

3 Year Plan for Surgical Services – September 2015

Goal	Strategy	Actions	Lead	Apr-Aug 2015	Sept 2015-March 2016	2016/2017	2017/2018
Improve timely access to appropriate surgical procedures Target: 95% of scheduled surgeries will be completed within 26 weeks by 2017	Eliminate surgical backlogs and plan for ongoing growth	1. Identify surge capacity	HAs	May			
		2. Complete 1000 additional surgeries for patients waiting the longest time; report activity monthly	HAs	June-Aug			
		3. Develop a plan to complete additional surgeries to eliminate the backlog of longest waiting patients	HAs	June			
		4. Execute plans to eliminate the backlog of longest waiting patients; report activity	HAs		Sept-Mar		
		5. Model ongoing surgical growth and develop annual plans to meet demand	HAs		Sept-Dec		
		6. Develop the direction for increasing publically funded activity in private surgical facilities	MOH (HSP)				
		7. Develop and implement a provincial perioperative efficiency plan to optimize existing resources	HAs				
BC uses a patient centered accurate synchronized system for surgery booking and wait time management Target: 2017	Provincial surgical IM/IT strategy	8. Implement a provincial surgical booking and wait time management solution: <u>Phase 1:</u> Establish a foundation to share information and management of the surgical process across surgeons and HAs <u>Phase 2:</u> Patient portal environment and e-referral <u>Phase 3:</u> Extend the solution to other scheduled procedures beyond surgery	MOH (HSP, IMIT) and HAs	Phase 1 Charter Investment case	Phase 1 RFP contract	Phase 1 deployment	
		9. Expand the use of tele health for pre-surgical assessment and consultation, post-surgical follow up visits, and patient education	HAs				

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BC has the right number and types of surgical health care providers to meet its needs Target: 2017	Surgical HHR strategy	10. Develop and implement a provincial surgical health human resources strategy focused on: <ul style="list-style-type: none"> Anaesthesiology GP anaesthesiology Specialized surgical nursing GPs with enhanced surgical skills 	MOH (HSW)				
Surgical wait lists are managed optimally and proactively Target: 2017	Wait list management	11. Complete the patient prioritization code review; implement the updated codes	MOH (HSP)	June	Sept		
		12. Determine optimal wait list management approaches; revise wait list management policy; implement across the province	MOH (HSP)				
		13. Support and implement alternative practice models (pooled referrals/first available surgeon models)	Surgeons				
Improve the patient experience of care Target: 2017	Patient centred choice; reduce unwarranted variation	14. Identify a point of contact to ensure patients have their questions about surgery answered	HAs				
		15. Patient advisors are welcomed members on senior level Surgery Committees/Quality Councils	HAs				
		16. Perform a system-wide surgical patient journey assessment	MOH (HSP)				
		17. Develop and implement standardized care pathways for selected surgical procedures	MOH (HSP)				
		18. Develop and implement practice guidelines to assist patients to make appropriate choices on treatment options	MOH (HSP)				
		19. Develop urban/rural models of care for surgery	MOH (HSP)				
		20. Apply the Tiers of Service model to adult surgery	MOH (HSP)				

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Improve the health of populations	Performance monitoring	21. Develop indicators and targets relevant to surgical services for the quality dimensions: safety, accessibility, appropriateness, effectiveness, acceptability	MOH (HSP)	Safety, access	Other dimensions	Other dimensions	
		22. Develop and implement a comprehensive performance management framework including measurement, reporting on outcomes, monitoring and accountability	MOH (HSP)				
		23. Introduce a surgical quality measurement system to all hospitals in BC (e.g. NSQIP or another system)	HAs				
Reduce per capita cost for surgical services	Optimal use of resources and focus on quality	24. Analyse funding options and align funding methods to support policy directions	MOH (FCS)				
		25. Introduce costing methodology to quantify surgical costs of care	MOH (FCS)				
		26. Further leverage Health Shared Services BC for surgical supply chain and contracts	HSSBC				

Abbreviation Key:

HAs: Health Authorities

MOH: Ministry of Health

BCPSQC: BC Patient Safety and Quality Council

HSP: Health Services Policy Division

HSW: Health Sector Workforce Division

IMIT: Information Management Information Technology Division

FCS: Finance and Corporate Services Division