

ORTHOPAEDIC SURGERY

Priority Scoring Tool Descriptor Guide

November 2007

**Does your patient want a confirmation letter? If NO check here:*

The **confirmation letter** question, which is located inside the box at the top of the Priority Criteria Scoring Tool, indicates whether or not the patient would like to receive a confirmation letter once the required procedure has been scheduled. For confidentiality reasons a patient may not wish to receive a confirmation letter. If the patient **does not** want a confirmation letter, please check the box indicating NO.

1. *Score as proven or suspected cancer only if the patient is being treated for a malignancy or if clinical features and investigations include malignancy in differential diagnosis. Please check the box that most accurately describes the patient's current situation:*

- Patient with proven or suspected invasive cancer.
Priority 1 - 95% of surgeries to be performed within 3 weeks
- Patient with proven or suspected indolent cancer.
Priority 3 - 90% of surgeries to be performed within 3 months
- Patient requires a routine screening or follow-up procedure for cancer detection.
A scheduled procedure to be performed within 12 months.

Surgeons are asked to assign cancer surgery patients to one of the above categories based on their assessment of the patient's condition and urgency.

Checking the "Patient with proven or suspected invasive cancer" box puts the patient into Priority Level I (95% of surgeries to be performed within 3 weeks). *It is expected that most cancers will fall into this category.*

Checking the "Patient with proven or suspected indolent cancer" box puts the patient into Priority Level III (90% of surgeries to be performed within 3 months). *An example might be a "low risk" prostate cancer (early stage, low Gleason score, low PSA level where surgery is recommended). Another example might be a "low risk" thyroid cancer.*

Cases should be scored as proven or suspected cancer only if:

- the patient is being treated specifically for a malignancy; or
- clinical features and investigations include malignancy in differential diagnosis.

Procedures performed for staging (to determine the extent of the cancer within the body) should be identified as proven or suspected cancer.

Do not score reconstructive or palliative surgery as proven or suspected cancer. Palliative surgery is done to relieve symptoms, such as pain, in order to improve quality of life. Reconstructive or rehabilitative surgery is done to repair an organ or other part of the body and not to diagnose or cure the cancer.

The target time frames for these procedures (and other procedures) are wait-time goals that are used in managing the surgical care system. The surgeon, in consultation with the patient, makes the final determination as to when the surgery takes place in each individual case.

Routine screening or follow-up procedures are typically less urgent procedures that are used to detect cancer. These will usually be patients who are considered to be at risk, but are not suspected to have cancer based on clinical features and investigations. For example, a patient who has finished their course of treatment for bladder cancer may have routine follow-up cystoscopies in order to screen for cancer recurrence.

2. *Usual frequency of painful episodes/ suffering (associated with condition for which surgery is proposed).*

| | |
|-------------------|---|
| None | Currently, the patient does not experience pain associated with the condition for which surgery is proposed. |
| Occasional | The patient experiences episodes of pain associated with the condition for which surgery is proposed once a week or less . Or the patient is aware of a regular trigger that can be avoided (e.g., work or walking). |
| Often | Patient may experience pain associated with the condition for which surgery is proposed more than once a week , but pain is not sustained or constant. Or the patient is aware of a regular trigger that cannot be avoided (e.g., work or walking). |
| Constant | Patient is rarely free from pain caused by condition for which surgery is proposed. |

3. *Usual intensity of pain?*

Take into account usual **duration and intensity**, including the need for narcotic vs. non-narcotic medication. In your response, consider how the patient would rate the level of pain on a scale from 1 to 10.

| | |
|------------------|---|
| None/Mild | Patient pain rating: 0 to 3. Currently, the patient does not experience pain. Patient has no history of pain associated with the condition for which surgery is proposed. Or patient may experience pain (pain rating 1 to 3) , but usually does not require non-narcotic pain medication . |
| Moderate | Patient pain rating: 4 to 7. Patient occasionally uses non-narcotic pain medication . |
| Severe | Patient pain rating: 8 to 10. Patient uses narcotic analgesic pain medication daily . Or daily use of multi-modal pain medication . |

4. *Presence / intensity of other forms of suffering (i.e., impact of condition on daily living).*

Please score the form of suffering with the greatest degree of severity.

| | |
|-----------------|---|
| None | Currently, the patient does not experience other forms of suffering. Patient has no history of other forms of suffering associated with the condition that has necessitated treatment. |
| Mild | Patient experiences other forms of suffering associated with the condition. Patient has not sought treatment for other forms of suffering associated with the condition. |
| Moderate | Patient experiences other forms of suffering . Patient has sought treatment for suffering associated with the condition (e.g. anti-anxiety, anti-depressant, anti-emetic medication). This treatment led to significant improvement . |
| Severe | Patient intensely experiences other forms of suffering associated with the condition. Patient has sought treatment for other forms of suffering (e.g., anti-anxiety, anti-depressant, anti-emetics medication). This treatment did NOT lead to significant improvement . |

5. *Expected improvement in condition if surgery is performed.*

Consider clinical factors previously measured: cancer proven or suspected, presence and intensity of pain/suffering.

| | |
|--------------------|---|
| None | It is not anticipated that surgery will reduce the patient's level of pain or improve their ability to perform daily tasks. |
| Minimal | Surgery will have a minor impact. |
| Moderate | Surgery will have a modest impact. |
| Significant | Surgery will have a major impact on pain reduction and increase activities of daily living. |

6. Abnormal findings on physical exam.

Functional impact related to the condition (i.e., inflammation, decreased strength, decreased mobility, deformity).

| | |
|--------------------|---|
| None / mild | None or limited functional impact |
| Moderate | Condition limits function. |
| Severe | Condition has a serious functional impact |

7. If the condition remains untreated there is a risk the outcome of surgical management will be significantly compromised.

| | |
|-----------------|---|
| None | The patient's condition will not get worse if the surgery is not performed. |
| Mild | Condition is slowly progressive. |
| Moderate | Condition is rapidly progressive. |
| Severe | If condition remains untreated prompt surgical intervention is necessary. |

8. Threat to patient role and independence in society.

(i.e., ability to work, give care to dependents, live independently).

| | |
|--|---|
| Not threatened but more difficult | <p>With the present level of impairment ...</p> <p>Patient can continue to work with minor adjustments.</p> <p>Patient can care for dependents but sometimes requires help.</p> <p>Patient can continue to live independently but requires some help with activities such as gardening and cleaning.</p> |
| Threatened but not immediately | <p>With the present level of impairment ...</p> <p>Patient may soon not be able to continue to work in normal capacity or is on a modified or part-time program to accommodate the issue.</p> <p>Patient requires significant help in caring for dependents.</p> <p>Patients living in a house with multiple floors may have to consider conversion to a single level dwelling.</p> |
| Immediately threatened or unable | <p>With the present level of impairment ...</p> <p>Patient can no longer work due to condition.</p> <p>Patient is unable to care for dependents even with help.</p> <p>Patient can no longer live independently.</p> |