Vascular Surgery
Adult — Priority Assessment Tool

Carotid Endarterectomy

Priority Descriptions

1. Immediate — emergency surgery required
   - Life threatening bleeding from access
   - Anticipated aneurysm rupture
   - Severe limb threatening ischemia from steal syndrome
   - Septic related to access with systemic complications
   - Thrombosis of graft/fistula
   Within 24 Hours

2. Urgent
   - Rapidly failing access and/or inadequate dialysis due to failing access (radiology intervention not possible or failed)
   - Maturational failure requiring revision
   - Access creation for patient on hemodialysis; or
   - Expected hemodialysis start within 6 months
   Within 2 Weeks

3. Semi-Urgent
   - Access creation for patient on hemodialysis; or
   - Expected hemodialysis start within 6 months
   Within 4 Weeks

4. Elective
   - Hemodialysis start expected > 6 months
   - Minimal risk of morbidity incurred by waiting
   Within 26 Weeks

Arteriovenous Surgery for Dialysis
Adult — Priority Assessment Tool

Priority Descriptions

1. Immediate — emergency surgery required
   - Life threatening bleeding from access
   - Anticipated aneurysm rupture
   - Severe limb threatening ischemia from steal syndrome
   - Septic related to access with systemic complications
   - Thrombosis of graft/fistula
   Within 24 Hours

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   - Hemodialysis start expected > 6 months
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Vascular Surgery
Adult — Service Details

Amputation Surgery
Abdominal Aortic Aneurysm Surgery
Arterial Bypass Surgery
Arterial Surgery (Non-Bypass)
Arteriovenous Surgery for Dialysis
Mesenteric (Piolleal/Tibial) Bypass Surgery
Other Arterial Bypass Surgery
Other Arterial Surgery (Non-Bypass)
Arteriovenous Fistula
Arteriovenous Graft
Thoracoabdominal Surgery

Carotid Endarterectomy *
Arteriovenous Surgery for Dialysis **

* Use Carotid Endarterectomy Priority Assessment Tool
** Use Arteriovenous Surgery for Dialysis Priority Assessment Tool
### Priority Descriptions

1. **Immediate** — emergency surgery required
2. **Patients diagnosed with highly aggressive malignancies**
3. **All patients with known or suspected invasive cancer that does not meet the criteria of Priority 2 or Priority 4**
4. **Patients diagnosed with indolent malignancies**

### Access Target

- **Within 24 Hours**
- **Within 14 Days**
- **Within 28 Days**
- **Within 84 Days**

### Dates Affecting Readiness to Treat Reasons and Wait 2 System Delay Reasons

<table>
<thead>
<tr>
<th>Dates Affecting Readiness to Treat (DART) Reasons</th>
<th>Wait 2 System Delay Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmentally Appropriate Wait</td>
<td>Emergency Closures</td>
</tr>
<tr>
<td>Inability to Contact the Patient</td>
<td>Lack of Hospital Resources</td>
</tr>
<tr>
<td>Change in Medical Status</td>
<td>Patient Preference</td>
</tr>
<tr>
<td>Missed Surgery/Procedure</td>
<td>Prerequisites Not Completed</td>
</tr>
<tr>
<td>Neo-adjuvant Chemotherapy</td>
<td>Rescheduled Due to Higher Priority Case</td>
</tr>
<tr>
<td>Neo-adjuvant Radiation Therapy</td>
<td>Surgeon Unavailability</td>
</tr>
<tr>
<td>Other Surgical Procedure</td>
<td></td>
</tr>
<tr>
<td>Patient Chooses to Defer</td>
<td></td>
</tr>
<tr>
<td>Pre-defined Follow-Up Interval</td>
<td></td>
</tr>
</tbody>
</table>

### What is Wait 1?

Wait 1 is defined as: the time that the patient waits for a first consultation with a clinician. It is measured from the time the referral is received to the date the first consultation with a clinician occurs.

#### Key Principles

1. The purpose of capturing Wait 1 data is to illustrate the amount of time a patient is waiting for a surgical consultation.
2. Wait 1 data is only captured for patients who have a Decision to Treat (DTT) for surgery. A DTT occurs when a clinician recommends and the patient agrees to a surgical procedure.
3. Wait 1 data collection is mandatory for all facilities reporting surgical wait time data. Wait 1 does not apply to diagnostic imaging.
4. Wait 1 data is retrospective and will be entered into the WTIS at the same time that a waitlist entry is created for Wait 2 (within two business days of the DTT for surgery).
5. When there are multiple consultations, only the first consultation with the clinician is captured to calculate Wait 1.
6. Wait 1 data will provide a more complete and transparent picture of surgical wait times.

### Wait 1 Data Elements

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Option for Data Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Type</td>
<td>New Referral, ReReferral, No Referral/Follow-up</td>
</tr>
<tr>
<td>No Referral/Follow-up Reason</td>
<td>Existing Patient (New Condition), Existing Patient (Recurring Condition), New Patient (No Referral)</td>
</tr>
<tr>
<td>Referral Source</td>
<td>Diagnostic Assessment Program/Unit, Central Intake, Other</td>
</tr>
<tr>
<td>Referral Date</td>
<td>yyyy-mm-dd</td>
</tr>
<tr>
<td>Consult Date</td>
<td>yyyy-mm-dd</td>
</tr>
<tr>
<td>Dates Affecting Readiness to Consult (DARC) Reason</td>
<td>Developmentally Appropriate Wait, Inability to Contact the Patient, Change in Medical Status, Missed Consultation, Patient Chooses to Defer, Pre-defined Follow-Up Interval</td>
</tr>
<tr>
<td>Wait 1 System Delay Reason</td>
<td>Emergency Closures, Lack of Hospital/Clinic Resources, Patient Preference, Prerequisites Not Completed, Rescheduled Due to Higher Priority Case, Surgeon Unavailability</td>
</tr>
</tbody>
</table>