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 \leq 21 days) based on any one of the following criteria:  
         1. LM stenosis > 70% / proximal LAD stenosis \geq 90%  
         2. Severe aortic stenosis  
         3. Diminished functional capacity (e.g. \leq 3 METS on treadmill test)  
         4. Other (large thoracic aortic aneurysmal disease, myxoma, etc)  
      ii. Semi-urgent (Standard wait of \leq 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 > 90 days  
   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