Justice Health and
Forensic Mental Health Network

Justice Health NSW Policy

Prioritising Patients on Waitlists

Issue Date: 06 June 2024

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Prioritising Patients on Waitlists

Policy Number 4.032

Policy Function Continuum of Care

Issue Date 06 June 2024

Next Review Date 06 June 2028

Risk Rating Medium

Summary This policy purpose is to assist staff to prioritise patients and manage waitlists consistently across Justice Health and Forensic Mental Health Network (Justice Health NSW).

Responsible Officer Director, Nursing Midwifery and Clinical Governance

Applies to
☐ Administration Centres
☐ Community Sites and programs
☒ Health Centres - Adult Correctional Centres or Police Cells
☒ Health Centres - Youth Justice Centres
☒ Long Bay Hospital
☒ Forensic Hospital

CM Reference POLJH/4032

Change summary
- Changes to Custodial Mental Health criteria to remove ambiguity
- Adding Suicide Prevention Outreach Team (SPOT) criteria added
- Urgent review due date remained 06 June 2028

Authorised by Chair, Policy Steering Committee

Revision History

#	Issue Date	Number and Name	Change Summary
2	07 May 26	4.032 Prioritising Patients on Waitlists	• Changes to Custodial Mental Health criteria to remove ambiguity • Adding Suicide Prevention Outreach Team (SPOT) criteria added • Urgent review due date remained 06 June 2028

1	06 Jun 24	4.032 Prioritising Patients on Waitlists	• New policy • Protocol converted to policy – focus shifted to clinical priority rather than Patient Administration System • Updates to guidance of presenting problems • Removal of emergency care

PRINT WARNING

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Table of Contents

1. Preface 5
2. Policy Content 5
2.1 Roles and Responsibilities 5
3. Governing Principles 6
4. Assigning Clinical Priority 6
4.1 Screening and Triage 6
4.2 Priority Levels 7
4.3 Patients with Multiple Waitlists 8
4.4 Re-prioritisation of Patient's Priority Levels 8
4.5 Guidance for Assigning a Priority Leve 9
Primary Care 10
Drug and Alcohol (D&A) 10
Population Health 11
Custodial Mental Health (CMH) 13
Suicide Prevention Outreach Team (SPOT) 14
Adolescent Health 15
Adolescent Mental Health 15
4.6 Managing the Wait List 16
4.7 Monitoring the Wait List 16
4.8 Waitlist and Appointment System 16
5. Definitions 17
6. Related Documents 18

1. Preface

Waiting lists enable Justice Health NSW and treating clinicians to effectively manage the increasing demand for services. A well-managed waiting list system, where patients wait in turn according to their clinical need, ensures patients who require health services receive assessment, treatment, and ongoing review within the clinically indicated timeframes.

This policy is designed to assist staff to prioritise patients and manage waitlists consistently across Justice Health NSW. A safe, equitable and efficient waiting list system will maximise patient outcomes and improve the patient's journey.

This policy scope includes prioritising:

- Patients who request an appointment to see a clinician
- Patients who have been seen by a clinician and require follow up care (includes ongoing screening, monitoring and assessments as part of a treatment plan)
- Patients who require routine screening due to targeted preventive health models

This policy scope does not include.

- Emergency care of a patient; this is where a patient requires immediate unscheduled medical attention.
- Walk in appointments, this is where a patient presents to a health centre on their own accord, or on request by health staff or is escorted by Custodial Officers or Youth Justice (YJNSW).
- For Custodial Mental Health (CMH) who use CHIME which does not have the functionality for 'walk-in appointments.' Clinicians can create a direct appointment if patient needs to be seen immediately.
- Case load management, the number of patients that a service or clinician handled in a given period.

2. Policy Content

2.1 Roles and Responsibilities

Chief Executive and General Managers

- Allocating resources to enable clinicians and managers to comply with this policy.

Service Directors/ Operational Managers and Health Centre Managers

- Support the implementation of this policy.
- Ensure that all staff (nursing, medical and allied health) work to this policy.
- Monitor the wait lists to ensure this policy is in place and performed.

Nursing/Medical/Allied Health Clinicians

- Must ensure all patients who are placed on a waitlist are prioritised according to their clinical need.

3. Governing Principles

The following principles underpin this Policy:

- The provision of services will be based on the patient's clinical need.
- Patients require access to timely care and should be seen and assessed in line with the clinically indicated recommended timeframe of the priority.
- Clinical urgency categorisation will reflect the patient's clinical need, and not be influenced by the availability of Justice Health NSW clinical resources.
- Consistency of practice in assigning priority categories, and active management of waiting lists will support effective demand management and appropriate prioritisation of patients.

4. Assigning Clinical Priority

4.1 Screening and Triage

Triage is the sorting of patients according to the urgency of their need for care and is used to assign a clinical priority to determine the patients need, level of risk and priority to be seen by a service. Assigning a clinical priority is based on the information available to the clinician at the time, once a clinical priority has been assigned, the clinician can either wait list the patient for an appointment or give a direct appointment. A patient's triage is determined by the collation of information. This may include.

- Nature and acuity of the health problem
- Duration of their symptoms
- Severity of the problem and associated risks
- Past medical history.
- Information must be collated from multiple sources.
- Nursing assessment prior to Medical Officer or Allied Health review
- Referral notes and/or documents
- Information in the patient self-referral form, acuteness of symptoms
- Patients' health record, previous medical history, clinical conditions
- Verbal referrals
- Patient's presentation during an assessment or consult:
  General appearance
  Clinical presentation
  Presenting problems/symptoms
  Limited relevant history
  Observations and vital signs
  Assessment findings
  Investigation results
  Worsening conditions, deteriorating patients
  Clinical judgement

Some Clinical Streams require the patient to be reviewed and assessed by Nursing Staff prior to wait listing to Medical Officers and Allied Health.

Triaging processes can take place at multiple stages throughout the patient's care pathway within Justice Health NSW.

- Reception – When health issues are first identified during screening.
- Patient Self-Referral – A request is made for health services.
- Initial Assessment – When the patient's health condition is assessed, and a plan of care is determined.
- Follow Up Care – Reviewing the patient at a later date to check on the patient's progress since initial assessment or last appointment. This may include further assessments and adjusting treatments.
- Routine – Providing preventive care to stay healthy, includes screenings and health education.

Where possible patients should be advised of their priority level, and what the recommended timeframe is to be seen and documented in the patient's progress note. For those patients who are self-referrals, policy *1.362 Patient Self-Referral for Health Assessment in the Adult Ambulatory Care Setting* should be followed.

4.2 Priority Levels

Justice Health NSW utilises the following clinical priority levels listed in the table below. The priority levels outline the timeframe for when a patient should receive care. The priority levels aim to distinguish between initial review and assessment of a new patient or new health issue, follow up care and routine care (targeted health preventions). Patients requiring an initial assessment should be prioritised using Priority 1-3, patients who have had an assessment and require follow up care should be prioritised as a Priority 5 with an end date to be seen. Follow up's that may be considered a higher priority can use P1-3. Priority 4 is for routine screenings such as preventive health screens, cervical, breast screens, etc.

Priority	Timeframe	Definition
Priority 1*	1-3 days	• A health issue/condition requiring assessment in1-3 days. • A health issue/condition that can deteriorate quickly and may require immediate medical attention.
Priority 2	4-14 days	• A health issue/condition requiring assessment in4-14days. • A health issue/condition that is low risk of requiring immediate medical attention.
Priority 3	15-90 days	• A health issue/condition requiring assessment in 15-90days. • A health/ condition that has no potential to require immediate medical attention.
Priority 4	12 months or as policy/procedure	• For patients who require routine screening for preventive health.
Priority 5	Within 12 months	• For patients who have been assessed, treated(P1-3) and require a follow up appointment. A mandatory appointment by date should be recorded.

**Priority 1 patients should be given the earliest possible appointment and be reviewed daily by nursing staff for deterioration. The Remote On-call After Hours Medical Service (ROAMS) should be consulted as necessary.*

4.3 Patients with Multiple Waitlists

It should be noted that a patient may have multiple waitlists to see the same service for differing health issues due to prioritisation. For example, a patient may have a waitlist to a Primary Care Nurse for an initial assessment of a health issue for example 'a mole requiring assessment' this may be prioritised utilising priorities 1-3. They may also have a chronic condition that requires an annual follow up, and this would require a waitlist to the Primary Care Nurse with a priority 5 follow up. This patient would have two waitlists as each health issue/condition requires them to be seen within differing timeframes.

Patients should not have multiple waitlists for the same service for the same health issue. If a patient makes a request to see a service for a health issue and they already have a waitlist for that service and that health issue, a note should be made in the wait list comment section and the eprogress notes to state that the patient has made a further request to be reviewed.

4.4 Re-prioritisation of Patient's Priority Levels

Patient's may need to be re-prioritised if their condition changes, deteriorates or additional relevant information is received. The purpose of re-prioritising is to acknowledge any change in the patient's clinical condition and to reassign a new priority category if appropriate based on the new information provided.

Patients should be informed and encouraged by clinicians to notify the health centre regarding any changes in their condition while waiting for care as this may identify deterioration and allows for reassessment/reprioritisation. This may be by:

- Contacting the Patient Enquiry and Self-Referral Service or Mental Health Helpline
- Submitting a Patient Self-Referral form
- Notifying a Custodial Officer or Youth Justice worker
- Going directly to the health centre if the health centre provides a walk-in nurse clinic or drop-in service
- Notifying a nurse when opportunity arises.
- Staff when considering re-prioritising patients should.
- Review all relevant information including eprogress notes and previous self-referrals for a change in condition
- Review the comments in the patient's waitlist
- Consider other options such as a walk-in consult, or direct appointment for the next available clinic this may be via telehealth
- Alert the team of the need for the patient to be seen to devise a plan of care
- Escalate to the Nursing Unit Manager/Operations Manager/Service Director for approval to reprioritise

- Document in the progress notes a detailed assessment and rationale for re prioritisation including the escalation pathway to inform decision. In addition, a comment must be added to the waiting list to reflect reason for reprioritization.

If further advise is needed the Remote On-call Afterhours Medical Service (ROAMs) can be consulted.

If the patient's priority is changed, the waitlist must be amended, and the reason for the amendment documented in the waitlist comments and the patient's progress Patients not seen within their Priority Level Timeframe

The waiting list should be reviewed regularly (at least weekly) by the health centre Nursing Unit Manager, Operational Managers and Service Directors to determine if there are patients who are outside their clinically indicated timeframe to be seen. Clinicians should also consider this when preparing their Clinic List for the day.

Patients who are outside their time frame to be seen across any priority should be triaged to determine who should be seen first based on the information available, or reassessed as to whether the wait list is still required. This includes reviewing the patient's health issue, information contained in the health record, the length of time the patient is overdue and the patients overall waiting time. This does not mean the patients priority level needs to be changed. Clinicians can escalate patients outside the timeframe to the Nursing Unit Manager for further advice.

The Nursing Unit Manager, Operational Manager and or Service Director should consider all their clinical resources to ensure patients are seen within the timeframe or escalate via line management, to determine if additional resources can be allocated.

Some possible strategies that may be appropriate or available are.

- 'Blitz clinics' – set aside planned days to rapidly assess clients on the waiting list
- Waiting list audits – touch base with patients on the waiting list to see if there are some people who no longer require the service
- Additional short-term staff members to address key areas of need
- Extra hours for existing part-time staff with capacity over a short-term period
- Additional clinics (limited number) outside of normal access hours
- Temporarily suspend other activities to focus on a particular waiting list for a defined period.

4.5 Guidance for Assigning a Priority Level

The following examples of presenting problems have been provided by representatives of streams to guide clinicians in assigning a clinical priority for patients who are placed on a waiting list. Clinical judgement should always be used to assign a clinical priority based on the patient's severity of symptoms. The below examples are a guide only to support clinical decision making.

Primary Care

Priority	Timeframe	Examples of Presenting Problems
Priority 1	1 to 3 days	*Priority 1 and 2 presenting problems are merged as could fall under either priority due to acuteness of symptoms.* • Post Reception Screening Assessment(RSA) review of medication and health conditions • Initial review of health issues including but not limited to: Febrile illness Abdominal pain Eye, ear, nose, and throat problems Dental abscess, facial swelling, and pain Testicular pain subacute (MUST rule out torsion) Diarrhea and vomiting General infections (skin, eyes, respiratory) Headache (triage depending on type/severity of pain) • Pregnancy • Pathology collection • Chronic Condition Assessment(Initial)(P1-3) (within 30 days of reception or diagnosis) • Recent sexual assault
Priority 2	4 to 14 days	
Priority 3	15 to 90 days	• Initial review of health issue including but not limited to: o Chronic pain management/back pain o Pre-appointment for hospital specialists o Non acute skin conditions • Early Detection Program (EDP) as per Policy 6.120 – Early Detection Program for Blood Borne Viruses (BBVs) and Sexually Transmissible Infections (STIs) Request for prescription review (may vary depending on reason for request) • Vaccination
Priority 4	12 months or as policy/procedure	*Patients requiring routine screening should have an appointment seen by date added* • Metabolic Monitoring • Preventive Health Screen • Cancer Screening (bowel, cervical, breast)
Priority 5	Within 12 months	*Patients requiring follow up should have an appointment seen by date added* • Patients who have already been seen for their health issue and require a follow up appointment for the same issue, this may include test results • Acute health condition management following initial assessment

Drug and Alcohol (D&A)

Priority	Timeframe	Examples of Presenting Problems
Priority 1	1 to 3 days	• Post reception D&A review • Review of patients with a positive pregnant test • History of complicated alcohol and/or other drug withdrawal on reception • HIV positive with D&A use history • Hepatitis B positive with D&A use history • Substance withdrawal follow-up review • Over dose patient's follow-up review • Opioid Agonist Treatment(OAT) induction reviews (depot buprenorphine) • Review post attempt or suspected attempt of diversion / non-compliance with OAT medication dosing/OAT treatment agreement

		• Patients who have ingested/inserted drugs
Priority 2	4 to 14 days	• Subsequent Assessment / Review of patients with problems of drug use in pregnancy • Subsequent reviews post OAT induction • Review opioid dependent patients in context of acute/chronic pain • Review opioid dependent patients in context of multiple Hepatis C(HCV)/Human Immunodeficiency Virus (HIV), or Hepatitis B infections • Review /follow up for patient presenting with D&A and complex medical issues
Priority 3	15 to 90 days	• Patient requesting to cease or change to OAT • Patients requesting to commence OAT • 3 months post OAT commencement clinical review • Hepatitis B positive with D&A use history • Alcohol follow-up review post reception • Benzodiazepines follow-up review post reception • Brief interventions (specify drug type in PAS waitlist)
Priority 4	12 months or as policy/procedure	*Patients requiring routine screening should have an appointment seen by date added* • Annual OAT clinical review
Priority 5	Within 12 months	*Patients requiring follow up should have an appointment seen by date added* • Patients who have already been seen and require a follow up appointment • OAT release planning • Alcohol release planning • Take home Naloxone assessment/education

Population Health

Priority	Timeframe	Examples of Presenting Problems
Priority 1	1 to 3 days	• HIV positive and on antiretroviral (patient to sign release of information for nurse to obtain details of treatment from treating clinician) • Hepatitis C or Hepatitis B positive and on antivirals (patient to sign release of information for nurse to obtain details of treatment from treating clinician) • Sexual assault within 7 days (may need transfer to local hospital for assessment for Post Exposure Prophylaxis (PEP) • Patient has been exposed to another person's blood or body fluids in the past 72 hours (shared injecting equipment, unsterile tattooing, fights involving blood contact, condom breakage) (May need transfer to local hospital for assessment for exposure prophylaxis) • Patients who present with advanced liver disease or diagnosed Hepatocellular Carcinoma

Priority 2	4 to 14 days	• HIV positive, not on treatment • Symptoms of sexually transmissible infection (refer patient to Medical Officer On-Call) • In the past 12 months the patient has been in an immigration centre, overseas prison, or refugee camp or has come directly from International Airport (inform the Clinical Nurse Consultant Communicable diseases and Infection Prevention or After-Hours Nurse Manager) • Recent (but more than 7 days ago) sexual assault • Recent (but more than 72 hours ago) exposure to blood or body fluids (shared injecting equipment, unsterile tattooing, fights involving blood contact, condom breakage) • Patients who present with Advanced Liver Disease (ALD) or Chronic Liver Disease (CLD)
Priority 3	15 to 90 days	• Under 25, first time in goal, with history of injecting drug use • Patient comes from a region where hepatitis B is endemic (Southeast Asia, Pacific Islands) • Chronic Hepatitis B infection and not on treatment Patients who identify as needing Early Detection Program for screening for Blood Borne Viruses (BBVs) and Sexually Transmissible Infections (STIs) with a focus on the need for HCV treatment • History of injecting drug use and unknown status for BBV/STI • Anyone who requests BBV/STI screening tests (who does not fall into any of the above categories)
Priority 4	12 months or as policy/procedure	*Patients requiring routine screening should have an appointment seen by date added*
Priority 5	Within 12 months	*Patients requiring follow up should have an appointment seen by date added* • Patients who have already been seen and require a follow up appointment.

Custodial Mental Health (CMH)

This guidance is intended to apply primarily to referrals for initial assessment by the mental health team. Based on this assessment, a psychiatrist may advise if further assessment is required, and the recommended priority level for the waiting list.

Priority	Timeframe	Examples of Presenting Problems
Priority 1	1 to 3 days	• Symptoms of psychosis accompanied with distress, threats, agitation or aggression. • Symptoms of mania accompanied with distress, agitation or aggression • Catatonic symptoms • Potential life-threatening self-harm • Psychogenic polydipsia • Illogical or unexplained refusal of necessary medications, food or fluid • New receptions on clozapine • Return from a mental health facility into custody • Pregnant patients with a major mental illness **Direct to Psychiatry** • Patient charged with a homicide or other serious offence or high-profile case as determined by CMH management
Priority 2	4 to 14 days	• New receptions on mental health depot or Lithium • Symptoms of psychosis • Symptoms of mania • Significant depressive or anxiety symptoms • Problems with charting mental health ROI prescriptions in custody • Discharged from an Assertive Care Area or Forensic Hospital to a correctional centre (Max 7-day timeframe) **Direct to Psychiatry** • S.25(MHFPCIA) assessments

Priority 3	15 to 90 days	• Known mental health problems, stable on mental health medication • Seeking treatment for a mental health condition without significant symptoms
Priority 4	12 months or as policy/procedure	**Do not use in Outreach Custodial Mental Health** • May be used for routine tasks in Mental Health Assertive Care Areas only
Priority 5	Within 12 months	• CMH Follow-up of caseload patients • Must have an appointment by date as clinically indicated

Suicide Prevention Outreach Team (SPOT)

Priority	Timeframe	Examples of Presenting Problems
Priority 1	1 to 3 days	• Presence of distress (e.g., first time in custody, segregation, risk or evidence of victimisation, single cell placement) • Presence of suicidal intent, with or without a suicide plan • Recent hospital return post a suicide attempt. • Suicide attempt in the last 3 months. • Situational crisis or adjustment disorder (e.g., violent offence/ court stress; homicide offence, upcoming court date) and in the absence of MMI • Refusing life-sustaining medication that indicates passive suicidal thoughts.
Priority 2	4 to 14 days	• Chronic suicidal thoughts without recent suicidal behaviour • Suicide attempt over 3 and within 12 months ago
Priority 3	15 to 90 days	• Used for existing patients under SPOT requiring a follow up appointment
Priority 4	12 months or as policy/procedure	• **Do not use in SPOT**
Priority 5	Within 12 months	• **Do not use in SPOT**

Adolescent Health

Priority	Timeframe	Examples of Presenting Problems
Priority 1	1 to 3 days	• Acute conditions (severe and sudden in onset): Febrile illness, sepsis Respiratory Abdominal pain Eye, ear, nose, and throat problems Testicular pain (torsion) • Suicidal/homicidal ideation • Not eating or drinking • Acute psychotic symptoms • Medication side effects • Admitted to custody on psychotropic medication • Recent sexual assault
Priority 2	4 to 14 days	• Comprehensive Assessment • Ongoing headaches • Pregnancy
Priority 3	15 to 90 days	• Vaccination • Acne treatment • Skin conditions (depending on determination of skin condition)
Priority 4	12 months or as policy/procedure	*Patients requiring routine screening should have an appointment seen by date added* • Metabolic Monitoring
Priority 5	Within 12 months	*Patients requiring follow up should have an appointment seen by date added* • Patients who have already been seen and require a follow up appointment. • Comprehensive Assessment Update

Adolescent Mental Health

Priority	Timeframe	Examples of Presenting Problems
Priority 1	1 to 3 days	• Suicidal/homicidal ideation • Life threatening self-harm • Not eating or drinking • Acute psychotic symptoms • Medication side effects • Admitted to custody on psychotropic medication
Priority 2	4 to 14 days	• Significant depressive symptoms • Known mental health issues • On Attention deficit/hyperactivity disorder(ADHD) medication • Depression/anxiety • Non-life-threatening self-harm
Priority 3	15 to 90 days	• Medication review • Psychiatric review • Dual Diagnosis Clinical Nurse Consultant review
Priority 4	12 months or as policy/procedure	*Patients requiring routine screening should have an appointment seen by date added* • Patients who have already been seen and require a follow up appointment

4.6 Managing the Wait List

Managing waiting lists is a key priority for Justice Health NSW. Waiting list monitoring should be undertaken on a regular basis by Nursing Unit Managers, Operational Managers and Service Directors of streams (at least weekly) or by staff who have been nominated. This will ensure that the waiting list reflects current demand. This includes:

- Removing patients from the waitlist once they have been seen
- Removing patients from waitlists if the patient has been released
- Ensuring patients are on the correct waitlist at the correctional centre they are located

Measures should be put in place to ensure that documentation in the comments of the waitlist and progress notes provides a clear audit trail that can identify:

- Any changes made to a patient's waitlist priority
- Any patient removed from a waiting list who has not been seen by a clinician
- Patients who have been seen must be removed from the waiting list and re-added if follow care is required
- Removal of duplicate entries for same service, the oldest wait list should be kept to correctly identify the number of days the patient has been waiting
- Patients wait lists are transferred to new site when patient is relocated to a new centre
- Waiting times are within recommended timeframes
- Patients that are released have their waiting lists closed.

4.7 Monitoring the Wait List

The Health Intelligence and Analytics Unit monitor the Waiting Lists through quality audits and feedback to Executives and Committees.

4.8 Waitlist and Appointment System

The Patient Administration System (PAS) is used to manage, record and track waitlists, appointments, and referrals for patients receiving care. The PAS will record patients allocated priority level and show days waiting to be seen.

5. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

Triage

The sorting of patients according to the urgency of their need for care.

Wait List

A list of people waiting for an appointment to see a clinician or service.

Direct Appointment

When a patient is given an appointment on a specific day and is not placed on a waiting list.

Walk in appointment
When a patient presents to the health centre unexpectantly and is seen immediately, not on a waiting list.

Priority level

Refers to the process of ranking referrals in a certain order based on various criteria with the aim of improving fairness and equity in the delivery and access of care.

Initial Assessment

Comprehensive assessment by different clinicians that often includes gathering a patient history, noting general appearance, completing physical examination, obtaining vital signs, reviewing available test results, assessing risks, and ensuring that appropriate additional testing has been organised.

Follow Up Care

The act of seeing a patient at a later date to check on the patient's progress or make further assessments and adjust treatments since their last appointment.

Routine Care

Providing preventive care to stay healthy, includes screenings and health education.

6. Related Documents

Legislations	
Justice Health NSW Policies, Guidelines and Procedures	*1.010 Access to Patients – Medical Emergencies* *1.141 Release Planning and Transfer of Care Policy – Adult to External Providers* *1.362 Patient Self-Referral for Health Assessment in the Adult Ambulatory Care Setting* *1.395 Transfer and Transport of Patients*
Justice Health NSW Forms	
NSW Health Policy Directives and Guidelines	*GL2023_014 Management of Outpatient (Non-Admitted) Services*
Other documents and resources	Australian Commission on Safety and Quality in Health Care: Comprehensive Care Standard La Trobe University and Eastern Health *Specific and Timely Appointment for Triage (STAT) Handbook, 2nd Ed.* Justice Health NSW Clinical Applications Assistance intranet, page Clinical Applications Assistance Intranet Page – Tips Sheets for PAS