

Surgical waiting lists and queue management in a Brazilian tertiary public hospital

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Abstract

Introduction: Centralized management of queues helps to reduce the surgical waiting time in the publicly funded healthcare system, but this is not a reality in the Brazilian Unified Healthcare System. **Objectives:** To describe the implementation of the “Patients with Surgical Indication” (PSI) in a Brazilian public tertiary hospital; To assess the impact on waiting time and its use in rationing oncological surgeries during the COVID-19 Pandemic. **Methods:** Retrospective observational study of elective surgical requests (2016-2022) in a Brazilian general, public, tertiary university hospital. We recovered information regarding the inflows (indications), outflows and their reasons, the number of patients, and waiting time in queue. **Results:** We enrolled 82,844 indications in the PSI (2016-2022). The waiting time (median and interquartile range) in days decreased from 98(48;168) in 2016 to 14(3;152) in 2022 ($p < 0.01$). The same occurred with the backlog that ranged from 6,884 in 2016 to 844 in 2022 ($p < 0.001$). During the Pandemic, there was a reduction in the number of non-oncological surgeries per month (95% confidence interval) of -10.9(-18.0;-3.8) during Phase I (January 2019-March 2020), maintenance in Phase II (April 2020-August 2021) 0.1(-10.0;10.4) and increment in Phase III (September 2021-December 2022) of 23.0(15.3;30.8). In the oncological conditions, these numbers were 0.6(-2.1;3.3) for Phase I, an increase of 3.2(0.7;5.6) in Phase II and 3.9(1.4;6.4) in Phase III. **Conclusion:** Implementing a centralized list of surgical indications and developing queue management principles proved feasible, with effective rationing. It unprecedentedly demonstrated the decrease in the median waiting time in Brazil.

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