be submitted to the SPR with a status of 'unscheduled'.