



(Appendix 1) Wait List Management Governing Principles

1. Time of listing determined by a decision by the consulting surgeon that a patient is ready for surgery and includes: **“When the full booking package is received by Scheduling Office (includes consent)”**.
2. Listing categories
 - a. In-hospital urgent (**IHU**) surgery refers to any patient in which surgery should be performed within indexed admission. Effort should be made to have their surgery completed within 7 days (**Standard wait of 7 days**) of listing and will require sharing of patients between the surgeons to allow this to occur.
 - b. Outpatient surgery refers to patients who are stable enough to be discharged home and await surgery. These will be grouped into 2 categories
 - i. **Urgent (Standard wait ≤ 21 days)** based on any one of the following criteria:
 1. LM stenosis > 70% / proximal LAD stenosis > 90%
 2. Severe aortic stenosis
 3. Diminished functional capacity (e.g. ≤3 METS on treadmill test)
 4. Other (large thoracic aortic aneurysmal disease, myxoma, etc)
 - ii. **Semi-urgent (Standard wait of ≤ 42 days)**: More stable patient able to perform >3 METS on functional testing.
 - iii. **Elective (no standard wait time)**: patients requiring surgery for non-life threatening reason
3. Patients waiting > 90days
 - a. Every effort to schedule patient as soon as possible
 - b. Assign 1 slot per week/surgeon for long-term waiting patients. Ideally these patients should be identified by Wednesday of the preceding week to allow timely booking
 - c. Opportunity to be assigned to another surgeon to help harmonize wait times