LEADERSHIP COUNCIL RECORD OF DECISIONS

DRAFT - April 21, 2016

ATTENDEES:

Steve Brown, Chair
Brendan Carr
Michael Marchbank
Lynn Stevenson
Grace Foran, Secretariat
Mary Ackenhusen
Sabine Feulgen
Chris Mazurkewich (Item 3.0 onwards)
Cathy Ulrich

REGRETS:

Joe Gallagher
Carl Roy

GUESTS:

Item 3.1 Ministry of Health – Ted Patterson, Mark Armitage
Health Authorities – Human Resources:

- FHA Wendy Strugnell, VP People and Organization Development
- IHA Mal Griffin, VP People and Organization Development
- NHA David Williams, VP Human Resources
- PHC Zulie Sachedina, VP Human Resources and General Counsel
- PHSA Arden Krystal, Executive VP Patient and Staff Experience
- VCHA Anne Harvey, VP Employee Engagement
- VIHA Kathryn MacNeil, Executive VP Quality, Safety and Experience

Item 3.2 Ministry of Health – Ted Patterson, Mark Armitage
Health Employers Association of BC - Tony Collins; Harris & Co. – Eric Harris
Health Authorities' VPs of Human Resources

Item 3.3 Ministry of Health – Ted Patterson, Mark Armitage

Item 4.1 Auditor General – Carol Bellringer, Morris Sydor
Ministry of Health – Manjit Sidhu *[via teleconference]*

Item 4.2 BC Clinical & Support Services Society – Rick Roger *[via teleconference]*

Item 4.3 Ministry of Health – Deborah Shera, Jeff Hunter
BC Clinical & Support Services Society – Rick Roger *[via teleconference]*

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1. Confirmation of Agenda and Approval of Record of Decision

Two items were added to the agenda under *5.0 Other Business*: 1. Representative for Children and Youth's draft report on Youth Substance Use Services Review; and,
2. Seniors Advocate's recent data request to all health authorities. The February 2016 Record of Decision was approved without changes.

2. Strategic Direction

s.13

3. Health Human Resources

3.1. Health Authority Mandate Letters–Health Human Resources Planning Requirements
s.13

3.2. Nurses' Bargaining Association Agreement Update
s.13

3.3. Physician Issues: Anaesthesia; and, Physician Clinical Contracts
M. Marchbank provided an update on the termination of existing anaethetists' privileges at Surrey Memorial Hospital and the recruitment of replacement anaethetists. He also raised physician clinical contracts, and the importance of consistency across HAs in decisions affecting these contracts.

Decision/Action:

- *T. Patterson will ensure the Standing Committee on Health Workforce discusses the contract matter at its next meeting and, if warranted, will schedule a follow-up discussion with Leadership Council.*

4. Business Items

4.1. Update on Office of the Auditor General (OAG)
s.13

4.2. BC Clinical and Support Services Society (BCCSSS) Risk Profile
s.13

s.13

4.3. Desktop Management Services – Update
s.13

4.4. Follow-up to April 20th Tripartite Committee on First Nations Health (TCFNH) Meeting
s.13

5. Other Business (including Roundtable)

5.1. Fraser Health Emergency Department Initiatives
This item was not discussed due to time constraints.

5.2. Representative for Children and Youth's (RCY) Youth Substance Use Services Review
The RCY's request for feedback from MOH/HAs on the draft report was discussed.

Decision/Action:
- *L. Stevenson was asked to lead the development of a coordinated MOH/HA response, which is due to RCY by May 3, 2016.*

5.3. Seniors Advocate Request for Residential Care Facilities Data
The Seniors Advocate's recent request for multi-year data for residential care facilities in their regions was discussed. S. Brown also spoke briefly to Minister Lake's request that Parliamentary Secretary Plecas work with the Seniors Advocate and MOH to look at the issues of residential care hours and funding.

Decision/Action:
- *L. Stevenson will contact the Seniors Advocate to clarify the scope of this data request.*
- *The Seniors Advocate will be invited to present an overview of her office / areas of focus at a future Leadership Council meeting.*

Meeting Adjourned: 03:50 p.m.

From:	Foran, Grace E HLTH:EX
To:	Lowe, Tracey HLTH:EX; Ryall, Karen HLTH:EX
Cc:	Hewlett, Cheryl A HLTH:EX; Fougere, Brianna HLTH:EX
Subject:	Action Pls: Revised April 2016 LC RoD
Date:	Friday, May 6, 2016 9:50:25 AM
Attachments:	1.0 LC Draft Record of Decisions - Apr 21.docx

Good morning. I've now received and incorporated minor feedback from the two Associates into the enclosed RoD – pls. will you check with the DM as to whether he has any edits to the RoD as enclosed. Please mention to him that the two Associates have approved it; he may just decide to go forward on the strength of their review.

Please let me know as soon as you can!

Grace Foran
Director, Strategic Management Office
Ministry of Health
Physical Address: 5th Floor, Pandora Wing, 1515 Blanshard Street, Victoria BC V8W 3C8
Tel: 250 952-1798; : grace.foran@gov.bc.ca

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Lafrance, Martyn HLTH:EX

From: Anderson, Kristy GCPE:EX
Sent: Thursday, May 12, 2016 1:03 PM
To: Lake, Terry HLTH:EX
Cc: hlth Ministerial and Executive Assistants; Belanger, Matthew GCPE:EX; Beneteau, Nicole GCPE:EX; Heinze, Laura R GCPE:EX; Lawrie, Hannah GCPE:EX; MacDougall, Cindy GCPE:EX; May, Stephen GCPE:EX; Peaker, Alexandra GCPE:EX; Plank, Sarah GCPE:EX; Thistle-Walker, Carlene GCPE:EX
Subject: IN - Pain/Anesthesiology
Attachments: IN_SMH_Non-ObstetricalAnesthesiology_12_May2016(1205pm).docx

Hi Minister

Attached is a note from Fraser Health on a letter being circulated to patients by one of their anesthesiologists. The letter is calling into question the future of pain services due to privileges being revoked for the hospital's anesthesiologist group.
FH is confident there will not be an impact to service. They are also confident they will have a full slate of anesthesiologists after this process.

Please let me know if you have any questions.

Kristy Anderson
Manager Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (cell)
Kristy.Anderson@gov.bc.ca

fraserhealth

Department of Communications & Public Affairs

CONFIDENTIAL ISSUES NOTE

May 12, 2016 – Jim Pattison Outpatient Care and Surgery Centre - Pain

An anesthesiologist who works at the pain clinic and in the operating room at Surrey Memorial Hospital has begun circulating information to patients calling into question the future of pain services due to privileges being revoked for the hospital's anesthesiologist group.

Key Messages:

- Patient safety and quality care is always our greatest priority. The services of the pain clinic will not be impacted by the decision to revoke the privileges of anesthesiologists working in the operating rooms at Surrey Memorial Hospital. Physicians that work solely in providing pain management care at this clinic will continue to provide their service.

- We are confident we will be able to recruit a full complement of anesthesiologists by 2017. A contingency plan has been developed to ensure anesthesiology service is not interrupted.

Background:

- On February 25, Fraser Health sent a notice of termination of appointment (revoked privileges) to the Surrey Memorial Hospital Anesthesiology group.
- The revocation of privileges followed two independent external reviews (2009 and 2014) of the Department of Obstetrics at Surrey Memorial Hospital which highlighted the need for dedicated obstetrical anesthesia (DOBA) services, as well as two in-house obstetricians per day to manage the large volume of patients and an increasing number of high risk obstetrical patients.
- Negotiations with the anesthesiologist group at the hospital to provide DOBA had been on-going and, finally, Fraser Health set February 18, 2016 as a deadline for responses to the latest contract offers.
- On February 18, anesthesiologists did not show up for a meeting to accept the offer. As a result, a notice revoking their privileges was sent. There are 28 physicians included in this group.
- Within the group there are four anesthesiologists that provide pain treatments through the pain clinic as well as one orthopedic surgeon. Of those four anesthesiologists, one does not provide surgical/obstetrical support at Surrey Memorial. This individual and the orthopedic surgeon work only at the pain clinic.
- Fraser Health has already been in contact with the two physicians who only provide only pain treatments and do not work in the operating room to advise that a recommendation has been sent to the Board to rescind the notice of termination for them, as they do not perform surgical/obstetrical services.
- Another anesthesiologist from the pain clinic, who also works in the operating room at Surrey Memorial, has begun circulating a letter to clients advising of a potential disruption to services at the pain clinic in 2017 as a result of Fraser Health's actions against the wider anesthesiologist group.
- Fraser Health has reached out to the anesthesiologists in the pain clinic asking them to ensure that any communications with patients reflect the fact that pain services will still be available at Surrey Memorial Hospital after the termination deadline in 2017. In addition, Fraser Health is reaching out to each patient seen by the physician who was distributing the letter to ensure they are properly apprised of the situation.
- A lawyer for the anesthesiologists who work in the operating rooms has filed an appeal on behalf of the group.

- The anesthesiologists have suggested that by revoking their privileges, Fraser Health is in breach of labour laws.
- However, this group is not covered by the labour code. They abide by the bylaws which allow us to give 12 months notice.
- The College of Physicians and Surgeons has an expectation that they will provide care and not abandon their patients.
- Fraser Health provided the notice of termination to the entire group, since care is not provided by a single individual.
- Physician leadership at Fraser Health will continue to discuss this matter with the physicians, and are seeking their cooperation in reassuring patients that services will not be lost.

Contact information			
Contact	**Name**	**Title**	**Phone**
Program	Lorraine Prysunka	DirectorSurgical clinical Operations (JP/SMH)	(604) 613 - 5404
Communications	Tasleem Juma	Public Affairs	(604) 613 - 1162

Lafrance, Martyn HLTH:EX

From: Anderson, Kristy GCPE:EX
Sent: Wednesday, May 18, 2016 1:17 PM
To: hlth Ministerial and Executive Assistants
Cc: Plank, Sarah GCPE:EX
Subject: FW: IS_Surrey_May 18_16
Attachments: IS_Surrey_May 18_16.docx

Here is the scan you asked for.

Kristy Anderson
Manager Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (cell)
Kristy.Anderson@gov.bc.ca

From: May, Stephen GCPE:EX
Sent: Wednesday, May 18, 2016 1:15 PM
To: Anderson, Kristy GCPE:EX
Subject: IS_Surrey_May 18_16

ISSUES SCAN – Surrey, May 18, 2016

Dedicated Obstetrical Anesthesia (DOBA) 2

Surrey Memorial – Waits for Pediatric Ear Surgery 4

Fraser Health Acute and Residential Care Redesign 5

Child and Adolescent Psychiatric Stabilization Unit (CAPSU) 7

White Rock Water 8

Mental Health Beds 9

Dedicated Obstetrical Anesthesia (DOBA)

- Women giving birth, babies and families deserve the very best care and support during such an important time in their lives. British Columbia is proud to offer various options for mothers, including medical pain management during birth.
- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at the provinces four high-volume maternity sites, including Surrey Memorial Hospital and Royal Columbian Hospital.
- These hospitals already have full-time anaesthesiologists on site 24/7 and access to on-call anaesthesiology when required.
- However, this resource is shared with emergency and trauma programs, which means sometimes birthing mothers need to wait or sometimes go without service.
- BC Women's has its own anesthesiology services for birth, of course, and Victoria General has had a dedicated obstetrical anesthesia model since 2012. We'd like to see that service expand to the other two high-volume sites.
- Fraser Health has been working hard to achieve deals with anesthesiologists at Surrey Memorial and Royal Columbian hospitals.
- The effort to establish dedicated anesthesiology for birthing women is part of the overall work the health care system doing in connection with improving surgical delivery in B.C.

Robertson, Derek HLTH:EX

From: Heinze, Laura R GCPE:EX
Sent: Thursday, March 17, 2016 4:19 PM
To: Lake, Terry HLTH:EX
Cc: hlth Ministerial and Executive Assistants; Plank, Sarah GCPE:EX; Thistle-Walker, Carlene GCPE:EX; Belanger, Matthew GCPE:EX; Beneteau, Nicole GCPE:EX; Frattaroli, Angela GCPE:EX; MacDougall, Cindy GCPE:EX; May, Stephen GCPE:EX
Subject: IN_dedicated obstetrical anesthesiology services_DOBA_MArch 17 2016_FINAL
Attachments: IN_dedicated obstetrical anesthesiology services_DOBA_MArch 17 2016_FINAL.docx

Categories: IN/DBN

Minister,

Just for your reference with all the SMH attention right now – here is our general DOBA issues note.

Any questions please just let me know.

Thanks
Laura

Laura Heinze
Manager, Media Relations – Ministry of Health
(250) 952-3387
(cell) 250-208-6295
Laura.Heinze@gov.bc.ca

ADVICE TO MINISTER

CONFIDENTIAL ISSUES NOTE **Ministry: Health** **Date: March 17, 2016** **Minister Responsible: Terry Lake**	**Dedicated Obstetrical Anaesthesia Services**

BACKGROUND REGARDING THE ISSUE:

- The Ministry of Health and the affected health authorities are working to provide Dedicated Obstetrical Anaesthesia Services (DOBA) at all four of the province's high volume birthing hospitals (BC Women's Hospital, Victoria General, Surrey Memorial and Royal Columbian).
- DOBA programs allow for an anesthesiologist 24/7 who is dedicated to obstetrical patients only, to provide epidurals for labouring mothers, and epidural, spinal and general anaesthesia services for surgical birth.
- Both Victoria General Hospital and BC Women's already have dedicated 24/7 anesthesiology for women giving birth. However, Royal Columbian and Surrey Memorial, both in Fraser Health, do not.
- The BC Anesthesiologists' Society is trying to negotiate a provincewide DOBA agreement which would cover hospitals with high, medium high and medium volumes of births. The society made a proposal to the ministry in March 2015, outlining the program and proposing the ministry spend $15 million.
- The proposal claims each on-site DOBA program will save health authorities $2.4 million a year in overtime surgical (operating room) resources. It also states health authorities would have to s.17
- The Ministry of Health is not interested in this proposal of provincewide DOBA services at this time, and is skeptical such a proposal would save money.
- The ministry supports DOBA at the provinces' four high volume birth sites.
- Fraser Health, despite ongoing negotiations, has been unable to arrange DOBA at its two high volume birth sites, Surrey Memorial and Royal Columbian. These sites have at least one anesthesiologist on-site 24/7, but not dedicated to obstetrics.
- Anesthesiologists at the two sites claim the services could be established if compensation for the anesthesiology group is high. They are negotiating for about two to three times the $1.2 million offer Fraser Health has offered per hospital.
- Fraser is giving one year's notice to the group of anesthesiologists at Surrey Memorial Hospital on Feb. 25, 2016, due to the breakdown in negotiations for a DOBA service at that hospital (please see issue note from Fraser Health and key messages for more details.)
- The ministry health authorities and the BC Anesthesiologists Society formed a working group in the fall of 2015 to examine and address issues related to general anaesthesiology services in the province, including human resourcing, recruitment and retention, compensation, education and training, improvements to anaesthesiology supports for rural communities, etc.
- However, the obstetrics issue at Surrey Memorial is not one that will be addressed through the working group. The ministry has advised the anesthesiologists society that

the issue at Surrey is local in nature, that the offer on the table is a good one and that they should work with Fraser Health.

History of DOBA negotiations:

- The ministry has been working with the society and the Doctors of BC since 2008 to expand access to obstetrical anesthesia.
- In 2009, the parties agreed to direct $5.5 million in the Physician Master Agreement to establish new epidural supervision fees. This was a 5% funding increase over the 2009/10 billings for this type of services, with total funding of $1.8 million over three years (January 1, 2010 – March 31, 2012.)
- In December 2011, the parties agreed to apply a further $2.5 million of unspent money to provide DOBA in the three tertiary care maternity hospitals.
- Island Health DOBA services at Victoria General Hospital costs about $900,000/year (this amount is in addition to physicians' fee-for-service billings and on call payments under MOCAP).

ADVICE AND RECOMMENDED RESPONSE:

- **Women giving birth, babies and families deserve the very best care and support during such an important time in their lives. British Columbia is proud to offer various options for mothers, including medical pain management during birth.**
- **The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at the provinces four high-volume maternity sites, including Surrey Memorial Hospital and Royal Columbian Hospital.**
- **These hospitals already have full-time anaesthesiologists on site 24/7 and access to on-call anaesthesiology when required.**
- **However, this resource is shared with emergency and trauma programs, which means sometimes birthing mothers need to wait or sometimes go without service.**
- **BC Women's has its own anesthesiology services for birth, of course, and Victoria General has had a dedicated obstetrical anesthesia model since 2012. We'd like to see that service expand to the other two high-volume sites.**
- **Fraser Health has been working hard to achieve deals with anesthesiologists at Surrey Memorial and Royal Columbian hospitals.**
- **The effort to establish dedicated anesthesiology for birthing women is part of the overall work the health care system doing in connection with improving surgical delivery in B.C.**

Communications Contact:	Cindy MacDougall	Reviewer:
Program Area Contact:	Rod Frechette	
File Created:	March 31, 2015;	
File Updated:		

Minister's Office	Program Area	Deputy	HLTH Communications

Robertson, Derek HLTH:EX

From: O'Brien, Kellie HLTH:EX
Sent: Wednesday, March 16, 2016 1:04 PM
To: Mills, Shane LASS:EX
Cc: Robertson, Derek HLTH:EX; Dhanowa, Damon HLTH:EX; Lafrance, Martyn HLTH:EX
Subject: Heads up: MEDIA REQUEST: Pamela Fayerman -- Van Sun -- Surrey DOBA -- 604-605-2173 -- DL: ASAP
Attachments: IN_DOBA_Obstetrics_3Mar2016.doc

Importance: High

Shane,

Wanted to give you a heads up that we are sending the following information to Pam Fayerman who has likely been approached by one of the docs regarding this. I shared the note a few weeks back but have reattached it here for your information.

Any questions let me know.

Kellie

****

Reporter: Pamela Fayerman

Media Outlet: Vancouver Sun

Phone Number: 604.605.2173

Email: pfayerman@postmedia.com

Deadline: ASAP

Call Time: 10:56am

Topic: I'm wondering what the government is doing regarding the dispute between Fraser Health and anesthesiologists which has resulted in privileges being revoked. Working on this urgently. Thanks.

Proposed response:

- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
- Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required.
- However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.

- Two reviews over the last seven years have pointed to the need for dedicated obstetric anasthesia service.
- Epideral alagesia is an important service for many women giving birth.
- Surrey Memorial Hospital epidural rates are significantly below provincial and national averages. This can leave birthing mothers in unnecessary discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.

Secondary:

- Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.
- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

Thanks,
Kellie

Kellie O'Brien
Ministerial Assistant to the Honourable Terry Lake
Minister of Health
T: 250-953-3547
E: Kellie.Obrien@gov.bc.ca

Robertson, Derek HLTH:EX

From: O'Brien, Kellie HLTH:EX
Sent: Monday, February 22, 2016 8:40 AM
To: Robertson, Derek HLTH:EX
Subject: FW: Obstetric material updated
Attachments: SMH OBS CARE February 2016 (2).doc; ATT00001.htm

Here you go...

Kellie O'Brien
Ministerial Assistant to the Honourable Terry Lake
Minister of Health
T: 250-953-3547
E: Kellie.Obrien@gov.bc.ca

From: Andrachuk, Andrea HLTH:EX
Sent: Wednesday, February 17, 2016 4:35 PM
To: Jukes, Shaina HLTH:EX
Cc: HLTH Ministers Office; Leake, Greg HLTH:EX
Subject: Obstetric material updated

Hi Shaina,
FHA has sent us an updated Issues note for the call with the Minister tomorrow.
Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 **|C:** 250.217.3655 **|email:** andrea.andrachuk @gov.bc.ca

Robertson, Derek HLTH:EX

From:	Heinze, Laura R GCPE:EX
Sent:	Thursday, February 18, 2016 2:36 PM
To:	hlth Ministerial and Executive Assistants
Cc:	Plank, Sarah GCPE:EX
Subject:	IS_Surrey_Feb 18_16
Attachments:	IS_Surrey_Feb 18_16.docx

Hi folks,

As promised – an issues scan for Surrey!

ISSUES SCAN – Surrey, February 18, 2016

Fraser Health Acute and Residential Care Redesign 2

Child and Adolescent Psychiatric Stabilization Unit (CAPSU) 4

Dedicated Obstetrical Anesthesia (DOBA) 5

White Rock Water 6

Mental Health Beds 7

Dedicated Obstetrical Anesthesia (DOBA)

- Women giving birth, babies and families deserve the very best care and support during such an important time. British Columbia offers various forms of medical pain management during birth.
- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
- Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required.
- However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
- Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.
- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

Robertson, Derek HLTH:EX

From: Robertson, Derek HLTH:EX
Sent: Thursday, March 31, 2016 3:33 PM
To: Secord, Doug LASS:EX
Subject: Issues Scan
Attachments: IS_Surrey_Mar 31_16.docx

As requested

Derek Robertson
Executive Assistant to the Honourable Terry Lake
Minister of Health
Office: (250) 953-3547
Derek.Robertson@gov.bc.ca

ISSUES SCAN – Surrey, March 31, 2016

Dedicated Obstetrical Anesthesia (DOBA) 2
Fraser Health Acute and Residential Care Redesign 4
Child and Adolescent Psychiatric Stabilization Unit (CAPSU) 6
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- The effort to establish dedicated anesthesiology for birthing women is part of the overall work the health care system doing in connection with improving surgical delivery in B.C.

Secondary:

- Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.

Robertson, Derek HLTH:EX

From: Robertson, Derek HLTH:EX
Sent: Monday, February 22, 2016 7:50 AM
To: Lake, Terry HLTH:EX
Cc: Lafrance, Martyn HLTH:EX; O'Brien, Kellie HLTH:EX; Dhanowa, Damon HLTH:EX
Subject: News Releases and Issues for Today

Minister,

Here are the health news releases and issues for Monday.

Derek

MONDAY, FEBRAURY 22

Provincial Health Services Authority

Online testing service for sexually-transmitted infections expands in BC – (9:30 am release) People living in Duncan, Kamloops, Langford, Nelson, and Victoria, will now be able to access sexually transmitted infections (STI) and HIV testing without having to visit a doctor or nurse in person. – Minister Lake quoted

20160212_NR_G...

Interior Health

Online testing service for sexually-transmitted infections expands to IH Kamloops and Nelson – (9:30 am release) People living in Kamloops and Nelson will now be able to access STI and HIV testing without having to visit a doctor or nurse in person.

NR_Online STI testing service ...

Island Health

Online testing service for sexually-transmitted infections expands on Vancouver Island – (9:30 am release) People living in Duncan, Langford, and Victoria, will now be able to access STI and HIV testing without having to visit a doctor or nurse in person.

NR_GCO_Island...

Northern Health

Partnered approaches to enhancing health care services recognized at Northern Health board meeting – (10 am release) Examples of collaboration to enhance health care services between Northern Health, the First Nations Health Authority, community partners and provincial/regional organizations were shared at the latest board meeting in Quesnel on February 14, 2016.

160222_NR_Northe Health Bo...

ISSUES

MONDAY, FEBRAURY 22
Fraser Health contract issue with Surrey Memorial Hospital anesthesiologists

KM_contract ended_Surrey M...

IN_DOBA_Obste...

Key Messages – Surrey Memorial Hospital dedicated obstetrics and anaesthesiology

Feb. 16, 2016

Fraser Health is providing one year's notice of termination of privileges to the doctors in a group of anaesthesiologists at Surrey Memorial Hospital, , after lengthy negotiations failed to create a dedicated obstetrical anaesthesiology service at Surrey Memorial.

- Women giving birth, babies and families deserve the very best care and support during such an important time. British Columbia offers various forms of medical pain management during birth.
- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
- Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required.
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- Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.
- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

O'Brien, Kellie HLTH:EX

From: Plank, Sarah GCPE:EX
Sent: Tuesday, March 1, 2016 6:32 PM
To: Lake, Terry HLTH:EX
Cc: O'Brien, Kellie HLTH:EX
Subject: Re: Update from Sukh re: Surrey Termination Letters to Anesthesiologists

Thanks. We'll add this to the hot issues in case it comes up. I

have FH looking into the bylaws angle and will let you know what we find out.

S.

Sarah Plank
Communications Director | Ministry of Health
Government Communications & Public Engagement
Mobile: 250.208.9621 | Email:sarah.plank@gov.bc.ca

Sent from my iPhone

On Mar 1, 2016, at 5:55 PM, Lake, Terry HLTH:EX <Terry.Lake@gov.bc.ca> wrote:

Terry Lake DVM
Minister of Health

Begin forwarded message:

> **From:** Sukhpal Brar <s.22 >
> **Date:** March 1, 2016 at 5:50:49 PM PST
> **To:** "Terry HLTH:EX Lake" <Terry.Lake@gov.bc.ca>
> **Subject: Update from Sukh re: Surrey Termination Letters to Anesthesiologists**
>
> Hi Terry,
>
> I hope all is well. I wanted to alert you to the attached letter from FHA to Anesthesiologist department members in Surrey. As you know we have worked very hard, under your leadership to work together to collaboratively address the challenges that are before us in the health care sector. We have been contacted by members of the opposition research wanting us to help frame a story that will be negative towards the government. We have also been contacted by members of the media in this regard. Out of respect for our friendship and for the tremendous work that we have all invested to date, we will not allow ourselves to be drawn into a controversy that appears to be crafted to cause chaos in Surrey and not coincidentally grief to several members of the government as we lead up to 2017. If Fraser Health carries through on these terminations, Surrey Memorial will be left with no department of anesthesiology (no elective surgery, no emergency surgery, no maternity care, no pain management) effective **on March 1st, 2017**. In

addition, the letter is invoking FHA Medical Staff Bylaw 3.1.6; thereby acknowledging that the termination is not related to any disciplinary, patient safety, or quality of medical care issue.

Please feel free to call or email me at your convenience. We are ready to assist in any way possible.

Sukh.

Surrey Memorial End of Anaesthesiologists' Contract (NEW)

- Women giving birth, babies and families deserve the very best care and support during such an important time. British Columbia offers various forms of medical pain management during birth.
- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
- Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required.
- However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
- Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.
- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

Surrey Memorial End of Anaesthesiologists' Contract (UPDATED)

- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
- Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required.
- However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
- Two reviews over the last seven years have pointed to the need for dedicated obstetric anasthesia service.
- Epideral alagesia is an important service for many women given birth.
- Surrey Memorial Hospital epidural rates are significantly below provincial and national averages.This can leave birthing mothers in unnecessary discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.

<u>Secondary:</u>

- Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.
- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.

- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

O'Brien, Kellie HLTH:EX

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 5:49 PM
To: Lake, Terry HLTH:EX
Cc: Belanger, Matthew GCPE:EX; MacDougall, Cindy GCPE:EX; Thistle-Walker, Carlene GCPE:EX; Shepherd, Brent GCPE:EX; Beneteau, Nicole GCPE:EX; Frattaroli, Angela GCPE:EX; Plank, Sarah GCPE:EX; hlth Ministerial and Executive Assistants
Subject: Re: MEDIA REQUEST: Pamela Fayerman -- Van Sun -- Surrey DOBA -- 604-605-2173 -- DL: ASAP

Will do!

Sent from my iPhone

On Mar 16, 2016, at 5:48 PM, "Lake, Terry HLTH:EX" <Terry.Lake@gov.bc.ca> wrote:

> Maybe change the last sentence so that we say "possibility" rather than "hope".
>
> Sent from my BlackBerry 10 smartphone on the TELUS network.
>
> **From:** Heinze, Laura R GCPE:EX
> **Sent:** Wednesday, March 16, 2016 5:02 PM
> **To:** Lake, Terry HLTH:EX
> **Cc:** Belanger, Matthew GCPE:EX; MacDougall, Cindy GCPE:EX; Thistle-Walker, Carlene GCPE:EX; Shepherd, Brent GCPE:EX; Beneteau, Nicole GCPE:EX; Frattaroli, Angela GCPE:EX; Plank, Sarah GCPE:EX; hlth Ministerial and Executive Assistants
> **Subject:** RE: MEDIA REQUEST: Pamela Fayerman -- Van Sun -- Surrey DOBA -- 604-605-2173 -- DL: ASAP
>
> How's this?
>
> "The concept of introducing nurse anesthetists in British Columbia was raised by previous Health Minister Mike de Jong several years ago. The nurse anesthetist role exists in other jurisdictions, but introducing a new provider role can be a significant undertaking.
>
> "The Ministry looked at the feasibility of introducing nurse practitioner and registered nurse anesthetist roles into BC's health care system – while it would require time to implement such a program, it was thought to be a viable option.
>
> "In the interim period, there have been many other competing priorities that have taken precedence over the introduction of this role; however, it is something that we are still very aware of, and in fact we have been in discussion with the BCNU and others about introducing new roles to optimize the scope of practice for nurses, so there is the potential for further work on this issue over the next year.
>
> "In addition, there is presently an Anesthesia Assistant program in BC offered through TRU, and the Ministry is in the process of reviewing the education and training requirements for that role with the hope of expanding the use of Anesthesia Assistants in the province."

From: Lake, Terry HLTH:EX
Sent: Wednesday, March 16, 2016 4:55 PM
To: Heinze, Laura R GCPE:EX
Cc: Belanger, Matthew GCPE:EX; MacDougall, Cindy GCPE:EX; Thistle-Walker, Carlene GCPE:EX; Shepherd, Brent GCPE:EX; Beneteau, Nicole GCPE:EX; Frattaroli, Angela GCPE:EX; Plank, Sarah GCPE:EX; hlth Ministerial and Executive Assistants
Subject: Re: MEDIA REQUEST: Pamela Fayerman -- Van Sun -- Surrey DOBA -- 604-605-2173 -- DL: ASAP

Can we add something about anesthesia assistants? There is a program at TRU and we continue to examine approaches to extending the Anesthesia team.

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 4:53 PM
To: Lake, Terry HLTH:EX
Cc: Belanger, Matthew GCPE:EX; MacDougall, Cindy GCPE:EX; Thistle-Walker, Carlene GCPE:EX; Shepherd, Brent GCPE:EX; Beneteau, Nicole GCPE:EX; Frattaroli, Angela GCPE:EX; Plank, Sarah GCPE:EX; hlth Ministerial and Executive Assistants
Subject: RE: MEDIA REQUEST: Pamela Fayerman -- Van Sun -- Surrey DOBA -- 604-605-2173 -- DL: ASAP

Minister,

Pamela has come back with a couple of follow up questions, including about where we are at with nurse anesthetists – a concept that was raised by previous Minister de Jong in 2012.

In talking with Ted, this is what we've put together as a potential response to that piece – thoughts?

"The concept of introducing nurse anesthetists in British Columbia was raised by previous Health Minister Mike de Jong several years ago. The nurse anesthetist role exists in other jurisdictions, but introducing a new provider role can be a significant undertaking. At the time Minister de Jong raised the issue, we were engaged in challenging discussions with anaesthesiologists, and the need to ensure that options were available to prevent patient care from being negatively impacted was clear.

"The Ministry looked at the feasibility of introducing nurse practitioner and registered nurse anesthetist roles into BC's health care system – while it would require time to implement such a program, it was thought to be a viable option.

"In the interim period, there have been many other competing priorities that have taken precedence over the introduction of this role; however, it is something that we are still very aware of, and in fact we have been in discussion with the BCNU and others about introducing new roles to optimize the scope of practice for nurses, so there is the potential for further work on this issue over the next year."

From: Lake, Terry HLTH:EX
Sent: Wednesday, March 16, 2016 12:50 PM
To: Heinze, Laura R GCPE:EX
Cc: Belanger, Matthew GCPE:EX; MacDougall, Cindy GCPE:EX; Thistle-Walker, Carlene GCPE:EX; Shepherd, Brent GCPE:EX; Beneteau, Nicole GCPE:EX; Frattaroli, Angela GCPE:EX; Plank, Sarah GCPE:EX; hlth Ministerial and Executive Assistants
Subject: Re: MEDIA REQUEST: Pamela Fayerman -- Van Sun -- Surrey DOBA -- 604-605-2173 -- DL: ASAP

Left a VM with her but please send messages as well.

Terry Lake DVM
Minister of Health

On Mar 16, 2016, at 12:43 PM, Heinze, Laura R GCPE:EX <Laura.Heinze@gov.bc.ca> wrote:

> Minister,
>
> Pamela Fayerman is on to the Surrey anaesthesiologist story and is looking to get our response to the conflict. Fraser Health is also speaking with them (Dr. Roy Morton, VP medicine). I've attached their most recent note, which includes the messaging they will be using.
>
> Would you like to speak with Pamela on this, or would you prefer we just send the messaging below, as a response? She is looking to do this one quite quickly.
>
> Thanks,
> Laura
>
> **Reporter:** Pamela Fayerman
>
> **Media Outlet:** Vancouver Sun
>
> **Phone Number:** 604.605.2173
>
> **Email:** pfayerman@postmedia.com
>
> **Deadline:** ASAP
>
> **Call Time:** 10:56am
>
> **Topic:** I'm wondering what the government is doing regarding the dispute between Fraser Health and anesthesiologists which has resulted in privileges being revoked. Working on this urgently. Thanks.
>
> Proposed response:
>
> - The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.

- Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required.
- However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
- Two reviews over the last seven years have pointed to the need for dedicated obstetric anasthesia service.
- Epideral alagesia is an important service for many women giving birth.
- Surrey Memorial Hospital epidural rates are significantly below provincial and national averages.This can leave birthing mothers in unnecessary discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.

Secondary:

- Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.
- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.

- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

Laura Heinze
Manager, Media Relations – Ministry of Health
(250) 952-3387
(cell) 250-208-6295
Laura.Heinze@gov.bc.ca

<IN_DOBA_Obstetrics_3Mar2016.doc>

Surrey Memorial End of Anaesthesiologists' Contract (UPDATED)

- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
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- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

If Asked About Nurse Anesthetists:

- The concept of introducing nurse anesthetists in British Columbia was raised by previous Health Minister Mike de Jong several years ago. The nurse anesthetist role exists in other jurisdictions, but introducing a new provider role can be a significant undertaking.
- The Ministry looked at the feasibility of introducing nurse practitioner and registered nurse anesthetist roles into BC's health care system – while it would require time to implement such a program, it was thought to be a viable option.
- In the interim period, there have been many other competing priorities that have taken precedence over the introduction of this role; however, it is something that we are still very aware of, and in fact we have been in discussion with the BCNU and others about introducing new roles to optimize the scope of practice for nurses, so there is the potential for further work on this issue over the next year.
- In addition, there is presently an Anesthesia Assistant program in BC offered through TRU, and the Ministry is in the process of reviewing the education and training requirements for that role with the hope of expanding the use of Anesthesia Assistants in the province."

O'Brien, Kellie HLTH:EX

From: Mills, Shane <Shane.Mills@leg.bc.ca>
Sent: Thursday, March 17, 2016 6:11 AM
To: O'Brien, Kellie HLTH:EX; Lafrance, Martyn HLTH:EX; Robertson, Derek HLTH:EX; Dhanowa, Damon HLTH:EX
Cc: Koolsbergen, Nick GCPE:EX
Subject: Fw: TNO: Anesthesiologists under fire as some women left in pain - Pamela Fayerman - National Post

Hi Kellie

Can I get the KMs on this?

Thanks
Shane

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: tno@gov.bc.ca
Sent: Thursday, March 17, 2016 5:33 AM
Subject: TNO: Anesthesiologists under fire as some women left in pain - Pamela Fayerman - National Post

Anesthesiologists under fire as some women left in pain
National Post
17-Mar-2016
Page A01
By Pamela Fayerman

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Page 35

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Copyright

O'Brien, Kellie HLTH:EX

From:	O'Brien, Kellie HLTH:EX
Sent:	Thursday, March 17, 2016 6:36 AM
To:	Mills, Shane LASS:EX
Cc:	Lafrance, Martyn HLTH:EX; Robertson, Derek HLTH:EX; Dhanowa, Damon HLTH:EX; Koolsbergen, Nick GCPE:EX
Subject:	Re: TNO: Anesthesiologists under fire as some women left in pain - Pamela Fayerman - National Post

Here's what we have.

Surrey Memorial End of Anaesthesiologists' Contract (UPDATED)

- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
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Secondary:

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- In the interim period, there have been many other competing priorities that have taken precedence over the introduction of this role; however, it is something that we are still very aware of, and in fact we have

been in discussion with the BCNU and others about introducing new roles to optimize the scope of practice for nurses, so there is the potential for further work on this issue over the next year.

• In addition, there is presently an Anesthesia Assistant program in BC offered through TRU, and the Ministry is in the process of reviewing the education and training requirements for that role with the hope of expanding the use of Anesthesia Assistants in the province."

Kellie O'Brien
Ministerial Assistant to the Hon. Terry Lake
Minister of Health
T: 250-953-3547
E: Kellie.Obrien@gov.bc.ca

Sent from my iPhone

On Mar 17, 2016, at 6:11 AM, Mills, Shane <Shane.Mills@leg.bc.ca> wrote:

> Hi Kellie
>
> Can I get the KMs on this?
>
> Thanks
> Shane
>
> Sent from my BlackBerry 10 smartphone on the TELUS network.
>
> **From:** tno@gov.bc.ca
> **Sent:** Thursday, March 17, 2016 5:33 AM
> **Subject:** TNO: Anesthesiologists under fire as some women left in pain - Pamela Fayerman - National Post
>
> **Anesthesiologists under fire as some women left in pain**
> National Post
> 17-Mar-2016
> Page A01
> By Pamela Fayerman
>
> Copyright

Page 38 to/à Page 39

Withheld pursuant to/removed as

Copyright

O'Brien, Kellie HLTH:EX

From: Lake, Terry HLTH:EX
Sent: Thursday, March 17, 2016 1:58 PM
To: Heinze, Laura R GCPE:EX
Cc: Belanger, Matthew GCPE:EX; MacDougall, Cindy GCPE:EX; Thistle-Walker, Carlene GCPE:EX; Shepherd, Brent GCPE:EX; Beneteau, Nicole GCPE:EX; Frattaroli, Angela GCPE:EX; Plank, Sarah GCPE:EX; hlth Ministerial and Executive Assistants
Subject: Re: MEDIA REQUEST: Stephen Quinn -- CBC On the Coast -- SMH anaesthesiologists -- DL ASAP -- 604-662-6162

Messages are fine and CBC tv has tape.

Terry Lake DVM
Minister of Health

On Mar 17, 2016, at 1:53 PM, Heinze, Laura R GCPE:EX <Laura.Heinze@gov.bc.ca> wrote:

> Ok thx – would you like me to send messages, or just decline?
>
> **From:** Lake, Terry HLTH:EX
> **Sent:** Thursday, March 17, 2016 1:42 PM
> **To:** Heinze, Laura R GCPE:EX
> **Cc:** Belanger, Matthew GCPE:EX; MacDougall, Cindy GCPE:EX; Thistle-Walker, Carlene GCPE:EX; Shepherd, Brent GCPE:EX; Beneteau, Nicole GCPE:EX; Frattaroli, Angela GCPE:EX; Plank, Sarah GCPE:EX; hlth Ministerial and Executive Assistants
> **Subject:** Re: MEDIA REQUEST: Stephen Quinn -- CBC On the Coast -- SMH anaesthesiologists -- DL ASAP -- 604-662-6162
>
> I will not be able to do this.
>
> Terry Lake DVM
> Minister of Health
>
> On Mar 17, 2016, at 1:35 PM, Heinze, Laura R GCPE:EX <Laura.Heinze@gov.bc.ca> wrote:
>
> > Minister,
> >
> > CBC On the Coast is looking to speak to you this afternoon on air with Stephen Quinn on the SMH anaesthesiologists. They would like you for 3:40pm, or between 5:20 and 6pm – it looks from your calendar that you are not able to do those times, but I just wanted to be sure you were aware of the request in case. We could also send the messages as a statement.
> >
> > I did pass along that you spoke with Zussman on it earlier, so she could use that clip as well if needed.
> >
> > **Reporter:** Stephen Quinn/Samantha - producer
> >
> > **Media Outlet:** CBC On the Coast

Phone Number: 604-662-6162

Email: samantha.garvey@cbc.ca

Deadline: ASAP

Call Time:

Topic: Looking to speak with you for 5-7 minutes about the SMH anaesthesiologists

Proposed response:

- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
- Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required.
- However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
- Two reviews over the last seven years have pointed to the need for dedicated obstetric anasthesia service. Epideral alagesia is an important service for many women given birth.
- Surrey Memorial Hospital epidural rates are significantly below provincial and national averages.This can leave birthing mothers in unnecessary discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.

Secondary:

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- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

Laura Heinze
Manager, Media Relations – Ministry of Health
(250) 952-3387
(cell) 250-208-6295
Laura.Heinze@gov.bc.ca

O'Brien, Kellie HLTH:EX

From: Heinze, Laura R GCPE:EX
Sent: Thursday, March 17, 2016 4:19 PM
To: Lake, Terry HLTH:EX
Cc: hlth Ministerial and Executive Assistants; Plank, Sarah GCPE:EX; Thistle-Walker, Carlene GCPE:EX; Belanger, Matthew GCPE:EX; Beneteau, Nicole GCPE:EX; Frattaroli, Angela GCPE:EX; MacDougall, Cindy GCPE:EX; May, Stephen GCPE:EX
Subject: IN_dedicated obstetrical anesthesiology services_DOBA_MArch 17 2016_FINAL
Attachments: IN_dedicated obstetrical anesthesiology services_DOBA_MArch 17 2016_FINAL.docx

Minister,

Just for your reference with all the SMH attention right now – here is our general DOBA issues note.

Any questions please just let me know.

Thanks
Laura

Laura Heinze
Manager, Media Relations – Ministry of Health
(250) 952-3387
(cell) 250-208-6295
Laura.Heinze@gov.bc.ca

O'Brien, Kellie HLTH:EX

From: Lafrance, Martyn HLTH:EX
Sent: Friday, March 18, 2016 10:27 AM
To: Leake, Greg HLTH:EX; O'Brien, Kellie HLTH:EX
Cc: Plank, Sarah GCPE:EX
Subject: RE: Surrey Anesthesiologists

Thanks

Martyn Lafrance
Chief of Staff to the Hon. Terry Lake
Minister of Health
T: 250-953-3547
E: Martyn.Lafrance@gov.bc.ca

From: Leake, Greg HLTH:EX
Sent: Friday, March 18, 2016 9:56 AM
To: Lafrance, Martyn HLTH:EX; O'Brien, Kellie HLTH:EX
Cc: Plank, Sarah GCPE:EX
Subject: FW: Surrey Anesthesiologists

Hi:

Ted's response on follow up.

G.

From: Patterson, Ted HLTH:EX
Sent: Friday, March 18, 2016 9:49 AM
To: Leake, Greg HLTH:EX
Cc: Stevenson, Lynn HLTH:EX; Plank, Sarah GCPE:EX
Subject: RE: Surrey Anesthesiologists

Hi Greg,

No feedback from the BC Anesthesiologists' Society (BCAS) directly regarding recent media coverage. Fraser Health has asked that we continue to redirect BCAS to work locally to resolve the issue rather than MoH intervening.

T

From: Leake, Greg HLTH:EX
Sent: Friday, March 18, 2016 8:36 AM
To: Patterson, Ted HLTH:EX
Cc: Stevenson, Lynn HLTH:EX; Plank, Sarah GCPE:EX
Subject: Surrey Anesthesiologists

Ted:

Request out of the morning call about if you have been getting any feedback or pressure at your end as a result of the government's media responses on the Surrey anesthesiologists issue? Any adjustments that you think would be helpful?

G.

Greg Leake
Executive Director
Performance and Issues Management
Ministry of Health
250-952-2326

Jukes, Shaina HLTH:EX

From: Andrachuk, Andrea HLTH:EX
Sent: Wednesday, February 17, 2016 1:35 PM
To: Jukes, Shaina HLTH:EX
Subject: RE: Urgent: Minister briefing: FHA -Surrey Memorial Hospital Obstetrics

Yes, I will reach out to Michael Marchbank.
Thank you Shaina!

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 |**C:** 250.217.3655 |**email:** andrea.andrachuk @gov.bc.ca

---

From: Jukes, Shaina HLTH:EX
Sent: Wednesday, February 17, 2016 1:34 PM
To: Andrachuk, Andrea HLTH:EX
Subject: RE: Urgent: Minister briefing: FHA -Surrey Memorial Hospital Obstetrics

Sorry Andrea, Just confirming you will confirm Marchbank on your end.

Shaina Jukes
Administrative Coordinator to the Honourable Terry Lake
Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2
Phone: 250-953-3547| Fax: 250-356-9587| Hlth.Health@gov.bc.ca

---

From: Andrachuk, Andrea HLTH:EX
Sent: Wednesday, February 17, 2016 12:19 PM
To: Jukes, Shaina HLTH:EX
Cc: Lafrance, Martyn HLTH:EX; O'Brien, Kellie HLTH:EX; Leake, Greg HLTH:EX; Docs Processing HLTH:EX; Plank, Sarah GCPE:EX
Subject: Urgent: Minister briefing: FHA -Surrey Memorial Hospital Obstetrics

Hi Shaina,
Ted and Sabine have flagged the attached as an urgent issue for the Minister. They would like to set up a phone call tomorrow with Michael Marchbank to discuss.
GCPE is working on their own IN as well.
Sabine and Michael Marchbank will be just getting out of Leadership Council tomorrow at 3:30pm and could take the call together before Sabine has to catch her flight. Would it be possible to bump Ted's briefing on s.13
s.13 to another time (or shorten it to 15 minutes)? I have checked with Ted and that BN is not as time sensitive.

Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister

Ministry of Health

P: 250.952.1908 **|C:** 250.217.3655 **|email:** andrea.andrachuk @gov.bc.ca

Jukes, Shaina HLTH:EX

From: Jukes, Shaina HLTH:EX
Sent: Wednesday, February 17, 2016 2:19 PM
To: Andrachuk, Andrea HLTH:EX
Subject: RE: Confirmed: Minister briefing: FHA -Surrey Memorial Hospital Obstetrics

Thank you Andrea.

Shaina Jukes
Administrative Coordinator to the Honourable Terry Lake
Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2
Phone: 250-953-3547| Fax: 250-356-9587| Hlth.Health@gov.bc.ca

---

From: Andrachuk, Andrea HLTH:EX
Sent: Wednesday, February 17, 2016 2:02 PM
To: Jukes, Shaina HLTH:EX
Subject: Confirmed: Minister briefing: FHA -Surrey Memorial Hospital Obstetrics

Hi Shaina,
I have confirmed with Michael Marchbank's office that he will be on the call at 3:30 with Sabine tomorrow.
Please note Ted would like to bring ED Rod Frechette to attend with him in person.
Attendees will be:

Sabine Feulgen via T/C
Ted Patterson in person
Rod Frechette via T/C
Michael Marchbank via T/C

Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 **|C:** 250.217.3655 **|email:** andrea.andrachuk @gov.bc.ca

---

From: Jukes, Shaina HLTH:EX
Sent: Wednesday, February 17, 2016 1:34 PM
To: Andrachuk, Andrea HLTH:EX
Subject: RE: Urgent: Minister briefing: FHA -Surrey Memorial Hospital Obstetrics

Sorry Andrea, Just confirming you will confirm Marchbank on your end.

Shaina Jukes
Administrative Coordinator to the Honourable Terry Lake

Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2
Phone: 250-953-3547| Fax: 250-356-9587| Hlth.Health@gov.bc.ca

From: Andrachuk, Andrea HLTH:EX
Sent: Wednesday, February 17, 2016 12:19 PM
To: Jukes, Shaina HLTH:EX
Cc: Lafrance, Martyn HLTH:EX; O'Brien, Kellie HLTH:EX; Leake, Greg HLTH:EX; Docs Processing HLTH:EX; Plank, Sarah GCPE:EX
Subject: Urgent: Minister briefing: FHA -Surrey Memorial Hospital Obstetrics

Hi Shaina,
Ted and Sabine have flagged the attached as an urgent issue for the Minister. They would like to set up a phone call tomorrow with Michael Marchbank to discuss.
GCPE is working on their own IN as well.
Sabine and Michael Marchbank will be just getting out of Leadership Council tomorrow at 3:30pm and could take the call together before Sabine has to catch her flight. Would it be possible to bump Ted's briefing on s.13
s.13 to another time (or shorten it to 15 minutes)? I have checked with Ted and that BN is not as time sensitive.

Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 **|C:** 250.217.3655 **|email:** andrea.andrachuk @gov.bc.ca

Bauer, Tim HLTH:EX

From: HLTH HAD Issues HLTH:EX
Sent: Wednesday, March 16, 2016 5:02 PM
To: Fischer, Jennifer HLTH:EX; Thorneloe, Angela HLTH:EX
Subject: FW: Fraser Health

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 5:01:57 PM (UTC-08:00) Pacific Time (US & Canada)
To: Patterson, Ted HLTH:EX; Plank, Sarah GCPE:EX
Cc: HLTH HAD Issues HLTH:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

Thank you!

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 4:59 PM
To: Heinze, Laura R GCPE:EX; Plank, Sarah GCPE:EX
Cc: HLTH HAD Issues HLTH:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

You could say something like:
"There is presently an Anesthesia Assistant program in BC offered through TRU, and the Ministry is in the process of reviewing the education and training requirements for that role with the hope of expanding the use of Anesthesia Assistants in the province."

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465
s.17

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 4:56 PM
To: Patterson, Ted HLTH:EX; Plank, Sarah GCPE:EX
Cc: HLTH HAD Issues HLTH:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

Feedback -- Can we add something about anesthesia assistants? There is a program at TRU and we continue to examine approaches to extending the Anesthesia team.
Do we have anything handy on that?

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 4:53 PM
To: Plank, Sarah GCPE:EX; Heinze, Laura R GCPE:EX
Cc: HLTH HAD Issues HLTH:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

Fine by me

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465

From: Plank, Sarah GCPE:EX
Sent: Wednesday, March 16, 2016 4:52 PM
To: Heinze, Laura R GCPE:EX
Cc: Patterson, Ted HLTH:EX; HLTH HAD Issues HLTH:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: Re: Fraser Health
It's a bit long. Can we take this out?
At the time Minister de Jong raised the issue, we were engaged in challenging discussions with anaesthesiologists, and the need to ensure that options were available to prevent patient care from being negatively impacted was clear.

Sarah Plank
Communications Director | Ministry of Health
Government Communications & Public Engagement
Mobile: 250.208.9621 | Email:sarah.plank@gov.bc.ca
Sent from my iPhone

On Mar 16, 2016, at 4:51 PM, Heinze, Laura R GCPE:EX <Laura.Heinze@gov.bc.ca> wrote:

This is great, thanks very much. Will run by MTL!

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 4:49 PM
To: Heinze, Laura R GCPE:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health
Some suggestions incoprporated

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 4:05 PM
To: Patterson, Ted HLTH:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health
Hi Ted,
So, doesn't seem like there is all that much that we can say about this aside from being fairly up front about where we are at… would something like this work for you:
"The concept of introducing nurse anesthetists in British Columbia was raised by previous Health Minister Mike de Jong several years ago. The nurse anesthetist role exists in other jurisdictions, but introducing a new provider role can be a significant undertaking. At the time Minister de Jong raised the issue, we were engaged in challenging discussions with anaesthesiologists, and the need to ensure that options were available to prevent patient care from being negatively impacted was clear.
"The Ministry looked at the feasibility of introducing nurse practitioner and registered nurse anesthetist roles into BC's health care system – while it would require time to implement such a program, it was thought to be a viable option.
"In the interim period, there have been many other competing priorities that have taken precedence over the introduction of this role; however, it is something that we are still very aware of, and in fact we have been in discussion with the BCNU and others about introducing new roles to optimize the scope of practice for nurses, so there is the potential for further work on this issue over the next year."
However, I'm certainly open to other suggestions!

Thx
Laura

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 1:28 PM
To: Heinze, Laura R GCPE:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

Probably not – this was about five years ago. Will ask staff to see if there are BNs on file

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465
s.17

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 1:27 PM
To: Patterson, Ted HLTH:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

Thx. Will check in with FH on the stats.
Is there anyone who would be able to provide a bit more context around the previous feasibility work we did that we could point to?

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 1:25 PM
To: Heinze, Laura R GCPE:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

Hi Laura,
I am not sure we would be in a position to pull the epidural rates at Surrey Memorial very quickly but we will have a look – Fraser Health may already have that information available s.13,s.17
s.13,s.17

Re; Nurse Anesthetists, my understanding is that then Minister de Jong (then Minister of Health) made statements about the role, s.13 As such, there is presently no work on this underway, however we have been in discussion with BCNU in recent months about picking this up again and looking at nurse anesthetists and other advanced nursing roles over the next year.

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465
s.17

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 1:16 PM
To: Patterson, Ted HLTH:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: FW: Fraser Health

Do you know if we have this data handy anywhere? And I'm not up on the nurse anesthetist program… anything you can provide on that?
Cindy – do you have any previous INs handy that you could share?

From: Fayerman, Pamela (Vancouver Sun) [mailto:PFayerman@postmedia.com]
Sent: Wednesday, March 16, 2016 1:12 PM
To: Heinze, Laura R GCPE:EX
Subject: Re: Fraser Health
Hi Laura,
Please show me the comparative data on epidural rates and the most recent review.
And please tell me why the government hasn't pursued a nurse anesthetist program (as Terry Lake suggested he would look at years ago) which would make all these conflicts with anesthesiologists moot!!!
Pamela Fayerman
Medical/Health Issues Reporter
Suite 1 - 200 Granville St.
Vancouver, B.C. V6C 3N3
Office: 604.605.2173
Website: http://vancouversun.com/medicinematters
Twitter: http://twitter.com/medicinematters

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From: "Heinze, Laura R GCPE:EX" <Laura.Heinze@gov.bc.ca>
Date: Wednesday, March 16, 2016 at 1:08 PM
To: "Fayerman, Pamela (Vancouver Sun)" <PFayerman@postmedia.com>, "Plank, Sarah GCPE:EX" <Sarah.Plank@gov.bc.ca>
Subject: RE: Fraser Health
Hi Pamela,
I understand Minister Lake left you a voice mail, leaving a bit of a response on this one, but he's also asked that we send you info via email, in case that is useful. Any questions on this, pls just let me know!
The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012, for example. Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required. However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
Two reviews over the last seven years have pointed to the need for dedicated obstetric anasthesia service. Epideral alagesia is an important service for many women giving birth. Surrey Memorial Hospital epidural rates are significantly below provincial and national averages. This can leave birthing mothers in unnecessary discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.
Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services. However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required. We are confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.
Thanks,
Laura

From: Fayerman, Pamela (Vancouver Sun) [mailto:PFayerman@postmedia.com]
Sent: Wednesday, March 16, 2016 10:56 AM
To: Plank, Sarah GCPE:EX
Cc: Heinze, Laura R GCPE:EX
Subject: Fraser Health

HI,

I'm wondering what the government is doing regarding the dispute between Fraser Health and anesthesiologists which has resulted in privileges being revoked. Working on this urgently. Thanks.

Pamela Fayerman
Medical/Health Issues Reporter
Suite 1 - 200 Granville St.
Vancouver, B.C. V6C 3N3
Office: 604.605.2173
Website: http://vancouversun.com/medicinematters
Twitter:http://twitter.com/medicinematters

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Bauer, Tim HLTH:EX

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 11:40 AM
To: Thorneloe, Angela HLTH:EX
Cc: Duesterwald, Meghan HLTH:EX; Fischer, Jennifer HLTH:EX; Halston, Leslie HLTH:EX; Leake, Greg HLTH:EX
Subject: RE: Fraser Health

Thx!

From: Christians, Angela HLTH:EX
Sent: Wednesday, March 16, 2016 11:21 AM
To: Heinze, Laura R GCPE:EX
Cc: Duesterwald, Meghan HLTH:EX; Fischer, Jennifer HLTH:EX; Halston, Leslie HLTH:EX; Leake, Greg HLTH:EX
Subject: FW: Fraser Health

Hi Laura,

Our folks have nothing else to add other than what you have below as well as the info from FHA's issues note from Feb 24th (which I'm assuming you have canvassed already).

Let us know if you need anything else though.

Cheers,

Angela Christians
Risk and Issues Analyst
Performance & Issues Management
Ministry of Health
Telephone: 250 952-2187 | Cell: 250 893-6611

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From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 11:11:09 AM (UTC-08:00) Pacific Time (US & Canada)
To: Patterson, Ted HLTH:EX
Cc: Murray, Heather HLTH:EX; Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

Yes, they are sending us their up to date info as well – will share it.

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 11:11 AM
To: Heinze, Laura R GCPE:EX
Cc: Murray, Heather HLTH:EX; Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: Re: Fraser Health

Nothing more to add - though I would recommend we make sure we know what FHA are going to be saying

Sent from my iPhone

On Mar 16, 2016, at 11:01 AM, Heinze, Laura R GCPE:EX <Laura.Heinze@gov.bc.ca> wrote:

> FYI – Pam Fayerman has picked up the Surrey anaesthsiologists story and is doing a piece on it today.
>
> Assume we don't have anything more recent to add to this messaging?

- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
- Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required.
- However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
- Two reviews over the last seven years have pointed to the need for dedicated obstetric anasthesia service.
- Epideral alagesia is an important service for many women given birth.
- Surrey Memorial Hospital epidural rates are significantly below provincial and national averages.This can leave birthing mothers in unnecessary discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.

Secondary:

- Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.
- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.

- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

From: Fayerman, Pamela (Vancouver Sun) [mailto:PFayerman@postmedia.com]
Sent: Wednesday, March 16, 2016 10:56 AM
To: Plank, Sarah GCPE:EX
Cc: Heinze, Laura R GCPE:EX
Subject: Fraser Health

HI,
I'm wondering what the government is doing regarding the dispute between Fraser Health and anesthesiologists which has resulted in privileges being revoked. Working on this urgently. Thanks.

Pamela Fayerman
Medical/Health Issues Reporter
Suite 1 - 200 Granville St.
Vancouver, B.C. V6C 3N3
Office: 604.605.2173

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Bauer, Tim HLTH:EX

From: Fischer, Jennifer HLTH:EX
Sent: Wednesday, March 16, 2016 2:02 PM
To: Abbott, Brendan HLTH:EX
Cc: Duesterwald, Meghan HLTH:EX; Halston, Leslie HLTH:EX; Thorneloe, Angela HLTH:EX
Subject: RE: URGENT FOR BRENDAN: Fraser Health
Attachments: IN_DOBA_Obstetrics_3Mar2016.doc

FYI Brendan, GCPE just sent FHA's updated note - updates are highlighted.

From: Christians, Angela HLTH:EX
Sent: Wednesday, March 16, 2016 11:16 AM
To: Abbott, Brendan HLTH:EX
Cc: Duesterwald, Meghan HLTH:EX; Fischer, Jennifer HLTH:EX; Halston, Leslie HLTH:EX
Subject: RE: URGENT FOR BRENDAN: Fraser Health

Thanks, those were shared with GCPE as well from FHA – so nothing else to add from our programs perspective? Ted has responded that he has nothing to add to the messages below.

Angela Christians
Risk and Issues Analyst
Performance & Issues Management
Ministry of Health
Telephone: 250 952-2187 | Cell: 250 893-6611

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From: Abbott, Brendan HLTH:EX
Sent: Wednesday, March 16, 2016 11:13 AM
To: Christians, Angela HLTH:EX
Cc: Duesterwald, Meghan HLTH:EX; Fischer, Jennifer HLTH:EX; Halston, Leslie HLTH:EX
Subject: RE: URGENT FOR BRENDAN: Fraser Health

Hi,

We have an Issues Note from Fraser which Meghan provided to us on February 25th – it is attached.

Thanks
Brendan

From: Christians, Angela HLTH:EX
Sent: Wednesday, March 16, 2016 11:03 AM
To: Abbott, Brendan HLTH:EX
Cc: Duesterwald, Meghan HLTH:EX; Fischer, Jennifer HLTH:EX; Halston, Leslie HLTH:EX
Subject: URGENT FOR BRENDAN: Fraser Health
Importance: High

Hi Brendan,

I know this is primarily Ted's area but do we have anything to add/input for GCPE?

Thanks,

Angela Christians
Risk and Issues Analyst
Performance & Issues Management
Ministry of Health
Telephone: 250 952-2187 | Cell: 250 893-6611

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From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 11:01:44 AM (UTC-08:00) Pacific Time (US & Canada)
To: Patterson, Ted HLTH:EX
Cc: Murray, Heather HLTH:EX; Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: FW: Fraser Health

FYI – Pam Fayerman has picked up the Surrey anaesthsiologists story and is doing a piece on it today.

Assume we don't have anything more recent to add to this messaging?

- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
- Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required.
- However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
- Two reviews over the last seven years have pointed to the need for dedicated obstetric anasthesia service.
- Epideral alagesia is an important service for many women given birth.
- Surrey Memorial Hospital epidural rates are significantly below provincial and national averages.This can leave birthing mothers in unnecessary discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.

Secondary:

- Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.
- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

From: Fayerman, Pamela (Vancouver Sun) [mailto:PFayerman@postmedia.com]
Sent: Wednesday, March 16, 2016 10:56 AM
To: Plank, Sarah GCPE:EX
Cc: Heinze, Laura R GCPE:EX
Subject: Fraser Health

HI,
I'm wondering what the government is doing regarding the dispute between Fraser Health and anesthesiologists which has resulted in privileges being revoked. Working on this urgently. Thanks.

Pamela Fayerman
Medical/Health Issues Reporter
Suite 1 - 200 Granville St.
Vancouver, B.C. V6C 3N3
Office: 604.605.2173

Website: http://vancouversun.com/medicinematters
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February 24, 2016 – **Surrey Memorial Hospital Obstetrical Care**

Key Messages:

- Ensuring patient safety is our priority and caring for mothers and babies is something we take seriously.
- For more than five years, we have been trying to work with our anaesthesiologists and obstetricians at Surrey Memorial Hospital to put patients first and implement dedicated obstetrical anesthesia services as well a model that would see two in-house obstetricians per day.
- It is very regrettable that compensation negotiations seem to be delaying improvements to patient care. The contract offered to the anaesthesiologists is identical to the contract currently in place in Vancouver Island Health Authority (VIHA).
- We know that dedicated obstetrical anesthesia is in the best interest of our patients. As a result, we have no choice but to revoke privileges to all members of this physician group and replenish the members.
- For our patients, we want them to know that this change will not take effect for 12 months, and this will provide ample time to recruit physicians to the program. Patient care is our top priority and we will not only ensure continuity of service but the changes we are making will improve patient care.

Update:

- On February 18, anesthesiologists did not show up for a meeting to accept the offer. As a result, a notice of termination of appointment to the Fraser Health medical staff will be sent to 28 anesthesiologists on Thursday, February 25.
- The anesthesiologists have suggested that by terminating their appointment, we are in breach of labour laws.
- However, this group is not covered by the labour code. They abide by the bylaws which allow us to give 12 months notice.
- The College of Physicians and Surgeons has an expectation that they will provide care and not abandon their patients.
- We are providing notice of termination to the entire group, since care is not provided by a single individual.
- We are confident that we will be able to find physicians who want to provide services in Surrey.

Background:

- Two independent external reviews (2009 & 2014) of the Department of Obstetrics at Surrey Memorial Hospital have highlighted the need for dedicated obstetrical anesthesia (DOBA) services, as well as two in-house obstetricians per day to manage the large volume of patients and an increasing number of high risk obstetrical patients.
- If a contract is refused, Fraser health must move forward to protect quality and patient safety and will restructure those services to provide for improved in-house obstetrical and anesthesia services. A change in Program Services requires 12 months' notice to physicians
- Due to the lengthy time period for negotiations thus far, Fraser Health set a deadline for responses to the contract offers of February 18, 2016. If the contracts are refused we will issue letters of termination of privileges (effective in 12 months or February 2017) to all

members of both groups. We are confident that we can recruit a full complement of anesthesiologists and obstetricians to the new care model during that time period.

Anesthesiologists

- Fraser Health completed a Service Review of Obstetrics in 2009 and identified a need for DOBA at Surrey Memorial Hospital.
- Patient safety issues were identified internally in a Patient Safety Culture Survey.
- The survey outlined the following:
    - Delays in managing emergency obstetrical cases when the lone, in-house anesthesiologist is occupied in the main operating room;
    - Delays or lack of epidural anesthesia;
    - Elective C-sections impacting both the elective and emergency main operating room slates;
    - Limited gynecology operating room time resulting in unacceptable wait times for elective surgery.
- To address this, Fraser Health has been attempting to negotiate dedicated obstetrical anesthesia services with the Surrey anesthesia group for more than five years. All attempts have been unsuccessful because the anesthesiologists have rejected Fraser Health's compensation offers.
- The Surrey Anesthesia group received a letter on February 2, 2016 formally offering a contract for DOBA. The contract is identical to the contract currently in place in Vancouver Island Health Authority (VIHA). The department was given two weeks to respond to the offer.
- The offer includes a $1.2 million dollar contract (in addition to fee-for-service) consistent with the VIHA contract.

Obstetricians

- We have advised the obstetrics group that they need to provide two in-house obstetricians beginning April 1, 2016 to meet patient needs.
- In a letter dated February 22, 2016, the Surrey Memorial Hospital Obstetrics group supports and recognizes the importance of a two OBGYN on call system as it relates to patient care and safety.
- In order to establish this, they are willing to enter into negotiations regarding compensation.
- The group is prepared to provide a two OBGYN on call model consistent with that of the service in practice at BC Women's Hospital, Royal Columbian Hospital and Victoria General Hospital.
- This offer is contingent on Fraser Health instituting a dedicated obstetrical anesthesia service at Surrey Memorial Hospital.

Advice & Discussion:

- Throughout these negotiations with the anesthesiologists, we have seen a request for 2 – 3 times the amount ($1.2 million) plus fee for service billings.
- Under the current $ 1.2 million offer, we estimate income for five full time (1750 hrs/year) obstetrical anesthesiologists to be $ 500,000 per annum per physician.

- This is based on $ 1.2 M / 5 = $240,000, plus fee for service billings for epidurals and cesarean sections.
- The current epidural rate at Surrey is 31 per cent. National standards suggest it should be double that.
- If the Surrey rate climbs to even 50 per cent the income generated will exceed the estimate noted above (i.e. $500,000).
- The epidural rates are expected to increase based simply on anesthesiologist availability and expected National standards. At present, rates are low simply because no anesthesiologist is available to do them.

- Surrey delivers approximately 4,300 babies a year, of which 1,700 are by cesarean section. The income generated by anesthesia services for 1,700 cesarean sections and approximately 2,100 labour epidurals will exceed the income target above.
- We believe that the group will reject the offer because it will potentially impact the income of the lone night anesthesiologist who currently manages services for both the main operating room and the obstetrical anesthesia / analgesia patient needs. One anesthesiologist at Surrey Memorial Hospital shows 'blue book' billings of approximately $1.1 million. Any dedicated obstetrical service will reduce their personal income.
- The Program Medical Director for Maternal Infant Child and Youth (MICY) and Regional Medical Director of Anesthesia are confident that approximately 50 per cent of current physicians will be invited to stay as part of the new model. Both have already started informally recruiting with significant interest.
- The clear message to the public relates to patient safety.

Contact information			
Contact	**Name**	**Title**	**Phone**
Program	Dr. Roy Morton	Vice President, Medicine and Regional Programs	604.587.4659
Communications	Nafisa Abdulla	Senior Consultant, Public Affairs	**604.587.4636**

Drafted by:

Reviewed by:

Bauer, Tim HLTH:EX

From: HLTH HAD Issues HLTH:EX
Sent: Wednesday, March 16, 2016 1:55 PM
To: Fischer, Jennifer HLTH:EX; Thorneloe, Angela HLTH:EX
Subject: FW: Fraser Health

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 1:55:02 PM (UTC-08:00) Pacific Time (US & Canada)
To: Patterson, Ted HLTH:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

Thx – that would be really helpful. Looks like de Jong said it in 2012…
http://blogs.vancouversun.com/2012/04/12/nurse-anesthetists-bc-government-makes-plans-for-expanded-role/

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 1:28 PM
To: Heinze, Laura R GCPE:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

Probably not – this was about five years ago. Will ask staff to see if there are BNs on file

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465
s.17

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 1:27 PM
To: Patterson, Ted HLTH:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

Thx. Will check in with FH on the stats.
Is there anyone who would be able to provide a bit more context around the previous feasibility work we did that we could point to?

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 1:25 PM
To: Heinze, Laura R GCPE:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

Hi Laura,
I am not sure we would be in a position to pull the epidural rates at Surrey Memorial very quickly but we will have a look – Fraser Health may already have that information available s.13,s.17
s.13,s.17

Re; Nurse Anesthetists, my understanding is that then Minister de Jong (then Minister of Health) made statements about the role, s.13 As such, there is presently no work on this underway, however we have been in discussion with BCNU in recent months about picking this up again and looking at nurse anesthetists and other advanced nursing roles over the next year.

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465
s.17

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 1:16 PM
To: Patterson, Ted HLTH:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: FW: Fraser Health

Do you know if we have this data handy anywhere? And I'm not up on the nurse anesthetist program… anything you can provide on that?
Cindy – do you have any previous INs handy that you could share?

From: Fayerman, Pamela (Vancouver Sun) [mailto:PFayerman@postmedia.com]
Sent: Wednesday, March 16, 2016 1:12 PM
To: Heinze, Laura R GCPE:EX
Subject: Re: Fraser Health

Hi Laura,
Please show me the comparative data on epidural rates and the most recent review.
And please tell me why the government hasn't pursued a nurse anesthetist program (as Terry Lake suggested he would look at years ago) which would make all these conflicts with anesthesiologists moot!!!

Pamela Fayerman
Medical/Health Issues Reporter
Suite 1 - 200 Granville St.
Vancouver, B.C. V6C 3N3
Office: 604.605.2173
Website: http://vancouversun.com/medicinematters
Twitter: http://twitter.com/medicinematters

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From: "Heinze, Laura R GCPE:EX" <Laura.Heinze@gov.bc.ca>
Date: Wednesday, March 16, 2016 at 1:08 PM
To: "Fayerman, Pamela (Vancouver Sun)" <PFayerman@postmedia.com>, "Plank, Sarah GCPE:EX" <Sarah.Plank@gov.bc.ca>
Subject: RE: Fraser Health

Hi Pamela,
I understand Minister Lake left you a voice mail, leaving a bit of a response on this one, but he's also asked that we send you info via email, in case that is useful. Any questions on this, pls just let me know!
The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since

2012, for example. Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required. However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.

Two reviews over the last seven years have pointed to the need for dedicated obstetric anasthesia service. Epideral alagesia is an important service for many women giving birth. Surrey Memorial Hospital epidural rates are significantly below provincial and national averages. This can leave birthing mothers in unnecessary discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.

Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services. However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.

Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required. We are confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

Thanks,

Laura

From: Fayerman, Pamela (Vancouver Sun) [mailto:PFayerman@postmedia.com]
Sent: Wednesday, March 16, 2016 10:56 AM
To: Plank, Sarah GCPE:EX
Cc: Heinze, Laura R GCPE:EX
Subject: Fraser Health

HI,

I'm wondering what the government is doing regarding the dispute between Fraser Health and anesthesiologists which has resulted in privileges being revoked. Working on this urgently. Thanks.

Pamela Fayerman
Medical/Health Issues Reporter
Suite 1 - 200 Granville St.
Vancouver, B.C. V6C 3N3
Office: 604.605.2173
Website: http://vancouversun.com/medicinematters
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Bauer, Tim HLTH:EX

From: HLTH HAD Issues HLTH:EX
Sent: Wednesday, March 16, 2016 11:11 AM
To: Fischer, Jennifer HLTH:EX; Thorneloe, Angela HLTH:EX
Subject: FW: Fraser Health

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 11:11:09 AM (UTC-08:00) Pacific Time (US & Canada)
To: Patterson, Ted HLTH:EX
Cc: Murray, Heather HLTH:EX; Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

Yes, they are sending us their up to date info as well – will share it.

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 11:11 AM
To: Heinze, Laura R GCPE:EX
Cc: Murray, Heather HLTH:EX; Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: Re: Fraser Health

Nothing more to add - though I would recommend we make sure we know what FHA are going to be saying

Sent from my iPhone

On Mar 16, 2016, at 11:01 AM, Heinze, Laura R GCPE:EX <Laura.Heinze@gov.bc.ca> wrote:

> FYI – Pam Fayerman has picked up the Surrey anaesthsiologists story and is doing a piece on it today.
> Assume we don't have anything more recent to add to this messaging?
> - The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
> - Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required.
> - However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
> - Two reviews over the last seven years have pointed to the need for dedicated obstetric anasthesia service.
> - Epideral alagesia is an important service for many women given birth.
> - Surrey Memorial Hospital epidural rates are significantly below provincial and national averages.This can leave birthing mothers in unnecessary discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.
>
> Secondary:
> - Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.

- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

Bauer, Tim HLTH:EX

From: HLTH HAD Issues HLTH:EX
Sent: Thursday, May 12, 2016 12:59 PM
To: Fischer, Jennifer HLTH:EX; Thorneloe, Angela HLTH:EX
Subject: FW: IN - Pain/Anesthesiology
Attachments: IN_SMH_Non-ObstetricalAnesthesiology_12_May2016(1205pm).docx

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From: Anderson, Kristy GCPE:EX
Sent: Thursday, May 12, 2016 12:58:57 PM (UTC-08:00) Pacific Time (US & Canada)
To: Patterson, Ted HLTH:EX; Frechette, Rod HLTH:EX; HLTH HAD Issues HLTH:EX
Cc: Plank, Sarah GCPE:EX; May, Stephen GCPE:EX
Subject: FW: IN - Pain/Anesthesiology

FYI on the attached – anesthesiologists at SMH

Kristy Anderson
Manager Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (cell)
Kristy.Anderson@gov.bc.ca

May 12, 2016 – Jim Pattison Outpatient Care and Surgery Centre - Pain

An anesthesiologist who works at the pain clinic and in the operating room at Surrey Memorial Hospital has begun circulating information to patients calling into question the future of pain services due to privileges being revoked for the hospital's anesthesiologist group.

Key Messages:

- Patient safety and quality care is always our greatest priority. The services of the pain clinic will not be impacted by the decision to revoke the privileges of anesthesiologists working in the operating rooms at Surrey Memorial Hospital. Physicians that work solely in providing pain management care at this clinic will continue to provide their service.

- We are confident we will be able to recruit a full complement of anesthesiologists by 2017. A contingency plan has been developed to ensure anesthesiology service is not interrupted.

Background:

- On February 25, Fraser Health sent a notice of termination of appointment (revoked privileges) to the Surrey Memorial Hospital Anesthesiology group.
- The revocation of privileges followed two independent external reviews (2009 and 2014) of the Department of Obstetrics at Surrey Memorial Hospital which highlighted the need for dedicated obstetrical anesthesia (DOBA) services, as well as two in-house obstetricians per day to manage the large volume of patients and an increasing number of high risk obstetrical patients.
- Negotiations with the anesthesiologist group at the hospital to provide DOBA had been on-going and, finally, Fraser Health set February 18, 2016 as a deadline for responses to the latest contract offers.
- On February 18, anesthesiologists did not show up for a meeting to accept the offer. As a result, a notice revoking their privileges was sent. There are 28 physicians included in this group.
- Within the group there are four anesthesiologists that provide pain treatments through the pain clinic as well as one orthopedic surgeon. Of those four anesthesiologists, one does not provide surgical/obstetrical support at Surrey Memorial. This individual and the orthopedic surgeon work only at the pain clinic.
- Fraser Health has already been in contact with the two physicians who only provide only pain treatments and do not work in the operating room to advise that a recommendation has been sent to the Board to rescind the notice of termination for them, as they do not perform surgical/obstetrical services.
- Another anesthesiologist from the pain clinic, who also works in the operating room at Surrey Memorial, has begun circulating a letter to clients advising of a potential disruption to services at the pain clinic in 2017 as a result of Fraser Health's actions against the wider anesthesiologist group.
- Fraser Health has reached out to the anesthesiologists in the pain clinic asking them to ensure that any communications with patients reflect the fact that pain services will still be available at Surrey Memorial Hospital after the termination deadline in 2017. In addition, Fraser Health is reaching out to each patient seen by the physician who was distributing the letter to ensure they are properly apprised of the situation.
- A lawyer for the anesthesiologists who work in the operating rooms has filed an appeal on behalf of the group.

- The anesthesiologists have suggested that by revoking their privileges, Fraser Health is in breach of labour laws.
- However, this group is not covered by the labour code. They abide by the bylaws which allow us to give 12 months notice.
- The College of Physicians and Surgeons has an expectation that they will provide care and not abandon their patients.
- Fraser Health provided the notice of termination to the entire group, since care is not provided by a single individual.
- Physician leadership at Fraser Health will continue to discuss this matter with the physicians, and are seeking their cooperation in reassuring patients that services will not be lost.

Contact information			
Contact	**Name**	**Title**	**Phone**
Program	Lorraine Prysunka	DirectorSurgical clinical Operations (JP/SMH)	(604) 613 - 5404
Communications	Tasleem Juma	Public Affairs	(604) 613 - 1162

Bauer, Tim HLTH:EX

From: HLTH HAD Issues HLTH:EX
Sent: Wednesday, March 16, 2016 11:42 AM
To: Fischer, Jennifer HLTH:EX; Thorneloe, Angela HLTH:EX
Subject: FW: Fraser Health

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 11:42:10 AM (UTC-08:00) Pacific Time (US & Canada)
To: Murray, Heather HLTH:EX; Patterson, Ted HLTH:EX
Cc: Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX; Frechette, Rod HLTH:EX
Subject: RE: Fraser Health

Thx!

From: Murray, Heather HLTH:EX
Sent: Wednesday, March 16, 2016 11:31 AM
To: Heinze, Laura R GCPE:EX; Patterson, Ted HLTH:EX
Cc: Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX; Frechette, Rod HLTH:EX
Subject: RE: Fraser Health
Hi Laura,
Rod provided the following feedback:

- Re the 3rd bullet, its more than that birthing mothers may have to wait, its that any wait can create a dangerous situation if an immediate c-section is required.
- 5th bullet should say "giving" rather than "given"

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 11:11 AM
To: Patterson, Ted HLTH:EX
Cc: Murray, Heather HLTH:EX; Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health
Yes, they are sending us their up to date info as well – will share it.

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 11:11 AM
To: Heinze, Laura R GCPE:EX
Cc: Murray, Heather HLTH:EX; Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: Re: Fraser Health
Nothing more to add - though I would recommend we make sure we know what FHA are going to be saying

Sent from my iPhone

On Mar 16, 2016, at 11:01 AM, Heinze, Laura R GCPE:EX <Laura.Heinze@gov.bc.ca> wrote:

> FYI – Pam Fayerman has picked up the Surrey anaesthsiologists story and is doing a piece on it today.
> Assume we don't have anything more recent to add to this messaging?

- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
- Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required.
- However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
- Two reviews over the last seven years have pointed to the need for dedicated obstetric anasthesia service.
- Epideral alagesia is an important service for many women given birth.
- Surrey Memorial Hospital epidural rates are significantly below provincial and national averages.This can leave birthing mothers in unnecessary discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.

Secondary:

- Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.
- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

From: Fayerman, Pamela (Vancouver Sun) [mailto:PFayerman@postmedia.com]
Sent: Wednesday, March 16, 2016 10:56 AM
To: Plank, Sarah GCPE:EX
Cc: Heinze, Laura R GCPE:EX
Subject: Fraser Health
HI,
I'm wondering what the government is doing regarding the dispute between Fraser Health and anesthesiologists which has resulted in privileges being revoked. Working on this urgently. Thanks.
Pamela Fayerman
Medical/Health Issues Reporter
Suite 1 - 200 Granville St.
Vancouver, B.C. V6C 3N3
Office: 604.605.2173
Website: http://vancouversun.com/medicinematters
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Bauer, Tim HLTH:EX

From:	Duesterwald, Meghan HLTH:EX
Sent:	Thursday, February 25, 2016 11:08 AM
To:	Abbott, Brendan HLTH:EX; Linton, Janice HLTH:EX; Rinta, Darcy HLTH:EX; Christney, Collette HLTH:EX
Cc:	Fischer, Jennifer HLTH:EX; Thorneloe, Angela HLTH:EX
Subject:	FW: IN - FOI & DOBA
Attachments:	IN_DOBA_Obstetrics_24Feb2016 (final for ministry).doc; IN_FOI_CEO complaint correspondence_24Feb2016_ministry_final.doc

FYI on these two notes from FHA

From: Lefebvre, Dave [mailto:dave.lefebvre@fraserhealth.ca]
Sent: Wednesday, February 24, 2016 6:22 PM
To: Plank, Sarah GCPE:EX; Thistle-Walker, Carlene GCPE:EX
Cc: XT:Nuraney, Naseem GCPE:IN
Subject: IN - FOI & DOBA

Hi Sarah and Carlene,

Attached you'll find two issues notes. The first is related to an FOI of physician correspondence to our CEO. The second is related to the dedicated obstetrical anaesthesia issue. Please let me know if you have any questions.

Dave

Dave Lefebvre
Director of Public Affairs | Fraser Health
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February 24, 2016 – **Surrey Memorial Hospital Obstetrical Care**

Key Messages:

- Ensuring patient safety is our priority and caring for mothers and babies is something we take seriously.
- For more than five years, we have been trying to work with our anaesthesiologists and obstetricians at Surrey Memorial Hospital to put patients first and implement dedicated obstetrical anesthesia services as well a model that would see two in-house obstetricians per day.
- It is very regrettable that compensation negotiations seem to be delaying improvements to patient care.
- The contract offered is identical to the contract currently in place in Vancouver Island Health Authority (VIHA).
- We know that dedicated obstetrical anesthesia is in the best interest of our patients. As a result, we have no choice but to revoke privileges to all members of this physician group and replenish the members.
- For our patients, we want them to know that this change will not take effect for 12 months, and this will provide ample time to recruit physicians to the program. Patient care is our top priority and we will not only ensure continuity of service but the changes we are making will improve patient care.

Update:

- **On February 18, anesthesiologists did not show up for a meeting to accept the offer. As a result, a notice of termination of appointment to the Fraser Health medical staff will be sent on Thursday, February 25.**

Background:

- Two independent external reviews (2009 & 2014) of the Department of Obstetrics at Surrey Memorial Hospital have highlighted the need for dedicated obstetrical anesthesia (DOBA) services, as well as two in-house obstetricians per day to manage the large volume of patients and an increasing number of high risk obstetrical patients.
- If a contract is refused, Fraser health must move forward to protect quality and patient safety and will restructure those services to provide for improved in-house obstetrical and anesthesia services. A change in Program Services requires 12 months' notice to physicians
- Due to the lengthy time period for negotiations thus far, Fraser Health set a deadline for responses to the contract offers of February 18, 2016. If the contracts are refused we will issue letters of termination of privileges (effective in 12 months or February 2017) to all members of both groups. We are confident that we can recruit a full complement of anesthesiologists and obstetricians to the new care model during that time period.

Anesthesiologists

- Fraser Health completed a Service Review of Obstetrics in 2009 and identified a need for DOBA at Surrey Memorial Hospital.

- Patient safety issues were identified internally in a Patient Safety Culture Survey.
- The survey outlined the following:
    - Delays in managing emergency obstetrical cases when the lone, in-house anesthesiologist is occupied in the main operating room;
    - Delays or lack of epidural anesthesia;
    - Elective C-sections impacting both the elective and emergency main operating room slates;
    - Limited gynecology operating room time resulting in unacceptable wait times for elective surgery.
- To address this, Fraser Health has been attempting to negotiate dedicated obstetrical anesthesia services with the Surrey anesthesia group for more than five years. All attempts have been unsuccessful because the anesthesiologists have rejected Fraser Health's compensation offers.
- The Surrey Anesthesia group received a letter on February 2, 2016 formally offering a contract for DOBA. The contract is identical to the contract currently in place in Vancouver Island Health Authority (VIHA). The department was given two weeks to respond to the offer.
- The offer includes a $1.2 million dollar contract (in addition to fee-for-service) consistent with the VIHA contract.

Obstetricians

- We have advised the obstetrics group that they need to provide two in-house obstetricians beginning April 1, 2016 to meet patient needs.
- In a letter dated February 22, 2016, the Surrey Memorial Hospital Obstetrics group supports and recognizes the importance of a two OBGYN on call system as it relates to patient care and safety.
- In order to establish this, they are willing to enter into negotiations regarding compensation.
- The group is prepared to provide a two OBGYN on call model consistent with that of the service in practice at BC Women's Hospital, Royal Columbian Hospital and Victoria General Hospital.
- This offer is contingent on Fraser Health instituting a dedicated obstetrical anesthesia service at Surrey Memorial Hospital.

Advice & Discussion:

- Throughout these negotiations with the anesthesiologists, we have seen a request for 2 – 3 times the amount ($1.2 million) plus fee for service billings.
- Under the current $ 1.2 million offer, we estimate income for five full time (1750 hrs/year) obstetrical anesthesiologists to be $ 500,000 per annum per physician.
    - This is based on $ 1.2 M / 5 = $240,000, plus fee for service billings for epidurals and cesarean sections.
    - The current epidural rate at Surrey is 31 per cent. National standards suggest it should be double that.
    - If the Surrey rate climbs to even 50 per cent the income generated will exceed the estimate noted above (i.e. $500,000).

    - The epidural rates are expected to increase based simply on anesthesiologist availability and expected National standards. At present, rates are low simply because no anesthesiologist is available to do them.
- Surrey delivers approximately 4,300 babies a year, of which 1,700 are by cesarean section. The income generated by anesthesia services for 1,700 cesarean sections and approximately 2,100 labour epidurals will exceed the income target above.
- We believe that the group will reject the offer because it will potentially impact the income of the lone night anesthesiologist who currently manages services for both the main operating room and the obstetrical anesthesia / analgesia patient needs. One anesthesiologist at Surrey Memorial Hospital shows 'blue book' billings of approximately $1.1 million. Any dedicated obstetrical service will reduce their personal income.
- The Program Medical Director for Maternal Infant Child and Youth (MICY) and Regional Medical Director of Anesthesia are confident that approximately 50 per cent of current physicians will be invited to stay as part of the new model. Both have already started informally recruiting with significant interest.
- The clear message to the public relates to patient safety.

Contact information			
Contact	**Name**	**Title**	**Phone**
Program	Dr. Roy Morton	Vice President, Medicine and Regional Programs	604.587.4659
Communications	Nafisa Abdulla	Senior Consultant, Public Affairs	**604.587.4636**

Drafted by:

Reviewed by:

February 23, 2016 – **FOI request – Complaint correspondence to president and CEO**

Fraser Health received an FOI request for information regarding any and all correspondence sent from an individual doctor or group of doctors employed or contracted by Fraser Health to the CEO of Fraser Health.

Key Messages:

- Ensuring safe patient care is our top priority, and we know all of our physicians share this priority.
- We take all complaints seriously and work with our physicians and employees to address these concerns.

Infection control at RCH

- Infection control across all our hospitals and units is a priority for us and has been for a number of years.
- We are currently reviewing the utilization of the pediatric unit at Royal Columbian Hospital to see if any remedies can be put in place
- If we are aware the child has an infection like MRSA, we would isolate them in the treatment room. Once the child is finished treatment, we would then thoroughly clean the room.

Anaesthesiologists

- For more than five years, we have been trying to work with our anaesthesiologists at Surrey Memorial Hospital to put patients first and implement dedicated obstetrical anesthesia services.
- It is very regrettable that compensation negotiations seem to be delaying improvements to patient care.
- We know that dedicated obstetrical anesthesia is in the best interest of our patients. As a result, we have recently served notice that we will be revoking privileges to all members this physician group at Surrey Memorial Hospital and are replenishing the members of the group with physicians who are agreeable with Dedicated Obstetrical Anesthesiology (DOBA) and the contract presented.

Hospitalists

- At hospitals where community GPs do not provide in-hospital physician care, hospitalists are generally responsible for admissions, discharges and on-going, day-to-day care of patients in our hospitals.
- They provide an important service to our patients and health care teams, and as such are paid the highest rate possible within the Physician Master Agreement.
- A new model of hours, developed with input from hospitalists, was introduced and provides an increase to the number of regular hospitalist hours at most sites.
- Since this physician email was sent, improvements have been made, particularly in evening coverage.
- Surrey Memorial Hospital has seen a decrease in the time it takes for hospitalists to assess and assume care of patients.
- Discussion still remains about an additional night time hospitalist shift and is currently being reviewed.

Background:

- Fraser Health received an FOI request for information regarding any and all correspondence sent from an individual doctor or group of doctors employed or contracted by Fraser Health to the CEO of Fraser Health, Michael Marchbank, in which complaints are raised about standards of care or other matters. The time frame of the request is January 1, 2015 to present.
- In the records being released, three issues have been raised.

Infection Control at Royal Columbian Hospital Paediatric Department – email dated November 25, 2015

- Physician s.22 would like an independent assessment done by BC Children's Hospital infection control team for the safety and well-being of the paediatric patients admitted to Royal Columbian Hospital peds.
- The concern is that RCH has a paediatric ward that uses the same inpatient treatment room for outpatients which, according to the physician, is "unheard of in any other paediatric ward in North America or the world."
- The other concern is that RCH sees around 600 outpatients a year, many of whom are MRSA positive. When the treatment room is being occupied, these children are waiting in the play area. The play area becomes a room where MRSA and non-MRSA patients are waiting and playing. This is an infection control risk.
- The physician provides the following solution:
    - Designate room 13 (which is the first room when you enter peds) for outpatient treatment and IV antibiotics. Room 13 is a big room that can accommodate four patients. This room can also be divided into half where high risk patients can use a separate washroom from non-high risk patients.
- We are currently reviewing the utilization of the pediatric unit at Royal Columbian Hospital to see if any remedies can be put in place
- If we are aware the child has an infection like MRSA, we would isolate them in the treatment room. Once the child is finished treatment, we would then do a terminal clean of the room.

Anesthesia at Surrey Memorial Hospital – emails sent July 9, 2015 and September 10, 2015

- A surgeon s.22 has raised an ongoing issue at Surrey Memorial Hospital in regards to anesthesiologists.
- In the email, the surgeon mentions that the pattern of practice of anesthesia continues to cause severe disruption to patient care and utilization of the OR resources on a daily basis.
- The surgeon mentions that recently, anesthesia withdrew their services from the general surgery slate in order to attend a C-section in the Family Birthing Unit during the middle of the day, which resulted in the cancellation of a colon cancer surgical case.
- In a subsequent email, the surgeon presented a number of concerns:
    - Currently, operating room (OR) scheduling is based on anaesthetists. The suggestion is that the OR nursing and surgeons lay out a six month schedule with the OR slates and it is the anaesthetist obligation to provide service.
    - DOBA should be operational.
    - Surgeons, nurses and anaesthetists need to work as a team and not in isolation. When a decision is made regarding emergency cases, it is done as a team approach and not by one service alone.
- The surgeon notes that the aim of these objectives is to improve utilization of the OR, improve surgical care and schedule patients at least six months in advance to assist in tackling our waitlist.
- The surgeon asks the CEO to take scheduling out of the hands of the anaesthetists so that we can plan the OR properly.

Hospitalists at Surrey Memorial Hospital – email sent March 26, 2015

- Fraser Health has been in negotiations with hospitalists for some time.
- A physician s.22 has raised this as a concern at Surrey Memorial Hospital.
- The physician notes that patient care is compromised due to the lack of response from hospitalists.
- The physician has noted that they have invited the local head of the hospitalist group to attend a meeting with the College of Physicians. The recommendation is that if the group cannot see patients in timely manner due to workload, they should hand their scheduling over to Fraser Health. The BCMA has also advised the physician to elevate the issue to the Physician Advisory Committee on which the Ministry participates, as no solution has been found within the framework of Fraser Health.
- Since this email was sent, improvements have been made, particularly in evening coverage.
- The site has seen a decrease in the time it takes for hospitalists to assess and assume care of patients.
- Though there are still many cases that wait overnight and into the next day, in general, the site is seeing less of the 12-24 hour waits for hospitalists care.
- Discussion still remains about an additional night time hospitalist shift and is currently being reviewed.

Contact information			
Contact	**Name**	**Title**	**Phone**
Program	Joanne Shum	Director, MICY	
Communications	Nafisa Abdulla	Senior Consultant, Public Affairs	604.587.4636

Bauer, Tim HLTH:EX

From: HLTH HAD Issues HLTH:EX
Sent: Wednesday, March 16, 2016 12:31 PM
To: Fischer, Jennifer HLTH:EX; Thorneloe, Angela HLTH:EX
Subject: FW: Fraser Health
Attachments: IN_DOBA_Obstetrics_3Mar2016.doc

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 12:31:09 PM (UTC-08:00) Pacific Time (US & Canada)
To: Patterson, Ted HLTH:EX
Cc: Murray, Heather HLTH:EX; Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

FYI – here is their most recent note.

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 11:11 AM
To: Heinze, Laura R GCPE:EX
Cc: Murray, Heather HLTH:EX; Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: Re: Fraser Health

Nothing more to add - though I would recommend we make sure we know what FHA are going to be saying

Sent from my iPhone

On Mar 16, 2016, at 11:01 AM, Heinze, Laura R GCPE:EX <Laura.Heinze@gov.bc.ca> wrote:

> FYI – Pam Fayerman has picked up the Surrey anaesthsiologists story and is doing a piece on it today.
> Assume we don't have anything more recent to add to this messaging?
> - The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
> - Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required.
> - However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
> - Two reviews over the last seven years have pointed to the need for dedicated obstetric anasthesia service.
> - Epideral alagesia is an important service for many women given birth.
> - Surrey Memorial Hospital epidural rates are significantly below provincial and national averages.This can leave birthing mothers in unnecessary discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.
>
> Secondary:

- Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.
- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

Bauer, Tim HLTH:EX

From: Leake, Greg HLTH:EX
Sent: Friday, March 18, 2016 9:56 AM
To: Lafrance, Martyn HLTH:EX; O'Brien, Kellie HLTH:EX
Cc: Plank, Sarah GCPE:EX
Subject: FW: Surrey Anesthesiologists

Hi:

Ted's response on follow up.

G.

From: Patterson, Ted HLTH:EX
Sent: Friday, March 18, 2016 9:49 AM
To: Leake, Greg HLTH:EX
Cc: Stevenson, Lynn HLTH:EX; Plank, Sarah GCPE:EX
Subject: RE: Surrey Anesthesiologists

Hi Greg,

No feedback from the BC Anesthesiologists' Society (BCAS) directly regarding recent media coverage. Fraser Health has asked that we continue to redirect BCAS to work locally to resolve the issue rather than MoH intervening.

T

From: Leake, Greg HLTH:EX
Sent: Friday, March 18, 2016 8:36 AM
To: Patterson, Ted HLTH:EX
Cc: Stevenson, Lynn HLTH:EX; Plank, Sarah GCPE:EX
Subject: Surrey Anesthesiologists

Ted:

Request out of the morning call about if you have been getting any feedback or pressure at your end as a result of the government's media responses on the Surrey anesthesiologists issue? Any adjustments that you think would be helpful?

G.

Greg Leake
Executive Director
Performance and Issues Management
Ministry of Health
250-952-2326

Bauer, Tim HLTH:EX

From: HLTH HAD Issues HLTH:EX
Sent: Thursday, February 25, 2016 10:06 AM
To: Leake, Greg HLTH:EX
Subject: FW: IN - FOI & DOBA
Attachments: IN_DOBA_Obstetrics_24Feb2016 (final for ministry).doc; IN_FOI_CEO complaint correspondence_24Feb2016_ministry_final.doc

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From: Heinze, Laura R GCPE:EX
Sent: Thursday, February 25, 2016 10:06:07 AM (UTC-08:00) Pacific Time (US & Canada)
To: HLTH HAD Issues HLTH:EX; Patterson, Ted HLTH:EX
Cc: Plank, Sarah GCPE:EX; MacDougall, Cindy GCPE:EX; May, Stephen GCPE:EX; Lindstein, Sarah GCPE:EX
Subject: FW: IN - FOI & DOBA

FYI on these two notes from FH…

From: Lefebvre, Dave [mailto:dave.lefebvre@fraserhealth.ca]
Sent: Wednesday, February 24, 2016 6:22 PM
To: Plank, Sarah GCPE:EX; Thistle-Walker, Carlene GCPE:EX
Cc: XT:Nuraney, Naseem GCPE:IN
Subject: IN - FOI & DOBA

Hi Sarah and Carlene,

Attached you'll find two issues notes. The first is related to an FOI of physician correspondence to our CEO. The second is related to the dedicated obstetrical anaesthesia issue. Please let me know if you have any questions.

Dave

Dave Lefebvre
Director of Public Affairs | Fraser Health
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fax: 604-587-4623
Media Pager: 604-450-7881
www.fraserhealth.ca
Follow us: http://twitter.com/Fraserhealth

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Bauer, Tim HLTH:EX

From: Hold - 160524 - Andrachuk, Andrea HLTH:EX
Sent: Wednesday, February 17, 2016 12:19 PM
To: Jukes, Shaina HLTH:EX
Cc: Lafrance, Martyn HLTH:EX; O'Brien, Kellie HLTH:EX; Leake, Greg HLTH:EX; Docs Processing HLTH:EX; Plank, Sarah GCPE:EX
Subject: Urgent: Minister briefing: FHA -Surrey Memorial Hospital Obstetrics
Attachments: IN_DOBA_Obstetrics_15Feb2016.doc

Hi Shaina,
Ted and Sabine have flagged the attached as an urgent issue for the Minister. They would like to set up a phone call tomorrow with Michael Marchbank to discuss.
GCPE is working on their own IN as well.
Sabine and Michael Marchbank will be just getting out of Leadership Council tomorrow at 3:30pm and could take the call together before Sabine has to catch her flight. Would it be possible to bump Ted's briefing on s.13 s.13 to another time (or shorten it to 15 minutes)? I have checked with Ted and that BN is not as time sensitive.

Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 **|C:** 250.217.3655 **|email:** andrea.andrachuk @gov.bc.ca

February 15, 2016 – **Surrey Memorial Hospital Obstetrical Care**

Key Messages:

- Ensuring patient safety is our priority and caring for mothers and babies is something we take seriously.
- For more than five years, we have been trying to work with our anaesthesiologists and obstetricians at Surrey Memorial Hospital to put patients first and implement dedicated obstetrical anesthesia services as well a model that would see two in-house obstetricians per day.
- It is very regrettable that compensation negotiations seem to be delaying improvements to patient care.
- We know that dedicated obstetrical anesthesia and having two in-house obstetricians is in the best interest of our patients. As a result, we have no choice but to revoke privileges to all members of both physician groups and replenish the members of both groups.

Background:

- Two independent external reviews (2014) of the Department of Obstetrics at Surrey Memorial Hospital have highlighted the need for dedicated obstetrical anesthesia (DOBA) services, as well as two in-house obstetricians per day to manage the large volume of patients and an increasing number of high risk obstetrical patients.
- If a contract is refused, Fraser health must move forward to protect quality and patient safety and will restructure those services to provide for improved in-house obstetrical and anesthesia services. A change in Program Services requires 12 months' notice to physicians
- Due to the lengthy time period for negotiations thus far, Fraser Health set a deadline for responses to the contract offers of February 18, 2016. If the contracts are refused we will issue letters of termination of privileges (effective 12 months or February 2017) to all members of both groups. We are confident that we can recruit a full complement of anesthesiologists and obstetricians to the new model.

Anesthesiologists

- Fraser Health completed a Service Review of Obstetrics in 2009 and identified a need for DOBA at Surrey Memorial Hospital.
- Patient safety issues were identified internally in a Patient Safety Culture Survey.
- The survey outlined the following:
    - Delays in managing emergency obstetrical cases when the lone, in-house anesthesiologist is occupied in the main operating room;
    - Delays or lack of epidural anesthesia;
    - Elective c-sections impacting both the elective and emergency main operating room slates;
    - Limited gynecology operating room time resulting in unacceptable wait times for elective surgery.
- To address this, Fraser Health has been attempting to negotiate dedicated obstetrical anesthesia services with the Surrey anesthesia group for more than five years. All attempts have been unsuccessful because the anesthesiologists have rejected Fraser Health's compensation offers.

- The Surrey Anesthesia group received a letter on February 2, 2016 formally offering a contract for DOBA. The contract is identical to the contract currently in place in Vancouver Island Health Authority (VIHA). The department was given two weeks to respond to the offer.
- The offer includes a $1.2 million dollar contract (in addition to fee-for-service) consistent with the VIHA contract.

Obstetricians

- We have advised the obstetrics group that they need to provide two in-house obstetricians beginning April 1, 2016 to meet patient needs.
- The group has been given two weeks to respond to this request. Early indications show they will not support this new model.
- The obstetrics group previously advised Fraser Health that they would provide the service and improve patient safety if the health authority would provide a per diem stipend of $ 8,000 ($2.9 M/year) in addition to fee-for-service billings.
- Ongoing discussion will take place with this group to see if are other considerations that are agreeable.

Advice & Discussion:

- Throughout these negotiations with the anesthesiologists, we have seen a request for 2 – 3 times the amount ($1.2 million) plus fee for service billings.
- Under the current $ 1.2 million offer, we estimate income for five full time (1750 hrs/year) obstetrical anesthesiologists to be $ 500,000 per annum. This is based on $ 1.2 M / 5 = $240,000, plus fee for service billings for epidurals and cesarean sections. The current epidural rate at Surrey is 31 per cent. National standards suggest it should be double that. If the Surrey rate climbs to even 50 per cent the income generated they will exceed the estimate noted above. The epidural rates are expected to increase based simply on availability and expected National standards. At present, rates are low simply because no anesthesiologist is available to do them.
- Surrey delivers approximately 4,300 babies a year, of which 1,700 are by cesarean section. The income generated by anesthesia services for 1,700 cesarean sections and approximately 2,100 labour epidurals will exceed the income target above.
- We believe that the group will reject the offer because it will potentially impact the income of the lone night anesthesiologist who currently manages services for both the main operating room and the obstetrical anesthesia / analgesia patient needs. One anesthesiologist at Surrey Memorial Hospital shows ‘blue book’ billings of approximately $1.1 million. Any dedicated obstetrical service will reduce their personal income.
- The Program Medical Director for MICY and Regional Medical Director of Anesthesia are confident that approximately 50 % of current physicians will be invited to stay as part of the new model. Both have already started informally recruiting with significant interest. The clear message to the public relates to patient safety

Contact information			
Contact	**Name**	**Title**	**Phone**

Program	Dr. Roy Morton	Vice President, Medicine and Regional Programs	604.587.4659
Communications	Nafisa Abdulla	Senior Consultant, Public Affairs	**604.587.4636**

Drafted by:

Reviewed by:

Bauer, Tim HLTH:EX

From: HLTH HAD Issues HLTH:EX
Sent: Wednesday, March 16, 2016 4:59 PM
To: Leake, Greg HLTH:EX
Subject: FW: Fraser Health

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 4:59:10 PM (UTC-08:00) Pacific Time (US & Canada)
To: Heinze, Laura R GCPE:EX; Plank, Sarah GCPE:EX
Cc: HLTH HAD Issues HLTH:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

You could say something like:
"There is presently an Anesthesia Assistant program in BC offered through TRU, and the Ministry is in the process of reviewing the education and training requirements for that role with the hope of expanding the use of Anesthesia Assistants in the province."

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465
s.17

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 4:56 PM
To: Patterson, Ted HLTH:EX; Plank, Sarah GCPE:EX
Cc: HLTH HAD Issues HLTH:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

Feedback -- Can we add something about anesthesia assistants? There is a program at TRU and we continue to examine approaches to extending the Anesthesia team.
Do we have anything handy on that?

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 4:53 PM
To: Plank, Sarah GCPE:EX; Heinze, Laura R GCPE:EX
Cc: HLTH HAD Issues HLTH:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health

Fine by me

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465
s.17

From: Plank, Sarah GCPE:EX
Sent: Wednesday, March 16, 2016 4:52 PM
To: Heinze, Laura R GCPE:EX
Cc: Patterson, Ted HLTH:EX; HLTH HAD Issues HLTH:EX; Murray, Heather HLTH:EX; MacDougall,

Cindy GCPE:EX
Subject: Re: Fraser Health
It's a bit long. Can we take this out?
At the time Minister de Jong raised the issue, we were engaged in challenging discussions with anaesthesiologists, and the need to ensure that options were available to prevent patient care from being negatively impacted was clear.

Sarah Plank
Communications Director | Ministry of Health
Government Communications & Public Engagement
Mobile: 250.208.9621 | Email:sarah.plank@gov.bc.ca
Sent from my iPhone

On Mar 16, 2016, at 4:51 PM, Heinze, Laura R GCPE:EX <Laura.Heinze@gov.bc.ca> wrote:

This is great, thanks very much. Will run by MTL!

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 4:49 PM
To: Heinze, Laura R GCPE:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health
Some suggestions incoprporated

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 4:05 PM
To: Patterson, Ted HLTH:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health
Hi Ted,
So, doesn't seem like there is all that much that we can say about this aside from being fairly up front about where we are at… would something like this work for you:
"The concept of introducing nurse anesthetists in British Columbia was raised by previous Health Minister Mike de Jong several years ago. The nurse anesthetist role exists in other jurisdictions, but introducing a new provider role can be a significant undertaking. At the time Minister de Jong raised the issue, we were engaged in challenging discussions with anaesthesiologists, and the need to ensure that options were available to prevent patient care from being negatively impacted was clear.
"The Ministry looked at the feasibility of introducing nurse practitioner and registered nurse anesthetist roles into BC's health care system – while it would require time to implement such a program, it was thought to be a viable option.
"In the interim period, there have been many other competing priorities that have taken precedence over the introduction of this role; however, it is something that we are still very aware of, and in fact we have been in discussion with the BCNU and others about introducing new roles to optimize the scope of practice for nurses, so there is the potential for further work on this issue over the next year."
However, I'm certainly open to other suggestions!
Thx
Laura

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 1:28 PM
To: Heinze, Laura R GCPE:EX

Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health
Probably not – this was about five years ago. Will ask staff to see if there are BNs on file
Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465
s.17

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 1:27 PM
To: Patterson, Ted HLTH:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health
Thx. Will check in with FH on the stats.
Is there anyone who would be able to provide a bit more context around the previous feasibility work we did that we could point to?

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 1:25 PM
To: Heinze, Laura R GCPE:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: RE: Fraser Health
Hi Laura,
I am not sure we would be in a position to pull the epidural rates at Surrey Memorial very quickly but we will have a look – Fraser Health may already have that information available s.13,s.17
s.13,s.17
Re; Nurse Anesthetists, my understanding is that then Minister de Jong (then Minister of Health) made statements about the role, s.13 As such, there is presently no work on this underway, however we have been in discussion with BCNU in recent months about picking this up again and looking at nurse anesthetists and other advanced nursing roles over the next year.
Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465
s.17

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 1:16 PM
To: Patterson, Ted HLTH:EX
Cc: HLTH HAD Issues HLTH:EX; Plank, Sarah GCPE:EX; Murray, Heather HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: FW: Fraser Health
Do you know if we have this data handy anywhere? And I'm not up on the nurse anesthetist program… anything you can provide on that?
Cindy – do you have any previous INs handy that you could share?

From: Fayerman, Pamela (Vancouver Sun) [mailto:PFayerman@postmedia.com]
Sent: Wednesday, March 16, 2016 1:12 PM

To: Heinze, Laura R GCPE:EX
Subject: Re: Fraser Health
Hi Laura,
Please show me the comparative data on epidural rates and the most recent review.
And please tell me why the government hasn't pursued a nurse anesthetist program (as Terry Lake suggested he would look at years ago) which would make all these conflicts with anesthesiologists moot!!!
Pamela Fayerman
Medical/Health Issues Reporter
Suite 1 - 200 Granville St.
Vancouver, B.C. V6C 3N3
Office: 604.605.2173
Website: http://vancouversun.com/medicinematters
Twitter: http://twitter.com/medicinematters

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From: "Heinze, Laura R GCPE:EX" <Laura.Heinze@gov.bc.ca>
Date: Wednesday, March 16, 2016 at 1:08 PM
To: "Fayerman, Pamela (Vancouver Sun)" <PFayerman@postmedia.com>, "Plank, Sarah GCPE:EX" <Sarah.Plank@gov.bc.ca>
Subject: RE: Fraser Health
Hi Pamela,
I understand Minister Lake left you a voice mail, leaving a bit of a response on this one, but he's also asked that we send you info via email, in case that is useful. Any questions on this, pls just let me know!
The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012, for example. Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required. However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
Two reviews over the last seven years have pointed to the need for dedicated obstetric anasthesia service. Epideral alagesia is an important service for many women giving birth. Surrey Memorial Hospital epidural rates are significantly below provincial and national averages. This can leave birthing mothers in unnecessary discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.
Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services. However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required. We are confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.
Thanks,
Laura

From: Fayerman, Pamela (Vancouver Sun) [mailto:PFayerman@postmedia.com]
Sent: Wednesday, March 16, 2016 10:56 AM
To: Plank, Sarah GCPE:EX
Cc: Heinze, Laura R GCPE:EX
Subject: Fraser Health
HI,

I'm wondering what the government is doing regarding the dispute between Fraser Health and anesthesiologists which has resulted in privileges being revoked. Working on this urgently. Thanks.

Pamela Fayerman
Medical/Health Issues Reporter
Suite 1 - 200 Granville St.
Vancouver, B.C. V6C 3N3
Office: 604.605.2173
Website: http://vancouversun.com/medicinematters
Twitter:http://twitter.com/medicinematters

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Bauer, Tim HLTH:EX

From: Hold - 160524 - Andrachuk, Andrea HLTH:EX
Sent: Wednesday, February 17, 2016 4:35 PM
To: Jukes, Shaina HLTH:EX
Cc: HLTH Ministers Office; Leake, Greg HLTH:EX
Subject: Obstetric material updated
Attachments: SMH OBS CARE February 2016 (2).doc; ATT00001.htm

Hi Shaina,
FHA has sent us an updated Issues note for the call with the Minister tomorrow.
Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 **|C:** 250.217.3655 **|email:** andrea.andrachuk @gov.bc.ca

February 17, 2016 – **Update Surrey Memorial Hospital Obstetrical Care**

Key Messages:

- Ensuring patient safety is our priority and caring for mothers and babies is something we take seriously.
- For more than five years, we have been trying to work with our anaesthesiologists and obstetricians at Surrey Memorial Hospital to put patients first and implement dedicated obstetrical anesthesia services as well a model that would see two in-house obstetricians per day.
- It is very regrettable that compensation negotiations seem to be delaying improvements to patient care.
- We know that dedicated obstetrical anesthesia and having two in-house obstetricians is in the best interest of our patients. As a result, we have no choice but to revoke privileges to all members of the anaesthesia group. We are hopeful we can come to a satisfactory conclusion with the obstetrician group and avoid any privileges being terminated.
- A change in program services requires 12 months' notice to physicians, which will provide ample time to recruit physicians to the program. Patient care will not be impacted.

Background:

- Two independent external reviews (2012 & 2014) of the Department of Obstetrics at Surrey Memorial Hospital have highlighted the need for dedicated obstetrical anesthesia (DOBA) services, as well as two in-house obstetricians per day to manage the large volume of patients and an increasing number of high risk obstetrical patients.
- If a contract is refused, Fraser health must move forward to protect quality and patient safety and will restructure those services to provide for improved in-house obstetrical and anesthesia services. A change in Program Services requires 12 months' notice to physicians
- Due to the lengthy time period for negotiations thus far, Fraser Health set a deadline for responses to the contract offers of February 18, 2016. If the contracts are refused we will issue letters of termination of privileges (effective in 12 months or February 2017) to all members of both groups. We are confident that we can recruit a full complement of anesthesiologists and obstetricians to the new increased service availability model during that time period.

Anesthesiologists

- Fraser Health completed an Internal Service Review of Obstetrics in 2009 and identified a need for DOBA at Surrey Memorial Hospital.
- Patient safety issues were identified internally in a Patient Safety Culture Survey.
- The survey outlined the following:
    - Delays in managing emergency obstetrical cases when the lone, in-house anesthesiologist is occupied in the main operating room;
    - Delays or lack of epidural anesthesia;
    - Elective C-sections impacting both the elective and emergency main operating room slates;
    - Limited gynecology operating room time resulting in unacceptable wait times for elective surgery.

- To address this, Fraser Health has been attempting to negotiate dedicated obstetrical anesthesia services with the Surrey anesthesia group for seven years. All attempts have been unsuccessful because the anesthesiologists have rejected Fraser Health's compensation offers.
- The Surrey Anesthesia group received a letter on February 2, 2016 formally offering a contract for DOBA. The contract is identical to the contract currently in place in Vancouver Island Health Authority (VIHA). The department was given two weeks to respond to the offer.
- The offer includes a $1.2 million dollar contract (in addition to fee-for-service) consistent with the VIHA contract. The Surrey group previously rejected an identical dollar value offer.
- Dr. Morton is meeting with the Surrey Anesthesiologists February 18th to advise that, for patient safety reasons, we have to move ahead and further negotiation is unlikely to be of any benefit given the history of negotiated efforts dating back to 2009.
- Fraser Health anticipates the Anesthesia group will reject the $ 1.2 M dollar offer.
- Fraser Health's next step is to issue termination notice to all members of the group.

Obstetricians

- We have advised the obstetrics group that they need to provide two in-house obstetricians beginning April 1, 2016 to meet patient needs.
- The group has also been given two weeks to respond to this request which is a simple 'fee-for-service' based model.
- The obstetrics group previously advised Fraser Health that they would provide the service and improve patient safety if the health authority would provide a per diem stipend of $ 8,000 ($2.9 M/year) in addition to fee-for-service billings.
- Dr. Morton had an hour long meeting with the Obstetrician Leadership on February 15th and there is optimism that a negotiated settlement may be possible with this group if we are able to provide necessary anesthesia coverage. The obstetricians have proposed two alternate models which could, with minor adjustments, meet the requirements necessary to provide required patient safety and care. The obstetricians have backed-off somewhat to see the outcome of the discussion with anesthesia to ongoing discussion will take place with this group to see if there are other considerations that are agreeable.

Advice & Discussion:

- Throughout these negotiations with the anesthesiologists, we have seen a request for 2 – 3 times the amount ($1.2 million) plus fee for service billings.
- Under the current $ 1.2 million offer, we estimate income for five full time (1750 hrs/year) obstetrical anesthesiologists to be $ 500,000 per annum per physician.
    - This is based on $ 1.2 M / 5 = $240,000, plus fee for service billings for epidurals and cesarean sections.
    - The current epidural rate at Surrey is 31 per cent. National standards suggest it should be double that.
    - If the Surrey rate climbs to even 50 per cent the income generated will exceed the estimate noted above (i.e. $500,000).
    - The epidural rates are expected to increase based simply on anesthesiologist availability and expected National standards. At present, rates are low simply because no anesthesiologist is available to do them.
- Surrey delivers approximately 4,300 babies a year, of which 1,700 are by cesarean section. The income generated by anesthesia services for 1,700 cesarean sections and approximately 2,100 labour epidurals will exceed the income target above.

- We believe that the group will reject the offer because it will potentially impact the income of the lone night anesthesiologist who currently manages services for both the main operating room and the obstetrical anesthesia / analgesia patient needs. One anesthesiologist at Surrey Memorial Hospital shows 'blue book' billings of approximately $1.1 million. Any dedicated obstetrical service will reduce their personal income.
- The Program Medical Director for Maternal Infant Child and Youth (MICY) and Regional Medical Director of Anesthesia are confident that approximately 50 per cent of current physicians will be invited to stay as part of the new mode. Both have already started informally recruiting with significant interest.
- The clear message to the public relates to patient safety.

Contact information			
Contact	**Name**	**Title**	**Phone**
Program	Dr. Roy Morton	Vice President, Medicine and Regional Programs	604.587.4659
Communications	Nafisa Abdulla	Senior Consultant, Public Affairs	**604.587.4636**

Drafted by:

Reviewed by:

Bauer, Tim HLTH:EX

From: Hold - 160524 - Andrachuk, Andrea HLTH:EX
Sent: Wednesday, February 17, 2016 1:43 PM
To: Murray, Heather HLTH:EX
Cc: Michell, Jennifer HLTH:EX; Anderson, Karen HLTH:EX; Walsh, Sara M HLTH:EX; Leake, Greg HLTH:EX; Docs Processing HLTH:EX
Subject: Minister/FHA call re: DOBA Obstetrics
Attachments: IN_DOBA_Obstetrics_15Feb2016.doc

Hi Heather,
The Minister's office has confirmed the time tomorrow for our call with Michael Marchbank on Surrey Memorial Hospital Obstetrics. Details are below:

Participants:
Minister Lake
Sabine Feulgen via T/C
Ted Patterson in person
Michael Marchbank via T/C
Date:
Thursday, February 18th
Time:
3:30pm – 4:00pm
Location:
s.15
Or T/C s.15 Minister Lake is the Moderator

I will send calendar invitations to Sabine Feulgen and Ted Patterson. I will reach out to Michael Marchbank's office to confirm his attendance.

Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 **|C:** 250.217.3655 **|email:** andrea.andrachuk @gov.bc.ca

Bauer, Tim HLTH:EX

From: John, Rebecca HLTH:EX
Sent: Monday, December 22, 2014 12:10 PM
To: Stewart, Sharon A HLTH:EX
Cc: Duesterwald, Meghan HLTH:EX
Subject: RE: December 16, 2014-end of day HA IN summary

Ah. I get it. thanks.

From: Stewart, Sharon A HLTH:EX
Sent: Monday, December 22, 2014 12:07 PM
To: John, Rebecca HLTH:EX
Cc: Duesterwald, Meghan HLTH:EX
Subject: RE: December 16, 2014-end of day HA IN summary

A number of physician/surgical issues that FHA is currently dealing with. Dec 12 article below. Dr Orfaly, CEO of BC Anesthesiologist Society is suggesting Surrey Memorial create a dedicated obstetrical anesthesiologist program. He states that e on-call anesthesiologists who have to "run back and forth" between the operating room and the maternity unit, puts the services in competition with one other.

Surrey's surgery waiting times blamed on doctor shortage
Vancouver Sun
Friday, December 12, 2014
Page A11
By Adrian MacNair

Copyright

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From: John, Rebecca HLTH:EX
Sent: Monday, December 22, 2014 11:58 AM
To: Stewart, Sharon A HLTH:EX
Cc: Duesterwald, Meghan HLTH:EX
Subject: RE: December 16, 2014-end of day HA IN summary

An odd response, since you don't wait for service when the baby is coming, but it may divert anaesthesia from scheduled surgical activity. This note focuses entirely on the challenges of getting DOBA services in place for obstetrical cases on 24/7 basis…so not sure how the note addresses the headline, unless the article was all about maternity. I don't think I caught the article.

Thanks.

From: Stewart, Sharon A HLTH:EX
Sent: Monday, December 22, 2014 11:47 AM
To: John, Rebecca HLTH:EX
Cc: Duesterwald, Meghan HLTH:EX
Subject: RE: December 16, 2014-end of day HA IN summary

Yes, was prepared in response to:

Surrey's surgery waiting times blamed on doctor shortage
Vancouver Sun
12-Dec-2014
Page A11
By Adrian MacNair

From: John, Rebecca HLTH:EX
Sent: Monday, December 22, 2014 11:45 AM
To: Stewart, Sharon A HLTH:EX
Cc: Duesterwald, Meghan HLTH:EX
Subject: FW: December 16, 2014-end of day HA IN summary

Hi there - Do you happen to know if something triggered FHA writing a DOBA note? It should be shared with John English's shop it not already with them.
Thanks

From: Chu, Mary HLTH:EX
Sent: Friday, December 19, 2014 9:48 AM
To: Lane, Michele HLTH:EX; Christney, Collette HLTH:EX; Armitage, Mark W HLTH:EX; Kumar, Ramani HLTH:EX; John, Rebecca HLTH:EX
Cc: Stewart, Sharon A HLTH:EX; Duesterwald, Meghan HLTH:EX; Fraser, Christine HLTH:EX
Subject: FYI: December 16, 2014-end of day HA IN summary

FYI

Mary Chu
Risk & Issues Analyst | Client Relations, Issues Management and Support Services
Health Services Policy & Quality Assurance Division | Ministry of Health
Telephone | 250 952-1977 | BB 250 217 6582
Email | Mary.Chu@gov.bc.ca

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From: HLTH HAD Issues HLTH:EX
Sent: Tuesday, December 16, 2014 4:05 PM
To: Chu, Mary HLTH:EX
Subject: FW: December 16, 2014-end of day HA IN summary

From: Frattaroli, Angela GCPE:EX
Sent: Tuesday, December 16, 2014 4:04:33 PM (UTC-08:00) Pacific Time (US & Canada)
To: Anderson, Kristy GCPE:EX; Belanger, Matthew GCPE:EX; HLTH HAD Issues HLTH:EX
Subject: December 16, 2014-end of day HA IN summary

Hi everyone,

Here are today's HA INs.

Have a good night,

Ange

Angela Frattaroli
Public Affairs Officer, Ministry of Health
Government Communications & Public Engagement
Government of British Columbia | 1515 Blanshard St.
T: 250-952-1688 I E: angela.frattaroli@gov.bc.ca

Bauer, Tim HLTH:EX

From: Lane, Michele HLTH:EX
Sent: Friday, March 20, 2015 8:35 AM
To: Bragg, Jacquelynn HLTH:EX; Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX
Cc: Stewart, Sharon A HLTH:EX
Subject: FW: Important Updates for Minister Lake
Attachments: Scan_20150317.pdf

Here is where it starts

From: English, John HLTH:EX
Sent: Wednesday, March 18, 2015 10:36 AM
To: Lane, Michele HLTH:EX
Cc: Frechette, Rod HLTH:EX
Subject: FW: Important Updates for Minister Lake
Importance: High

Good morning Michele.

Would your group be able to connect with Fraser Health Authority to obtain information for the Minister on the surgical services being referred to by Dr. Brar in his e mail note of March 10th below to Minister Lake ? Please advise if your team will be able to provide the information being requested for the Minister by Friday March 20th.

Thanks

John

John English, MBA, BA
Director, Physician Compensation Branch
Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 18, 2015 7:56 AM
To: Frechette, Rod HLTH:EX
Cc: English, John HLTH:EX
Subject: FW: Important Updates for Minister Lake

Rod,

Can you ask John to either connect with Doug's staff or Fraser to discuss the surgical issue and then include a couple bullets in the meeting material he is preparing for the Minister?

T

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division

From: Loiacono, Sabrina HLTH:EX
Sent: Thursday, March 12, 2015 3:28 PM
To: Patterson, Ted HLTH:EX
Cc: Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; Martin, Rhiannon HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; Andrachuk, Andrea HLTH:EX
Subject: RE: Important Updates for Minister Lake

Looks like the Minister would like your division to take a look at this and provide some feedback. He then would like to meet with Dr. Brar.

From: Patterson, Ted HLTH:EX
Sent: Tuesday, March 10, 2015 4:14 PM
To: Loiacono, Sabrina HLTH:EX
Cc: Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX
Subject: RE: Important Updates for Minister Lake

Hi Sabrina,

I am in fairly regular communication with Dr. Brar about doing some provincial level work on anaesthesia, but I have not discussed the specific FHA issue he raises below. Stephen and I will be arranging to meet with him over the next few weeks.

Is there anything specific you would like me to follow up on with this one?

T

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division

From: Loiacono, Sabrina HLTH:EX
Sent: Tuesday, March 10, 2015 1:36 PM
To: Patterson, Ted HLTH:EX
Cc: Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX
Subject: FW: Important Updates for Minister Lake

Hi Ted,

Do you know anything about this?

S.

From: Sukhpal Brar [mailto:s.22]
Sent: Tuesday, March 10, 2015 12:22 PM
To: Loiacono, Sabrina HLTH:EX
Subject: Important Updates for Minister Lake

Dear Terry,

I hope this message finds you well. I am writing to you as a bit of a "heads up" on a matter at Surrey Memorial

Hospital (SMH) that has come to my attention, and which I believe we can jointly reference as a reflection of the collaborative work that is being done to improve surgical waitlists and wait times for patients.

Dr. s.22 a general surgeon and s.22 contacted me last week with concerns that a small subset of SMH surgeons may go public with complaints about the impact of the local anesthesiologist shortage.

As background, I'm sure that you are aware that the anesthesiologist shortage in Surrey has been deeper and much longer lasting than what is being experienced in Kamloops, with frequent OR closures as a result. For much of 2014, during weekday "business hours" an anesthesiologist was scheduled to be available for the high-risk maternity (obstetrics) program. For a variety of reasons, this resource was significantly under-utilized. Frankly, it didn't make much sense to continue scheduling an anesthesiologist in that way, at the expense of an additional OR being used.

After consultation with SMH surgical colleagues and FHA Admin, in January the anesthesiology department re-assigned that resource to the Main OR, to maximize the availability of anesthesiologists for elective surgery, in an effort to reduce waitlists. Of course, some surgeons benefited more than others, which means that some surgeons feel unfairly treated; but the bottom line is that far more patients are getting their surgeries now than if the old arrangement had continued.

If contacted by local decision-makers and/or the media, it is the latter information that I will convey to them.

(As an aside, re-opening of an OR and completing more surgeries does mean additional costs to FHA. It is not clear to us whether this change was truly welcomed by FHA, but that is a separate issue.)

Of course, I am also keen to see truly collaborative progress in providing the support needed to establish Dedicated Obstetric Anesthesia ("DOBA") programs in BC, including at Surrey Memorial. DOBA would help deliver "gold standard" care for thousands of labouring mothers each year, while also creating hospital efficiencies that will allow greater surgical throughput and a further reduction of surgical wait times. Attached is a Briefing Note on DOBA which provides more background on this win-win-win proposal.

The BCAS continues to be involved in constructive and meaningful work alongside your ministry officials, both at the Provincial Surgical Executive Committee and elsewhere. I would welcome an opportunity to meet with you personally to review progress made, and to discuss the health care achievements that are possible.

Best regards,
Sukh

Sukh Brar, MD, FRCPC
President
BC Anesthesiologists' Society
Cell s.22

British Columbia
ANESTHESIOLOGISTS' SOCIETY

326 - 555 Sixth Street
New Westminster BC • V3L 5H1
P: 604-553-0040 • F: 604-553-0063

Maximizing the Comfort and Safety of Mothers and Newborns in BC
Status Report – June 2014

Background

The BC Anesthesiologists' Society is keenly interested in collaborating with key stakeholders, including the Government of BC, to ensure timely access to the highest quality maternity care throughout the province.

Every year in BC, more than 25,000 pregnant mothers depend on the timely involvement of anesthesiologists to provide effective pain relief (e.g. labour epidurals), as well as to facilitate safe deliveries during extremely time-sensitive and unpredictable circumstances (e.g. forceps and emergency C-section deliveries).

At each hospital which offers surgical and maternity services, an anesthesiologist must be on-call 24/7/365. In the traditional staffing model, the anesthesiologist-on-call must divide his/her attention between laboring mothers, and patients requiring emergency surgery. This means that while the anesthesiologist is providing care to a labouring woman, the OR (its' staff, resources, and surgeons) remain idle; and while the anesthesiologist is looking after an emergency surgical patient, labouring moms are often waiting for help.

Throughout the health care system, there is increasing attention being placed both on patient safety, as well as the efficient use of overall health care resources. The implementation of a ***Dedicated Obstetrical Anesthesiology ("DOBA") program*** is an innovative solution that improves patient care, while creating immediate savings in costs and resources.

The BCAS Proposal

Through 3 successive collaborative agreements, the Government of BC has already committed significant funds toward obstetrical anesthesiology care. More than $8 million in annual funding exists, some of which has yet to be allocated. In addition, in excess of $7 million in one-time funding has accumulated under those agreements.

The BCAS is proposing to collaborate with Government and other key stakeholders to invest those existing funds to roll-out a province-wide initiative which will:

- Implement an on-site DOBA program at each of the province's tertiary maternity centres (e.g. Surrey Memorial) to eliminate access and safety issues for higher-risk pregnant women and their unborn children.
- Implement an off-site DOBA program for communities across BC with medium-sized maternity centres (e.g. Kelowna, Langley, Richmond).

British Columbia
ANESTHESIOLOGISTS' SOCIETY

326 - 555 Sixth Street
New Westminster BC • V3L 5H1
P: 604-553-0040 • F: 604-553-0063

- Implement an innovative, hybrid DOBA program in communities with large non-tertiary maternity centres (e.g. Abbotsford).
- And ensure timely access to the safest and most effective pain relief possible for laboring women throughout British Columbia.

s.17

We also estimate that each on-site DOBA program will save health authorities $2.4 Million annually in overtime surgical (operating room) resources. Looked at another way, each DOBA program would free up the equivalent of $2.4 Million worth of OR time to increase surgical capacity, without any additional budgetary allocation to the surgical program.

Summary

The BCAS looks forward to working closely with the Government of BC to maximize the comfort and safety of mothers and newborns throughout the province.

Our DOBA proposal ensures timely access to the highest quality maternity care. This innovative program also frees up existing resources to immediately improve access to the Operating Room, reducing waitlists, and delivering more efficient surgical care.

Bauer, Tim HLTH:EX

From: Abbott, Brendan HLTH:EX
Sent: Wednesday, March 16, 2016 11:13 AM
To: Thorneloe, Angela HLTH:EX
Cc: Duesterwald, Meghan HLTH:EX; Fischer, Jennifer HLTH:EX; Halston, Leslie HLTH:EX
Subject: RE: URGENT FOR BRENDAN: Fraser Health
Attachments: FW: IN - FOI & DOBA

Hi,

We have an Issues Note from Fraser which Meghan provided to us on February 25th – it is attached.

Thanks
Brendan

From: Christians, Angela HLTH:EX
Sent: Wednesday, March 16, 2016 11:03 AM
To: Abbott, Brendan HLTH:EX
Cc: Duesterwald, Meghan HLTH:EX; Fischer, Jennifer HLTH:EX; Halston, Leslie HLTH:EX
Subject: URGENT FOR BRENDAN: Fraser Health
Importance: High

Hi Brendan,

I know this is primarily Ted's area but do we have anything to add/input for GCPE?

Thanks,

Angela Christians
Risk and Issues Analyst
Performance & Issues Management
Ministry of Health
Telephone: 250 952-2187 | Cell: 250 893-6611

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From: Heinze, Laura R GCPE:EX
Sent: Wednesday, March 16, 2016 11:01:44 AM (UTC-08:00) Pacific Time (US & Canada)
To: Patterson, Ted HLTH:EX
Cc: Murray, Heather HLTH:EX; Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: FW: Fraser Health

FYI – Pam Fayerman has picked up the Surrey anaesthsiologists story and is doing a piece on it today.

Assume we don't have anything more recent to add to this messaging?

- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
- Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required.
- However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
- Two reviews over the last seven years have pointed to the need for dedicated obstetric anasthesia service.
- Epideral alagesia is an important service for many women given birth.
- Surrey Memorial Hospital epidural rates are significantly below provincial and national averages.This can leave birthing mothers in unnecessary discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.

<u>Secondary:</u>

- Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.
- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

Bauer, Tim HLTH:EX

From: HLTH HAD Issues HLTH:EX
Sent: Thursday, May 12, 2016 12:59 PM
To: Duesterwald, Meghan HLTH:EX
Subject: FW: IN - Pain/Anesthesiology
Attachments: IN_SMH_Non-ObstetricalAnesthesiology_12_May2016(1205pm).docx

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From: Anderson, Kristy GCPE:EX
Sent: Thursday, May 12, 2016 12:58:57 PM (UTC-08:00) Pacific Time (US & Canada)
To: Patterson, Ted HLTH:EX; Frechette, Rod HLTH:EX; HLTH HAD Issues HLTH:EX
Cc: Plank, Sarah GCPE:EX; May, Stephen GCPE:EX
Subject: FW: IN - Pain/Anesthesiology

FYI on the attached – anesthesiologists at SMH

Kristy Anderson
Manager Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (cell)
Kristy.Anderson@gov.bc.ca

Bauer, Tim HLTH:EX

From: Lane, Michele HLTH:EX
Sent: Friday, March 20, 2015 8:33 AM
To: Abbott, Brendan HLTH:EX; Bragg, Jacquelynn HLTH:EX; Christney, Collette HLTH:EX
Cc: Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX; Stewart, Sharon A HLTH:EX
Subject: RE: DOBA

Might be worth connecting with them as I have been back and forth with some emails.
I will share what I have….

From: Abbott, Brendan HLTH:EX
Sent: Friday, March 20, 2015 8:32 AM
To: Bragg, Jacquelynn HLTH:EX; Christney, Collette HLTH:EX
Cc: Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX; Stewart, Sharon A HLTH:EX; Lane, Michele HLTH:EX
Subject: RE: DOBA

Hi,

We would look to HSWD to have the lead on this one…

Thanks,
Brendan

From: Bragg, Jacquelynn HLTH:EX
Sent: Thursday, March 19, 2015 12:01 PM
To: Christney, Collette HLTH:EX; Abbott, Brendan HLTH:EX
Cc: Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX; Stewart, Sharon A HLTH:EX
Subject: FW: DOBA

Good morning,

This has also gone to Workforce Division. Is this something that you guys can provide information on or should we defer to Rod Frechette. Please see GCPE's request below.

Jacquelynn Bragg
Risk & Issues Analyst | Client Relations, Issues Management & Support Services
Health Services Policy & Quality Assurance Division | Ministry of Health
Telephone: 250 952-1401 | Cell:
Email: Jacquelynn.Bragg@gov.bc.ca

From: Anderson, Kristy GCPE:EX
Sent: Thursday, March 19, 2015 11:49:31 AM (UTC-08:00) Pacific Time (US & Canada)
To: Frechette, Rod HLTH:EX; HLTH HAD Issues HLTH:EX
Cc: MacDougall, Cindy GCPE:EX; Jabs, Ryan GCPE:EX; Heinze, Laura R GCPE:EX
Subject: DOBA

Hi folks – not 100% sure who this one needs to go to but we need to start prepping materials. We are trying to pull together an updated note on DOBA. From the attachments it looks like a couple things are going on

PDF

- Recommends that a variety of on-site, off site, and blended DOBA models be implemented at maternity centres. s.17
- Suggests this will save 2.4 M annual in OT costs.

FH IN

- Funding remains on the table for Surrey for DOBA but anesthesiologist say this is not enough.
- Surgeons continue to lobby for this and are now being encouraged to write their local MLAs.

So can you tell us the following:

- Do you have any more background on this that you can share?
- Have you see the attached PDF and has the ministry prepared a response?
- If asked about this in the house what should the minister say and how should MLAs be advised to response?

Thanks,

Bauer, Tim HLTH:EX

From: HLTH HAD Issues HLTH:EX
Sent: Wednesday, March 16, 2016 11:11 AM
To: Duesterwald, Meghan HLTH:EX
Subject: FW: Fraser Health
Attachments: 1D543EA0-F7E2-49A6-9412-435799F6BBA5[12].png

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 11:10:35 AM (UTC-08:00) Pacific Time (US & Canada)
To: Heinze, Laura R GCPE:EX
Cc: Murray, Heather HLTH:EX; Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: Re: Fraser Health

Nothing more to add - though I would recommend we make sure we know what FHA are going to be saying

Sent from my iPhone

On Mar 16, 2016, at 11:01 AM, Heinze, Laura R GCPE:EX <Laura.Heinze@gov.bc.ca> wrote:

> FYI – Pam Fayerman has picked up the Surrey anaesthsiologists story and is doing a piece on it today.
> Assume we don't have anything more recent to add to this messaging?
>
> - The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
> - Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required.
> - However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
> - Two reviews over the last seven years have pointed to the need for dedicated obstetric anasthesia service.
> - Epideral alagesia is an important service for many women given birth.
> - Surrey Memorial Hospital epidural rates are significantly below provincial and national averages.This can leave birthing mothers in unnecessary discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.
>
> Secondary:
>
> - Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.
> - However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.

- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

Bauer, Tim HLTH:EX

From: Abbott, Brendan HLTH:EX
Sent: Wednesday, March 16, 2016 11:17 AM
To: Thorneloe, Angela HLTH:EX
Cc: Duesterwald, Meghan HLTH:EX; Fischer, Jennifer HLTH:EX; Halston, Leslie HLTH:EX
Subject: RE: URGENT FOR BRENDAN: Fraser Health

No, nothing to add beyond that.

From: Christians, Angela HLTH:EX
Sent: Wednesday, March 16, 2016 11:16 AM
To: Abbott, Brendan HLTH:EX
Cc: Duesterwald, Meghan HLTH:EX; Fischer, Jennifer HLTH:EX; Halston, Leslie HLTH:EX
Subject: RE: URGENT FOR BRENDAN: Fraser Health

Thanks, those were shared with GCPE as well from FHA – so nothing else to add from our programs perspective? Ted has responded that he has nothing to add to the messages below.

Angela Christians
Risk and Issues Analyst
Performance & Issues Management
Ministry of Health
Telephone: 250 952-2187 | Cell: 250 893-6611

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From: Abbott, Brendan HLTH:EX
Sent: Wednesday, March 16, 2016 11:13 AM
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Brendan

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Cc: Duesterwald, Meghan HLTH:EX; Fischer, Jennifer HLTH:EX; Halston, Leslie HLTH:EX

Subject: URGENT FOR BRENDAN: Fraser Health
Importance: High

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Angela Christians
Risk and Issues Analyst
Performance & Issues Management
Ministry of Health
Telephone: 250 952-2187 | Cell: 250 893-6611

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Cc: Murray, Heather HLTH:EX; Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: FW: Fraser Health

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discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.

Secondary:

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- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

Bauer, Tim HLTH:EX

From: Duesterwald, Meghan HLTH:EX
Sent: Thursday, May 12, 2016 1:00 PM
To: Abbott, Brendan HLTH:EX; Copes, Marilyn HLTH:EX; Linton, Janice HLTH:EX
Cc: Leake, Greg HLTH:EX; Halston, Leslie HLTH:EX; Fischer, Jennifer HLTH:EX
Subject: IN - Pain/Anesthesiology
Attachments: IN_SMH_Non-ObstetricalAnesthesiology_12_May2016(1205pm).docx

FYI on the note attached

Bauer, Tim HLTH:EX

From:	Duesterwald, Meghan HLTH:EX
Sent:	Thursday, February 25, 2016 11:08 AM
To:	Abbott, Brendan HLTH:EX; Linton, Janice HLTH:EX; Rinta, Darcy HLTH:EX; Christney, Collette HLTH:EX
Cc:	Fischer, Jennifer HLTH:EX; Thorneloe, Angela HLTH:EX
Subject:	FW: IN - FOI & DOBA
Attachments:	IN_DOBA_Obstetrics_24Feb2016 (final for ministry).doc; IN_FOI_CEO complaint correspondence_24Feb2016_ministry_final.doc

FYI on these two notes from FHA

From: Lefebvre, Dave [mailto:dave.lefebvre@fraserhealth.ca]
Sent: Wednesday, February 24, 2016 6:22 PM
To: Plank, Sarah GCPE:EX; Thistle-Walker, Carlene GCPE:EX
Cc: XT:Nuraney, Naseem GCPE:IN
Subject: IN - FOI & DOBA

Hi Sarah and Carlene,

Attached you'll find two issues notes. The first is related to an FOI of physician correspondence to our CEO. The second is related to the dedicated obstetrical anaesthesia issue. Please let me know if you have any questions.

Dave

Dave Lefebvre
Director of Public Affairs | Fraser Health
Cell: 604-613-4397
fax: 604-587-4623
Media Pager: 604-450-7881
www.fraserhealth.ca

Follow us: http://twitter.com/Fraserhealth

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Bauer, Tim HLTH:EX

From: Lane, Michele HLTH:EX
Sent: Thursday, January 21, 2016 9:23 AM
To: Abbott, Brendan HLTH:EX
Subject: DOBA
Attachments: FW: DOBA; FW: DOBA; FW: DOBA; FW: Important Updates for Minister Lake; FW: Important Updates for Minister Lake; RE: DOBA; RE: DOBA; DOBA; DOBA & Anaesthesia; FW: Important Updates for Minister Lake

With the working group this might not be an issue anymore??
M

Michele Lane, RN, MBA
Executive Director, Acute and Provincial Services
Health Services Policy Division
Office: 250-952-3028 Cell: 250-217-0470
Assistant: Geoffrey Sanderson 250-952-3000

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Bauer, Tim HLTH:EX

From: Capron, Alyse HLTH:EX
Sent: Friday, May 1, 2015 3:26 PM
To: Lane, Michele HLTH:EX
Subject: FW: DOBA

Michele,

Here is an excerpt on DODA – Surrey. Darcy has reached out over the past 48 hrs to staff in Ted's division but got no response. As such the bullets do not contain any information regarding HR recruitment and compensation – updates on efforts.

In estimates these will need to be directed to that division.

Alyse

From: Rinta, Darcy HLTH:EX
Sent: Friday, May 1, 2015 3:24 PM
To: Capron, Alyse HLTH:EX
Subject: RE: DOBA

I phoned and left Abigail a message this afternoon but haven't heard back.

These bullets are directly from the FHA note in Mar 2015.

- Dedicated obstetrical anaesthesiology (DOBA) ensures that at least one anaesthesiologist is on site at all times to provide obstetrical anaesthesia services.
- Fraser Health completed a Service Review of Obstetrics in 2009 and identified a need for DOBA at two high-volume maternity sites – Surrey Memorial (4,200 plus births per year), Royal Columbian (3,000).
- Fraser Health made an offer to the Surrey Memorial anesthesiologists group in 2009 for DOBA under the Alternate Payment Plan rate, the maximum payment under the provincially negotiated agreement between the province and the BCMA, but the offer was rejected.
- Fraser Health has recruited and advertised for DOBA and has not received a single applicant, although the health authority has had some success in recruiting for general anaesthesiology.
- Fraser Health currently has 145 anesthesiologists working across the health authority.
- Currently, there is 24/7 anesthesiology at these three high-volume sites (Surrey, Royal Columbian and Abbotsford) and these sites have access to on-call anesthesiologists when needed.
- Fraser Health is continuing to work with the surgical and obstetrical programs and anesthesiologists to support timely access to anaesthesiology services. This includes developing models and criteria that can be used to anticipate and minimize risk through early identification of obstetrical cases that have the potential to require anaesthesiology services.
- $1.2 million are on the table for Surrey Memorial and Royal Columbian hospitals for DOBA.
- Anesthesiologists claim this is not enough and have tied DOBA to other general fee increase demands and manpower issues in the province.
- The BC Anesthesia Society is under new leadership who have indicated a desire to move forward in a collaborative manner.

From: Capron, Alyse HLTH:EX
Sent: Friday, May 1, 2015 10:20 AM
To: Rinta, Darcy HLTH:EX
Cc: Lane, Michele HLTH:EX
Subject: RE: DOBA

Ok … Well if we don't hear back by noon today, let's just draft the bullets with our understanding and information. Workforce planning has been "consulted" in prep for estimates and questions related to HR recruitment and compensation will need to be addressed by that division.

A.

From: Rinta, Darcy HLTH:EX
Sent: Thursday, April 30, 2015 4:23 PM
To: Capron, Alyse HLTH:EX
Subject: FW: DOBA
Importance: High

Fyi – haven't heard back yet

From: Rinta, Darcy HLTH:EX
Sent: Thursday, April 30, 2015 11:35 AM
To: Pittman, Abigail HLTH:EX
Subject: DOBA
Importance: High

Hi Abigail,

Rebecca Watt suggested I follow-up with you for an update with regards to DOBA. Do you have any more recent info to supplement this March 2015 note from FHA?

I am putting together some info for my ADM in support of Estimates. Please give me a call if required.

Many thanks,

Darcy Rinta
Manager, Provincial and Specialized Services
Acute and Provincial Services Branch
Health Services Policy and Quality Assurance Division
Ministry of Health
250-952-3072 (new phone number)
Warning: *This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.*

From: Lane, Michele HLTH:EX
Sent: Wednesday, April 29, 2015 2:29 PM
To: Capron, Alyse HLTH:EX

Cc: Rinta, Darcy HLTH:EX
Subject: FW: Important Updates for Minister Lake

FYI

From: Lane, Michele HLTH:EX
Sent: Friday, March 20, 2015 8:50 AM
To: Bragg, Jacquelynn HLTH:EX; Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX
Cc: Stewart, Sharon A HLTH:EX
Subject: FW: Important Updates for Minister Lake

Here is what FHA sent me

Bauer, Tim HLTH:EX

From: English, John HLTH:EX
Sent: Thursday, March 19, 2015 1:52 PM
To: 'Blair, Peter'; XT:HLTH Sandhu, Jag
Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX; XT:Morton, Roy HLTH:IN; XT:HLTH Giglio, Vivian HLTH:IN
Subject: RE: DOBA

Thank you for providing the further clarification Peter.

It is much appreciated.

John

John English, MBA, BA
Director, Physician Compensation Branch
Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

From: Blair, Peter [mailto:Peter.Blair@fraserhealth.ca]
Sent: Thursday, March 19, 2015 1:33 PM
To: English, John HLTH:EX; XT:HLTH Sandhu, Jag
Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX; Morton, Roy Dr.; XT:HLTH Giglio, Vivian HLTH:IN
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Program Medical Director
Fraser Health Authority
Clinical Professor Surgery, UBC
604 417 4232

Unless someone like you cares a whole lot, nothing is going to get better. It's not.
The Lorax, Dr. Suess

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Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX; Blair, Peter; Morton, Roy Dr.; Giglio, Vivian
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Please keep us informed of any new developments in connection with DOBA agreements at SMH and at RCH.

Thanks again,

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From: Sandhu, Jag [mailto:Jag.Sandhu@fraserhealth.ca]
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Subject: RE: DOBA

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In June 2014, Dr. Webb had support from Ted Patterson to offer the SMH group $1,225,000 but the offer was rejected at the time. (The $1.2 M reference in the BN relates to SMH only as SMH is the highest priority). There is no foreseeable DOBA agreement at SMH in the short term and the lack of a DOBA service may pose a risk to public relations as presented by Dr. Blair.

As per the March 11, 2014 letter from Ted Patterson, FHA has allocated part of the $1.8 M funding originally intended to supply a DOBA service to services related to the expansion of SMH. (FHA currently has $502,830 unallocated APP available). FHA confirms and is in agreement the use of the $1.8 M funding will mean that there is no additional APP funding available to support any future DOBA contracts. FHA understands reallocation from existing APP contracts will be required to support the full costs of a DOBA should an agreement be reached.

Please let me know if you have any additional questions or concerns.

Thanks, Jag

From: English, John HLTH:EX [mailto:John.English@gov.bc.ca]
Sent: Wednesday, March 18, 2015 2:02 PM

To: Sandhu, Jag
Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX
Subject: DOBA
Importance: High

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Please advise us how much money FHA has available to support DOBA agreements and where that money would come from.

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Cc: Stewart, Sharon A HLTH:EX
Subject: FW: DOBA
Attachments: RE: DOBA; RE: DOBA; RE: DOBA

I think this is it.....

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Clinical Professor Surgery, UBC
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Please let me know if you have any additional questions or concerns.

Thanks, Jag

From: English, John HLTH:EX [mailto:John.English@gov.bc.ca]
Sent: Wednesday, March 18, 2015 2:02 PM
To: Sandhu, Jag
Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX
Subject: DOBA
Importance: High

Hi Jag.

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Please advise us how much money FHA has available to support DOBA agreements and where that money would come from.

Thanks

John

John English, MBA, BA
Director, Physician Compensation Branch
Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

Bauer, Tim HLTH:EX

From: Lane, Michele HLTH:EX
Sent: Friday, March 20, 2015 8:51 AM
To: Bragg, Jacquelynn HLTH:EX; Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX
Cc: Stewart, Sharon A HLTH:EX
Subject: FW: DOBA
Attachments: IN_DOBA_2Mar2015.doc

Email sent to FHA

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Sent: Wednesday, March 18, 2015 2:02 PM
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Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

Bauer, Tim HLTH:EX

From: XT:Schmidt, Christina FRHA HLTH:IN
Sent: Wednesday, March 18, 2015 12:34 PM
To: Lane, Michele HLTH:EX
Cc: Blair, Peter
Subject: DOBA & Anaesthesia
Attachments: IN_DOBA_2Mar2015.doc

Hi Michele. I just spoke to Dr. Peter Blair, Program Medical Director for Surgery. He has requested that I send you the attached Briefing Note on DOBA.

If you have further questions, or need any additional information, he is available anytime on his cell phone at s.22 s.22

Regards,
Christina

Christina Schmidt
Executive Assistant to:
Vivian Giglio, Vice President, Regional Hospitals & Communities

#400 – 13450 102 Avenue, Surrey, BC V3T 0H1
Direct: 604-587-4667
Email: christina.schmidt@fraserhealth.ca

From: Schmidt, Christina
Sent: Wednesday, March 18, 2015 11:51 AM
To: 'Lane, Michele HLTH:EX'
Cc: Hockney, Judith
Subject: RE: Time for a call?

Hi Michele. Best to call Judith Hockney – she appears to be in a meeting until 12:30 but should be free after that. For this, I think Judith will be your go-to in Vivian's absence.

Judith Hockney, Executive Director
Cell: 604-807-7829

Regards,
Christina

Christina Schmidt
Executive Assistant to:
Vivian Giglio, Vice President, Regional Hospitals & Communities

#400 – 13450 102 Avenue, Surrey, BC V3T 0H1
Direct: 604-587-4667
Email: christina.schmidt@fraserhealth.ca

From: Lane, Michele HLTH:EX [mailto:Michele.Lane@gov.bc.ca]
Sent: Wednesday, March 18, 2015 11:40 AM
To: Schmidt, Christina
Subject: RE: Time for a call?

This is related to Anaesthesia and DOBA.
Best to talk with someone
M

From: Schmidt, Christina [mailto:Christina.Schmidt@fraserhealth.ca]
Sent: Wednesday, March 18, 2015 11:26 AM
To: Lane, Michele HLTH:EX
Subject: RE: Time for a call?

Hi Michele. s.22 So sorry.

If you can put the info you need in an email, I can get the answers for you… Or, I can arrange for a call with someone else who can assist instead. Please let me know.

Christina

Christina Schmidt
Executive Assistant to:
Vivian Giglio, Vice President, Regional Hospitals & Communities

#400 – 13450 102 Avenue, Surrey, BC V3T 0H1
Direct: 604-587-4667
Email: christina.schmidt@fraserhealth.ca

From: Lane, Michele HLTH:EX [mailto:Michele.Lane@gov.bc.ca]
Sent: Wednesday, March 18, 2015 11:22 AM
To: Schmidt, Christina
Subject: FW: Time for a call?
Importance: High

Can you advise??

From: Lane, Michele HLTH:EX
Sent: Wednesday, March 18, 2015 11:22 AM
To: XT:HLTH Giglio, Vivian HLTH:IN
Subject: Time for a call?
Importance: High

Viv…..
You have a few minutes to talk?
I have some info I need for the minister by Friday around DOBA and anesthesia

Michele Lane, RN, MBA

Executive Director, Acute and Provincial Services
Health Services Policy and Quality Assurance Division
Office: 250-952-3028Cell: 250-217-0470
Assistant: Geoffrey Sanderson 250-952-1178
******** Please note new phone number*********

Warning: *This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.*

Bauer, Tim HLTH:EX

From: Lane, Michele HLTH:EX
Sent: Friday, March 20, 2015 8:35 AM
To: Bragg, Jacquelynn HLTH:EX; Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX
Cc: Stewart, Sharon A HLTH:EX
Subject: FW: Important Updates for Minister Lake
Attachments: Scan_20150317.pdf

Here is where it starts

From: English, John HLTH:EX
Sent: Wednesday, March 18, 2015 10:36 AM
To: Lane, Michele HLTH:EX
Cc: Frechette, Rod HLTH:EX
Subject: FW: Important Updates for Minister Lake
Importance: High

Good morning Michele.

Would your group be able to connect with Fraser Health Authority to obtain information for the Minister on the surgical services being referred to by Dr. Brar in his e mail note of March 10th below to Minister Lake ? Please advise if your team will be able to provide the information being requested for the Minister by Friday March 20th.

Thanks

John

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From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 18, 2015 7:56 AM
To: Frechette, Rod HLTH:EX
Cc: English, John HLTH:EX
Subject: FW: Important Updates for Minister Lake

Rod,

Can you ask John to either connect with Doug's staff or Fraser to discuss the surgical issue and then include a couple bullets in the meeting material he is preparing for the Minister?

T

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division

From: Loiacono, Sabrina HLTH:EX
Sent: Thursday, March 12, 2015 3:28 PM
To: Patterson, Ted HLTH:EX
Cc: Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; Martin, Rhiannon HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; Andrachuk, Andrea HLTH:EX
Subject: RE: Important Updates for Minister Lake

Looks like the Minister would like your division to take a look at this and provide some feedback. He then would like to meet with Dr. Brar.

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Cc: Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX
Subject: RE: Important Updates for Minister Lake

Hi Sabrina,

I am in fairly regular communication with Dr. Brar about doing some provincial level work on anaesthesia, but I have not discussed the specific FHA issue he raises below. Stephen and I will be arranging to meet with him over the next few weeks.

Is there anything specific you would like me to follow up on with this one?

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Hi Ted,

Do you know anything about this?

S.

From: Sukhpal Brar [mailto:s.22]
Sent: Tuesday, March 10, 2015 12:22 PM
To: Loiacono, Sabrina HLTH:EX
Subject: Important Updates for Minister Lake

Dear Terry,

I hope this message finds you well. I am writing to you as a bit of a "heads up" on a matter at Surrey Memorial

Hospital (SMH) that has come to my attention, and which I believe we can jointly reference as a reflection of the collaborative work that is being done to improve surgical waitlists and wait times for patients.

Dr. s.22 a general surgeon and s.22 contacted me last week with concerns that a small subset of SMH surgeons may go public with complaints about the impact of the local anesthesiologist shortage.

As background, I'm sure that you are aware that the anesthesiologist shortage in Surrey has been deeper and much longer lasting than what is being experienced in Kamloops, with frequent OR closures as a result. For much of 2014, during weekday "business hours" an anesthesiologist was scheduled to be available for the high-risk maternity (obstetrics) program. For a variety of reasons, this resource was significantly under-utilized. Frankly, it didn't make much sense to continue scheduling an anesthesiologist in that way, at the expense of an additional OR being used.

After consultation with SMH surgical colleagues and FHA Admin, in January the anesthesiology department re-assigned that resource to the Main OR, to maximize the availability of anesthesiologists for elective surgery, in an effort to reduce waitlists. Of course, some surgeons benefited more than others, which means that some surgeons feel unfairly treated; but the bottom line is that far more patients are getting their surgeries now than if the old arrangement had continued.

If contacted by local decision-makers and/or the media, it is the latter information that I will convey to them.

(As an aside, re-opening of an OR and completing more surgeries does mean additional costs to FHA. It is not clear to us whether this change was truly welcomed by FHA, but that is a separate issue.)

Of course, I am also keen to see truly collaborative progress in providing the support needed to establish Dedicated Obstetric Anesthesia ("DOBA") programs in BC, including at Surrey Memorial. DOBA would help deliver "gold standard" care for thousands of labouring mothers each year, while also creating hospital efficiencies that will allow greater surgical throughput and a further reduction of surgical wait times. Attached is a Briefing Note on DOBA which provides more background on this win-win-win proposal.

The BCAS continues to be involved in constructive and meaningful work alongside your ministry officials, both at the Provincial Surgical Executive Committee and elsewhere. I would welcome an opportunity to meet with you personally to review progress made, and to discuss the health care achievements that are possible.

Best regards,
Sukh

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Cell s.22

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Cell s.22

Bauer, Tim HLTH:EX

From: Blair, Peter <Peter.Blair@fraserhealth.ca>
Sent: Thursday, March 19, 2015 1:33 PM
To: English, John HLTH:EX; XT:HLTH Sandhu, Jag
Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX; XT:Morton, Roy HLTH:IN; XT:HLTH Giglio, Vivian HLTH:IN
Subject: RE: DOBA

If I may be permitted to comment, the optimism is due to the new leadership of the BC Anesthesia Society. The current president is working to restore a positive relationship with the DoBC and the Ministry but any agreement regarding obstetrical anesthesia services at SMH and RCH and throughout the province is still a long way off and will be part of an overall improvement in the DoBC fee allocation process in favour of anesthesia.

N Peter Blair
Program Medical Director
Fraser Health Authority
Clinical Professor Surgery, UBC
604 417 4232

Unless someone like you cares a whole lot, nothing is going to get better. It's not.
The Lorax, Dr. Suess

From: English, John HLTH:EX [mailto:John.English@gov.bc.ca]
Sent: Thursday, March 19, 2015 10:54 AM
To: Sandhu, Jag
Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX; Blair, Peter; Morton, Roy Dr.; Giglio, Vivian
Subject: RE: DOBA

Thank you for your quick response. The Minister's Office has requested an update and we need to ensure that the planned use of funding is aligned with the messages in the Briefing Note.

Based upon the Briefing Note and your reply to our e mail, we understand that FHA is entering into a new round of discussions with anaesthetists at SMH, that there is some increased optimism that a DOBA agreement might be reached and that FHA would then plan to re-allocate existing funds for physician services to support that agreement.

Please keep us informed of any new developments in connection with DOBA agreements at SMH and at RCH.

Thanks again,

John

John English, MBA, BA
Director, Physician Compensation Branch
Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

From: Sandhu, Jag [mailto:Jag.Sandhu@fraserhealth.ca]
Sent: Thursday, March 19, 2015 10:38 AM
To: English, John HLTH:EX
Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX; Blair, Peter; Morton, Roy Dr.; XT:HLTH Giglio, Vivian HLTH:IN
Subject: RE: DOBA

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Thanks, Jag

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Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX
Subject: DOBA
Importance: High

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Bauer, Tim HLTH:EX

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Sent: Thursday, March 19, 2015 12:01 PM
To: Christney, Collette HLTH:EX; Abbott, Brendan HLTH:EX
Cc: Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX; Stewart, Sharon A HLTH:EX
Subject: FW: DOBA
Attachments: DOBA Briefing Note - June 2014.pdf; IN_DOBA_march 13 2015_DRAFT.DOCX; IN_DOBA_2Mar2015.doc

Good morning,

This has also gone to Workforce Division. Is this something that you guys can provide information on or should we defer to Rod Frechette. Please see GCPE's request below.

Jacquelynn Bragg
Risk & Issues Analyst | Client Relations, Issues Management & Support Services
Health Services Policy & Quality Assurance Division | Ministry of Health
Telephone: 250 952-1401 | Cell:
Email: Jacquelynn.Bragg@gov.bc.ca

From: Anderson, Kristy GCPE:EX
Sent: Thursday, March 19, 2015 11:49:31 AM (UTC-08:00) Pacific Time (US & Canada)
To: Frechette, Rod HLTH:EX; HLTH HAD Issues HLTH:EX
Cc: MacDougall, Cindy GCPE:EX; Jabs, Ryan GCPE:EX; Heinze, Laura R GCPE:EX
Subject: DOBA

Hi folks – not 100% sure who this one needs to go to but we need to start prepping materials. We are trying to pull together an updated note on DOBA. From the attachments it looks like a couple things are going on

PDF

- Recommends that a variety of on-site, off site, and blended DOBA models be implemented at maternity centres. s.17
- Suggests this will save 2.4 M annual in OT costs.

FH IN

- Funding remains on the table for Surrey for DOBA but anesthesiologist say this is not enough.
- Surgeons continue to lobby for this and are now being encouraged to write their local MLAs.

So can you tell us the following:

- Do you have any more background on this that you can share?
- Have you see the attached PDF and has the ministry prepared a response?
- If asked about this in the house what should the minister say and how should MLAs be advised to response?

Thanks,

British Columbia
ANESTHESIOLOGISTS' SOCIETY

326 - 555 Sixth Street
New Westminster BC ● V3L 5H1
P: 604-553-0040 ● F: 604-553-0063

Maximizing the Comfort and Safety of Mothers and Newborns in BC
Status Report – June 2014

Background

The BC Anesthesiologists' Society is keenly interested in collaborating with key stakeholders, including the Government of BC, to ensure timely access to the highest quality maternity care throughout the province.

Every year in BC, more than 25,000 pregnant mothers depend on the timely involvement of anesthesiologists to provide effective pain relief (e.g. labour epidurals), as well as to facilitate safe deliveries during extremely time-sensitive and unpredictable circumstances (e.g. forceps and emergency C-section deliveries).

At each hospital which offers surgical and maternity services, an anesthesiologist must be on-call 24/7/365. In the traditional staffing model, the anesthesiologist-on-call must divide his/her attention between laboring mothers, and patients requiring emergency surgery. This means that while the anesthesiologist is providing care to a labouring woman, the OR (its' staff, resources, and surgeons) remain idle; and while the anesthesiologist is looking after an emergency surgical patient, labouring moms are often waiting for help.

Throughout the health care system, there is increasing attention being placed both on patient safety, as well as the efficient use of overall health care resources. The implementation of a ***Dedicated Obstetrical Anesthesiology ("DOBA") program*** is an innovative solution that improves patient care, while creating immediate savings in costs and resources.

The BCAS Proposal

Through 3 successive collaborative agreements, the Government of BC has already committed significant funds toward obstetrical anesthesiology care. More than $8 million in annual funding exists, some of which has yet to be allocated. In addition, in excess of $7 million in one-time funding has accumulated under those agreements.

The BCAS is proposing to collaborate with Government and other key stakeholders to invest those existing funds to roll-out a province-wide initiative which will:

- Implement an on-site DOBA program at each of the province's tertiary maternity centres (e.g. Surrey Memorial) to eliminate access and safety issues for higher-risk pregnant women and their unborn children.
- Implement an off-site DOBA program for communities across BC with medium-sized maternity centres (e.g. Kelowna, Langley, Richmond).

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ANESTHESIOLOGISTS' SOCIETY

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- Implement an innovative, hybrid DOBA program in communities with large non-tertiary maternity centres (e.g. Abbotsford).
- And ensure timely access to the safest and most effective pain relief possible for laboring women throughout British Columbia.

s.17

We also estimate that each on-site DOBA program will save health authorities $2.4 Million annually in overtime surgical (operating room) resources. Looked at another way, each DOBA program would free up the equivalent of $2.4 Million worth of OR time to increase surgical capacity, without any additional budgetary allocation to the surgical program.

Summary

The BCAS looks forward to working closely with the Government of BC to maximize the comfort and safety of mothers and newborns throughout the province.

Our DOBA proposal ensures timely access to the highest quality maternity care. This innovative program also frees up existing resources to immediately improve access to the Operating Room, reducing waitlists, and delivering more efficient surgical care.

ADVICE TO MINISTER

CONFIDENTIAL ISSUES NOTE **Ministry: Health** **Date: March 13, 2015** **Minister Responsible: Terry Lake**	**Dedicated Obstetrical Anaesthesia Services**

BACKGROUND REGARDING THE ISSUE:

- The B.C. Anesthesiologists' Society has made a proposal to the Ministry of Health regarding a provincewide Dedicated Obstetrical Anaesthesia Services (DOBA) program.
- A DOBA program creates a separate group of anesthesiologists who provide services to obstetrical patients only: epidurals for labouring mothers, and epidural, spinal and general anaesthesia services for surgical birth
- The society proposes the ministry spend $15 million from previously allocated funding for anesthesia services (FROM WHICH AGREEMENTS? DofBC?) to create the program.
- The proposed provincewide DOBA program would include:
    - an on-site program at each of the province's tertiary maternity centres (e.g. Surrey Memorial);
    - an off-site DOBA program for communities with medium-sized maternity centres (e.g. Kelowna, Langley, Richmond);
    - a hybrid DOBA program in communities with large non-tertiary maternity centres (e.g. Abbotsford).
- The proposal states health authorities would have to hire s.13,s.17 s.13,s.17

- The society says it estimates each on-site DOBA program will save health authorities $2.4 million a year in overtime surgical (operating room) resources, freeing the equivalent of $2.4 million worth of operating room time to increase surgical capacity.
- However, the Ministry of Health already dedicated $X.X million annually for DOBA programs provincewide, with Victoria General Hospital being the first large maternity centre to set up a DOBA program, in 2012.

DISCUSSION/ADVICE:

- xx
- xx

ADVICE AND RECOMMENDED RESPONSE:

- xx
- xx

Communications Contact: Reviewer:

Program Area Contact:
File Created:
File Updated:

Minister's Office	Program Area	Deputy	HLTH Communications

Bauer, Tim HLTH:EX

From: Christney, Collette HLTH:EX
Sent: Wednesday, March 2, 2016 1:15 PM
To: Copes, Marilyn HLTH:EX; Dr Andy Hamilton
Subject: FW: IN - DOBA
Attachments: IN_DOBA_Obstetrics_24Feb2016 (final for ministry).doc

Found it.

From: Duesterwald, Meghan HLTH:EX
Sent: Thursday, February 25, 2016 11:08 AM
To: Abbott, Brendan HLTH:EX; Linton, Janice HLTH:EX; Rinta, Darcy HLTH:EX; Christney, Collette HLTH:EX
Cc: Fischer, Jennifer HLTH:EX; Christians, Angela HLTH:EX
Subject: FW: IN - FOI & DOBA

FYI on these two notes from FHA

From: Lefebvre, Dave [mailto:dave.lefebvre@fraserhealth.ca]
Sent: Wednesday, February 24, 2016 6:22 PM
To: Plank, Sarah GCPE:EX; Thistle-Walker, Carlene GCPE:EX
Cc: XT:Nuraney, Naseem GCPE:IN
Subject: IN - FOI & DOBA

Hi Sarah and Carlene,

Attached you'll find two issues notes. The first is related to an FOI of physician correspondence to our CEO. The second is related to the dedicated obstetrical anaesthesia issue. Please let me know if you have any questions.

Dave

Dave Lefebvre
Director of Public Affairs | Fraser Health
Cell: 604-613-4397
fax: 604-587-4623
Media Pager: 604-450-7881
www.fraserhealth.ca

Follow us: http://twitter.com/Fraserhealth

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Bauer, Tim HLTH:EX

From: Copes, Marilyn HLTH:EX
Sent: Tuesday, July 5, 2016 8:24 AM
To: Korchinski, John HLTH:EX
Subject: FW: Anesthesia issue at Jim Pattison Outpatient Care and Surgery Center
Attachments: [Untitled]_2016051109184100.pdf

Importance: High

1 of 3

From: Copes, Marilyn HLTH:EX
Sent: Monday, June 27, 2016 11:51 AM
To: Korchinski, John HLTH:EX
Subject: FW: Anesthesia issue at Jim Pattison Outpatient Care and Surgery Center
Importance: High

From: Stewart, Sharon A HLTH:EX
Sent: Wednesday, May 11, 2016 3:56 PM
To: Patterson, Ted HLTH:EX; Copes, Marilyn HLTH:EX; Abbott, Brendan HLTH:EX
Cc: Stevenson, Lynn HLTH:EX; Casanova, Tamara HLTH:EX
Subject: Fw: Anesthesia issue at Jim Pattison Outpatient Care and Surgery Center
Importance: High

Ted - looping you in given linkage to anesthesiologist.

Brendan/Marilyn, not sure if you are aware of this situation?

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Lane, Michele <michele.lane@fraserhealth.ca>
Sent: Wednesday, May 11, 2016 3:26 PM
To: Hughes, Doug J HLTH:EX; Stewart, Sharon A HLTH:EX
Cc: XT:HLTH Giglio, Vivian HLTH:IN; XT:Nuraney, Naseem GCPE:IN
Subject: Anesthesia issue at Jim Pattison Outpatient Care and Surgery Center

Hi Doug and I hear Sharon you are covering???
We have been alerted to an issue here at JPOCSC re one of the anesthesiologist giving the attached letter to patients today in the pain clinic.
Medical Affairs(Roy Morton) is involved as is the regional department head who is on site speaking with the physician.
We have asked that the letter not be distributed to anymore patients and those that did receive the letter during their appointments(22 received the letter) will receive a call from Fraser Health assuring them that the service will still be available.
The physician continues to feel that s.22 needs to advise s.22 patients that March of 201 s.22 might not be delivering services s.22 has agreed to edit the letter taking out any reference to FH. Once I receive I will share.
Please let me know if you have any questions.
M

Michele Lane, RN, MBA
Executive Director, Community Health Services, Surrey, JPOCSC & FH Renal Services
1st Floor, 9750 140th Street, Surrey, BC V3T 0G9
Office: 604-582-4550 x 763834
Cell: 604-807-7829
Email: michele.lane@fraserhealth.ca

Administrative Assistant: Carla Legros
Email: carla.legros@fraserhealth.ca

This message is confidential. If you have received this e-mail in error, please reply to the sender immediately to inform us that you are not the intended recipient and delete the e-mail from your computer system. Thank you.

May 10, 2016 DRAFT 4

JPOCSC Pain Management Clinic
Department of Anesthesia
Surrey Memorial Hospital and JPOCSC

To Patients of the JPOCSC Pain Management Clinic:

Unfortunately, I must inform you that the Fraser Health Authority has decided to terminate the privileges of all Physicians in the Department of Anesthesiology at Surrey Memorial Hospital and the Jim Pattison Outpatient Care and Surgery Center (JPOCSC). The physicians who work at the Chronic Pain Management Clinic at JPOCSC are members of the Department of Anesthesiology and have been advised that they will not be able to practice within Fraser Health, including at the JPOCSC Pain Management Clinic, starting March 1, 2017.

Although I am hopeful that the Fraser Health Authority decision will be reversed, discussions have been held with the College of Physicians and Surgeon of BC regarding the welfare of the clinic's patients. As a result of these discussions, we have been advised that the physicians at the Chronic Pain Management Clinic should inform their patients at an appropriate time that our services will cease. The timeline is:

1) from May 10, 2016 we will stop accepting new referrals for medical management, as this requires ongoing care,
2) the Pain Physicians will continue to accept new referrals for interventional treatment (i.e., injections or pain blocks) until Fall 2016, and
3) for all current patients, the Pain Physicians will continue with your chronic pain medical needs until fall of 2016.

We recognize the difficulty finding medical management expertise for Chronic Pain in a timely manner, and are therefore informing you and your Primary Care Provider that our services may end so that you can look for alternatives at your earliest convenience. We wish you the best, in good faith.

Sincerely,

s.22

Bauer, Tim HLTH:EX

From: Copes, Marilyn HLTH:EX
Sent: Tuesday, July 5, 2016 8:25 AM
To: Korchinski, John HLTH:EX
Subject: FW: Anesthesia issue at Jim Pattison Outpatient Care and Surgery Center

2 of 3

From: Copes, Marilyn HLTH:EX
Sent: Monday, June 27, 2016 11:52 AM
To: Korchinski, John HLTH:EX
Subject: FW: Anesthesia issue at Jim Pattison Outpatient Care and Surgery Center

---

From: Patterson, Ted HLTH:EX
Sent: Wednesday, May 11, 2016 4:27 PM
To: Copes, Marilyn HLTH:EX; Stewart, Sharon A HLTH:EX
Cc: Stevenson, Lynn HLTH:EX; Casanova, Tamara HLTH:EX; Abbott, Brendan HLTH:EX
Subject: RE: Anesthesia issue at Jim Pattison Outpatient Care and Surgery Center

There were a couple doctors that should not have been caught up in the removal of privileges by FHA – these docs have been assured the Board will reverse its decision. As such, this is unnecessary communication on the physician's part. Let's leave it for FHA to manage

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465
s.17

From: Copes, Marilyn HLTH:EX
Sent: Wednesday, May 11, 2016 4:07 PM
To: Stewart, Sharon A HLTH:EX
Cc: Stevenson, Lynn HLTH:EX; Casanova, Tamara HLTH:EX; Copes, Marilyn HLTH:EX; Abbott, Brendan HLTH:EX; Patterson, Ted HLTH:EX
Subject: RE: Anesthesia issue at Jim Pattison Outpatient Care and Surgery Center

Hi Sharon,
I was not aware letters were being issued to patients as of today. I was aware FH had given notice to the members of the anesthesia department; at that time Ted indicated this is a local issue to be managed by FH.
Thanks,
Marilyn

From: Stewart, Sharon A HLTH:EX
Sent: Wednesday, May 11, 2016 3:56 PM
To: Patterson, Ted HLTH:EX; Copes, Marilyn HLTH:EX; Abbott, Brendan HLTH:EX
Cc: Stevenson, Lynn HLTH:EX; Casanova, Tamara HLTH:EX
Subject: Fw: Anesthesia issue at Jim Pattison Outpatient Care and Surgery Center
Importance: High

Ted - looping you in given linkage to anesthesiologist.

Brendan/Marilyn, not sure if you are aware of this situation?

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To: Hughes, Doug J HLTH:EX; Stewart, Sharon A HLTH:EX
Cc: XT:HLTH Giglio, Vivian HLTH:IN; XT:Nuraney, Naseem GCPE:IN
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Hi Doug and I hear Sharon you are covering???
We have been alerted to an issue here at JPOCSC re one of the anesthesiologist giving the attached letter to patients today in the pain clinic.
Medical Affairs(Roy Morton) is involved as is the regional department head who is on site speaking with the physician.
We have asked that the letter not be distributed to anymore patients and those that did receive the letter during their appointments(22 received the letter) will receive a call from Fraser Health assuring them that the service will still be available.
The physician continues to feel that s.22 needs to advise s.22 patients that March of 2017 s.22 might not be delivering services s.22 has agreed to edit the letter taking out any reference to FH. Once I receive I will share.
Please let me know if you have any questions.
M

Michele Lane, RN, MBA
Executive Director, Community Health Services, Surrey, JPOCSC & FH Renal Services
1st Floor, 9750 140th Street, Surrey, BC V3T 0G9
Office: 604-582-4550 x 763834
Cell: 604-807-7829
Email: michele.lane@fraserhealth.ca

Administrative Assistant: Carla Legros
Email: carla.legros@fraserhealth.ca

This message is confidential. If you have received this e-mail in error, please reply to the sender immediately to inform us that you are not the intended recipient and delete the e-mail from your computer system. Thank you.

Bauer, Tim HLTH:EX

From:	Copes, Marilyn HLTH:EX
Sent:	Tuesday, July 5, 2016 8:25 AM
To:	Korchinski, John HLTH:EX
Subject:	FW: FHA Letter of Firing to SMH Dept. of Anesthesiology
Attachments:	SMH Anesthesia Termination Letter.pdf; ATT00001.html

3 of 3

From: Copes, Marilyn HLTH:EX
Sent: Monday, June 27, 2016 11:52 AM
To: Korchinski, John HLTH:EX
Subject: FW: FHA Letter of Firing to SMH Dept. of Anesthesiology

---

From: Hamilton, Dr. Andy [mailto:Andy.Hamilton@interiorhealth.ca]
Sent: Tuesday, March 1, 2016 10:54 AM
To: Copes, Marilyn HLTH:EX
Subject: Fwd: FHA Letter of Firing to SMH Dept. of Anesthesiology

s.17

Begin forwarded message:

From: Sukhpal Brar <s.22 >
Subject: FHA Letter of Firing to SMH Dept. of Anesthesiology
Date: March 1, 2016 at 10:38:23 AM PST
To: Andy Hamilton <Andy.Hamilton@interiorhealth.ca>

Hi Andy,

I hope this finds you well. As you are likely aware we were tasked with finding an obstetrical anesthesiology solution for the province through the Provincial Anesthesiology Services Working Group. There was some significant work done in terms of collecting and discussing high fidelity obstetrical data at PASWG and I was confident we would be able to find a principled solution that met the needs of the patients most importantly and other stakeholders. However, there appears to have been significant efforts to work outside PASWG to try and resolve the complex challenges at Surrey Memorial Hospital (SMH). Here is the letter attached. Roy had indicated that the personally-addressed letters were sent by registered mail on Thursday to each department member.

I'll note a few things...

1. Mr. Marchbank is invoking FHA Medical Staff Bylaw 3.1.6; thereby acknowledging that the termination is not related to any disciplinary, patient safety, or quality of medical care issue.

Question: If it is not disciplinary, patient safety, or quality care related, then what is Mr. Marchbank's rationale for terminating THE ENTIRE department at Surrey Memorial??? What will be the outcome of that mass termination?

2. Under the bylaws, medical staff can resign without cause with 3 months notice to FHA.
s.13

3. If Fraser Health carries through on these terminations, Surrey Memorial will be left with no department of anesthesiology (no elective surgery, no emergency surgery, no maternity care, no pain management) effective on **March 1st, 2017**.

4. The BCAS has been working constructively and collaboratively with MOH and PSEC stakeholders for over a year now, and has invested significant political capital convincing our members that the government and health authorities had turned a new leaf and engaged in a mutually respectful relationship with us.

That goodwill and engagement may be lost when word gets out to our members about this FHA tactic. I have been back channeling with a number of key individuals involved and have developed a better understanding of this complex situation.

Sukh.

fraserhealth Better health. Best in health care.

25 February 2016

Dr. **Delivered via Registered Mail**

Dear Dr. :

On behalf of the Board of the Fraser Health Authority (the "Board"), I am writing to provide you with the required formal twelve (12) months' notice that your appointment to the Fraser Health Medical Staff will terminate effective **March 1, 2017**.

This Notice of Termination is being delivered to you pursuant to Bylaw 3.1.6 of the Medical Staff Bylaws of Fraser Health dated January 2, 2013.

Bylaw 3.1.6 provides as follows:

> 3.1.6 The Board of Directors must, except in response to disciplinary procedure, patient safety issue or quality of medical care issue, give a member of the medical staff twelve months' notice of termination of that member's appointment.

During the twelve month notice period, it is Fraser Health's expectation – and your obligation – to continue providing clinical services to Fraser Health patients in the normal course.

Pursuant to Bylaw 11.2.4.1, you have the right, on application in writing to the Board, to request to appear before the Board in person or by legal counsel in order to make representations to the Board and request that it reconsider this decision.

I understand you may have questions about this notice and the reasons for its delivery. Should you wish to have a discussion with Fraser Health medical administration about this decision, I invite you to contact Dr. Roy Morton, Vice President Medicine and Regional Programs.

Sincerely,

Michael Marchbank
President and Chief Executive Officer

Cc: Dean Jones, MD, FRCPC, Regional Department Head/Medical Director, Anesthesiology
Roy Morton, MD, FRCPC, Vice President Medicine and Regional Programs
Peter Blair, MD, FRCSC, Executive Medical Director, Medical Affairs and Physician Development
Rob McDermid, MD, FRCPC, Site Medical Director, Surrey Memorial Hospital

Fraser Health Authority
Office of the President and CEO

Suite 400, Central City Tower
13450 102nd Avenue
Surrey, BC
V3T 0H1 Canada

Tel (604) 587-4625
Fax (604) 587-4666
www.fraserhealth.ca

Bauer, Tim HLTH:EX

From: Capron, Alyse HLTH:EX
Sent: Friday, May 1, 2015 10:20 AM
To: Rinta, Darcy HLTH:EX
Cc: Lane, Michele HLTH:EX
Subject: RE: DOBA

Ok … Well if we don't hear back by noon today, let's just draft the bullets with our understanding and information. Workforce planning has been "consulted" in prep for estimates and questions related to HR recruitment and compensation will need to be addressed by that division.

A.

From: Rinta, Darcy HLTH:EX
Sent: Thursday, April 30, 2015 4:23 PM
To: Capron, Alyse HLTH:EX
Subject: FW: DOBA
Importance: High

Fyi – haven't heard back yet

From: Rinta, Darcy HLTH:EX
Sent: Thursday, April 30, 2015 11:35 AM
To: Pittman, Abigail HLTH:EX
Subject: DOBA
Importance: High

Hi Abigail,

Rebecca Watt suggested I follow-up with you for an update with regards to DOBA. Do you have any more recent info to supplement this March 2015 note from FHA?

I am putting together some info for my ADM in support of Estimates. Please give me a call if required.

Many thanks,

Darcy Rinta
Manager, Provincial and Specialized Services
Acute and Provincial Services Branch
Health Services Policy and Quality Assurance Division
Ministry of Health
250-952-3072 (new phone number)
Warning: *This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.*

From: Lane, Michele HLTH:EX
Sent: Wednesday, April 29, 2015 2:29 PM
To: Capron, Alyse HLTH:EX
Cc: Rinta, Darcy HLTH:EX
Subject: FW: Important Updates for Minister Lake

FYI

From: Lane, Michele HLTH:EX
Sent: Friday, March 20, 2015 8:50 AM
To: Bragg, Jacquelynn HLTH:EX; Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX
Cc: Stewart, Sharon A HLTH:EX
Subject: FW: Important Updates for Minister Lake

Here is what FHA sent me

Bauer, Tim HLTH:EX

From: Duesterwald, Meghan HLTH:EX
Sent: Thursday, April 30, 2015 11:22 AM
To: Rinta, Darcy HLTH:EX
Subject: FW: Important Updates for Minister Lake
Attachments: FW: DOBA; FW: Important Updates for Minister Lake

Do you have these?

From: Rinta, Darcy HLTH:EX
Sent: Thursday, April 30, 2015 10:58 AM
To: Duesterwald, Meghan HLTH:EX
Subject: FW: Important Updates for Minister Lake

I need an update to this but not sure what the best approach would be…I could send to John English's area to see if they know or to the FHA program…or what do you think?

From: Lane, Michele HLTH:EX
Sent: Wednesday, April 29, 2015 2:29 PM
To: Capron, Alyse HLTH:EX
Cc: Rinta, Darcy HLTH:EX
Subject: FW: Important Updates for Minister Lake

FYI

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Cc: Stewart, Sharon A HLTH:EX
Subject: FW: Important Updates for Minister Lake

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Bauer, Tim HLTH:EX

From: Lane, Michele HLTH:EX
Sent: Friday, March 20, 2015 8:52 AM
To: Bragg, Jacquelynn HLTH:EX; Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX
Cc: Stewart, Sharon A HLTH:EX
Subject: FW: DOBA
Attachments: RE: DOBA; RE: DOBA; RE: DOBA

I think this is it.....

From: Sandhu, Jag [mailto:Jag.Sandhu@fraserhealth.ca]
Sent: Thursday, March 19, 2015 10:38 AM
To: English, John HLTH:EX
Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX; Blair, Peter; Morton, Roy Dr.; XT:HLTH Giglio, Vivian HLTH:IN
Subject: RE: DOBA

Hi John,

As you are aware, SMH DOBA service is a critical patient care requirement in FHA. However, FHA has been unable to reach an agreement for DOBA services with the SMH anesthesiologists for an extended period as the group seems to be leveraging DOBA for general fee increases as articulated by Dr. Blair.

In June 2014, Dr. Webb had support from Ted Patterson to offer the SMH group $1,225,000 but the offer was rejected at the time. (The $1.2 M reference in the BN relates to SMH only as SMH is the highest priority). There is no foreseeable DOBA agreement at SMH in the short term and the lack of a DOBA service may pose a risk to public relations as presented by Dr. Blair.

As per the March 11, 2014 letter from Ted Patterson, FHA has allocated part of the $1.8 M funding originally intended to supply a DOBA service to services related to the expansion of SMH. (FHA currently has $502,830 unallocated APP available). FHA confirms and is in agreement the use of the $1.8 M funding will mean that there is no additional APP funding available to support any future DOBA contracts. FHA understands reallocation from existing APP contracts will be required to support the full costs of a DOBA should an agreement be reached.

Please let me know if you have any additional questions or concerns.

Thanks, Jag

From: English, John HLTH:EX [mailto:John.English@gov.bc.ca]
Sent: Wednesday, March 18, 2015 2:02 PM
To: Sandhu, Jag
Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX
Subject: DOBA
Importance: High

Hi Jag.

The Ministry just received this information Briefing Note from FHA. It contains some information that we can't reconcile with our APP funding commitments to FHA.

In the BN. Dr. Blair advises $1.2 million is on the table for the anesthetists for DOBA agreements at RCH and SMH. Where does this number come from? The Ministry had at one time committed $1.8 million / yr to FHA for DOBA agreements at RCH and SMH. Further, we understand that FHA has actually reassigned those monies that were available for DOBA to fund other physician services.

Please advise us how much money FHA has available to support DOBA agreements and where that money would come from.

Thanks

John

John English, MBA, BA
Director, Physician Compensation Branch
Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

Bauer, Tim HLTH:EX

From: English, John HLTH:EX
Sent: Thursday, March 19, 2015 10:54 AM
To: XT:HLTH Sandhu, Jag
Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX; Blair, Peter; XT:Morton, Roy HLTH:IN; XT:HLTH Giglio, Vivian HLTH:IN
Subject: RE: DOBA

Thank you for your quick response. The Minister's Office has requested an update and we need to ensure that the planned use of funding is aligned with the messages in the Briefing Note.

Based upon the Briefing Note and your reply to our e mail, we understand that FHA is entering into a new round of discussions with anaesthetists at SMH, that there is some increased optimism that a DOBA agreement might be reached and that FHA would then plan to re-allocate existing funds for physician services to support that agreement.

Please keep us informed of any new developments in connection with DOBA agreements at SMH and at RCH.

Thanks again,

John

John English, MBA, BA
Director, Physician Compensation Branch
Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

From: Sandhu, Jag [mailto:Jag.Sandhu@fraserhealth.ca]
Sent: Thursday, March 19, 2015 10:38 AM
To: English, John HLTH:EX
Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX; Blair, Peter; Morton, Roy Dr.; XT:HLTH Giglio, Vivian HLTH:IN
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John

John English, MBA, BA
Director, Physician Compensation Branch
Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

Bauer, Tim HLTH:EX

From: Capron, Alyse HLTH:EX
Sent: Wednesday, April 29, 2015 3:02 PM
To: Rinta, Darcy HLTH:EX
Subject: FW: DOBA

Hi Darcy,

FYI …

I still plan to reach out to John E. to give him a heads up and discuss his area's involvement during estimates.

A.

From: Lane, Michele HLTH:EX
Sent: Wednesday, April 29, 2015 3:01 PM
To: Capron, Alyse HLTH:EX
Subject: DOBA

Only need bullets

Sent from my BlackBerry 10 smartphone on the Rogers network.

Bauer, Tim HLTH:EX

From: Rinta, Darcy HLTH:EX
Sent: Wednesday, April 29, 2015 2:17 PM
To: Lane, Michele HLTH:EX
Cc: Capron, Alyse HLTH:EX
Subject: FW: Briefing Note on DOBA
Attachments: 1011453 (v-2) - MO Request For Update on BCAS SMH DOBA Sept 2014.docx

This is the most up to date info I can find on DOBA (from Sep 2014). I checked Rebecca's meeting notes and in Jan 2015 she wrote that the society is not participating in any discussions.

I requested the most up to date fact sheet from the Health Sector Workforce Division but it is from 2011 and not useful.

From: John, Rebecca HLTH:EX
Sent: Monday, October 6, 2014 4:48 PM
To: Rinta, Darcy HLTH:EX
Subject: Fw: Briefing Note on DOBA

Fyi - I don't think the 12 beds is accurate anymore - have to remind myself of the agreed endstate of bed numbers.

From: Watt, Rebecca HLTH:EX
Sent: Monday, October 06, 2014 04:32 PM
To: John, Rebecca HLTH:EX
Subject: FW: Briefing Note on DOBA

Hi Rebecca,

Thank you again for taking the time to meet with me last week. Here is the latest that I know about DOBA in FHA. Note, the attached BN is for a Minister meeting – not the BN referenced below by Dr. Webb.

Rebecca Watt, MPA | Senior Manager, Physician Compensation | Negotiations & Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 3346

From: English, John HLTH:EX
Sent: Friday, September 19, 2014 11:19 AM
To: Pittman, Abigail HLTH:EX; Watt, Rebecca HLTH:EX
Cc: Magil, Joni HLTH:EX; Walker, Sandra HLTH:EX
Subject: FW: Briefing Note on DOBA

FYI

Latest on DOBA.

John

From: English, John HLTH:EX
Sent: Friday, September 19, 2014 11:18 AM

To: Frechette, Rod HLTH:EX; Hume, Christine HLTH:EX
Cc: Higgs, Jeremy HLTH:EX
Subject: RE: Briefing Note on DOBA

Here you go.

John

From: English, John HLTH:EX
Sent: Friday, September 19, 2014 10:46 AM
To: Frechette, Rod HLTH:EX
Subject: RE: Briefing Note on DOBA

OK.

Thanks

I will update our BN for the Minister accordingly and send it back to you.

John

From: Frechette, Rod HLTH:EX
Sent: Friday, September 19, 2014 10:45 AM
To: English, John HLTH:EX
Subject: FW: Briefing Note on DOBA

FYI

From: Webb, Andrew [mailto:Andrew.Webb@fraserhealth.ca]
Sent: Friday, September 12, 2014 11:02 AM
To: Patterson, Ted HLTH:EX; Frechette, Rod HLTH:EX
Cc: Blair, Peter
Subject: FW: Briefing Note on DOBA

Ted, Rod

Following our teleconference on DOBA last month we were asked to provide you with a briefing note outlining the situation. Dr Blair has drafted the attached based on his interactions with the anaesthetists. We have reached an impasse that leaves patients without access to timely and effective care. Our recommendation is to try and get the Doctors of BC engaged (again) through the PMA quality of care dispute process.

Andy

Dr A R Webb MD FRCP MFMLM
VP Medicine, Fraser Health
Clinical Professor, UBC Faculty of Medicine
Professor, SFU, Faculty of Health Sciences

Suite 400, Central City Tower
13450 – 102 Avenue
Surrey, BC V3T 0H1

Tel (604) 587-4659
Mobile (604) 897-3432

REQUEST FOR MEETING ADVICE FOR (DEPUTY) MINISTER

CLIFF #: 1011453

MEETING REQUEST DETAILS:

Requestor:
Sukh Brar MD FRCPC
Clinical Assistant Professor, University of British Columbia
Department of Anesthesiology, Pharmacology & Therapeutics
Consultant Anesthesiologist & Cardiac Surgical Intensive Care Physician
Royal Columbian Hospital, New Westminster, BC
BC Anesthesiologists Society Vice-President of External Engagement

Location:

Proposed Timeline:

BACKGROUND:

- Beginning in 2008, the Ministry of Health (Ministry) participated in discussions with the British Columbia Anesthesiologists' Society (BCAS) and the Doctors of BC (formerly the British Columbia Medical Association) to address the need to ensure timely access to dedicated obstetrical anesthesia (DOBA) services in hospitals where there are high volumes of deliveries (3,000 or more per year): Surrey Memorial Hospital (SMH), and Royal Columbian Hospital (RCH) and Victoria General Hospital (VGH).
    - The Ministry proposed a number of potential solutions for DOBA services, ranging from an on-site/on-call contract to a service contract with a specific number of full time equivalents; however, the anesthesiologists rejected all proposals and expressed preference for a fee based solution.
- Commencing in 2009 the Government entered into two agreements to address the demands of the anesthetists and to stabilize obstetrical anesthesia services in the province:
    - In December 2009, Government, BCAS and Doctors of BC agreed to direct $5.5 million of funding in the Physician Master Agreement (PMA) to establish new epidural supervision fees – a 5% funding increase over the 2009/10 billings for this type of services. The total contract funding was $1.8 million over three years (January 1, 2010 – March 31, 2012). The purpose of the agreement was *"to support enhanced access and availability to obstetrical analgesia services for women throughout the province."*
    - In December 2011, using unspent funding from the PMA, the Government and the Doctors of BC agreed to apply a further $2.5 million to create

contracts that would provide patients with dedicated obstetrical anesthesia services (DOBA) in the three tertiary care maternity hospitals - Surrey Memorial Hospital (SMH), Royal Columbian Hospital (RCH), Victoria General Hospital (VGH). The total additional funding amount was increased to $2.7 million, to enable each site to offer anesthetists $900,000 in annual funding for stable DOBA services.
    - In January 2012, Vancouver Island Health Authority (VIHA) reached an agreement with the anesthesiologists at VGH to provide 24/7/365 DOBA services. Since February 2012, through successive letters of agreement between the Ministry and VIHA, DOBA services at VGH have been secured with the additional $900,000/year (This amount is in addition to physicians' fee-for-service billings).
- To date, despite many attempts to negotiate a DOBA agreement with the anesthesiologists at SMH and RCH, Fraser Health Authority (FHA) has been unable to conclude an agreement for these locations. The lack of progress on obtaining agreement with anesthetists to provide DOBA services at these sites has obstructed the implementation of provincial plans to strengthen perinatal services in the lower mainland.
    - Initiated in 2010, the FHA Perinatal Services Transition Plan contemplates the transfer of 12 Level 3 neonatal intensive care unit beds from RCH to SMH. To date only 4 neonatal intensive care beds have been transferred to SMH (in February, 2010).
- s.17

- In Sept 2014, FHA advised the Ministry that its most recent attempts to conclude an agreement with anesthetists for DOBA services at SMH and at RCH have s.17 FHA advise that the anesthetists have not communicated a specific amount they are looking but believe it to be in the $2-$3 million range. FHA has asked the Ministry s.17 s.17 BC Anesthesiologists' Society to obtain a provincial solution.

ADM RESPONSIBLE:
Ted Patterson
A/Assistant Deputy Minister, Health Sector Workforce Division

RECOMMENDATION:
Suggested messaging:
s.13,s.17

s.13,s.17

-

-

IF YES - SHOULD MINISTRY STAFF ALSO ATTEND, AND IF SO, WHO?

IF YES - WHAT MATERIALS WILL BE PREPARED?

Program ED/Branch/Division: John English, Director, Physician Compensation / Rod Frechette, Executive Director, Negotiations & Compensation / Health Sector Workforce Division
Date: Sept 19, 2014
File Name with Path:

Bauer, Tim HLTH:EX

From: John, Rebecca HLTH:EX
Sent: Thursday, October 16, 2014 4:26 PM
To: Rinta, Darcy HLTH:EX
Subject: FW: 4:15 - Women's Anesthesia T/C with the MoH

I thought this sounded vaguely familiar…I actually have a bn from spring too which I am responding to here.

From: Lane, Michele HLTH:EX
Sent: Tuesday, June 3, 2014 12:44 PM
To: John, Rebecca HLTH:EX
Subject: RE: 4:15 - Women's Anesthesia T/C with the MoH

Interesting….I thought the same thing that that is really an issue for Ted's area
M

From: John, Rebecca HLTH:EX
Sent: Tuesday, June 3, 2014 12:17 PM
To: Lane, Michele HLTH:EX
Subject: RE: 4:15 - Women's Anesthesia T/C with the MoH

Well, I've never been shared this sort of information here before. This is very much a Ted Patterson issue.

My knowledge is limited about rates of compensation etc, but I am aware that, as the letter says, BCW pays higher than standard rates for OB Anaesthesia and it is this that has in part caused the lack of resolution of Dedicated Obstetrical Anaesthesia (DOBA) services at Surrey Memorial Hospital where the brand new 48 bed NICU will open in mid-June. s.17
s.17 They still don't have an agreement there after many years of discussions and that means until they do, they will not be delivering mums under 30weeks gestation, and given the region's high delivery volumes, the lack of DOBA is likely already considered a risk.

s.13

I'm very surprised that BCW's doesn't already have 2 in house anaesthetists 24/7 given its role as tertiary site for most complex cases for BC and the fact that this is stated as the standard.
In fact it states that many large obstetric units would also have access to adjoining/nearby hospital OR/Anaesthesia resources. I wonder if they did at one point but something changed? Did the anaesthetists withdraw services?

Rebecca

From: Lane, Michele HLTH:EX
Sent: Tuesday, June 3, 2014 10:49 AM
To: John, Rebecca HLTH:EX
Subject: FW: 4:15 - Women's Anesthesia T/C with the MoH

Can you please review and provide feedback
M

From: Hughes, Doug J HLTH:EX
Sent: Tuesday, June 3, 2014 8:14 AM
To: Lane, Michele HLTH:EX
Subject: FW: 4:15 - Women's Anesthesia T/C with the MoH

Can you take a look at this and let me know if you think the ask is reasonable. I have a call tomorrow PM on this issue.

From: Schouten, Jennifer [mailto:Jennifer.Schouten@phsa.ca] **On Behalf Of** Krystal, Arden
Sent: Monday, June 2, 2014 1:23 PM
To: Christilaw, Jan; Shaw, Dorothy; Gray, Steve (PHSA - Physician Compensation); Patterson, Ted HLTH:EX; Hughes, Doug J HLTH:EX
Cc: Graham, Leona; XT:HLTH Rheault, Juliana; Moir, Lindsay HLTH:EX; Pickwick, Lisa HLTH:EX
Subject: 4:15 - Women's Anesthesia T/C with the MoH

Please see the attached material in preparation for the call on Thursday. Thank you.

Jennifer Schouten
Provincial Health Services Authority
Executive Assistant to:
Arden Krystal
Executive Vice President & Chief Operating Officer

and

Linda Lupini
Executive Vice President PHSA & BCEHS

604-875-7398
604-708-2727 Fax
jennifer.schouten@phsa.ca
http://www.phsa.ca

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Bauer, Tim HLTH:EX

From: Rinta, Darcy HLTH:EX
Sent: Thursday, April 30, 2015 4:23 PM
To: Capron, Alyse HLTH:EX
Subject: FW: DOBA
Attachments: IN_DOBA_2Mar2015.doc

Importance: High

Fyi – haven't heard back yet

From: Rinta, Darcy HLTH:EX
Sent: Thursday, April 30, 2015 11:35 AM
To: Pittman, Abigail HLTH:EX
Subject: DOBA
Importance: High

Hi Abigail,

Rebecca Watt suggested I follow-up with you for an update with regards to DOBA. Do you have any more recent info to supplement this March 2015 note from FHA?

I am putting together some info for my ADM in support of Estimates. Please give me a call if required.

Many thanks,

Darcy Rinta
Manager, Provincial and Specialized Services
Acute and Provincial Services Branch
Health Services Policy and Quality Assurance Division
Ministry of Health
250-952-3072 (new phone number)
Warning: *This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.*

From: Lane, Michele HLTH:EX
Sent: Wednesday, April 29, 2015 2:29 PM
To: Capron, Alyse HLTH:EX
Cc: Rinta, Darcy HLTH:EX
Subject: FW: Important Updates for Minister Lake

FYI

From: Lane, Michele HLTH:EX
Sent: Friday, March 20, 2015 8:50 AM
To: Bragg, Jacquelynn HLTH:EX; Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX

Cc: Stewart, Sharon A HLTH:EX
Subject: FW: Important Updates for Minister Lake

Here is what FHA sent me

Bauer, Tim HLTH:EX

From: Rinta, Darcy HLTH:EX
Sent: Thursday, April 30, 2015 10:58 AM
To: Duesterwald, Meghan HLTH:EX
Subject: FW: Important Updates for Minister Lake
Attachments: IN_DOBA_2Mar2015.doc

I need an update to this but not sure what the best approach would be…I could send to John English's area to see if they know or to the FHA program…or what do you think?

From: Lane, Michele HLTH:EX
Sent: Wednesday, April 29, 2015 2:29 PM
To: Capron, Alyse HLTH:EX
Cc: Rinta, Darcy HLTH:EX
Subject: FW: Important Updates for Minister Lake

FYI

From: Lane, Michele HLTH:EX
Sent: Friday, March 20, 2015 8:50 AM
To: Bragg, Jacquelynn HLTH:EX; Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX
Cc: Stewart, Sharon A HLTH:EX
Subject: FW: Important Updates for Minister Lake

Here is what FHA sent me

Bauer, Tim HLTH:EX

From: Hume, Christine HLTH:EX
Sent: Wednesday, April 29, 2015 1:37 PM
To: Rinta, Darcy HLTH:EX
Subject: Anaesthesia - Dedicated Obstetrical (DOBA)
Attachments: Anaesthesia - Dedicated Obstetrical (DOBA).docx

Hi Darcy:
This is the most recent DOBA fact sheet that has been signed off.

Christine Hume, Executive Assistant
Negotiations and Compensation Branch
Health Sector Workforce Division
Ministry of Health, Ph: 250-952-3146

DEDICATED OBSTETRICAL ANAESTHESIA - (DOBA) FACT SHEET

BACKGROUND

- Dedicated obstetrical anaesthesiology (DOBA) ensures that at least one ~~anesthesiologist~~anaesthesiologist is on site at all times to provide obstetrical ~~anesthesia~~anaesthesia services. Until recently, BC Women's Hospital & Health Centre was the only tertiary care maternity hospital to have DOBA in place.
- In 2008 and 2009, the Ministry of Health (Ministry) participated in discussions with the BC Anaesthesiologists' Society (BCAS) and BC Medical Association (BCMA) to address the need to ensure timely access to anaesthesia services in hospitals with high volumes of deliveries: Victoria General Hospital (VGH), Surrey Memorial Hospital (SMH), and Royal Columbian Hospital (RCH).
- The Ministry proposed a number of potential solutions for 24/7 dedicated obstetrical anaesthesia (DOBA) coverage. These ranged from an On Site – On Call contract ($325,000/yr) to a service contract ($348,252/yr/FTE with 5.4 FTEs). These proposals were rejected by the ~~anaesthesiologists as~~anaesthesiologists as inadequate. The anaesthesiologists prepared a fee based solution.
- In December 2009, the Ministry concluded an agreement with the BCAS and BCMA to implement a new epidural supervision fee. The purpose of the agreement is *"to support enhanced access and availability to obstetrical analgesia services for women throughout the province."* The agreement states that there are to be no withdrawals of services.
- Since January 2010~~, SMH~~, SMH anaesthesiologists have been billing the epidural supervision fee, but refuse to provide DOBA services – which are necessary for Fraser Health Authority (FHA) to implement a plan to establish a high risk obstetrical service at SMH. Anaesthesiologists at VGH also advised that they would not guarantee the availability of their services for high risk deliveries – although they have always met past needs~~.~~...
- s.17

- On November 9, 2010, a representative from BCAS submitted a DOBA "Status Report" (without any participation of BCMA) to the Assistant Deputy Minister, Medical Services and Health Human Resources Division,. The document proposed that a new compensation arrangement be negotiated and suggests that $2.4 million in operational savings could be realised at each site requiring DOBA services. s.17
s.17

- s.17 Their message has been that hospitals are unable to obtain necessary anaesthesia services due to a shortage of anaesthesiologists in BC. BCAS further asserts that this is due to uncompetitive compensation for anaesthesiologists in BC.
- In December 2011, the BCMA and the government signed an agreement to support 24/7 DOBA services at VGH, RCH, and SMH through the allocation of $2.5 million in unspent funding from the current Physician Master Agreement (PMA).
- In early January 2012, VIHA and their Department of ~~Anestheiology~~Anaesthesiology reached an ~~agreement for~~agreement for a program that will deliver 24/7 DOBA services at VGH.

- The Ministry continues to work in collaboration with health authorities and with the BCMA to seek a reasonable solution with the BCAS. If these efforts are not successful, health authorities may find it necessary to try to recruit additional anaesthesiologists on a contract basis -- an action that would not be welcome by the other physician groups.

KEY FACTS

- The new epidural supervision fees were funded in part by $5.5 million identified in the PMA for ~~anestheology~~anaesthesiology. This amount represents a 5 percent funding increase over the total billings in 2009/10 that was not available to other physician groups. In addition the specialist services committee granted anaesthetists a further $1.4 million market adjustment for new fees in 2011/12.
- There is no shortage of anaesthetists in BC; in fact, there may be an oversupply:
  - Between 2000/01 to 2008/09, there was a 33 percent growth in the number of fee-for-service anesthetists in BC. This has significantly outstripped the 17.4 percent overall average growth in the number of fee-for-service physicians.[1]
  - Between 2000/01 to 2008/09, the average days worked by BC anaesthetists have dropped from 172 to 155 days/year.[2]
  - Over the period 2000/01 to 2009/10, the average number of patients seen per year by full-time BC anesthetists has dropped from 1,199 to 1,062. [3]
  - The most recent inter-provincial data identifies BC, Manitoba and New Brunswick as having the best supplies of anaesthetists in Canada - with nine anaesthesiologist FTE's per 100,000 provincial population. By comparison Ontario and Alberta have eight anaesthesiologist FTE's per 100,000 population.[4]
- The maximum contract rate agreed upon between the Government and BCMA for anaesthesiology services is $348,252/ yr effective April 1, 2011.
- Comparative billings data show that BC anaesthesiologists have the fifth highest fee-for-service, average earnings ($271,379 /yr.) among the ten Canadian provinces (Canadian Institute for Health Information, 2008/09).
  - Highest was $376,209 in Newfoundland & Labrador.
  - Key comparator markets in Ontario ($363,139) and Alberta ($335,651) were second and third highest respectively

FINANCIAL IMPLICATIONS

See details in Key Facts

CONTACT

For more information call:
Rod Frechette, ED, Physician Human Resource Management Branch, 250-952-3146
John English, Director, Physician Compensation Branch, 250-952-3674

APPROVALS

Approved by: Sheila Taylor, ADM, Medical Services Health Human Resources Division
Date: September 21, 2011
Approved by: Manjit Sidhu, ADM, Finance and Corporate Services
Date: October 18, 2011
Approved by: Nick Grant, ED, Planning and Innovation Division
Date: October 5, 2011
s.15

Formatted: Underline

[1] Medical Services Information, P&I, MoH, 2011
[2] ibid
[3] Medical Services Economic Analysis Unit
[4] Canadian Institute for Health Information, 2008/09

Bauer, Tim HLTH:EX

From: Rinta, Darcy HLTH:EX
Sent: Thursday, January 8, 2015 10:22 AM
To: John, Rebecca HLTH:EX
Subject: RE: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7

Not sure if this is the report, appears to be a draft version
s.15

From: John, Rebecca HLTH:EX
Sent: Wednesday, January 7, 2015 1:55 PM
To: Rinta, Darcy HLTH:EX
Subject: FW: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7

Hi - Do we have the 2009 report that Rebecca references do you know?

From: Watt, Rebecca HLTH:EX
Sent: Wednesday, January 7, 2015 1:42 PM
To: John, Rebecca HLTH:EX
Subject: RE: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7

No worries. I'll forward your email to Abbi in case there are implications for her contracts with FHA.

Speaking of reviews… I have a copy of FHA's external service review of acute obstetrics from 2009, as well as my working file documents from that time. If you would like, I can drop by the file and you can peruse it and make copies. (I don't think that I have any of these documents available as e-copies.)

Also, do you have a copy of The Canadian Neonatal Network Annual Report (2013)? If not, I can send you an e-copy.

From: John, Rebecca HLTH:EX
Sent: Wednesday, January 7, 2015 1:14 PM
To: Watt, Rebecca HLTH:EX
Subject: FW: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7
Importance: High

Sorry, didn't get this to y ou…

From: Jenkins, Loraine [mailto:Loraine.Jenkins@fraserhealth.ca]
Sent: Monday, January 5, 2015 4:06 PM
To: John, Rebecca HLTH:EX
Cc: [PHSA] Gray, Sylvia; 'Williams, Kim'; XT:HLTH Giglio, Vivian HLTH:IN
Subject: RE: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7
Importance: High

Hi Rebecca,
Happy New Year!
Here is a quick e-mail update.

Currently we have recruited 3 new OB's (one will replace one of our retiring OB's) and will be interviewing this month for 4 more OB's. We have a number of good candidates. Work continues around the 2 on call model for OB and with the new hires, those details for the high risk call group will be worked out. Our local medical leadership at SMH will be changing at the end of March as s.22 . We will be looking to hire a new leader for the SMH unit locally and I am sure we will be successful in finding a physician to fill the position. Our MFM's are taking a lead role with our Program Medical Director in grand rounds and other educational activities for High Risk Tertiary care.
We have completed an external review for Tertiary Perinatal for Royal Columbian and Surrey Memorial Maternity units (Dr. Geoff Cundiff from UBC and Dr. Doug Wilson from Alberta Health Services, both experts in the field) I have attached the terms of reference. We are waiting for the draft version of the report with recommendations. We do have high risk antepartum patients in the unit.
For NICU we have hired Clinical Associates and we are working out the details on their roles and how we will bring them into the service to support the increasing beds and will continue to recruit.
I am working on a refresh of the SMH plan now that everyone is back to work after the holidays.

Best regards
Loraine

From: John, Rebecca HLTH:EX [mailto:Rebecca.John@gov.bc.ca]
Sent: Monday, January 05, 2015 11:52 AM
To: Jenkins, Loraine
Cc: [PHSA] Gray, Sylvia; Williams, Kim
Subject: RE: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7

Hi Loraine, happy new year to you! (and to you too Kim and Sylvia!)

Thought I should check in before the Wed call on SMH NICU services.

Last time we talked, you were going to work on a refresh of the overall SMH implementation plan, explaining any revised timing and staging. Not sure if you've been able to get to this, but I imagine you were needing to talk to Vivian about that as well.

Also, last call, Kim asked about the development of a high risk call group and where that work is, and whether the new OB recruits are going to be approached re: taking mum's <30 weeks.
DOBA and occupancy rate issues should be part of our discussion as well.
Look forward to the call.

Thanks very much,
Rebecca

Service Review of Obstetrics

DRAFT EDITS as of JAN 27th, 2010

September 29, 2009 – Original Draft

Edits:
Directors Nov 9th
Executive Nov 15th
Advisory Committee Dec 16th
Meeting with Executive and Review Consultants Jan 12th
Dr. Rush (Jan 25th)

Dr. Guylaine Lefebvre
Dr. Janet Rush

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Section 1: Obstetrics Service Review

1.1 Purpose of service reviews

Fraser Health has commissioned service reviews at the strategic level to support transformation. Service reviews are a change management instrument in which a standardized approach is used to review a clinical site, program or activity and will present Fraser Health with a range of opportunities. Implementation of accepted recommendations will lead to enhanced dimensions of quality (accessibility, acceptability, safety, efficiency, effectiveness, and affordability), align with strategic and financial directions and inform clinical integration initiatives at Fraser Health.

The goals of a service review are to:

- perform a *current state* assessment of a clinical site, program, service or activity, describe a *desired stat*e and provide a gap analysis between the *current* and *desired* state
- develop a set of recommendations that, if enacted, will permit the organization to address the opportunities that exist between the current and the desired state and facilitate change management processes contributing to desired changes in organizational culture.

1.2 Vision and strategic imperatives

Service reviews will be guided by and framed within the context of the Fraser Health vision, purpose, values and strategic imperatives. Within the vision of *Better health, Best in health care*, and its purpose to *improve the health of the population and the quality of life of the people we serve*, Fraser Health is positioned to achieve a well-integrated sustainable health care system from a clinical, human resource and financial perspective, and promote excellence in quality and patient safety.

Service reviews will support achievement of the Fraser Health strategic imperatives:

- *Great Workplaces* - create workplaces where people want to come and contribute.
- *Quality and Safety* - deliver exceptional service as an organization that pursues quality.
- *Capacity* - create capacity across our networks.
- *Integration* - create an integrated and sustainable health care system.
- *Research and Academic Development* - develop as an innovative academic health care organization.
- *Progressive Partnerships* - advance strategic alliances and progressive partnerships.

1.3 Goals and objectives of the obstetrics service review

In the Spring of 2009, the Fraser Health Executive decided to initiate a service review for Obstetrics. Two Consultants visited Fraser Health on July 9th and 10th, 2009. This permitted meetings with obstetricians, anesthetists, family physicians, midwives, clinicians and selected management staff. Based upon the information developed through these visits and through review of the data and information that was provided, the Consultants developed this final report in collaboration with Fraser Health.[1]

[1] Fraser Health Service Review: Framework and Methodology, 2009.

In keeping with the defined goals of a Fraser Health service review, the Consultants and the planning and advisory committee were asked to perform a current state assessment, describe a desired state, describe the gap between the current and desired states and provide recommendations that will assist the organization in addressing this gap and support Fraser Health's broad change management initiative and its need to develop and embrace program management.

The goals of the service review were to:

- provide direction to ensure a comprehensive acute obstetrical service network across Fraser Health hospitals
- ensure evidence for advancing Fraser Health's quality dimensions (effectiveness, efficiency, safety, accessibility, affordability, and acceptability) and sustainability and for improving the delivery of care to the obstetrics population in acute care hospitals.

The objectives were as follows:

1. Conduct an analysis on the current state in relation to the patient care models and service delivery processes of a well integrated network of acute obstetric services, including:

    - philosophy of care, team member roles and responsibilities
    - service delivery model, best practices, standards, benchmarking (e.g. critical mass, time to service standards, etc.)
    - roles of GPs, obstetricians, anesthetists, midwives
    - community profile, population served (now and to 2020) and referral patterns
    - enablers for a high performing, integrated network of services (e.g. policies and procedures, human resources, physician governance, information technology and management, organizational structures, team culture, etc.)

2. Evaluate current performance of obstetric services, based on the following parameters and ensuring reference to appropriate benchmarks where applicable:

    - clinical and quality metrics
    - financial metrics
    - optimization, utilization and productivity metrics

3. Provide a report that identifies options and makes recommendations for:

    - a care delivery model for obstetrics at Fraser Health, within the context of both an integrated acute care service network and the comprehensive continuum of care for obstetric services
    - a range of options for site-specific obstetric services that will be required to support a comprehensive network of integrated and standardized services
    - opportunities to improve service effectiveness and efficiency
    - prioritized recommendations for the next 2 - 4 years

Within the scope of the service review were:

- maternity clinics in acute care hospitals
- ante-partum, labour/delivery/recovery, and post-partum services
- normal newborns (Level I) not yet discharged
- high risk deliveries
- gynecology and other women's health services relating to reproductive care

Outside the scope of the service review were:

- level 2 and level 3 NICU services
- perinatal care provided outside of the acute care maternity clinics (e.g. antenatal home care programs)
- clinical support services

The service review was aligned with integration initiatives:

- medical governance and leadership model
- program management framework
- system improvement: care model redesign

A planning and advisory committee was created to:

- provide advice on the overall Service Review
- provide scope, objectives, timelines, reference documents
- meet with consultants to provide overview of project objectives and expectations and assist with briefing the consultants
- develop stakeholder engagement strategy
- approve communication plan and key messages
- provide advice in interpretation of data and key findings.

1.4 Stakeholder consultation

During a site visit, the consultants conducted focus groups with the following stakeholders:

- Management (Vice-Presidents, Executive Directors, Medical Directors)
- Clinical Service Planning and Delivery Team
- Interdisciplinary Professionals (Nursing, Allied Health)
- Department Heads and Physicians (Obstetricians, Family Physicians, Midwives, Anesthetists)
- Quality and Safety Consultants
- Information Analysis Team (Decision Support, Finance, Case Costing, Systems Analysis, Process Improvement, and Health Planning)
- University of British Columbia Department Head for Obstetrics and Gynecology
- Other External Stakeholders: BC Women's Hospital & Health Centre

Section 2: Maternal, Infant, Child and Youth Program

When this service review was initiated program management had not been implemented. At the time of this review, the obstetric service was site-specific, supported by a Clinical Service Planning and Delivery (CSPD) team for perinatal acute care. CSPD teams have been in place several years to promote the development and sustainability of a high quality network of integrated health services that meet the needs of the population. Their mandate was to take a perspective across Fraser Health to address the issues of cost, quality and utilization by:

- identifying opportunities to standardize and improve practice
- prioritizing needs and target resources
- identifying opportunities to improve quality within available resources
- recommending and supporting evidence-based standards and practices, based upon Fraser Health's dimensions of quality
- creating a rolling 3-year health plan within the context of the strategic directions
- linking with Health Authorities and agencies

Subsequent to the review it was determined that there would be a program developed for *Maternal, Infant, Child and Youth*. This program includes the maternity units, delivery suites, neonatal ICU, inpatient and ambulatory paediatric clinics, outpatient maternity, prenatal, community and public health services.

Fraser Health is implementing program management to support an integrated health system by organizing services that align with the patient/client/resident first philosophy of care and service delivery, supports an integrated approach to care across continuums and supports quality care and service. Program management is an organizational model where a defined leadership team is given the planning, clinical and fiscal accountability for delivering and/or arranging to deliver a set of services to a defined population or group. It is primarily intended to achieve better, patient-centered service and quality care by bringing leadership and clinicians together and giving them more accountability and authority. Program management will allow program teams to plan, organize and deliver a set of services to a defined population. It will support standardization and streamlining of process and care delivery. The medical leadership model is being developed in accordance with the program management model.

Section 3: Obstetric population and service profiles

3.1 Population growth

- Fraser Health has the fastest growing population in BC.

- In 2007, the live birth rate for Fraser Health was 11.2 births per 1000 population compared to the BC rate of 9.9. This trend will continue to 2020, where the live birth rate for Fraser Health will be 11 births per 1000 population compared to the BC average rate of 10 births.

- In 2008, there were 17,247 births in the Local Health Areas within Fraser Health, approximately 40% of all births in BC. When comparing 2008 to 2020, the projected number of births in BC will increase by 6,698 births; Fraser Health's share of this increase will be 3,695 births.

Births by Local Health Area (LHA) Residence, 2008 and 2020

Local Health Area	2008 Births	2020 Births	% Change
Surrey	5,013	5,676	13%
Burnaby	2,334	2,598	11%
Coquitlam	2,139	3,150	47%
Abbotsford	1,748	1,998	14%
Langley	1,318	1,824	38%
Chilliwack	1,107	1,189	17%
Maple Ridge	945	1,239	31%
Delta	850	1,056	24%
New Westminster	701	802	14%
South Surrey / White Rock	541	673	24%
Mission	464	558	20%
Agassiz-Harrison	103	107	4%
Hope	74	72	-3%
Total for Fraser Health LHAs	17,247	20,942	21%

* Based on People 34

- Compared to the rest of BC, Fraser Health had a higher proportion of births by younger mothers between the ages 25 and 34 and lower birth rates to teen mothers.

- In 2007, miscarriage, low birth weight and caesarean section rates were slightly higher in the Fraser Health than the provincial rates.

Issues/Gap Analysis

- ~~The~~ Salient health issues for the Fraser Health Authority have been identified, many of which have a bearing on reproductive health and obstetric care services. Population health issues include hunger, homelessness, substance use (tobacco and recreational

drugs), nutritional deficiencies, obesity rate for women, immunization disparities, diabetes, and low birth weight, all with an east to west geographical gradient.
- Need for services in mental health and addictions, attention to diverse cultural needs, increasing service demands and the expected rise in population growth.
- Growth in the Fraser North population requires specific attention.
- Actual and potential growth in the numbers of births in the Fraser Health (due to general growth as well as BC Women's policy for providing a setting for low risk births to its catchment area only) is a source of concern in terms of sufficient trained staff and bed capacity.

Number of deliveries

- In 2007/08, there were 14,600 deliveries and 14,810 births (34% of all BC births) at the eight Fraser Health hospitals.

- For 2007/08, the highest proportion of deliveries and births occurred at Surrey Memorial (26%), with the lowest at Peace Arch (5%), Ridge Meadows (5%), and Chilliwack (7%).

Births by Hospital (2007/08)

Hospital	Total Births	Percent
Surrey Memorial	3,921	26%
Royal Columbian	2,980	20%
Abbotsford	1,861	13%
Burnaby	1,747	12%
Langley Memorial	1,756	12%
Chilliwack	1,013	7%
Ridge Meadows	807	5%
Peace Arch	704	5%
Fraser Health Total	14,810	100%

- In 2007/08, there were 15,118 births at the eight Fraser Health hospitals.

- For 2008/09, the highest proportion of deliveries and births occurred at Surrey Memorial (27%), with the lowest at Peace Arch (5%), Ridge Meadows (6%), and Chilliwack (6%).

Births by Hospital (2008/09)

Hospital	Total Births	Percent
Surrey Memorial	4,134	27%
Royal Columbian	2,883	19%
Abbotsford	2,004	13%
Burnaby	1,809	12%
Langley Memorial	1,757	12%
Chilliwack	941	6%
Ridge Meadows	856	6%
Peace Arch	728	5%
Fraser Health Total	15,118	100%

Mother's health status

- Among mothers who were delivered in Fraser Health hospitals in 2007/08, Chilliwack, Abbotsford and Surrey Memorial Hospitals had the highest proportions of mothers less than 30 years of age and Peace Arch, Royal Columbian, and Burnaby had the highest proportions of mothers over 30 years of age.

- In 2007/08, 11% of mothers delivered in Fraser Health hospitals were reported to have gestational diabetes and 6% had hypertension. The gestational diabetes rates were highest amongst mothers delivering at the Surrey Memorial and Burnaby (14%), while Ridge Meadows had the highest proportion of mothers with hypertension (10%).

Infant weight

- Low birth weight infant rates ranged between 2% of deliveries at the Chilliwack and 10% at Royal Columbian.

- High birth weight ranged between 10% of births at Burnaby and Surrey Memorial and 17% at the Chilliwack.

- Approximately 95% of all deliveries in Fraser Health hospitals in 2007/08 were greater than 36 weeks gestation and 94% of all newborns weighed more than 2500g.

- The percentage of low birth weight babies ranged from 2% of deliveries at Chilliwack to 10% at Royal Columbian, whereas the proportion of birth weight greater than 4000g ranged between 10% of births at Burnaby and Surrey Memorial and 17% at Chilliwack.

- Royal Columbian had the highest number of babies (314) born under 2500g, representing 10% of all births at that site.

- Of the 95 early gestation births greater than 29 weeks and birth weight under 1,500g, 65 (69%) were born at Royal Columbian.

3.2 Description of role, mandate and service delivery model

- At present, maternal and newborn services are provided in eight of the twelve Fraser Health hospitals, with a current capacity of 138 beds (131 beds in 2007/08).

  The size of the eight maternity units varies from 7 to 33 beds. In 2007/08, two hospitals had less than 1000 deliveries whereas in 2008/09, three of the eight hospitals have an annual volume less than 1,000 births.
- Currently, tertiary perinatal services are provided at Royal Columbian and Surrey Memorial Hospitals. The plan is to consolidate all NICU Level 3 services into one service through the development of a Maternal and Child Centre at Surrey Memorial by 2010.

Models of care

Fraser Health offers two models for maternal and newborn hospital care:

- Labour/Delivery/ Recovery and then transfer to Post-partum Unit (LDR & PP)
- Labour/Delivery/Recovery/Post-Partum (LDRP) which is also referred to as "Single Room Maternity Care".

A description of these two models is as follows:

Model 1: Labour/Delivery/Recovery and then transfer to post-partum (LDR and PP)

Five hospitals offer LDR and PP: Burnaby, Royal Columbian, Ridge Meadows, Chilliwack and Peace Arch Hospitals.

This is a traditional model in which mothers are transferred from the labour, delivery and recovery area to a post partum unit following delivery. Fraser Health promotes a family-centered care philosophy within the traditional LDR and PP model by minimizing maternal/newborn separation with encouraging 24 hour rooming in, thereby enhancing breastfeeding, bonding and post-natal education.

Model 2: Labour/Delivery/Recovery/Post-Partum (LDRP)

Three hospitals offer LDRP: Surrey Memorial, Langley Memorial and Abbotsford Hospitals.

The model is designed to provide care to women in one room equipped to meet their needs from admission through labour, delivery, recovery and post-partum. Birthing partners/companions can stay 24 hours to support mothers in learning about the care for their newborns who are in the room at all times.

Issues/Gap Analysis:

- Variations in labour and birth outcomes setting to setting seem to reflect service issues and routines/preferences rather than physiological, population or geographic factors.
- While there has been some excellent early work to integrate aspects of perinatal care regionally, through the work of the CSPD inter-professional team, varied approaches in services and policies have resulted in disparate perinatal outcomes.
- Opportunities to meet as a regional, professional or inter-professional group are rare in the present context.

3.3 Obstetric services profile

Maternal services

Outpatient fetal monitoring clinics	• 8 sites (5 have staffed clinics, 3 do testing within triage or the unit) • Non-stress test for high risk complications of pregnancy or post dates • Some sites have referral guidelines, others book appointments as requested by physician
Pre-admission clinic	• 2 sites (Abbotsford and Langley Memorial); • Surrey and Abbotsford have dedicated registration on their units; other sites have central patient registration systems • Elective C-Sections, obstetric/medical assessment and education • Collaborates with OR booking department, anesthesiologist, lab and maternity registration to prepare patient and family for C-section
Maternity pre-registration clinic	• 2 sites (Abbotsford and Langley Memorial) • Pre-registration at all other sites is provided through Public Health • Meet pre-registration RN, link with community resources and acute care, develop birth plan; tour maternity unit, link with Public Health •
Antepartum care at home program	• 2 sites (Surrey Memorial and Royal Columbian) • Replaces hospital care for ante-partum patients with high risk conditions who meet criteria for home care
Nausea and vomiting of pregnancy	• 1 site (Surrey Memorial ante-partum care at home; nurses provide service in clinic or home if criteria for home care met • Provides treatment, education and support
Cervical ripening	• 1 site (Surrey Memorial) • Nurse led program, provides cervical ripening (pre-induction) to low risk women at 41+3 weeks gestation using prostaglandin gel
Maternal fetal medicine program and prenatal diagnosis & high risk pregnancy	• 2 sites (Royal Columbian and Surrey Memorial) • Amniocentesis in early pregnancy in coordination with other early pregnancy diagnosis such as genetic screening and detailed ultrasound • Perinatology consultation, ultrasound, prenatal care • Surrey Memorial clinic to move off site to Surrey Outpatient Facility
Primary care prenatal clinics	• 5 sites (Surrey Memorial, Royal Columbian, Burnaby, Langley Memorial and Peace Arch) by family physicians who provide care on a rotational basis; shared care with obstetric group for women requiring consultation • For women who do not have a primary care physician or primary care physician does not provide maternity care • Follow-up provided up to 6 weeks Post-partum at Surrey Memorial, Burnaby and Peace Arc, Langley Memorial provides care 1-2 weeks post partum • Burnaby maternity clinic provides prenatal and post-partum care for new refugee population
Diabetes	• 3 sites (Surrey Memorial, Royal Columbian and Burnaby) • Other sites have diabetes education in adult clinics • Pregnant women with pre-existing type 1 or 2 diabetes or gestational diabetes; group/individual sessions, consultation with endocrinologist

3.4 Delivery models

In Fraser Health, there are currently 138 beds funded for postpartum beds (LDRP and PP are considered the same for budget purpose). The model of care is as follows:

Bed Capacity and Model of Care

	Site Model
	LDRP Model
Surrey Memorial	33 LDRP beds • Planned expansion to 39 LDRP to coincide with tertiary transition from Royal Columbian
Abbotsford	24 LDRP beds • 4 LDRP beds not open but available
Langley Memorial	12 LDRP beds • 6 Post-partum Beds (unfunded overflow beds)
	LDR and PP Model
Royal Columbian	10 LDR beds and 28 PP
Burnaby	5 LDR and 14 PP beds
Chilliwack	4 LDR and 12 PP beds
Ridge Meadows	4 LDR and 8 PP beds
Peace Arch	3 LDR and 7 PP beds

Operating room models

- Surrey Memorial and Abbotsford have a dedicated obstetrical OR for C-section deliveries; all other sites use the main OR and PAR (Post-anaesthetic recovery) area.

	Operating Room Service
Surrey Memorial	• Dedicated OR /PACU within unit • Maternity PACU • OR trained perinatal staff
Abbotsford	• Dedicated OR outside unit • Main PACU • Main OR staff
Langley Memorial	• Dedicated OR space within unit, however, most C/s done in Main OR • Main PACU • Main OR staff
Royal Columbian	• Main OR/PACU • Main OR staff • Staff trained to work in one bed C/S recovery (CSR), but will need to recover some patients in Main PACU due to space limitations
Burnaby	• Main OR/PACU • Main OR staff
Chilliwack	• Dedicated OR space within unit • Main PACU

	• Main OR staff
Ridge Meadows	• Main OR/PACU • Main OR staff
Peace Arch	• Main OR/PACU • Main OR staff

Issues/Gap Analysis:

- Three of the eight sites have developed their maternal and newborn units to 'single room maternity' care configuration and others have labour/birth/recovery rooms for vaginal birth, following which the mother and neonate are transferred to a post-partum unit; two of these have a dedicated obstetric OR.
- Challenges exist in accessing operating rooms and anesthesia coverage.
- Most settings do not have a dedicated OR for operative birth and C-sections are performed in the hospital's general OR.
- Similarly, surgical recovery is situated in the general post-anesthetic recovery rooms limiting access of the mother to the newborn.
- OR and PAR staff are not considered 'obstetric' staff and may not have ~~in~~adequate expertise in the requirements of obstetric and newborn post operative recovery care parameters.
- Facility settings are varied in terms of the model of room assignment (Labour/Delivery Recovery and then transfer to post-partum) and (Labour/Delivery/Recovery/Post-partum referred to as single room maternity care).

Section 4: Clinical and Operational Efficiency

4.1 Clinical efficiency

ALOS and Occupancy

- In 2007/08, the ALOS across the eight hospitals was 2.3 days, with a range of 2.9 days at Royal Columbian to 1.9 days at Abbotsford.

- ALOS ranged from 1.6 days for vaginal deliveries with no complications to 3.9 days for primary C-Section deliveries.

Occupancy Rates and Average Length of Stay by Hospital, 2007/08

Site	Number Births	Occupancy Rate	ALOS
Surrey Memorial	3,921	79%	2.2
Royal Columbian	2,980	107%	2.9
Abbotsford	1,861	66%	1.9
Langley Memorial	1,756	88%	2.1
Burnaby	1,747	88%	2.3
Chilliwack	1,013	56%	2.2
Ridge Meadows	807	73%	2.3
Peace Arch	704	72%	2.4

*Note: Occupancy rates over 80% will result in possible diversion.

- Older mothers (40-54) who were delivered at Royal Columbian had the longest ALOS (4.1 days).

- Time from admission to delivery for elective C-Sections ranged from 3.8 hours Abbotsford to 20.2 hours for Royal Columbian. The unusually long lapsed time at the Royal Columbian is likely due to coding practice. Excluding Royal Columbian, the range was from 3.8 to 5.6 hours.

- Average occupancy for the eight sites was 78.6% (2007/08). There are significant variations between hospitals, ranging from 56% in Chilliwack to 107% at Royal Columbian.

Off-service patients

Off-Service Patients on Obstetric Services (2008/09)

	LDRP			LDR and PP				
	SMH	ARH	LMH	RCH	BH	CGH	RMH	PAH
Total patients	6,325	2,712	2,583	3,183	2,172	1,190	1,438	1,171
% On service patients	98%	93%	98%	95%	88%	90%	64%	89%
% Off service patients	2%	7%	2%	5%	12%	10%	36%	11%

Data Source: Meditech

- Off-service patients are defined as those from other units using beds located in the maternity units. Langley Memorial had the lowest off-service patients at 2% while Burnaby had the highest at (12%). Of the off-service patients, 37% (566) were surgical patients, 20% were medical patients, and 18% were paediatric patients.

- The high off-service rate at Ridge Meadows (36%) is due to paediatrics and maternity being co-located. This unit has a four bed paediatric unit within a twelve bed unit. On average, the other obstetric units have 5.3% of their patient days associated with off-service patient days. Costs and hours per day must be tempered by the amount of workload that is associated with caring for these off-service patients.

Issues/Gaps Analysis

- When the obstetric units are stressed (under-resourced for staff and beds) the BC Bedline system is used to acquire an alternate site/ bed for normal laboring patients to an alternate hospital.
- Bed unavailability is, in some instances, compounded by off-service patients in maternity-designated beds.
- Having a birth in a setting other than the one planned is stressful to families (unless being transferred for a higher level of care).

Self sufficiency

- In 2007/08, there were 1,448 Fraser Health residents delivered their babies at BC Women's, a decrease of 30% from 2005/06 (2,058).

- In 2008/09, there were 36% fewer Fraser Health mothers delivering at BC Women's Hospital compared to 2005/06. Based on BC Bedline data, there were also fewer transfers from Fraser Health hospitals in 2008/09 compared to 2007/08.

- In 2008/09, based on BC Bedline data, there were a total of 69 cases transferred out of Fraser Health hospitals for higher level of care, 18 transfers due to lack of bed, 6 due to staffing issues and 38 transfers for other reasons including repatriation.

Issues/Gap Analysis

- Neonatal transport limitations were identified.

Resource Intensity/Case Costs

Case costing data for 2007/08 was available at three obstetrical sites (Royal Columbian, Burnaby, and Ridge Meadows), as detailed below.

Obstetrical cases (mother only), average cost per case for typical and atypical cases:

- $3,480 for Ridge Meadows (1,007 cases, ALOS 2.2 days)
- $3,134 for Royal Columbian (4,133 cases, ALOS 2.6 days)
- $2,941 for Burnaby (2,089 cases, ALOS 2.2 days)

Obstetrical cases (mother only), average cost per case for typical cases:

- $3,450 for Ridge Meadows (927 cases)
- $2,941 for Burnaby (2,020 cases
- $2,785 for Royal Columbian (3,851 cases)

Vaginal deliveries (mother only), average cost per case for typical and atypical cases:

- $2,980 for Ridge Meadows (374 cases)
- $2,341 for Royal Columbian (1497 cases)
- $2,323 for Burnaby (958 cases)

Primary C-section (mother only), average cost per case for typical and atypical cases:

- $5920 for Royal Columbian (649 cases)
- $5645 for Ridge Meadows (153 cases)
- $5076 for Burnaby (318 cases)

Repeat C-section (mother only), average cost per case for typical and atypical cases:

- $4,680 for Ridge Meadows (105 cases)
- $4,332 for Burnaby (217 cases)
- $4,329 for Royal Columbian (334 cases)

In summary,

- For case cost sites with an obstetrics service, Ridge Meadows has an average case cost which is 18% higher than Burnaby and 11% higher than Royal Columbian.

- For case cost sites the majority of cases are typical and represent 88% of total case costs.

- Average case cost for normal newborns is consistent across all case cost sites at $345.

- Three CMGs (Vaginal Delivery, no other interventions; primary Caesarean section; and repeat Caesarean section) account for $16.0 million or 71% of case costs at the 4 sites.

4.3 Operational efficiency

The operational efficiency of obstetric services are detailed as follows:

- Funded beds, operating budget, actual overall expenses
- Worked hours and expenses (direct and support) per delivery
- Worked hours and expenses (direct and support) per patient day

Funded beds, operating budget, actual overall expenses

Obstetric services, 2008/09 beds and operating budget

Site (Beds)	Actual	Budget	Operating Budget Variance
LDRP			
Surrey Memorial (33 beds)	$10,479,304	$10,593,732	$114.428
Abbotsford* (24 beds)	$3,210,079	$3,281,302	$71,223
Langley Memorial (12 beds)	$4,079,704	$3,655,598	-$424,106
LDR and PP			
Royal Columbian (28 beds)	$6,897,094	$6,827,657	-$69,437
Burnaby (14 beds)	$3,584,811	$3,225,649	-$359,162
Chilliwack (12 beds)	$2,875,025	$2,615,259	-$259,766
Ridge Meadows (8 beds)	$2,512,765	$2,028,747	-$484,018
Peace Arch (7 beds)	$2,240,987	$2,165,858	-$75,129

*ARH data is for period 8 – 13

Worked hours per delivery

Obstetric services, 2008/09 worked hours and expenses per delivery

Site	Direct Worked Hours	Support Worked Hours	Total Worked Hours	Expenses per Delivery*
LDRP				
Surrey Memorial	36.13	10.65	46.77	$2,784
Abbotsford	39.54	16.38	55.92	$3,515
Langley Memorial	33.06	4.16	37.22	$2,365
LDRP and PP				
Royal Columbian	39.54	7.09	46.64	$2,914
Burnaby	34.31	4.32	38.63	$2,415
Chilliwack	40.74	6.21	46.95	$2,933
Ridge Meadows	45.23	4.46	49.69	$3,144
Peace Arch	44.99	7.92	52.91	$3,280

*Excludes the cost of drugs
* LMH – In addition to the 12 funded beds (as above), there were 6 unfunded PP beds

Total expenses only include costs coded directly to the unit (not including clinical support or corporate support expenses). The expense information does not include the cost of drugs due to differences in expense allocations at the sites. The compensation amount contains both the cost of salaries (worked and non-productive) and benefits for the staff coding directly to the unit. When reviewing this graph it is important to take into account the workload associated with off service patients (as noted in the off service patient days section).

Worked hours per patient day

Obstetric services, 2008/09 worked hours and expenses per patient day

Site	Direct Worked Hours	Support Worked Hours	Total Worked Hours	Expenses per Patient Day*
LDRP				
Surrey Memorial	13.84	4.08	17.92	$1,067
Abbotsford	16.05	6.65	22.70	$1,427
Langley Memorial	15.76	1.98	17.74	$1,127
LDR and PP				
Royal Columbian	9.34	1.68	11.02	$688
Burnaby	11.74	1.48	13.22	$826
Chilliwack	15.80	2.41	18.21	$1,138
Ridge Meadows	12.27	1.21	13.48	$853
Peace Arch	17.04	3.00	20.03	$1,242

*Excludes the cost of drugs

Issues/Gap Analysis

- Human health resources are stretched and shortages exist in virtually all categories of professional staff.
- Beyond the CSPD team and the regional Nurse Educators there is miminal collaboration within professional groups and as an overall regional collective.
- There is a need for greater numbers of and partnerships with Nurse Practitioners – advanced practice nurses who are providing obstetric prenatal/post-partum assessment and care in ambulatory clinic settings (e.g. walk in clinics or in partnership with Family Practice clinics) - to vulnerable women (with cultural/access issues, domestic violence, substance dependencies).

- There is a natural congruency between maternal/newborn care and paediatrics. Maternal/newborn care pre-supposes an alignment with paediatrics for newborn/neonatal coverage. Human health resource (and network) planning must consider both services.

4.4 Physician/Midwife profile

Most responsible physician or midwife

- 52% of the most responsible providers were family/general practitioners, 44% were obstetricians/gynecologists and 4% were midwives (2007/08).

- Comparing proportion of midwife deliveries, Ridge Meadows has the largest proportion at 10.8%.

- Providers are compensated on a fee-for service model. Royal Columbian and Surrey Memorial have 24/7 onsite coverage of obstetricians and paediatricians. The other seven hospitals have an on-call system that ensures availability and timely response based on SOGC guidelines.

Most Responsible Provider Service	2007/2008 Deliveries	Percent
Family/General Practitioner	7,644	52.3%
Obstetrics and Gynecology	6,389	43.7%
Midwife	565	3.9%
Other	9	0.1%
Total	14,607	100.0%

Deliveries by Midwives as Most Responsible Provider, 2007/08

	ARH	CGH	LMH	MSA	PAH	RMH	RCH	SMH	Total
Deliveries	27	18	45	55	20	87	133	180	565
Percentage of hospital total	1.5%	1.7%	2.6%	3.1%	2.8%	10.8%	4.5%	4.6	

Day of Week Delivery Occurred	Family/General Practitioner		Obstetricians	
Monday	1,075	14%	916	14%
Tuesday	1,085	14%	993	16%
Wednesday	1,160	15%	1,076	17%
Thursday	1,182	15%	1,052	16%
Friday	1,157	15%	982	15%
Saturday	1,019	13%	710	11%
Sunday	966	13%	660	10%

Number of deliveries by most responsible provider*, 2008/2009

Intervention provider	Site	<20	21-50	50-200	200+	Total
Obstetrician	Burnaby	4	1	5	1	11
	Chilliwack	1	0	3	0	4
	Langley Memorial	0	0	5	1	6
	Abbotsford	2	1	3	1	7
	Peace Arch	3	1	3	0	7
	Ridge Meadows	0	0	3	0	3
	Royal Columbian	2	2	6	2	12
	Surrey Memorial	2	1	4	6	13
Family/General Practitioner	Burnaby	5	7	3	0	15
	Chilliwack	31	8	2	0	41
	Langley Memorial	5	7	5	0	17
	Abbotsford	7	8	4	1	20
	Peace Arch	6	8	1	0	15
	Ridge Meadows	4	3	4	0	11
	Royal Columbian	14	7	11	0	32
	Surrey Memorial	5	3	8	0	16

* Most Responsible Physician includes locums

- There were 63 obstetricians/gynecologists (includes locums) and 167 family/general practitioners who performed deliveries.

Issues/Gap Analysis

- Very few professionals/clinicians currently have a University appointment and student/trainee involvement is limited and varied.
- Royal Columbian practitioners have been identified as having an established program with BC Women's. There is enthusiasm at UBC for continued and increased academic involvement at all sites.
- There is an opportunity for the Fraser Health Authority obstetric teams to take an active part in teaching at every clinical level and professional service role.
- An enhanced affiliation with UBC/BC Women's to support placements and learning of trainees is recognized.
- A provincial, collaborative role for training and perinatal services is both needed and supported.
- Gynecological services are an issue to be considered in regional and program planning. Adequate operative blocks for gynecological surgery is essential. If hospitals redefine their obstetric role, then gynecology resources need to be harmonized. Women's health services in gynecology are potentially threatened as they fall between other surgical disciplines.

4.5 Quality and patient safety

Comparison of intervention rates per site was undertaken for induction, instrument assisted deliveries (vacuum and forceps), epidurals, C-Sections, and vaginal birth after C-section (VBAC).

Summary of intervention rates by hospital, 2007/08

	Intervention				
Site	Induction	Vacuum & Forceps	Epidural	C-Section	VBAC
Abbotsford	23%	17%	16%	24%	27%
Burnaby	27%	15%	25%	31%	9%
Chilliwack	24%	14%	5%	28%	14%
Langley Memorial	20%	10%	25%	27%	14%
Peace Arch	20%	14%	18%	34%	16%
Royal Columbian	23%	15%	26%	34%	17%
Ridge Meadows	30%	34%	30%	33%	18%
Surrey Memorial	22%	16%	30%	33%	18%
BC Women's	26%	13%		32%	15%
Canada				28%	15%

Rates are expressed as % of total deliveries, except for VBAC, which is expressed as % of (Repeat C-Sections & VBAC successful)
** CIHI/HayGroup C1-Hospitals rate*

Induction rates

- There were significant variations among the eight hospitals. Fraser Health is above BC Women's rate of 26% at Ridge Meadows (30%) and Burnaby (27%).

Vacuum and forceps rates

- Instrument assisted deliveries rates (vacuum and forceps) is above BC Women's rate of 13% for all sites with the exception of Langley Memorial (Chilliwack and Peace Arch at 14%; Royal Columbian and Burnaby at 15%; Surrey Memorial at 16%; Abbotsford at 17% and Ridge Meadows at 34%).

Epidural rates

- Epidural rates at Fraser Health range from 5% (Chilliwack) to 30% (Ridge Meadows and Surrey Memorial). These variations likely reflect the availability of anesthetists as well as routine practices.

Caesarean rates

- The C-section rate has been increasing over the years to 30.7% (primary rate of 18.1% plus the repeat rate of 12.6%); this is comparable to BC rate of 31.3% (2007/08).

Number of C-Sections by hospital, 2007/08

Site	C-Sections	Average per day
Surrey Memorial	1,286	3.5
Royal Columbian	983	2.7
Burnaby	534	1.5
Langley Memorial	466	1.3
Abbotsford	441	1.2

Chilliwack	287	0.8
Ridge Meadows	258	0.7
Peace Arch	236	0.6

- The BC Perinatal Data Base reported 4,684 C-sections, of which 1,783 (38%) were scheduled (2007/08).

- C-section rates for Canada are reported at 28% (CIHI, 2007/08), with the exception of Langley Memorial (27%), Abbotsford (24%), and Chilliwack (28%), all other sites are above 28%, Burnaby (31%), Surrey Memorial and Ridge Meadows (33%), Peace Arch and Royal Columbian (34%).

- Older maternal age is a strong risk factor for C-section, review data indicates that Royal Columbian and Burnaby had the highest proportion of older mothers, followed by Peace Arch and Ridge Meadows.

- In 2008/09, prophylactic antibiotic prior to C-section was administered 60.3% (Chilliwack) to 90.4% (Surrey Memorial) of the time.

- Overall re-admission rate of 42 days or less post C-section for infection was 0.2% (7/4491) in 2007/08. Five hospitals (Royal Columbian, Burnaby, Abbotsford, Chilliwack, and Ridge Meadows) had recorded admission(s) due to post c-section wound infection, Ridge Meadows had the highest rate of 0.8% (2/258).

Vaginal birth after C-Section (VBAC) crude rates

- In 2007/08, VBAC rate for FH hospitals with planned maternity services was 17.1% (382/2229) and 18.4% (430/2333) for 2008/09.

- Hospital specific VBAC rates ranged from 9.1% (21/231 at Burnaby) to 26.7% (73/273 at Abbotsford) in 2007/08. In 2008/09, the rates ranged from 11.8 (26/220 at Burnaby) and 24.6% (77/313 at Abbotsford)

4th degree tears

- Obstetric trauma rate per 1000 vaginal deliveries without instrument was slightly above CIHI/HayGroup benchmark for Community 1 hospitals but significantly higher for Community 2 hospitals (2007/08).

- Obstetric trauma rate per 1000 vaginal deliveries without instrument for Community 1 hospitals was 9.7, slightly higher than CIHI/Hay Group benchmark of 8.9 per 1000 vaginal deliveries.

- 4th degree tear per 1000 deliveries was 5.24 for Fraser Health, Burnaby (10.0) and Langley Memorial (7.8) had consistently higher rates.

Issues/Gaps Analysis:

- Ninety-four percent (94%) of births are greater than 2,500g, a standard marker for a birth weight near or at term, suggesting that the region is consistent in assuming that the vast majority of births approximate low to moderate risk levels.
- A higher than usual rate of Family Practitioners practicing obstetrical care is experienced in the Fraser Health Authority. A reduction is currently being experienced and is concerning to the region.
- A higher than national average C-section rate is apparentwhere operative birth is climbing to 1 in 3 births in some settings (rates vary). The likelihood of an increasing rate in the Fraser Health Authority is high, given that about 82% of women have a 'repeat', elective (or booked) C-section for subsequent deliveries[2]
- High rate of C-section adds pressure to and competes with anesthesia rosters and OR blocking elective surgeries. No dedicated obstetrical anesthesia exists in most hospitals.
- Demand for epidural analgesia outweighs the present resource; if it is known that (epidural) analgesia will not be available until a later time, it may precipitate intervention rather than watchful waiting.
- Other varied practices included varied labour induction and augmentation practices/rates.
- Successful VBAC rates are low with approximately one-half moving to repeat c-section (the literature cites a range in rates from 50-85% for successful VBAC).
- Delays for diagnostic assessments exist, e.g. fetal ultrasound are reported. With the outcome data regarding the prevalence of gestational diabetes, hypertension and low birth weight, this is concerning.
- The interpretation of the available outcome data is limited owing to varied definitions and technological infrastructure capacity, hospital to hospital. Definitions warrant review for consistency, e.g. length of stay (unclear if the post-partum LOS represents time from labour admission or from post-partum admission).
- There is no uniform quality improvement program at present for obstetric teams.
- Questions arose as to the number of annual births per hospital (and per birth attendant) that could sustain standards for safety and quality.
- Variations exist in 'family centered maternal and newborn' care (e.g. the separation of the mother and newborn in the PAR).
- Consumer input regarding their perspectives on the birth setting(s) was not in the scope of the review.

4.6 Quality reviews

Review of unanticipated adverse outcomes in obstetrics is ongoing and is contributing to continuous improvement in the delivery of careReview of unanticipated adverse outcomes in obstetrics is ongoing and is contributing to continuous improvement in the delivery of care. The following are examples of improvements either currently in progress or implemented as a result of the learnings arising from patient safety reviews, events and themes:

-
- Improving access to caesarian sections
- Improving transfer to higher level of care
- Communication between health care professionals
- Standards of care, including skill sets and documentation
- Unit culture
- Standardization of equipment

[2] SOGC Joint policy Statement on Normal Birth (2008). *J Obstet Gynaecol Can. 30* (12) 1163-1165
SOGC Media Advisory June 25, 2008

- Regional protocols, pre-printed orders or guidelines

Reviews are conducted as per Fraser Health Event Management policy and guidelines.

Section 5: Directional Plans for Obstetric Services

Fraser Health summarized its planning initiatives (as below). The *Perinatal Clinical Service Plan (February 16, 2006)* (Section 5.1) was provided to the consultants.

5.1 Perinatal clinical service plan

In December 2006, Fraser Health released a confidential Final Draft Report: *Directional Plan for Acute Services to 2020 - Transforming Healthcare in Fraser Health*. A service plan was developed for obstetrics based on three planning principles:

- Optimize outcomes for patients
- Optimize systems and access to services within available resources
- Ensure resources are targeted for best value

The report noted that Fraser South, Fraser North, and Fraser East each have at least one site providing higher level of care. The *Perinatal Clinical Service Plan* (February 16, 2006) developed as part of the Acute Directional Plan Initiative details service requirements as follows:

- Critical mass requirements - the literature indicates an ideal size for an obstetric service is about 2,000 to 3,000 births per year. For low risk births, smaller units also perform very well, as long as they are part of a regional hospital program.

- Maximum acceptable C-Section wait times – all hospitals providing obstetric services, excluding those limited to emergency services, need to be able to begin surgery within 30 minutes of a decision that an urgent C-section is required.

- Operating room facilities - in hospitals without an operative/Caesarean birth room, the obstetric area needs to be close to operating room facilities. Hospitals with annual deliveries exceeding 2,000-3,000 will have sufficient volume and utilization for a dedicated suite for C-sections, with support 24/7 by dedicated anesthesia and nursing staff. That still leaves the long standing problem for smaller hospitals, without the volume of deliveries to justify the costs of a dedicated C-section suite and supporting anesthesia services, which have to "break into" the scheduled surgery list to perform emergency C-sections.

The report endorsed the following requirements are based on *BC Levels of Care* (2005) as endorsed by the Provincial Specialized Perinatal Care Committee:

Level 1 Hospitals should have:

- Family physician and/or midwife on call 24/7 and able to attend within 30 minutes
- Access to obstetrical, paediatric, medical, surgical, radiology and pathology consultation, and anesthesia services
- Personnel to perform C-sections, including surgery and anesthesia, specialist, or general practitioner with specialized training (Level 1B only)
- In-house maternal nursing care 24/7, with staffing ratio 1:1 during active labour
- Nursing staffing ratio of 1:4 in post partum for mother and baby pair
- (Level 1B) nursing staffing ratio of 1:3 in nurseries, depending on specific illnesses, circumstances, and mix of babies

- Staff able to provide lactation support and neonatal resuscitation
- Week-day access to radiology and ultrasound technologists

Level 2 Hospitals should have all personnel as for Level 1, plus:

- Obstetrician, paediatrician/neonatologists, anesthetist on call 24/7 and able to respond within 30 minutes
- Ophthalmologist available to do eye exams on regular basis
- Access to general intensivist consultation
- Nursing staffing ratio of 1:2-3 in nurseries, depending on specific illnesses, circumstances and mix of babies
- Allied health personnel, i.e. social worker, physiotherapist, occupational therapist, dietician, lactation consultant, pastoral care/bereavement support
- (Level 2B) if infant(s) on assisted ventilation or continuous positive airway pressure, a physician, nurse or respiratory therapist with intubation skills in-house 24/7
- Technologists on call 24/7 for blood-banking procedures and identification of irregular antibodies
- General pathologist available daily
- Radiology technologists available in-house 24/7, ultrasound technologists on call 24/7

Level 3 Hospitals should have all personnel as for Level 2, plus:

- Dedicated anesthetist 24/7
- Access 24/7 to sub-specialists, including maternal fetal medicine, internal medicine, general surgery, gynaecology, urology, medical genetics, paediatric surgery, paediatric cardiology
- Access daily to sub-specialists, including maternal/paediatric infectious disease specialist, paediatric neurologist, medical geneticist, nephrologists, endocrinologist, gastroenterologist, ENT specialist, ophthalmologist, respirologist, haematologist, paediatric surgical subspecialist, child developmental specialist, maternal and newborn pathologist
- Nursing staffing ratio of 2:1 for babies, or 1:1, or 1:2, depending on specific illnesses, circumstances, and mix of babies
- Respiratory therapist in-house 24/7
- In-house pharmacist
- In-house blood bank technologist 24/7

The report noted that Fraser South, Fraser North and Fraser East each have at least one site providing higher level care and recommended that the obstetrics bed allocation be as follows:

- 133 beds for 16,440 inpatient separations (2003)
- 137 beds for 16,998 inpatient separations (2010)
- 154 beds for 19,018 inpatient separations (2015)
- 165 beds for 20,409 inpatient separations (2020)

5.2 Planning initiatives

A series of planning initiatives have occurred across Fraser Health over the past number of years, many of which were intended for discussion and/or for purpose of future capital planning and

capital plan proposals. Those planning documents may include, but are not limited to the following:

- Surrey Memorial redevelopment
- Outpatient Facility planning
- Fraser South planning
- Fraser North planning
- Royal Columbian redevelopment

Section 6: Evidence-Based Approach to Care

7.1 Overview

Over the past two decades, a significant amount of attention has been directed toward assuring the professional standards, guidelines and best practice statements for pregnancy, childbirth and post-partum are informed by the most robust evidence available. Evidence comprises the knowledge and findings from quantitative and qualitative studies, systematic reviews, patient and provider experiences, and other population and organizational reports and surveys, based on statistical databases and the outcomes of creative programming. The professional imperative is to translate knowledge into action. The field of maternal and newborn care is replete with useful summaries from preprocessed banks of information, such as the Cochrane Library (effective care in pregnancy and childbirth division) and the intervention reviews of EPOC (effective practice and organization of care), that provide pooled data and other findings to make decisions for improving practice and the delivery of care. The evidence supports the assessments and recommendations in this Service Review.

Consistent in the professional directives are the following elements:

- The level of risk can be predicted for the majority of women, prenatal care must consistently include an assessment of risk parameters to determine the appropriate site or hospital for the care required
- Women and fetuses of the highest risk group represent a small proportion of births (approximately 5%) and those of moderate risk amount to about 10% of births, that a

regional approach, rationalizing skill and expertise into specialty centers should be undertaken
- Childbirth for the vast majority of women is low risk (about 85% of births) and efforts need to be directed towards supportive, low-technology practices underpinned by family centered approaches and concepts

The Obstetrics Service Review recognizes the following as salient groups or entities where the evidence has been used to inform policies, guidelines and program elements:

- Health Canada: The National Guidelines for Family Centered Maternal and Newborn Care
- Society of Obstetricians and Gynecologists of Canada (SOGC): Guidelines, Policy and Position Statements, Media Advisories, Briefs
- Association of Women's Health, Obstetric and Neonatal Nursing (AWHONN)
- British Columbia Reproductive Care Program
- Child Health BC
- Child Health Network of the Greater Toronto Area

A pertinent example is the rise in Caesarean section rates. The Joint Policy Statement on normal birth[3], endorsed by obstetricians/gynecologists, family physicians nurses and midwives also voices concern about the rise in the use of technology, and the rising rates of Caesarean section; both contribute to the introduction of risk to the mother and fetus.

The statement suggests appropriate use of interventions for normal birth (such as augmentation of labour, rupture of membranes, intermittent fetal auscultation, pharmacologic and non-pharmacologic methods of pain relief) be based on the evidence. Normal labour, however, does not include elective induction of labour prior to 41 weeks gestation, spinal and general anaesthesia, use of instruments (forceps/vacuum), routine use of episiotomy, continuous electronic fetal auscultation and fetal malpresentation.

Among the elements in the policy statement is a recommendation that Caesarean section should not be offered when there is no obstetric indication. Further support is offered by the SOGC media advisory[4], supporting statistical evidence on the rise of Caesarean section and an evidence-based recommendation that vaginal delivery can be safely achieved for the vast majority of women with previous Caesarean birth.

The use of technology, interventions, programs and routines without substantive evidence is a consistent concern among leaders in maternal and newborn care. The direction toward program management for maternal and newborn care will serve to underpin work to harmonize practices based on best evidence.

The SOGC documents of relevance are:

- Number of Births to maintain competence Number of Births to maintain competence[5] – Competence in obstetric care is not dependent on the number of births attended annually. Maintaining competency depends on an appropriate, ongoing, and self-directed program

[3] SOGC (2008) Joint policy statement on normal birth. *J Obstet Gynaecol Can, 30*(12), 1163-1164
[4] SOGC (2008) *C-Sections raise risk of future pregnancies*
[5] SOCG (2002) *Number of births to maintain competence*

of continuing professional development. Maintaining hospital privileges to provide intrapartum care should be based on locally determined quality assurance programs and on individual participation in self-directed maintenance of competence programs.

- Attendance at Labour and Delivery (Guidelines) for Physicians and Anesthesia[6]- A tertiary hospital provides low/high risk pregnancies - continuous on site presence of obstetric, anaesthetic, and paediatric personnel for women in active labour is required. A community/regional hospital provides low/high risk pregnancies with specialist support – physician should be available for the labour and delivery room in approximately 30 minutes and must be prepared to respond promptly to requests from hospital personnel. As well, each hospital should develop a policy concerning the necessity of a second surgical team available for emergency cases.

7.2 Models of Care and Staffing

While single room maternity care has contributed to a better childbirth experience, the presence of Post-partum units and separate staff continues in many areas. In Fraser Health, there is an intention to transition, over time, to single room maternity care. Programs must consider the inclusion of beds for other obstetric admissions, e.g. prenatal admissions (for management of a problem pregnancy or fetal concerns) and post-partum admissions (for treatment or observation).

In planning programs, the number of beds assigned to a program must take into consideration the LDRPs or purely post-partum beds as well as the numbers and lengths of stay of the additional pre- and post-natal beds. Historical data (number of admissions and length of stay) are the best source of evidence, along with the nature of the hospital service (Regional, Community Type 1 or 2). The Regional program would have a larger number of prenatal inpatients (with longer lengths of stay likely) for high risk concerns. Many large regional/tertiary units have separate antenatal inpatient units of approximately 20-25 beds, while community obstetric sites may have 4-6 beds, often designated as 'flex' beds to accommodate the peaks and valleys of census in prenatal and post-partum admissions.

According to the Family Centered Maternity Care National Guidelines, the effects of one-to-one supportive care to a woman in labour have been well researched and documented in the literature (Health Canada, Canadian Institute of Child Health, 1995).[7] Registered nurses should be employed to care for families in the labour and birth areas as their scope of practice fits best with the high level of assessment required and the potential unpredictability of the course of labour. Staffing recommendations entail one-to-one nursing care for active labour and birth, until completion of the fourth stage of labour.

7.3 Literature review on obstetrical volumes and associated outcomes

The Fraser Health *Perinatal Clinical Service Plan* (February 16, 2006) reported a review of the literature as follows:

- The SOGC (2002) has affirmed that "competence in obstetric care is not dependent on the number of births attended annually" and that good outcomes in low-volume settings are possible where access to specialist consultation and timely transfers are available and used appropriately.

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[6] SOCG (2000) *Attendance at Labour and Delivery Guidelines for Obstetrical Care*

[7] Hodnett, Gates, Hofmeyr, & Sakala (2007). Cochrane systematic review: Continuous support for women in labour during childbirth. Birth, 27, (3), 217

- Klein et al (2002) examined whether a family doctor's annual volume of singleton deliveries affected maternal morbidity, 5-minute Apgar score, or admission to a NICU, and found that adverse outcomes were not related to delivery volume (high volume 25 or more babies, medium volume 12-24 babies, low volume 11 babies or fewer).
- Heaphy and Bernard (2000) studied maternal complication rates following normal vaginal delivery in 282 US small hospitals. After adjusting for case mix, the majority of rural hospitals performed well. Hospitals with 300 or more deliveries annually were significantly less likely to have poor complication rates than hospitals with fewer than 200 deliveries annually. Distance to the nearest tertiary centre did not influence performance.
- Moster et al (1999) found that for infants with birth weight of 2500 grams or more: Maternity units with 2,001-3,000 annual births had the lowest neonatal mortality rate; Infants born at institutions with 100 or less births annually had double the risk for neonatal death; and Risk declined with increasing size of maternity units up to 2,001-3,000 births annually, then increased for the largest institutions (perhaps due to under-reporting of risk factors, perhaps because no further benefit is accomplished by increasing size beyond 3,000 per year).
- Heller (2002) studied the impact of regionalization on neonatal survival, focusing on low risk births (birth weight 2500 grams or more). The highest mortality rates were for very small units with 500 births or less per year, and the lowest were for centres with 1,500 births or more per year. Small units (500-1,000 births) and intermediate units (1,001-1,500 births) showed a significantly increased neonatal death rate compared to large delivery units.
- Klassen (2003) cited an Australian study (Lumley, 1988) which explored the relationship between risk adjusted perinatal outcome and hospital size and concluded that small maternity units are safe within the framework of a regionalized program. Klassen also cited a study of Ontario, Newfoundland, and Saskatchewan hospitals (Fallis et al., 1988) which concluded that small hospital obstetrics (less than 100 deliveries per year) does not result in increased risk-adjusted mortality for babies weighing more than 2500 grams).
- The Greater Toronto Area Child Health Network (*Strengthening the Maternal, Newborn and Paediatric System by Design.* March 2005) concluded that regionalization of obstetrical services does improve perinatal outcomes for high-risk pregnancies, in that higher volumes have fewer adverse events. For planning purposes, minimum target sizes (for hospitals in the Greater Toronto Area) were proposed as follows: For quality: 2,000 births per year; for efficiency of labour/delivery/recovery: 2,409 births per year; for efficiency of Post-partum /obstetrical units: 3,285 births per year.

7.4 Informed women/families on the risk of unnecessary interventions

The SOCG[8] and its partners providing maternity health care recommended:

- Development of interdisciplinary committees to implement standardized unit policies on normal childbirth and all aspects of maternity care with membership from all contributing disciplines.
- Promotion among childbirth educators and maternity care providers of knowledge about and experience with the birth process and evidence-based practices so that women and families can be informed about normal birth; antenatal preparation requires a positive focus on practical skills for coping with labour and birth pain.
- Provision of information and opportunities for discussion about natural childbirth to all pregnant women at low risk. This should include the information that unnecessary interventions increase risks to mother and baby.

7.5 Fetal Health Surveillance

[8] SOGC Policy Statement on Normal Childbirth (Dec 2008)

The SOGC[9] Guidelines on Fetal Health Surveillance provides new recommendations pertaining to the application and documentation of fetal surveillance in the antepartum and intrapartum period that will decrease the incidence of birth asphyxia while maintaining the lowest possible rate of obstetrical intervention. Pregnancies with and without risk factors for adverse perinatal outcomes are considered. This guideline presents an alternative classification system for antenatal fetal non-stress testing and intrapartum electronic fetal surveillance to what has been used previously. This guideline is intended for use by all health professionals who provide antepartum and intrapartum care in Canada.

[9] SOGC Clinical Practice Guidelines for Fetal Health Surveillance (Sept 2007).

Section 7: Assumptions

A number of assumptions, as outlined below, were provided to the Consultants upon which the recommendations are based. It is the understanding that Fraser Health Executive will prioritize recommendations that are accepted and that an incremental approach to implementation of accepted recommendations will be required.

Assumption #1 – Program Vision

The Maternal, Infant, Child and Youth Program will embrace the principles of program management including development of an integrated and comprehensive vision for the newly formed Program. Based on a program management model of governance, the program will be an integrated network of high quality, family centered services responsive to the comprehensive needs of pregnant women, infants, children, youth and families.

Assumption #2 – Program Values

The program will be underpinned by shared values for:

- Safe, satisfying, family centered care
- High quality care and services delivered as close to home as possible
- An integrated network of defined service levels and at sites based on provincial standards and specifications for obstetrics and newborn care
- Timely, equitable access to care across community and acute care sectors
- Appropriate partnerships and links with complementary services and sectors
- A program management model of service organization and accountability

Assumption #3 – Program Leadership

Embracing the vision and values of the program, a program management model is endorsed, with Executive Director and Medical co-leadership to establish a strategic and transformational agenda that achieves the operational, clinical and fiscal responsibilities among all sites of the program.

Assumption #4 – Program Physician Leadership

The new Physician leadership model will identify a process for appointment of a Regional Department Head for Obstetrics. Responsibilities of the Medical leadership will be determined in accordance with the new By-Laws and Medical Staff Rules (to be approved by the Board upon the recommendation of the Health Authority Medical Advisory Committee).

Assumption #5 – Site Volumes

The current obstetric volumes are 15,118 births projected to 18,279 for 2020.

Fraser Health's *Perinatal Clinical Service Plan* (February 16, 2006) stated that "the literature indicates an ideal size for an obstetric service is about 2,000 to 3,000 births per year and that for low risk births, smaller units also perform very well, as long as they are part of a regional hospital program".

The Surrey Memorial Hospital redevelopment plan projected that the hospital would be the Maternal and Child Centre for providing tertiary care with over 4500 deliveries. More recent work in Fraser Health has been undertaken to clarify hospital typology.

Assumption #6 – Hospital Typology

Fraser Health is moving toward designating the role and mandate for each of the twelve hospitals as follows:

- Regional Hospitals

  The hospitals that will have this regional designation include:
  - Surrey Memorial Hospital as the designated maternal and child centre
  - Royal Columbian Hospital
  - Abbotsford Regional Hospital

  A Regional Hospital will provide a comprehensive range of tertiary and secondary services and sub-specialties. While it provides secondary services to local communities and is dependent on those secondary services to support its tertiary portfolio, it must have capacity to ensure access to tertiary services on a region wide basis.

- Community Hospital (Level 1) – Provides core secondary services and some specialty services to the community. Could become hospitals with a defined "area of specialty focus".

- Community Hospital (Level 2) – Provides core secondary services to the community. Medical care is predominantly provided by GPs working with consultant medical colleagues. This hospital is a meeting point bridging primary and secondary care. Could also have a defined "area of focus".

- Community Hospital (Level 3) – Offers integrated primary and secondary healthcare services on a day/outpatient care basis and is supported by community-based professionals.

Section 8: Recommendations

The Recommendations are outlined according to the following areas:

A. Program Vision
B. Site Designation and Site Configuration
C. Care Delivery Model
D. Clinical Practice Variation
E. Staffing Models
K. Physician Models of Care
I. Transfer of Care
J. Provincial Initiative
K. Academic Mandate

The Recommendations are as follows:

A. Program Vision

Recommendation # 1:

s.13

B. Site Designation and Configuration

Recommendation #2:

s.13

Recommendation #3:

s.13

C. Care Delivery Models

Recommendation #4:

s.13

Recommendation #5:

s.13

s.13

Recommendation #6:

s.13

Recommendation #7:

s.13

D. Clinical Practice Variation

Recommendation #8:

s.13

E. Staffing Models

Recommendation #9:

s.13

s.13

F. Models of Care

Recommendation #10:

s.13

G. Transfer of Care

Recommendation #12:

s.13

H. Provincial Initiatives

Recommendation #13:

s.13

I. Academic Mandate

Recommendation #14:

s.13

Bauer, Tim HLTH:EX

From: John, Rebecca HLTH:EX
Sent: Monday, October 6, 2014 4:48 PM
To: Rinta, Darcy HLTH:EX
Subject: Fw: Briefing Note on DOBA
Attachments: 1011453 (v-2) - MO Request For Update on BCAS SMH DOBA Sept 2014.docx

Fyi - I don't think the 12 beds is accurate anymore - have to remind myself of the agreed endstate of bed numbers.

From: Watt, Rebecca HLTH:EX
Sent: Monday, October 06, 2014 04:32 PM
To: John, Rebecca HLTH:EX
Subject: FW: Briefing Note on DOBA

Hi Rebecca,

Thank you again for taking the time to meet with me last week. Here is the latest that I know about DOBA in FHA. Note, the attached BN is for a Minister meeting – not the BN referenced below by Dr. Webb.

Rebecca Watt, MPA | Senior Manager, Physician Compensation | Negotiations & Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 3346

From: English, John HLTH:EX
Sent: Friday, September 19, 2014 11:19 AM
To: Pittman, Abigail HLTH:EX; Watt, Rebecca HLTH:EX
Cc: Magil, Joni HLTH:EX; Walker, Sandra HLTH:EX
Subject: FW: Briefing Note on DOBA

FYI

Latest on DOBA.

John

From: English, John HLTH:EX
Sent: Friday, September 19, 2014 11:18 AM
To: Frechette, Rod HLTH:EX; Hume, Christine HLTH:EX
Cc: Higgs, Jeremy HLTH:EX
Subject: RE: Briefing Note on DOBA

Here you go.

John

From: English, John HLTH:EX
Sent: Friday, September 19, 2014 10:46 AM
To: Frechette, Rod HLTH:EX
Subject: RE: Briefing Note on DOBA

OK.

Thanks

I will update our BN for the Minister accordingly and send it back to you.

John

From: Frechette, Rod HLTH:EX
Sent: Friday, September 19, 2014 10:45 AM
To: English, John HLTH:EX
Subject: FW: Briefing Note on DOBA

FYI

From: Webb, Andrew [mailto:Andrew.Webb@fraserhealth.ca]
Sent: Friday, September 12, 2014 11:02 AM
To: Patterson, Ted HLTH:EX; Frechette, Rod HLTH:EX
Cc: Blair, Peter
Subject: FW: Briefing Note on DOBA

Ted, Rod

Following our teleconference on DOBA last month we were asked to provide you with a briefing note outlining the situation. Dr Blair has drafted the attached based on his interactions with the anaesthetists. We have reached an impasse that leaves patients without access to timely and effective care. Our recommendation is to try and get the Doctors of BC engaged (again) through the PMA quality of care dispute process.

Andy

Dr A R Webb MD FRCP MFMLM
VP Medicine, Fraser Health
Clinical Professor, UBC Faculty of Medicine
Professor, SFU, Faculty of Health Sciences

Suite 400, Central City Tower
13450 – 102 Avenue
Surrey, BC V3T 0H1

Tel (604) 587-4659
Mobile (604) 897-3432

Bauer, Tim HLTH:EX

From: Rinta, Darcy HLTH:EX
Sent: Friday, May 1, 2015 3:24 PM
To: Capron, Alyse HLTH:EX
Subject: RE: DOBA

I phoned and left Abigail a message this afternoon but haven't heard back.

These bullets are directly from the FHA note in Mar 2015.

- Dedicated obstetrical anaesthesiology (DOBA) ensures that at least one anaesthesiologist is on site at all times to provide obstetrical anaesthesia services.
- Fraser Health completed a Service Review of Obstetrics in 2009 and identified a need for DOBA at two high-volume maternity sites – Surrey Memorial (4,200 plus births per year), Royal Columbian (3,000).
- Fraser Health made an offer to the Surrey Memorial anesthesiologists group in 2009 for DOBA under the Alternate Payment Plan rate, the maximum payment under the provincially negotiated agreement between the province and the BCMA, but the offer was rejected.
- Fraser Health has recruited and advertised for DOBA and has not received a single applicant, although the health authority has had some success in recruiting for general anaesthesiology.
- Fraser Health currently has 145 anesthesiologists working across the health authority.
- Currently, there is 24/7 anesthesiology at these three high-volume sites (Surrey, Royal Columbian and Abbotsford) and these sites have access to on-call anesthesiologists when needed.
- Fraser Health is continuing to work with the surgical and obstetrical programs and anesthesiologists to support timely access to anaesthesiology services. This includes developing models and criteria that can be used to anticipate and minimize risk through early identification of obstetrical cases that have the potential to require anaesthesiology services.
- $1.2 million are on the table for Surrey Memorial and Royal Columbian hospitals for DOBA.
- Anesthesiologists claim this is not enough and have tied DOBA to other general fee increase demands and manpower issues in the province.
- The BC Anesthesia Society is under new leadership who have indicated a desire to move forward in a collaborative manner.

From: Capron, Alyse HLTH:EX
Sent: Friday, May 1, 2015 10:20 AM
To: Rinta, Darcy HLTH:EX
Cc: Lane, Michele HLTH:EX
Subject: RE: DOBA

Ok … Well if we don't hear back by noon today, let's just draft the bullets with our understanding and information. Workforce planning has been "consulted" in prep for estimates and questions related to HR recruitment and compensation will need to be addressed by that division.

A.

From: Rinta, Darcy HLTH:EX
Sent: Thursday, April 30, 2015 4:23 PM
To: Capron, Alyse HLTH:EX
Subject: FW: DOBA
Importance: High

Fyi – haven't heard back yet

From: Rinta, Darcy HLTH:EX
Sent: Thursday, April 30, 2015 11:35 AM
To: Pittman, Abigail HLTH:EX
Subject: DOBA
Importance: High

Hi Abigail,

Rebecca Watt suggested I follow-up with you for an update with regards to DOBA. Do you have any more recent info to supplement this March 2015 note from FHA?

I am putting together some info for my ADM in support of Estimates. Please give me a call if required.

Many thanks,

Darcy Rinta
Manager, Provincial and Specialized Services
Acute and Provincial Services Branch
Health Services Policy and Quality Assurance Division
Ministry of Health
250-952-3072 (new phone number)
Warning: *This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.*

From: Lane, Michele HLTH:EX
Sent: Wednesday, April 29, 2015 2:29 PM
To: Capron, Alyse HLTH:EX
Cc: Rinta, Darcy HLTH:EX
Subject: FW: Important Updates for Minister Lake

FYI

From: Lane, Michele HLTH:EX
Sent: Friday, March 20, 2015 8:50 AM
To: Bragg, Jacquelynn HLTH:EX; Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX
Cc: Stewart, Sharon A HLTH:EX
Subject: FW: Important Updates for Minister Lake

Here is what FHA sent me

Bauer, Tim HLTH:EX

From: Rinta, Darcy HLTH:EX
Sent: Thursday, April 30, 2015 11:35 AM
To: Pittman, Abigail HLTH:EX
Subject: DOBA
Attachments: IN_DOBA_2Mar2015.doc

Importance: High

Hi Abigail,

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Many thanks,

Darcy Rinta
Manager, Provincial and Specialized Services
Acute and Provincial Services Branch
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Ministry of Health
250-952-3072 (new phone number)
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From: Lane, Michele HLTH:EX
Sent: Wednesday, April 29, 2015 2:29 PM
To: Capron, Alyse HLTH:EX
Cc: Rinta, Darcy HLTH:EX
Subject: FW: Important Updates for Minister Lake

FYI

From: Lane, Michele HLTH:EX
Sent: Friday, March 20, 2015 8:50 AM
To: Bragg, Jacquelynn HLTH:EX; Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX
Cc: Stewart, Sharon A HLTH:EX
Subject: FW: Important Updates for Minister Lake

Here is what FHA sent me

Bauer, Tim HLTH:EX

From: Capron, Alyse HLTH:EX
Sent: Wednesday, April 29, 2015 3:37 PM
To: Rinta, Darcy HLTH:EX
Subject: DOBA - Bullet Points

Darcy,

Michele asked that we include “bullet points” only related to the Surrey DOBA “issue” and not the provincial program.

I think the FHA note has most of the detail.

You may want to reach out to contacts at SMH to see if anything has changed since March. Also wondering if you could reach out to Abigail to see if she has any information specific to SMH anesthesiologists recruitment.

Alyse

Alyse Capron, MN
Executive Director
MOH Project Lead – Correctional Health Care Transition
Acute and Provincial Service Branch
1st Floor, 1515 Blanshard Street
Victoria, BC

Office: 250 952 3027
Cell: 250 216 7039

Bauer, Tim HLTH:EX

From: Lane, Michele HLTH:EX
Sent: Wednesday, April 29, 2015 2:29 PM
To: Capron, Alyse HLTH:EX
Cc: Rinta, Darcy HLTH:EX
Subject: FW: Important Updates for Minister Lake
Attachments: IN_DOBA_2Mar2015.doc

FYI

From: Lane, Michele HLTH:EX
Sent: Friday, March 20, 2015 8:50 AM
To: Bragg, Jacquelynn HLTH:EX; Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX
Cc: Stewart, Sharon A HLTH:EX
Subject: FW: Important Updates for Minister Lake

Here is what FHA sent me

March 2, 2015 – **DOBA (Dedicated Obstetrical Anesthesia)**

Key Messages:

- Caring for mom's and babies is something we take very seriously at Fraser Health. The idea of having Dedicated Obstetrical Anesthesia (DOBA) services at high volume maternity sites such as Surrey Memorial Hospital is something that Fraser Health supports. High volume maternity sites have full-time anaesthesiologists on site 24/7 and access to on-call anaesthesiology when required; however, this resource is shared with emergency and trauma programs meaning that timely access to anaesthesiology when there happens to be competing emergency procedures can be a challenge.
- Fraser Health's obstetrical program is working with surgical, emergency and trauma programs and anaesthesiology to ensure that obstetrical program has access to anesthesiologists (at Surrey Memorial, Royal Columbian and Abbotsford Regional Hospitals) when needed and Fraser Health will continue to pursue a dedicated services for the high-volume birth sites).
    - It is very regrettable that an agreement has not been made, and compensation negotiations seem to be delaying improvements to patient care.
    - DOBA would position a second anaesthesiologist on-site 24/7 who would deal with obstetrical emergencies as their priority. Fraser Health supports adding DOBA as a necessary support for our growing maternity program at SMH.

Secondary messages about compensation:

- Fraser Health does not hire anesthesiologists. Like other physicians, most anesthesiologists work on a fee-for-service arrangement governed by the Physician Master Agreement between the BCMA and the province.
- Anesthesiologists receive payment through Medical Services Plan (MSP) billings. An average full-time anesthesiologist billed MSP $339,583 in 2009/10, up 37% from 2000/01 ($248,081).

Background:

- Fraser Health completed a Service Review of Obstetrics in 2009 and identified a need for DOBA (Dedicated Obstetrical Anesthesia) at two high-volume maternity sites – Surrey Memorial (4,200 plus births per year), Royal Columbian (3,000).
- Fraser Health made an offer to the SMH anesthesiologists group in 2009 for DOBA under the Alternate Payment Plan rate, the maximum payment under the provincially negotiated agreement between the province and the BCMA, but the offer was rejected.
- Fraser Health has recruited and advertised for DOBA and has not received a single applicant, although the health authority has had some success in recruiting for general anaesthesiology.
- Fraser Health currently has 145 anesthesiologists working across the health authority.
- Currently, there is 24/7 anesthesiology at these three high-volume sites (Surrey, Royal Columbian and Abbotsford) and these sites have access to on-call anesthesiologists when needed.
- Fraser Health is continuing to work with the surgical and obstetrical programs and anesthesiologists to support timely access to anaesthesiology services. This includes

developing models and criteria that can be used to anticipate and minimize risk through early identification of obstetrical cases that have the potential to require anaesthesiology services.

- $1.2 million are on the table for Surrey Memorial and Royal Columbian hospitals for DOBA.
- Anesthesiologists claim this is not enough and have tied DOBA to other general fee increase demands and manpower issues in the province.
- The BC Anesthesia Society (a separate body designed to represent the interests of anesthesiologists) is under new leadership who have indicated a desire to move forward in a collaborative manner. Fraser Health is optimistic this can be achieved.
- A meeting of Surrey Memorial Hospital's Division leads was held on February 28, 2015.
    - Surgeons continue to lobby for DOBA and have now been encouraged to write to their local MLA, as well as sign a letter to Fraser Health's CEO.

Contact information			
Contact	**Name**	**Title**	**Phone**
Program	Dr. Peter Blair	PMD Surgery	(604) 417 – 4232
Communications	Tasleem Juma	Public Affairs	(604) 613 - 1162

Bauer, Tim HLTH:EX

From: Rinta, Darcy HLTH:EX
Sent: Wednesday, April 29, 2015 12:31 PM
To: Hume, Christine HLTH:EX
Cc: Capron, Alyse HLTH:EX
Subject: FW: DOBA Fact Sheet
Attachments: FW: Health Sector Workforce Division Fact Sheet re DOBA

Importance: High

Hi Christine,

Can you please confirm whether there will be an updated DOBA fact sheet for Estimates. Are you able to send a copy of the previous version?

Many thanks,

Darcy Rinta
Manager, Provincial and Specialized Services
Acute and Provincial Services Branch
Health Services Policy and Quality Assurance Division
Ministry of Health
250-952-3072 (new phone number)
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From: Lane, Michele HLTH:EX
Sent: Friday, April 24, 2015 3:35 PM
To: Rinta, Darcy HLTH:EX
Cc: Capron, Alyse HLTH:EX
Subject: DOBA

Can you please pull together some supplementary info (bullets) re DOBA
I know there was some stuff pulled together last year for DOBA
I will need this by end of day Tuesday.
Come see me if you need further clarification.
M

Michele Lane, RN, MBA
Executive Director, Acute and Provincial Services
Health Services Policy and Quality Assurance Division
Office: 250-952-3028Cell: 250-217-0470
Assistant: Geoffrey Sanderson 250-952-1178
******** Please note new phone number*********

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Bauer, Tim HLTH:EX

From: HSD Documents Coordinator HLTH:EX
Sent: Wednesday, April 29, 2015 11:30 AM
To: Rinta, Darcy HLTH:EX
Subject: FW: Health Sector Workforce Division Fact Sheet re DOBA

FYI

From: Grieve, Darlene E HLTH:EX
Sent: Wednesday, April 29, 2015 9:38 AM
To: Bell, Lorina HLTH:EX
Subject: RE: Health Sector Workforce Division Fact Sheet re DOBA

HI Lorina,

I believe this is an old fact sheet from Rod Frechette's division. It doesn't look like they will be providing a fact sheet on that topic this time around. If you would like more information you could call Rod's admin, Chris Hume at 952-3146.

I hope this helps ~ d

From: Bell, Lorina HLTH:EX
Sent: Monday, April 27, 2015 9:41 AM
To: Grieve, Darlene E HLTH:EX
Subject: FW: Health Sector Workforce Division Fact Sheet re DOBA

Hi Darlene,

Would you have any information on the below noted fact sheet? Thanks!

Lorina Bell
A/Documents Coordinator
Health Services Policy and Quality Assurance Division, Ministry of Health
PO BOX 9638 STN PROV GOVT | Victoria, BC | V8W 9P1
(250) 952-1773 | Lorina.Bell@gov.bc.ca

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From: Bell, Lorina HLTH:EX
Sent: Monday, April 27, 2015 9:26 AM
To: Rinta, Darcy HLTH:EX
Cc: Sanderson, Geoffrey HLTH:EX
Subject: RE: Health Sector Workforce Division Fact Sheet re DOBA

Hi Darcy,

I only am responsible for our Divisions fact sheets they are in a different division. Thanks!

Lorina

From: Rinta, Darcy HLTH:EX
Sent: Monday, April 27, 2015 8:46 AM
To: Bell, Lorina HLTH:EX
Subject: RE: Health Sector Workforce Division Fact Sheet re DOBA

Hi Lorina,

Do you have access to the Ministry list? It should be in Ted Patterson's area?

Thanks
Darcy

From: Bell, Lorina HLTH:EX
Sent: Monday, April 27, 2015 8:32 AM
To: Rinta, Darcy HLTH:EX
Cc: Sanderson, Geoffrey HLTH:EX
Subject: RE: Health Sector Workforce Division Fact Sheet re DOBA

Hi Darcy,

I don't see a fact sheet named this in my list. Could it possibly be named something else? Thanks!

Lorina Bell
A/Documents Coordinator
Health Services Policy and Quality Assurance Division, Ministry of Health
PO BOX 9638 STN PROV GOVT | Victoria, BC | V8W 9P1
(250) 952-1773 | Lorina.Bell@gov.bc.ca

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From: Rinta, Darcy HLTH:EX
Sent: Friday, April 24, 2015 4:03 PM
To: Bell, Lorina HLTH:EX
Subject: Health Sector Workforce Division Fact Sheet re DOBA

Hi Lorina,

Are you able to get a copy of the above fact sheet? DOBA = dedicated obstetrical anesthesia

Thanks,

Darcy Rinta
Manager, Provincial and Specialized Services
Acute and Provincial Services Branch
Health Services Policy and Quality Assurance Division
Ministry of Health
250-952-3072 (new phone number)
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Bauer, Tim HLTH:EX

From: John, Rebecca HLTH:EX
Sent: Wednesday, January 7, 2015 1:55 PM
To: Rinta, Darcy HLTH:EX
Subject: FW: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7

Hi - Do we have the 2009 report that Rebecca references do you know?

From: Watt, Rebecca HLTH:EX
Sent: Wednesday, January 7, 2015 1:42 PM
To: John, Rebecca HLTH:EX
Subject: RE: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7

No worries. I'll forward your email to Abbi in case there are implications for her contracts with FHA.

Speaking of reviews… I have a copy of FHA's external service review of acute obstetrics from 2009, as well as my working file documents from that time. If you would like, I can drop by the file and you can peruse it and make copies. (I don't think that I have any of these documents available as e-copies.)

Also, do you have a copy of The Canadian Neonatal Network Annual Report (2013)? If not, I can send you an e-copy.

From: John, Rebecca HLTH:EX
Sent: Wednesday, January 7, 2015 1:14 PM
To: Watt, Rebecca HLTH:EX
Subject: FW: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7
Importance: High

Sorry, didn't get this to y ou…

From: Jenkins, Loraine [mailto:Loraine.Jenkins@fraserhealth.ca]
Sent: Monday, January 5, 2015 4:06 PM
To: John, Rebecca HLTH:EX
Cc: [PHSA] Gray, Sylvia; 'Williams, Kim'; XT:HLTH Giglio, Vivian HLTH:IN
Subject: RE: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7
Importance: High

Hi Rebecca,
Happy New Year!
Here is a quick e-mail update.

Currently we have recruited 3 new OB's (one will replace one of our retiring OB's) and will be interviewing this month for 4 more OB's. We have a number of good candidates. Work continues around the 2 on call model for OB and with the new hires, those details for the high risk call group will be worked out. Our local medical leadership at SMH will be changing at the end of March as s.22 We will be looking to hire a new leader for the SMH unit locally and I am sure we will be successful in finding a physician to fill the position. Our MFM's are taking a lead role with our Program Medical Director in grand rounds and other educational activities for High Risk Tertiary care.
We have completed an external review for Tertiary Perinatal for Royal Columbian and Surrey Memorial Maternity units (Dr. Geoff Cundiff from UBC and Dr. Doug Wilson from Alberta Health Services, both experts in the field) I have attached

the terms of reference. We are waiting for the draft version of the report with recommendations. We do have high risk antepartum patients in the unit.
For NICU we have hired Clinical Associates and we are working out the details on their roles and how we will bring them into the service to support the increasing beds and will continue to recruit.
I am working on a refresh of the SMH plan now that everyone is back to work after the holidays.

Best regards
Loraine

From: John, Rebecca HLTH:EX [mailto:Rebecca.John@gov.bc.ca]
Sent: Monday, January 05, 2015 11:52 AM
To: Jenkins, Loraine
Cc: [PHSA] Gray, Sylvia; Williams, Kim
Subject: RE: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7

Hi Loraine, happy new year to you! (and to you too Kim and Sylvia!)

Thought I should check in before the Wed call on SMH NICU services.

Last time we talked, you were going to work on a refresh of the overall SMH implementation plan, explaining any revised timing and staging. Not sure if you've been able to get to this, but I imagine you were needing to talk to Vivian about that as well.

Also, last call, Kim asked about the development of a high risk call group and where that work is, and whether the new OB recruits are going to be approached re: taking mum's
DOBA and occupancy rate issues should be part of our discussion as well.
Look forward to the call.

Thanks very much,
Rebecca

Title: **Surrey Memorial Hospital: Obstetrics and Anesthesiology Fee for Service billings by practitioner and fiscal year**

Date: February 17, 2016

Prepared by: Eric Larson, A/Director and Kevin Fung, Economist, Workforce Analysis, Research and Evaluation Branch, Health Sector Workforce Division, Ministry of Health

Client: **Ted Patterson**
ADM, Health Sector Workforce Division, Ministry of Health

Project: 2016_011; 2016_038 (Anesthesiology)

File Name: C:\Users\jpedro\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\UGVHA627\[Surrey Memorial Obstetrics and Anesthesiology FFS by prac and fiscal v2 (3).xlsx]CoverPage

Source: Source: Discharge Abstract Database 2013/14, 2014/15 and 2015/16 Medical Service Plan Claims 2013/14, 2014/15 and 2015/16

Notes: Data extracted on: February 16, 2016

Obstetrics Tab: MSP obstetrics claims (claim specialty 5) were linked to obstetric cases in the DAD to identify that they were located at Surrey Memorial Hospital. The linkage criteria were matches on client, practitioner and MSP service date that is between or on admission date and discharge date

Obst Related Anesthesiology Tab: MSP anesthesiology claims (claim specialty 18) were linked to obstetric cases in the DAD to identify that they were located at Surrey Memorial Hospital. The linkage criteria were matches on client, practitioner and MSP service date that is between or on admission date and discharge date

Non Obst Related Anesthesiology Tab: MSP anesthesiology claims (claim specialty 18) were linked to non-obstetrics related cases in the DAD to identify that they were located at Surrey Memorial Hospital. The linkage criteria were matches on client, practitioner and MSP service date that is between or on admission date and discharge date

Tabs **Cover Page**

Obstetrics	Surrey Memorial Hospital Obstetrics fee for service payments by practitioner, fiscal year 2013/2014, 2014/2015, 2015/2016 to latest paid date. For all practitioners, most recent specialty is Obstetrics and Gynecology.
Obst Related Anesthesiology	Surrey Memorial Hospital Obstetrics-Related Anesthesiology fee for service payments by practitioner, fiscal year 2013/2014, 2014/2015, 2015/2016 to latest paid date. For all practitioners, most recent specialty is Anesthesiology.
Non Obst Related Anesthesiology	Surrey Memorial Hospital Non-Obstetrics-Related Anesthesiology fee for service payments by practitioner, fiscal year 2013/2014, 2014/2015, 2015/2016 to latest paid date. For all practitioners, most recent specialty is Anesthesiology, except where noted.

PRIVACY STATEMENT

The information contained in this/these spreadsheet(s) is confidential and of a summary nature.

Surrey Memorial Hospital Fee for Service Obstetrics Claims by Fiscal Year and Practitioner

Practitioner Number	Practitioner Name	FY 2013/14		FY 2014/15		FY 2015/16*	
		Paid Amount	Number of Services	Paid Amount	Number of Services	Paid Amount	Number of Services
s.22		$6,166	29				
		$187,857	1,183	$279,037	1,592	$181,207	1,073
		$128,646	540	$84,224	372		
		$191,290	1,104	$158,073	839	$134,070	789
		$382,909	1,703	$327,754	1,445	$252,437	1,080
		$0	0				
		$632,296	3,496	$443,392	2,385		
		$186,526	998	$70,719	355	$18,838	93
		$270,010	1,232	$210,760	849	$134,316	523
		$360,378	1,838	$463,290	2,413	$248,211	1,290
		$76,215	408	$131,455	610	$102,616	441
		$6,034	43	$31,112	170	$73,308	428
		$34,729	176	$105,411	607	$22,113	106
		$209,776	951	$198,688	785	$101,552	451
				$9,517	41		
						$19,932	86
				$6,916	40	$43,730	234
				$201,211	873	$284,952	1,165
						$15,812	85
	Total	**$2,672,832**	**13,701**	**$2,721,558**	**13,376**	**$1,633,093**	**7,844**

*Data were incomplete for this period

Obstetrics Related Fee for Service Anesthesiology Billing at Surrey Memorial Hospital by Fiscal Year and Practitione

Practitioner Number	Practitioner Name	FY 2013/14		FY 2014/15		FY 2015/16*	
		Paid Amount	Number of Services	Paid Amount	Number of Services	Paid Amount	Number of Services
s.22		$395,555	14,412	$438,902	16,105	$190,809	7,022
		$66,914	2,338	$106,849	3,682	$55,024	1,860
		$14,126	515	$18,208	656	$13,209	336
		$1,631	48	$2,049	56	$4,982	131
		$71,787	2,892	$69,176	2,757	$37,284	1,314
		$1,689	46	$2,700	71	$12,784	380
		$11,435	349	$25,910	1,022	$31,899	1,225
		$43,359	1,776	$18,637	785	$6,681	172
		$54,778	1,974	$56,477	2,017	$39,292	1,364
		$13,933	512	$15,051	605	$11,189	374
		$36,083	1,562	$16,298	563	$17,262	470
		$47,353	2,080	$37,104	1,506	$36,364	1,490
		$1,147	26			$1,569	35
		$54,576	2,426	$30,656	1,522	$20,149	801
		$33,548	1,462	$85,295	3,568	$49,768	1,825
		$76,997	3,106	$87,978	3,684	$46,664	1,852
		$85,322	3,290	$55,498	2,257	$66,590	2,345
		$38,825	1,470	$70,706	2,725	$50,699	1,830
		$71,621	2,491	$97,246	3,644	$68,496	2,754
		$1,376	69	$5,722	230	$1,508	41
		$61,408	2,312	$72,465	2,689	$60,894	2,411
		$36,239	1,261	$42,651	1,600	$33,663	1,033
		$76,563	2,743	$57,548	2,205	$59,077	2,045
		$55,886	2,229	$82,737	3,418	$52,185	1,982
		$54,617	1,997	$63,166	2,466	$48,838	1,719
		$18,713	667				
	Total	**$1,425,481**	**54,053**	**$1,559,029**	**59,833**	**$1,016,881**	**36,811**

*Data were incomplete for this period

Non-Obstetrics Related Fee for Service Anesthesiology Billing at Surrey Memorial Hospital by Fiscal Year and Practitioner

Practitioner Number	Practitioner Name	FY 2013/14		FY 2014/15		FY 2015/16*	
		Paid Amount	Number of Services	Paid Amount	Number of Services	Paid Amount	Number of Services
s.22		$149	5				
		$396,643	8,901	$423,508	9,702	$198,192	4,622
		$270,660	7,350	$268,105	7,020	$110,124	3,142
				$248	8	$226	6
		$70,762	1,881	$70,206	1,946	$52,391	1,456
		$71,858	2,784	$63,836	1,775	$41,205	1,127
		$136,589	3,348	$150,139	3,835	$115,319	2,833
		$1,312	39				
		$35,150	979	$35,054	1,258	$47,273	1,528
		$152,249	4,656	$190,805	5,692	$87,617	2,349
		$74,631	1,989	$81,611	2,149	$53,783	1,441
		$76,679	1,811	$121,119	2,888	$104,825	2,682
		$53,663	1,398	$44,841	1,149	$31,998	823
		$72,546	2,140	$77,316	1,959	$50,644	1,575
		$125,524	3,271	$137,235	3,691	$82,674	2,169
		$30,242	725	$20,632	495	$12,886	285
		$122,803	3,713	$102,250	2,781	$66,945	1,832
		$214,527	5,922	$233,076	5,785	$105,239	3,015
		$179,577	4,790	$160,685	4,116	$79,292	2,060
		$320	8				
		$125,692	2,912	$169,426	4,461	$114,062	2,903
		$145,924	3,712	$154,459	4,193	$107,086	2,881
		$138,424	3,418	$180,833	4,415	$133,474	3,655
				$573	7		
		$421	9	$18,696	492	$15,846	418
		$194,175	4,877	$170,041	4,714	$117,482	3,069
				$650	15		
		$119,216	2,986	$145,400	3,634	$85,181	2,749
		$196,476	5,153	$178,459	4,483	$121,207	3,113
		$161,830	4,052	$174,582	4,345	$104,502	2,671
		$160,656	3,975	$167,065	4,626	$129,943	3,416
		$36,022	855				
				$12,452	306		
Total		**$3,364,720**	**87,659**	**$3,553,301**	**91,940**	**$2,169,417**	**57,820**

*Data were incomplete for this period

†Most Recent Specialty: Critical Care Medicine

Total Fee for Service Anesthesiology Billing at Surrey Memorial Hospital by Fiscal Year and Practitioner

Practitioner Number	Practitioner Name	FY 2013/14		FY 2014/15		FY 2015/16*	
		Paid Amount	Number of Services	Paid Amount	Number of Services	Paid Amount	Number of Services
s.22		$149	5	$0	0	$0	0
		$792,198	23,313	$862,410	25,807	$389,001	11,644
		$337,574	9,688	$374,955	10,702	$165,148	5,002
		$0	0	$248	8	$226	6
		$84,888	2,396	$88,414	2,602	$65,600	1,792
		$73,489	2,832	$65,885	1,831	$46,187	1,258
		$208,375	6,240	$219,315	6,592	$152,603	4,147
		$1,312	39	$0	0	$0	0
		$36,839	1,025	$37,754	1,329	$60,058	1,908
		$163,684	5,005	$216,714	6,714	$119,516	3,574
		$117,989	3,765	$100,248	2,934	$60,464	1,613
		$131,457	3,785	$177,596	4,905	$144,117	4,046
		$67,596	1,910	$59,893	1,754	$43,187	1,197
		$108,629	3,702	$93,614	2,522	$67,907	2,045
		$172,877	5,351	$174,338	5,197	$119,038	3,659
		$31,389	751	$20,632	495	$14,455	320
		$177,380	6,139	$132,905	4,303	$87,095	2,633
		$248,075	7,384	$318,371	9,353	$155,007	4,840
		$256,573	7,896	$248,664	7,800	$125,956	3,912
		$320	8	$0	0	$0	0
		$211,014	6,202	$224,924	6,718	$180,652	5,248
		$184,748	5,182	$225,165	6,918	$157,785	4,711
		$210,045	5,909	$278,079	8,059	$201,970	6,409
		$0	0	$573	7	$0	0
		$1,797	78	$24,418	722	$17,354	459
		$255,583	7,189	$242,506	7,403	$178,376	5,480
		$0	0	$650	15	$0	0
		$155,455	4,247	$188,051	5,234	$118,843	3,782
		$273,039	7,896	$236,007	6,688	$180,284	5,158
		$217,716	6,281	$257,320	7,763	$156,687	4,653
		$215,274	5,972	$230,231	7,092	$178,781	5,135
		$54,735	1,522	$0	0	$0	0
		$0	0	$12,452	306	$0	0
Total		**$4,790,199**	**141,712**	**$5,112,332**	**151,773**	**$3,186,297**	**94,631**

*Data were incomplete for this period

†Most Recent Specialty: Critical Care Medicine

Pedro, Jodi HLTH:EX

From: XT:Morton, Roy HLTH:IN
Sent: Wednesday, January 13, 2016 11:58 AM
To: South, Nancy HLTH:EX
Cc: XT:HLTH Sandhu, Jag; Blair, Peter
Subject: RE: Surrey Obstetrics

Indeed. Jag, will you please pass on the list of Obstetricians to Nancy. It would be helpful if you could also pull out the names of the Surrey Anesthesia group as well as the Obstetricians.

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Joan.williamson@fraserhealth.ca

From: South, Nancy HLTH:EX [mailto:Nancy.South@gov.bc.ca]
Sent: Wednesday, January 13, 2016 8:43 AM
To: Morton, Roy Dr.
Cc: Sandhu, Jag; Blair, Peter
Subject: RE: Surrey Obstetrics
Importance: High

Hi Roy. My team has reminded me that the location code data in MSP billings is pretty spotty. If you could possibly give me names, I can give you billings.

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From: Morton, Roy Dr. [mailto:Roy.Morton@fraserhealth.ca]
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To: South, Nancy HLTH:EX
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Pedro, Jodi HLTH:EX

From: Larson, Eric HLTH:EX
Sent: Friday, January 8, 2016 9:53 AM
To: South, Nancy HLTH:EX
Cc: Wilmer, Brett D HLTH:EX
Subject: RE: Surrey Obstetrics

Hi Nancy,

I'll look into it. At first pass it looks like the biggest challenge will be identifying billings from Surrey Memorial.

Thanks,
Eric

From: South, Nancy HLTH:EX
Sent: Thursday, January 7, 2016 4:54 PM
To: Larson, Eric HLTH:EX
Subject: FW: Surrey Obstetrics

Hi. I think that this is pretty routine request but would appreciate you giving it some quick attention. We can discuss.

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Sent: Friday, January 8, 2016 9:55 AM
To: Larson, Eric HLTH:EX; South, Nancy HLTH:EX
Subject: RE: Surrey Obstetrics

This is actually not a routine request. Nailing down billings to a hospital can be actually quite challenging depending on how well the data is entered.

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Pedro, Jodi HLTH:EX

From: XT:Morton, Roy HLTH:IN
Sent: Wednesday, January 13, 2016 12:04 PM
To: South, Nancy HLTH:EX
Subject: Anesthesia Funding

Nancy, as an aside, the BC Anesthesia Society reps suggested this week at our meeting that Anesthesia is the lowest paid/funded of the all specialties in BC. I find that hard to believe. Do you have anything readily available that either supports or refutes that ? I can't imagine where they would have come up with that position....

Don't waste any time on this..... Only if you have some info at your fingertips or easily accessible....

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Sent: Wednesday, January 13, 2016 8:43 AM
To: Morton, Roy Dr.
Cc: Sandhu, Jag; Blair, Peter
Subject: RE: Surrey Obstetrics
Importance: High

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Sent: Wednesday, January 13, 2016 12:19 PM
To: XT:Morton, Roy HLTH:IN; South, Nancy HLTH:EX; Donkersloot, Timothy HLTH:EX
Cc: Blair, Peter
Subject: RE: Surrey Obstetrics

Tim/Nancy,

The file of names was sent via SFDS to MOHS FHA APP Contracts folder. Thanks, Jag

---

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Pedro, Jodi HLTH:EX

From: XT:HLTH Sandhu, Jag
Sent: Wednesday, January 13, 2016 2:25 PM
To: South, Nancy HLTH:EX; Donkersloot, Timothy HLTH:EX
Subject: RE: Surrey Obstetrics

Tim/Nancy,

Little bit of miscommunication on our end. Just wanted to let you know our PMD was available today to verify the names of the OBs currently working at SMH so we've sent you a revised list via SFDS. Thanks, Jag

---

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Pedro, Jodi HLTH:EX

From: Leong, Terrance HLTH:EX
Sent: Thursday, January 14, 2016 9:21 AM
To: South, Nancy HLTH:EX
Cc: Donkersloot, Timothy HLTH:EX
Subject: FW: Surrey Obstetrics

Hi Nancy,

Tim has asked me to pull these off our SFDS for you. Please let me know if you would like these as an email attachment or saved to a folder.

Many thanks,
Terrance.
Terrance Leong
Compensation Analyst / Physician Compensation Branch
Medical Services Division / Ministry of Health

From: Donkersloot, Timothy HLTH:EX
Sent: Wednesday, January 13, 2016 12:27 PM
To: Leong, Terrance HLTH:EX
Subject: FW: Surrey Obstetrics

Can you pull these?

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To: Leong, Terrance HLTH:EX
Cc: South, Nancy HLTH:EX; Donkersloot, Timothy HLTH:EX
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Hi Terrance,

If you could send them as an email attachment, I would appreciate it.

Thanks,
Eric

From: South, Nancy HLTH:EX
Sent: Thursday, January 14, 2016 12:39 PM
To: Larson, Eric HLTH:EX
Subject: Fw: Surrey Obstetrics

Hi Eric. For you. Thx.
Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Leong, Terrance HLTH:EX <Terrance.Leong@gov.bc.ca>
Sent: Thursday, January 14, 2016 9:21 AM
To: South, Nancy HLTH:EX
Cc: Donkersloot, Timothy HLTH:EX
Subject: FW: Surrey Obstetrics

Hi Nancy,

Tim has asked me to pull these off our SFDS for you. Please let me know if you would like these as an email attachment or saved to a folder.

Many thanks,
Terrance.
Terrance Leong
Compensation Analyst / Physician Compensation Branch
Medical Services Division / Ministry of Health

From: Donkersloot, Timothy HLTH:EX
Sent: Wednesday, January 13, 2016 12:27 PM
To: Leong, Terrance HLTH:EX
Subject: FW: Surrey Obstetrics

Can you pull these?

From: Sandhu, Jag [mailto:Jag.Sandhu@fraserhealth.ca]
Sent: Wednesday, January 13, 2016 12:19 PM
To: XT:Morton, Roy HLTH:IN; South, Nancy HLTH:EX; Donkersloot, Timothy HLTH:EX

Cc: Blair, Peter
Subject: RE: Surrey Obstetrics

Tim/Nancy,

The file of names was sent via SFDS to MOHS FHA APP Contracts folder. Thanks, Jag

---

From: Morton, Roy Dr.
Sent: Wednesday, January 13, 2016 11:58 AM
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Cc: Sandhu, Jag; Blair, Peter
Subject: RE: Surrey Obstetrics

Indeed. Jag, will you please pass on the list of Obstetricians to Nancy. It would be helpful if you could also pull out the names of the Surrey Anesthesia group as well as the Obstetricians.

Roy Morton, MD, FRCPC
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Joan Williamson
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Sent: Wednesday, January 13, 2016 8:43 AM
To: Morton, Roy Dr.
Cc: Sandhu, Jag; Blair, Peter
Subject: RE: Surrey Obstetrics
Importance: High

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Subject: RE: Surrey Obstetrics

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I suspect I'm asking for a lot here.... Let me know if it is possible...

Again, thank you

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Pedro, Jodi HLTH:EX

From: XT:Morton, Roy HLTH:IN
Sent: Friday, January 15, 2016 9:27 AM
To: South, Nancy HLTH:EX
Subject: RE: Anesthesia Funding

Thanks. Standing by...

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Joan Williamson
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-----Original Message-----
From: South, Nancy HLTH:EX [mailto:Nancy.South@gov.bc.ca]
Sent: Friday, January 15, 2016 7:40 AM
To: Morton, Roy Dr.
Subject: Re: Anesthesia Funding

Hi Roy. I think we have something we have already on the shelf. I've asked my team and will let you know.

Thx.

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Pedro, Jodi HLTH:EX

From: Leong, Terrance HLTH:EX
Sent: Friday, January 15, 2016 9:30 AM
To: Larson, Eric HLTH:EX
Cc: South, Nancy HLTH:EX; Donkersloot, Timothy HLTH:EX
Subject: RE: Surrey Obstetrics
Attachments: Copy of 20160105obgmfmanes-smh.xlsx; Copy of 20160105obgmfmanes-smhrevisedjanuary132013.xlsx

Hi Eric,

As requested, see attached.

Thanks,
Terrance.

From: Larson, Eric HLTH:EX
Sent: Thursday, January 14, 2016 12:44 PM
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Page 035 to/à Page 039

Withheld pursuant to/removed as

s.22

Pedro, Jodi HLTH:EX

From: Murray, Heather HLTH:EX
Sent: Wednesday, February 17, 2016 2:36 PM
To: Frechette, Rod HLTH:EX
Cc: South, Nancy HLTH:EX; Anderson, Karen HLTH:EX
Subject: FW: Anesthesia info
Attachments: 16.02.16 Summary Information for Anaesthesiologist.docx

Importance: High

Looping in Rod as he is also attending with Ted.

From: South, Nancy HLTH:EX
Sent: Wednesday, February 17, 2016 2:33 PM
To: Anderson, Karen HLTH:EX
Cc: Murray, Heather HLTH:EX
Subject: Anesthesia info
Importance: High

Hi. this is for Ted's anesthesia meeting. We have APP; no MOCAP yet but wanted to get a draft to you for Ted.

Thx

n

From: Larson, Eric HLTH:EX
Sent: Wednesday, February 17, 2016 2:06 PM
To: South, Nancy HLTH:EX
Subject: 16.02.16 Summary Information for Anaesthesiologist

Hi Boss,

Thanks for clearing up DOBA for me. Here's the latest iteration; just waiting on MOCAP information now.

For the facility, I used the payee address for the practitioner during 14/15. That got me the hospitals for all but one. The final prac I found online.

Your thoughts?

E

SUMMARY INFORMATION ANAESTHESIOLOGIST

FEE-FOR-SERVICE ANAESTHESIOLOGISTS

- In fiscal year 2014/15, 497 anaesthesiologists received $127.9 million in fee-for-service payments.
- Average fee-for-service earnings for anaesthesiologists who received at least $60,000 in payments was $291,789 in fiscal year 2014/15
- According to CIHI, BC ranked 7th amongst provinces in fiscal year 2013/14 for average earnings of fee-for-service anaesthesiologist that earned at least $60,000

Table 1 illustrates the number of fee-for-service anaesthesiologists and their average earnings by Health Authority in fiscal year 2014/15.

Table 1: Headcount and Salary for Fee-for-Service Anaesthesiologists, FY 2014/15

Health Authority	Number of Anaesthesiologists*	Average Earnings**
Interior	78	$267,636
Fraser	119	$294,716
Vancouver Coastal	183	$301,706
Vancouver Island	92	$280,449
Northern	18	$288,442
BC	497	$291,789

*Source: MSP Information Resource Manual, 2014/15
**Source: DAD FY 2014/15, MSP Claims
Note 1: Salary estimates only include practitioners with at least $60,000 in claims
Note 2: 7 anaesthesiologists are listed as Health Authority unknown in the Information Resource Manual.

Table 2 lists the top 10 fee-for-service billing anaesthesiologists in fiscal year 2014/15.

Table 2: Top 10 Fee-for-Service Billing Anaesthesiologist, FY 2014/15

Rank	Facility	Paid Amount	Number of Paid Services
1	Surrey Memorial Hospital	$965,611	25,958
2	Burnaby Hospital	$939,870	21,171
3	Royal Columbian Hospital	$654,813	11,713
4	Royal Columbian Hospital	$628,005	13,336
5	Burnaby Hospital	$595,284	13,320
6	Royal Columbian Hospital	$577,175	8,424
7	Royal Jubilee Hospital	$574,157	9,136
8	Royal Jubilee Hospital*	$555,878	8,834
9	Burnaby Hospital	$555,789	15,459
10	Vancouver General Hospital	$550,072	10,785

Source: MSP Claims, FY2014/15 Practitioner Roster.
Facility identified by payee address, except for *, which was identified by an online search.

Table 3 illustrates Canadian Institute for Health Information (CIHI) provincial comparisons of average fee-for-service earnings for anaesthesiologists who received at least $60,000 in fee-for-service payments.

Table 3: Average Earning for Fee-for-Service Anaesthesiologist Provincial Comparison, FY 2013/14

Province	Average Earnings
Alberta	$400,268
Ontario	$393,457
Quebec	$339,338
Manitoba	$339,072
Nova Scotia	$326,565
Saskatchewan	$323,647
British Columbia	$298,953
New Brunswick	$254,740
Newfoundland and Labrador	$246,858
Prince Edward Island	$143,692

Source: CIHI, National Physician Database, Payments Data Tables, 2015
Note 1: Data from the Territories were unavailable

ALTERNATIVE PAYMENT PROGRAM ANAESTHESIOLOGY

In FY2014/15, more than $12 million in anaesthesia services were paid for under the Alternative Payment Program (APP). Table 4 illustrates APP funded anaesthesia services for FY2014/15.

Table 4: APP funded Anaesthesia Services, FY 2014/15

HA	Service	Location	Funded FTE	Funded Amount
PHSA	Anesthesia	BC Cancer Agency	1.45	$479,717
PHSA	Pain – Anesthesia	BC Cancer Agency	0.20	$66,168
PHSA	Obstetrical Anesthesia	BC Children's and Women's Hospital	13.18	$4,360,746
PHSA	Pediatric Anesthesia	BC Children's and Women's Hospital	18.12	$6,311,036
VCHA	Clinical Academic Services Contract– anaesthesia component	Vancouver General Hospital	Stipend (not FTE Based)	Total CASC funding: $7,389,946 (anaesthesia component unknown)
VIHA	Dedicated Obstetrical Anaesthesia	Victoria General Hospital	Stipend (not FTE Based)	$900,000

Program ADM/Division: Health Sector Workforce Division | **Drafter:** Kevin Fung | **Reviewed By:** | **Date:** February 16, 2016 | **Project ID:** 2016_063

Pedro, Jodi HLTH:EX

From: Patterson, Ted HLTH:EX
Sent: Wednesday, February 17, 2016 3:28 PM
To: South, Nancy HLTH:EX
Cc: Murray, Heather HLTH:EX; Frechette, Rod HLTH:EX
Subject: RE: Surrey Memorial Obstetrics and Anesthesiology FFS by prac and fiscal v2.xlsx

Thanks – would there also be MOCAP and other arrangements on top of these billings?

From: South, Nancy HLTH:EX
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To: Patterson, Ted HLTH:EX
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Subject: FW: Surrey Memorial Obstetrics and Anesthesiology FFS by prac and fiscal v2.xlsx

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Please let me know if you have questions or need more info.

Thx

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Subject: Surrey Memorial Obstetrics and Anesthesiology FFS by prac and fiscal v2.xlsx

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Yes. That's just plain old FFS.

Thanks,
Eric

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Answer is yes is it not?

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To: South, Nancy HLTH:EX
Cc: Wilmer, Brett D HLTH:EX
Subject: RE: Anesthesia Funding
Attachments: CIHI and Toope rankings for Anaesthesiology question.xlsx

Hi Nancy,

The only data I used for the disparity work that included anaesthesiology was CIHI data on specialist fee for service earnings across provinces. CIHI presented it in two ways: For physicians earning more than $60,000 in FFS and FTE physicians. Anaesthesiology data was suppressed in the latter, so I really only had the specialists earning over $60,000 in FFS payments number. Anaesthesiology ranks 13th out of the 16 specialist groupings that CIHI uses.

I think it might be better to look at the Toope decision, where he uses the MANDI model, with specialist incomes adjusted for his interprovincial allocation, because the specialties are grouped according to BC's sections. Anaesthesia still ranks 13th, but out of 29 specialties.

CIHI's grouping probably makes Anaesthesiology look worse off than they are. For example, CIHI's Internal Medicine grouping includes specialties that rank relatively high under Toope's MANDI, like Gastroenterology, Allergy & Immunology and Cardiology as well as those that rank near the bottom like Endocrinology, Infectious Diseases and Nephrology

I've attached both for you to look at. Either way, the BC Anesthesia Society claim that they are the lowest paid specialty in BC simply isn't true.

Thanks,
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Fraser Health
604-587-4659
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Executive Assistant
Joan Williamson
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Rank	Section	MANDI after inter-provincial allocation
1	Ophthalmology	$1,862
2	Gastroenterology	$1,797
3	Cardiac Surgery	$1,728
4	Cardiology	$1,533
5	Urology	$1,316
6	Neurosurgery	$1,279
7	Plastic Surgery	$1,273
8	Allergy & Immunology	$1,244
9	Geriatric Medicine	$1,232
10	Dermatology	$1,203
11	General Surgery	$1,181
12	Otolaryngology	$1,153
13	Anaesthesia	$1,086
14	Psychiatry	$1,061
15	Orthopaedic Surgery	$1,045
16	Physical Medicine	$1,027
17	Hematology/Med. Oncology	$1,026
18	Vascular Surgery	$1,024
19	Respirology	$994
20	Emergency Medicine	$969
21	Pediatrics	$937
22	Neurology	$919
23	Infectious Diseases	$892
24	CRIM Internal Medicine	$879
25	Rheumatology	$846
26	Obstetrics & Gyn.	$790
27	Critical Care Medicine	$780
28	Endocrinology	$720
29	Nephrology	$697

5.1: Average gross fee-for-service payment per physician who received 60,000 in payments by physician specialty and province, 2013–201

Specialty	Avg. FFS
Ophthalmology	$803,411
Neurosurgery	$450,211
Urology	$441,931
Thoracic/cardiovascular surgery	$410,098
Otolaryngology	$405,354
Internal medicine	$394,143
General surgery	$380,534
Dermatology	$343,723
Obstetrics/gynecology	$334,275
Plastic surgery	$326,787
Orthopedic surgery	$325,624
Neurology	$312,103
Anesthesia	$298,953
Pediatrics	$261,843
Physical medicine	$237,698
Psychiatry	$217,321
Total specialties	**$350,686**

suppressed. Please see the Methodological Notes, Data Suppression section, for detail
t finalized and should be considered preliminar
plicable — There were no physicians for this specialty for this provinc
verage gross fee-for-service
ritical. Percentage that fee-for-service payments are of total physician clinical payments. Due to th
ross payments
forms of reimbursement, such as salary and capitation, are not include

ysician Database, Canadian Institute for Health Informatio

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Pedro, Jodi HLTH:EX

From: Wilmer, Brett D HLTH:EX
Sent: Thursday, December 10, 2015 4:40 PM
To: South, Nancy HLTH:EX
Cc: Fung, Kevin (Ka) L HLTH:EX
Subject: anaesthesia updated docs
Attachments: BCASWG_DataSupportWorkplan_11December DRAFT 4.pptx; Data Description Document for Anaesthesiology Working Group Data Tables 4.docx

Hi Nancy, here are the updates. I've tried to keep the presentation to focus on the updates over the past week, and point to the location of edits in the Word doc. I hope what I have there makes sense and is consistent with what you were wanting. For your notes, a synopsis of the questions from last meeting is pasted below.

We included headcount numbers in the deck to illustrate our current challenges with lining up numbers. There's also 2 tables at the end that are redundant with the Word document but are new from last week, built to answer some of the questions, in case you wanted them in the deck.

To help keep this improving on our side, I've contacted the DAD team on the 7th floor for some help. I'm hoping one of their experts there can poke some holes in what we've done, so we can learn and improve. They have someone on contract for these purposes however s.22 I hope we can use her to help here.

Let me know what you think. We can turn around edits quickly tomorrow morning.

Questions from last week:

Roland:
Table 4a:

- Confirm data used in FTE methodology (# services, or annual incomes)
- Confirm comparator group for percentiles (BC anesthesiologists, GPAs, all GPs, other provinces?)

Table 1:

- For 236K interventions / procedures without anesthesia provider / service, are we missing some anesthetic services (e.g. APP physicians)?
- What types of procedures are included in these 236K?
- Are there other procedures that are not captured in the 556,990 "total surgeries", but which have an anesthesia provider / service? (e.g. cardioversions, ECT, interventional radiology, etc.)

Rod:

1) a listing of "surgeries" requiring anesthesia ranked in descending order might be helpful for everyone's understanding.
2) A listing of the "surgeries" requiring anesthesia provided by "others" ranked by descending order or perhaps better yet, the first list with a tally of the 3 types of providers

Thanks

Brett Wilmer, Director Workforce Analysis, Research and Evaluation, Health Sector Workforce Division
Ministry of Health: 3-2, 1515 Blanshard St, Victoria BC, V8W 3C8 | Ph: 250 952-2635 | brett.wilmer@gov.bc.ca

Determining demand and supply: Data support workplan

Prepared for a meeting of the
Anaesthesiology Working Group,
December 11 2015

BRITISH COLUMBIA

Progress Since Last Meeting

- Data description document has been updated to address questions and action items from previous meeting:
  - Confirm data used in FTE methodology and comparator group
    - Refer to page 3, table 4a for a description of the FTE calculation methodology;
  - Confirm type of procedures included in the 236k:
    - Refer to page 4, table 5 for a list of interventions relating to the 236k
    - APP Physicians are accounted for in list of Anesthesiologists (page 2).
  - Confirm procedures that are not captured in the 556,990 "total surgeries", but which have an anesthesia provider/service?
    - Refer to page 5, table 6 for a list of interventions

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Progress Since Last Meeting

- Provide list of "surgeries" requiring anesthesia provided by GPs, anaesthesiologist, and other specialties:
  - See page 5 and 6 of the data description document, tables 7-9 for a list of interventions
- Align DAD reported anaesthesiologist head counts with Health Authority data
  - These changes are still under way and not yet reflected in data description document
  - See Table 1 of this presentation for the comparison

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Alignment of Anaesthesiologist Head Count

Table 1: Anaesthesiologist Head Count Comparison by Facility.

Health Authority	HSDA	Facility	Anaesthesiologist Head Count (DAD FY2014/15 Reported)	Anaesthesiologist Head Count (HA Reported)
02 FHA	21 Fraser East	Abbotsford Regional Hospital and Cancer Centre	17	16
		Chilliwack General Hospital	3	5
	22 Fraser North	Burnaby Hospital	21	20
		Ridge Meadows Hospital And Health Care Centre	8	5
		Royal Columbian Hospital / Eagle Ridge Hospital	44	45
	23 Fraser South	Delta Hospital	5	
		Langley Memorial Hospital	12	13
		Peace Arch District Hospital	8	7
		Surrey Memorial Hospital	26	29
	Unknown HSDA	Jim Pattison Outpatient Care and Surgery Centre	30	
03 VCHA	32 Vancouver	Vancouver General Hospital / UBC Health Science Centre	78	85

Source: DAD FY 2014/15, DAD FY 2015/16, Health Authority Data
Note 1: Anaesthesiologist with less than 10 interventions in the DAD for fiscal year 2015/16 were dropped from the head count
Note 2: Royal Columbian Hospital and Eagle Ridge Hospital were merged
Note 3: Vancouver General Hospital and UBC Health Science Centre were merged
Note 4: Victoria General Hospital and Royal Jubilee Hospital were merged
Note 5: These changes are not reflected in the Data Description Document

Alignment of Anaesthesiologist Head Count

Table 1 cont: Anaesthesiologist Head Count Comparison by Facility.

Health Authority	HSDA	Facility	Anaesthesiologist Head Count (DAD FY2014/15 Reported)	Anaesthesiologist Head Count (HA Reported)
04 VIHA	41 South Vancouver Island	Saanich Peninsula Hospital	4	3
		Victoria General Hospital / Royal Jubilee Hospital	63	38
		Cowichan District Hospital	6	5
	42 Central Vancouver Island	Nanaimo Regional General Hospital	19	12
		West Coast General Hospital	3	4
	43 North Vancouver Island	Campbell River and District General Hospital	4	5
		St. Joseph's General Hospital	9	5

Source: DAD FY 2014/15, DAD FY 2015/16, Health Authority Data
Note 1: Anaesthesiologist with less than 10 interventions in the DAD for fiscal year 2015/16 were dropped from the head count
Note 2: Royal Columbian Hospital and Eagle Ridge Hospital were merged
Note 3: Vancouver General Hospital and UBC Health Science Centre were merged
Note 4: Victoria General Hospital and Royal Jubilee Hospital were merged
Note 5: These changes are not reflected in the Data Description Document

Word Doc Table 5: Top 10 Surgical Interventions without a Recorded Anaesthesiologist

Intervention (Intervention Code)	Frequency	Share
Inspect lg intest EPO app & colonoscope (2NM70BABJ)	61,980	15%
Excis prt lg intest EPO (1NM87BA)	44,278	11%
Inspect bladder EPO app (2PM70BA)	27,607	7%
Excise tot lens phakoemulsfctn w fold post chamb lens (1CL89VRLM)	24,562	6%
Inspect sm intest EPO app & gastroscope (2NK70BABL)	21,865	5%
Inspect sm intest EPO app & colonoscope (2NK70BABJ)	20,220	5%
Biopsy stomach EPO app (2NF71BA)	20,199	5%
Xray heart w cor art lt hrt struc PTA retro (3IP10VX)	16,197	4%
Biopsy lg intest EPO app & colonoscope (2NM71BABJ)	14,304	3%
Excis prt rectum EPO (1NQ87BA)	11,692	3%
Other	156,603	37%
Total	418,907	100%

Source: DAD FY 2014/15, DAD FY 2015/16
Note: Percentages do not sum to 100 percent due to rounding

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Word Doc. Table 6: Top 10 Non-Surgical Interventions with a Recorded Anaesthesiologist

Intervention (Intervention Code)	Frequency	Share
Manual delivery assistance NEC (5MD50AA)	7060	18%
Postpartum repair lacerat pelv flr/perin/vag/vulva (5PC80JP)	6481	16%
Augment act labor, ARM (5LD31AP)	3303	8%
Augment act labor, perc inject, oxytocic (5LD31HAI2)	3287	8%
Induce labor perc needl oxytocic agnt (5AC30HAI2)	1170	3%
Postpartum repair lacerat rectum & sphinct ani (5PC80JQ)	654	2%
Biopsy stomach EPO app (2NF71BA)	602	2%
Inspect sm intest EPO app & gastroscope (2NK70BABL)	593	1%
Deliv by vacuum tract NOS (5MD54NE)	575	1%
Positioning during delivery, flex leg over abd (5MD16LL)	532	1%
Other	15,310	39%
Total	39,567	100%

Source: DAD FY 2014/15, DAD FY 2015/16
Note: Percentages do not sum to 100 percent due to rounding

Next Steps

- Questions, please contact:
  nancy.south@gov.bc.ca or 250-952-2961

BRITISH COLUMBIA

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BC Anesthesia Services: Data Description Document for Anaesthesiology Working Group Data Tables

Table 1: Number of Surgeries Requiring Anaesthesiology Service by Specialty and Health Authority, FY 2014/15

	Number of Surgeries	Number of Surgeries Requiring Anaesthesiology Services Administered by			
Health Authority	Total	Total	Anaesthesiologist	General Practitioner	Others*
01 IHA	108,672	61,580	45,385	14,388	1,807
02 FHA	165,205	87,450	81,105	4,054	2,291
03 VCHA	133,590	71,568	64,386	5,006	2,176
04 VIHA	98,256	58,318	51,117	5,672	1,529
05 NHA	33,302	27,187	12,662	14,481	44
06 PHSA	17,965	13,901	13,531	296	74
BC Total	556,990	320,004	268,186	43,897	7,921

Source: DAD 2014/15, DAD 2015/16
*Includes other specialist(such as Critical Care, Radiology, Infectious Disease) that administered anaesthesiology services
Note 1: Location of surgeries are determined by the location of the facility in which the patient is discharged from
Note 2: Multiple surgeries, if they occur, are counted as 1 surgery if they occur within a 2 day interval
Note 3: Specialty of the physician is determined by the Most Recent Specialty in the Practitioner Roster

The total number of surgeries and number of surgeries requiring anaesthesiology services is derived from the Discharged Abstract Database (DAD) in fiscal year 2014/15 and 2015/16. All records that are flagged as inpatient surgery or day surgery are counted as a surgery. Any interventions after 2 days of the first intervention are consider another surgery. Some patients require multiple surgeries before discharge; this assumption was made because it is difficult and time-prohibitive to determine which interventions are of surgical nature if a patient received multiple interventions for each discharge. There are 236,986 surgeries that did not have a reported anesthetic provider or service. In the 236,986 surgeries, there are a total of 418,907 interventions that did not have a reported anesthetic provider. See table 5 for more details on the breakdown of interventions across intervention types.

Table 2: Total Deliveries, Elective/Emergency Caesarian Deliveries and Labour Epidural by Health Authority, FY 2014/15

Health Authority	Total Deliveries	Total Caesarian Deliveries	Elective Caesarian Deliveries	Emergency Caesarian Deliveries	Total Labour Epidurals
01 IHA	5,837	1,520	526	994	1,410
02 FHA	14,787	5,644	2,004	3,640	4,749
03 VCHA	5,660	1,976	821	1,155	2,017
04 VIHA	5,828	1,731	660	1,071	2,198
05 NHA	3,291	959	386	573	699
06 PHSA	6,934	2,158	791	1,367	3,467
BC Total	42,337	13,988	5,188	8,800	14,540

Source: Perinatal Services BC

The total deliveries and total caesarian deliveries have been verified against the DAD; however, elective and emergency caesarian deliveries cannot be verified in the DAD because the DAD does not record the urgency of the intervention, but only the admission itself.

Table 3a: Number of Practitioners Administering Surgical Anaesthesia by Specialty and Health Authority, FY 2014/15

Health Authority	Anaesthesiologist	General Practitioner	Others*	Total
01 IHA	91	59	65	215
02 FHA	134	15	28	177
03 VCHA	178	41	75	294
04 VIHA	102	39	91	232
05 NHA	17	54	30	101
06 PHSA	47	1	15	63
BC Total	516	203	303	1022

Source: DAD 2014/15, DAD 2015/16
*Includes other specialist(such as Critical Care, Radiology, Infectious Disease) that administered anaesthesiology services
Note 1: Location of surgeries are determined by the location of the facility in which the patient is discharged from
Note 2: Specialty of the physician is determined by the Most Recent Specialty in the Practitioner Roster
Note 3: Number of Physicians in Health Authorities do not sum up to BC total because some physicians have multiple HA records

The numbers of practitioners are derived from the DAD fiscal year 2014/15 and 2015/16 and the Practitioner Roster. The number of practitioners includes those are reported in the discharge abstracts from the hospital and are remunerated under MSP billing and APP payments. A practitioner is counted if they have administered anesthesia for a surgery at any time in fiscal year 2014/15. The number of practitioners in the health authorities do not sum up to the BC total because 49 practitioners had services reported in facilities located in two health authorities and two practitioners have services reported in facilities located in three health authorities.

Table 3b: Average Age of Practitioner Administering Surgical Anaesthesia by Specialty and Health Authority, FY 2014/15

Health Authority	Anaesthesiologist	General Practitioner	Others*
01 IHA	51	50	51
02 FHA	51	57	48
03 VCHA	51	56	51
04 VIHA	53	52	54
05 NHA	50	49	48
06 PHSA	53	s.22	56
BC	52	52	51

Source: DAD 2014/15, DAD 2015/16
*Includes other specialist (such as Critical Care, Radiology, Infectious Disease) that administered anaesthesiology services
Note 1: Location of surgeries are determined by the location of the facility in which the patient is discharged from
Note 2: Speciality of the physician is determined by the Most Recent Speciality in the Practitioner Roster

The average age of practitioners is determined by calculating the arithmetic average of the age of practitioners in each health authority. If a practitioner is in multiple health authorities, then their age will affect the averages of the health authorities they belong to. The BC average age is based on unique practitioners across the province.

Table 4a: Number of FTEs Administering Surgical Anaesthesia by Specialty and Health Authority, FY 2014/15

Health Authority	Anaesthesiologist	General Practitioner
01 IHA	73.5	28.6
02 FHA	115.0	2.3
03 VCHA	130.5	13.0
04 VIHA	80.9	11.2
05 NHA	13.6	30.2
06 PHSA	31.8	1.0
BC Total	445.2	86.4

Source: DAD 2014/15, DAD 2015/16
*Includes other specialist(such as Critical Care, Radiology, Infectious Disease) that administered anaesthesiology services
Note 1: Location of surgeries are determined by the location of the facility in which the patient is discharged from
Note 2: Specialty of the physician is determined by the Most Recent Specialty in the Practitioner Roster
Note 3: Number of FTEs are calculated by using the CIHI formula but was augmented using service levels

Adopting CIHI's methodology[1] to calculate an anaesthesiology service FTE for anaesthesiologists and general practitioners that administer for anesthesia for surgeries, we use the service volumes for each BC anaesthesiologist and general practitioner that administered anesthesia for surgery in FY 2014/15. Based on their service volume, a lower and upper benchmark is calculated based on the 40th and 60th percentile respectively.

To determine an anaesthesiology service full time equivalent (FTE):

- Any physician with a service volume between and including the benchmarks will be counted as one FTE.
- Any physician with a service volume less than the lower (40th percentile) benchmark will have an FTE = service volume / (40th percentile service volume). Any physician with a service volume between the lower and upper benchmark will be counted as one FTE. Any physician with a service volume greater than the upper benchmark (60th percentile) will have an FTE = 1 + ln (service volume / 60th percentile service volume), where ln is the natural logarithm.

Other specialists are excluded from the calculation of the FTE because their service volume is relatively small compare to general practitioners and anaesthesiologists and will change the service load distribution that will amplify the FTEs of practitioners with small service levels.

[1] Refer to *"Approach for Calculating Average Clinical Payments per Physician Using Detailed Alternative Payment Data"*, Canadian Institute for Health Information (2014) for more a detail discussion on FTE calculation methodology

Table 4b: Anaesthesiology and GP Anaesthetist FTEs Submitted by Health Authorities, FY 2014/15

Health Authority	Current Available		Current Vacancies	Potential Shortage FY 2016/17	Potential Shortage FY 2017/18
	Anaesthesiologist	General Practitioner			
01 IHA					
02 FHA					
03 VCHA			2.5*	11.5*	8*
04 VIHA	72**		17*	12**	
05 NHA	10.1	23.05	1.5		
06 PHSA	18.1		2.75***	4.25***	6.75

Source: Data submitted by Health Authorities
*Assumes retirement and staffing increases are to meet current demand
**Assumes the given data are reported as FTEs and potential shortages are only retirement related. No data on shortages by fiscal year but only the next three years of retirement. It is not clear if this is to meet current demand or additional surgeries
***Current vacancies and potential shortages assume shortages from baseline FTE and expansion of activity

Table 4b contains the data submitted by the health authorities. Not all health authorities that submitted data reported every field of in the table and a few health authorities have yet to submit their data.

Table 5: Top 10 Surgical Intervention without a Recorded Anaesthesiologist

Intervention	Frequency	Share
Inspect lg intest EPO app & colonoscope (2NM70BABJ)	61,980	15%
Excis prt lg intest EPO (1NM87BA)	44,278	11%
Inspect bladder EPO app (2PM70BA)	27,607	7%
Excise tot lens phakoemulsfctn w fold post chamb lens (1CL89VRLM)	24,562	6%
Inspect sm intest EPO app & gastroscope (2NK70BABL)	21,865	5%
Inspect sm intest EPO app & colonoscope (2NK70BABJ)	20,220	5%
Biopsy stomach EPO app (2NF71BA)	20,199	5%
Xray heart w cor art lt hrt struc PTA retro (3IP10VX)	16,197	4%
Biopsy lg intest EPO app & colonoscope (2NM71BABJ)	14,304	3%
Excis prt rectum EPO (1NQ87BA)	11,692	3%
Others	156,003	37%
Total	418,907	100%

Source: DAD FY2014/15, DAD FY2015/16
Note: Percentages do not sum to 100 percent due to rounding

Table 5 shows the top 10 surgical intervention without a recorded anaesthesiologist. It is important to note that a surgery consists of one or more interventions; thus the number of surgical interventions without a recorded anaesthesiologist would be greater than the number of surgeries that did not have an anesthetic provider or service as mentioned in Table 1. The top 10 interventions constitute 63 percent of all interventions. Even though these interventions did not record an anesthetics provider, 117,991 interventions recorded using local anesthetics and 174,801 interventions recorded using "other anesthetics not monitored by anesthetist" (Discharged Abstract Database Anesthetics Type Table). See accompanying data tables for a detail list of surgical interventions without anesthesia provider or service

Table 6: Top 10 Non-Surgical Intervention with a Recorded Anaesthesiologist

Intervention	Frequency	Share
Manual delivery assistance NEC (5MD50AA)	7,060	18%
Postpartum repair lacerat pelv flr/perin/vag/vulva (5PC80JP)	6,481	16%
Augment act labor, ARM (5LD31AP)	3,303	8%
Augment act labor, perc inject, oxytocic (5LD31HAI2)	3,287	8%
Induce labor perc needl oxytocic agnt (5AC30HAI2)	1,170	3%
Postpartum repair lacerat rectum & sphinct ani (5PC80JQ)	654	2%
Biopsy stomach EPO app (2NF71BA)	602	2%
Inspect sm intest EPO app & gastroscope (2NK70BABL)	593	1%
Deliv by vacuum tract NOS (5MD54NE)	575	1%
Positioning during delivery, flex leg over abd (5MD16LL)	532	1%
Others	15,310	39%
Total	39,567	100%

Source: DAD FY2014/15, DAD FY2015/16
Note: Percentages do not sum to 100 percent due to rounding

Table 6 shows the top 10 non-surgical interventions with a recorded anaesthesiologist. The top 10 non-surgical intervention constitute 61 percent of all non-surgical interventions with a recorded anaesthesiologist. It is important to note that eight of the top 10 interventions are obstetrics related.

Table 7: Top 10 Surgical Intervention in which an Anaesthesiologist was Recorded as the Administering Anaesthesiologist

Intervention	Frequency	Share
Excise tot lens phakoemulsfctn w fold post chamb lens (1CL89VRLM)	18,392	4%
C section lwr seg transv inc (5MD60AA)	11,263	3%
Repair m chest & abd OA synth mesh (1SY80LAXXN)	7,805	2%
Excise tot gall bl EA (1OD89DA)	6,815	2%
Stimulat brain ext elec stim dv (1AN09JADV)	6,150	1%
Inspect lg intest EPO app & colonoscope (2NM70BABJ)	5,400	1%
Ventilation invasive PO & pos pressure (1GZ31CAND)	5,045	1%
Implant tri comp prosth knee OA &synth mat (1VG53LAPPN)	4,613	1%
Excise prt uterus PO &curette (1RM87CAAE)	4,598	1%
Implant dev hip OA &uncemt dual comp prosth (1VA53LAPN)	4,340	1%
Others	372,491	83%
Total	446,912	100%

Source: DAD FY2014/15, DAD FY2015/16
Note: Percentages do not sum to 100 percent due to rounding

Table 8: Top 10 Surgical Intervention in which a General Practitioner was Recorded as the Administering Anaesthesiologist

Intervention	Frequency	Share
Inspect lg intest EPO app & colonoscope (2NM70BABJ)	8,992	12%
Excis prt lg intest EPO (1NM87BA)	5,453	7%
Biopsy stomach EPO app (2NF71BA)	4,939	7%
Excise tot lens phakoemulsfctn w fold post chamb lens (1CL89VRLM)	4,653	6%
Inspect sm intest EPO app & gastroscope (2NK70BABL)	2,970	4%
Biopsy sm intest EPO app & gastroscope (2NK71BABL)	2,594	3%
Biopsy esoph EPO app (2NA71BA)	2,188	3%
Excis prt rectum EPO (1NQ87BA)	1,761	2%
Biopsy lg intest EPO app & colonoscope (2NM71BABJ)	1,583	2%
Repair rn chest & abd OA synth mesh (1SY80LAXXN)	1,093	1%
Others	38,675	52%
Total	74,901	100%

Source: DAD FY2014/15, DAD FY2015/16
Note: Percentages do not sum to 100 percent due to rounding

Table 9: Top 10 Surgical Intervention in which Other Specialist was Recorded as the Administering Anaesthesiologist

Intervention	Specialty	Frequency	Share
Excise tot lens phakoemulsfctn w fold post chamb lens (1CL89VRLM)	BC RCP/MSP INTERNAL USE/MISC/REFERRAL	1,988	17%
Excise tot lens phakoemulsfctn w fold post chamb lens (1CL89VRLM)	RADIOLOGY	1,032	9%
Stimulat brain ext elec stim dv (1AN09JADV)	BC RCP/MSP INTERNAL USE/MISC/REFERRAL	589	5%
Ventilation invasive PO & pos pressure (1GZ31CAND)	CRITICAL CARE MEDICINE	266	2%
Install cardiopulm bypass OA (chest) (1LZ37LAGB)	CRITICAL CARE MEDICINE	257	2%
Procure vn leg OA (1KR58LA)	CRITICAL CARE MEDICINE	159	1%
Bypass cor art OA combo tis (1IJ76LAXXQ)	CRITICAL CARE MEDICINE	143	1%
Install blood salvage circ dev (1LZ37LAFP)	CRITICAL CARE MEDICINE	143	1%
EUS heart w cor art w col flw & Doppler (3IP30HD)	CRITICAL CARE MEDICINE	106	1%
Stimulat brain ext elec stim dv (1AN09JADV)	INFECTIOUS DISEASES	89	1%
Others		6,932	59%
Total		11,704	100%

Source: DAD FY2014/15, DAD FY2015/16
Note: Percentages do not sum to 100 percent due to rounding

Table 7 shows the top 10 surgical interventions in which an anaesthesiologist was recorded as the administering anaesthesiologist. Table 8 shows the top 10 surgical interventions in which a general practitioner was recorded as the administering anaesthesiologist. Table 9 shows the top 10 surgical interventions in which to other specialist were recorded as the administering anaesthesiologist. A detail list of the interventions can be found in the accompanying data tables.

Confidential Draft

Appendix Tables

Table 1: Number of Surgeries Requiring Anaesthesiology Service by Specialty and Facility, FY2014/15

HA	HSDA	Facility	Number of Surgeries	Number of Surgeries		
			Total	Anaesthesiologist	General Practitioner	Others*
01 IHA	11 East Kootenay	Creston Valley Hospital	708		658	1
		East Kootenay Regional Hospital	8,233	2,232	1,644	4
		Elk Valley Hospital	885		310	
		Golden and District Hospital	402		391	2
	12 Kootenay Boundary	Kootenay Boundary Regional Hospital	6,783	3,428	336	14
		Kootenay Lake Hospital	2,094		2,068	1
	13 Okanagan	Kelowna General Hospital	32,432	15,729	12	519
		Penticton Regional Hospital	9,620	4,562	9	34
		Pleasant Valley Health Centre	2,047	1,740	300	1
		Summerland Memorial Health Centre	2,207	847	1,360	
		Vernon Jubilee Hospital	11,915	6,027	1	5
	14 Thompson Cariboo Shuswap	100 Mile District General Hospital	170		112	
		Cariboo Memorial Hospital	3,746		3,504	
		Hillside Psychiatric Centre	2	2		
		Lillooet Hospital And Health Centre	222		214	
		Queen Victoria Hospital	524		522	
		Royal Inland Hospital	23,225	10,814	4	1,224
		Shuswap Lake General Hospital	3,452	4	2,943	2
02 FHA	21 Fraser East	Abbotsford Regional Hospital and Cancer Centre	17,204	8,443	3	5
		Chilliwack General Hospital	12,500	6,713	2,370	
		Mission Memorial Hospital	1,091		1	
	22 Fraser North	Burnaby Hospital	15,894	8,716	26	1
		Eagle Ridge Hospital and Health Care Centre	11,223	5,888		68
		Ridge Meadows Hospital And Health	10,267	5,300	63	1,964

		Care Centre				
		Royal Columbian Hospital	25,689	11,254	2	219
	23 Fraser South	Delta Hospital	8,861	6,197	1,579	
		Langley Memorial Hospital	12,970	5,499	10	9
		Peace Arch District Hospital	9,011	6,512		4
		Surrey Memorial Hospital	17,936	11,687		9
	Unknown HSDA	Jim Pattison Outpatient Care And Surgery Centre	22,558	4,896		12
03 VCHA	31 Richmond	Richmond Hospital	14,416	8,352	7	162
	32 Vancouver	Holy Family Hospital	73	70		1
		Mount Saint Joseph Hospital	15,465	5,942		18
		St. Paul's Hospital	25,955	11,850	3	319
		UBC Health Sciences Centre	14,233	7,916	4	208
		Vancouver General Hospital	39,224	19,574	1	1,364
	33 North Shore/Coast Garibaldi	Lions Gate Hospital	18,861	10,682	7	74
		Powell River General Hospital	2,136		1,805	2
		Sechelt Hospital/shishalh Hospital	2,173		2,130	28
		Squamish General Hospital	1,054		1,049	
04 VIHA	41 South Vancouver Island	Lady Minto / Gulf Islands Hospital	481		253	3
		Royal Jubilee Hospital	30,146	14,140	34	830
		Saanich Peninsula Hospital	4,493	2,455		7
		Victoria General Hospital	20,403	12,238	25	483
	42 Central Vancouver Island	Cowichan District Hospital	7,346	3,898	907	7
		Nanaimo Regional General Hospital	19,011	12,269	5	158
		West Coast General Hospital	1,981	543	1,212	
	43 North Vancouver Island	Campbell River and District General Hospital	5,870	1,953	3,234	32
		St. Joseph's General Hospital	8,525	3,621	2	9
05 NHA	51 Northwest	Bulkley Valley District Hospital	1,314		1,299	4
		Kitimat General Hospital	1,353	30	1,317	2
		Mills Memorial Hospital	3,208	2,083	959	2
		Prince Rupert Regional Hospital	2,151		2,117	6
		Wrinch Memorial Hospital	390		384	
	52 Northern Interior	G.R. Baker Memorial Hospital	2,092		1,759	1

		St. John Hospital	1,131		1,003	
		The University Hospital of Northern British Columbia	16,316	10,549	385	22
	53 Northeast	Dawson Creek and District Hospital	2,955		2,892	
		Fort Nelson General Hospital	13		13	
		Fort St. John General Hospital	2,372		2,353	7
06 PHSA	32 Vancouver	B.C. Cancer Agency	1,698	614		51
		B.C. Children's Hospital	10,109	9,203	296	14
		B.C. Women's Hospital	6,158	3,714		9

Source: DAD 2014/15, DAD 2015/16
*Includes other specialist(such as Critical Care, Radiology, Infectious Disease) that administered anaesthesiology services
Note 1: Location of surgeries are determined by the location of the facility in which the patient is discharged from
Note 2: Multiple surgeries, if they occur, are counted as 1 surgery if they occur within a 2 day interval
Note 3: Specialty of the physician is determined by the Most Recent Specialty in the Practitioner Roster

Table 2: Total Deliveries. Elective/Emergency Cesarian Deliveries and Labour Epidural by Facility, FY 2014/15

HA	HSDA	Facility	Total Deliveries	Total Cesarian Deliveries	Elective Cesarian Deliveries	Emergency Cesarian Deliveries	Total Labour Epidurals
01 IHA	11 East Kootenay	Creston Valley Hospital	48	4	1	3	7
		East Kootenay Regional Hospital	462	148	60	88	118
		Elk Valley Hospital	126	38	18	20	20
		Golden and District Hospital	57	19	7	12	22
	12 Kootenay Boundary	Kootenay Boundary Regional Hospital	223	78	31	47	52
		Kootenay Lake Hospital	279	69	9	60	78
	13 Okanagan	Kelowna General Hospital	1,555	194	68	126	176
		Penticton Regional Hospital	506	139	47	92	209
		Pleasant Valley Health Centre					
		Summerland Memorial Health Centre					
		Vernon Jubilee Hospital	729	194	68	126	176
	14 Thompson Cariboo Shuswap	100 Mile District General Hospital	27	5	1	4	2
		Cariboo Memorial Hospital	346	108	42	66	161
		Hillside Psychiatric Centre					
		Lillooet Hospital And Health Centre	18	2	1	1	0
		Queen Victoria	67	17	6	11	11

		Hospital					
		Royal Inland Hospital	1,197	436	147	289	334
		Shuswap Lake General Hospital	197	69	20	49	44
02 FHA	21 Fraser East	Abbotsford Regional Hospital and Cancer Centre	2,410	766	258	508	641
		Chilliwack General Hospital	752	398	165	233	259
		Mission Memorial Hospital					
	22 Fraser North	Burnaby Hospital	1,450	527	191	336	566
		Eagle Ridge Hospital and Health Care Centre					
		Ridge Meadows Hospital And Health Care Centre	752	287	102	185	244
		Royal Columbian Hospital	2,833	1,166	370	796	1,024
	23 Fraser South	Delta Hospital					
		Langley Memorial Hospital	1,445	439	169	270	434
		Peace Arch District Hospital	1,050	398	165	233	259
		Surrey Memorial Hospital	4,095	1,663	584	1,079	1,322
	Unknown HSDA	Jim Pattison Outpatient Care And Surgery Centre					
03 VCHA	31 Richmond	Richmond Hospital	2,163	661	252	409	570
	32 Vancouver	Holy Family Hospital					
		Mount Saint Joseph Hospital					
		St. Paul's Hospital	1,572	584	275	309	744
		UBC Health Sciences Centre					
		Vancouver General Hospital	<5				
	33 North Shore/Coast Garibaldi	Lions Gate Hospital	1,431	587	248	339	548
		Powell River General Hospital	120	33	13	20	42
		Sechelt Hospital/shishalh Hospital	156	51	16	35	59
		Squamish General Hospital	218	60	17	43	54
04 VIHA	41 South Vancouver Island	Lady Minto / Gulf Islands Hospital	15	0	0	0	0
		Royal Jubilee Hospital					
		Saanich Peninsula Hospital					
		Victoria General Hospital	3,011	1,040	391	649	1,322
	42 Central Vancouver Island	Cowichan District Hospital	459	86	24	62	93
		Nanaimo Regional General Hospital	1,229	296	120	176	485

		West Coast General Hospital	230	60	22	38	45
	43 North Vancouver Island	Campbell River and District General Hospital	384	93	38	55	108
		St. Joseph's General Hospital	500	156	65	91	145
05 NHA	51 Northwest	Bulkley Valley District Hospital	244	61	22	39	55
		Kitimat General Hospital	76	25	12	13	7
		Mills Memorial Hospital	293	55	18	37	39
		Prince Rupert Regional Hospital	176	58	26	32	58
		Wrinch Memorial Hospital	15	0	0	0	0
	52 Northern Interior	G.R. Baker Memorial Hospital	171	48	15	33	6
		St. John Hospital	155	41	26	15	21
		The University Hospital of Northern British Columbia	1,133	383	139	244	265
	53 Northeast	Dawson Creek and District Hospital	384	102	47	55	89
		Fort Nelson General Hospital	1	0	0	0	0
		Fort St. John General Hospital	643	186	81	105	159
06 PHSA	32 Vancouver	B.C. Cancer Agency					
		B.C. Children's Hospital					
		B.C. Women's Hospital	6,934	2,158	791	1,367	3,467
Source: Perinatal Services BC							

Table 3: Number of Practitioners by Specialty and Facility, FY 2014/15

HA	HSDA	Facility	Anaesthesiologist	General Practitioner	Others*
01 IHA	11 East Kootenay	Creston Valley Hospital		4	1
		East Kootenay Regional Hospital	8	3	4
		Elk Valley Hospital		5	
		Golden and District Hospital		4	2
	12 Kootenay Boundary	Kootenay Boundary Regional Hospital	9	3	4
		Kootenay Lake Hospital		7	1
	13 Okanagan	Kelowna General Hospital	36	6	22
		Penticton Regional Hospital	11	2	8
		Pleasant Valley Health Centre	6	1	1
		Summerland	9	2	

		Memorial Health Centre			
		Vernon Jubilee Hospital	13	1	3
	14 Thompson Cariboo Shuswap	100 Mile District General Hospital		1	
		Cariboo Memorial Hospital		6	
		Hillside Psychiatric Centre	2		
		Lillooet Hospital And Health Centre		3	
		Queen Victoria Hospital		6	
		Royal Inland Hospital	25	4	17
		Shuswap Lake General Hospital	3	9	2
02 FHA	21 Fraser East	Abbotsford Regional Hospital and Cancer Centre	18	2	4
		Chilliwack General Hospital	4	3	
		Mission Memorial Hospital		1	
	22 Fraser North	Burnaby Hospital	26	3	1
		Eagle Ridge Hospital and Health Care Centre	43		6
		Ridge Meadows Hospital And Health Care Centre	8	2	3
		Royal Columbian Hospital	50	2	9
	23 Fraser South	Delta Hospital	5	3	
		Langley Memorial Hospital	12	2	2
		Peace Arch District Hospital	8		3
		Surrey Memorial Hospital	29		2
	Unknown HSDA	Jim Pattison Outpatient Care And Surgery Centre	30		1
03 VCHA	31 Richmond	Richmond Hospital	20	3	22
	32 Vancouver	Holy Family Hospital	30		1
		Mount Saint Joseph Hospital	45		3
		St. Paul's Hospital	57	2	3
		UBC Health Sciences Centre	90	3	22
		Vancouver General Hospital	84	1	18
	33 North Shore/Coast Garibaldi	Lions Gate Hospital	31	6	22
		Powell River General Hospital		6	2
		Sechelt Hospital/shishalh Hospital		15	3
		Squamish General Hospital		8	
04	41 South	Lady Minto / Gulf		1	1

VIHA	Vancouver Island	Islands Hospital			
		Royal Jubilee Hospital	62	8	26
		Saanich Peninsula Hospital	5		4
		Victoria General Hospital	54	10	23
	42 Central Vancouver Island	Cowichan District Hospital	9	3	6
		Nanaimo Regional General Hospital	20	5	17
		West Coast General Hospital	4	7	
	43 North Vancouver Island	Campbell River and District General Hospital	8	8	15
		St. Joseph's General Hospital	9	2	7
05 NHA	51 Northwest	Bulkley Valley District Hospital		5	2
		Kitimat General Hospital	1	4	1
		Mills Memorial Hospital	3	3	2
		Prince Rupert Regional Hospital		5	2
		Wrinch Memorial Hospital		5	
	52 Northern Interior	G.R. Baker Memorial Hospital		11	1
		St. John Hospital		5	
		The University Hospital of Northern British Columbia	14	8	19
	53 Northeast	Dawson Creek and District Hospital		8	
		Fort Nelson General Hospital		2	
		Fort St. John General Hospital		9	3
06 PHSA	32 Vancouver	B.C. Cancer Agency	6		2
		B.C. Children's Hospital	30	1	12
		B.C. Women's Hospital	37		1

Source: DAD 2014/15, DAD 2015/16
*Includes other specialist (such as Critical Care, Radiology, Infectious Disease) that administered anaesthesiology services
Note 1: Location of surgeries are determined by the location of the facility in which the patient is discharged from
Note 2: Speciality of the physician is determined by the Most Recent Specialty in the Practitioner Roster
Note 3: Number of Physicians in Health Authorities do not sum up to BC total because some physicians have multiple HA records

Table 4: Number of FTEs by Specialty and Facility, FY 2014/15

HA	HSDA	Facility	Anaesthesiologist	General Practitioner
01 IHA	11 East Kootenay	Creston Valley Hospital		2.11
		East Kootenay Regional Hospital	4.22	2.03
		Elk Valley Hospital		0.91
		Golden and District Hospital		1.25
	12 Kootenay Boundary	Kootenay Boundary Regional Hospital	5.40	1.03
		Kootenay Lake Hospital		4.43
	13 Okanagan	Kelowna General Hospital	25.80	0.04
		Penticton Regional Hospital	7.12	0.03
		Pleasant Valley Health Centre	2.02	0.96
		Summerland Memorial Health Centre	1.34	2.02
		Vernon Jubilee Hospital	10.02	0.00
	14 Thompson Cariboo Shuswap	100 Mile District General Hospital		0.36
		Cariboo Memorial Hospital		5.87
		Hillside Psychiatric Centre	0.00	
		Lillooet Hospital And Health Centre		0.69
		Queen Victoria Hospital		1.67
		Royal Inland Hospital	17.63	0.01
		Shuswap Lake General Hospital	0.01	5.19
02 FHA	21 Fraser East	Abbotsford Regional Hospital and Cancer Centre	12.73	0.01
		Chilliwack General Hospital	3.03	1.04
		Mission Memorial Hospital		0.00
	22 Fraser North	Burnaby Hospital	13.33	0.02
		Eagle Ridge Hospital and Health Care Centre	12.55	
		Ridge Meadows Hospital And Health Care Centre	4.87	0.20
		Royal Columbian Hospital	23.48	0.01
	23 Fraser South	Delta Hospital	3.83	1.01
		Langley Memorial Hospital	9.43	0.03
		Peace Arch District Hospital	6.77	
		Surrey Memorial Hospital	16.92	
	Unknown HSDA	Jim Pattison Outpatient Care And Surgery Centre	8.05	
03 VCHA	31 Richmond	Richmond Hospital	10.38	0.02
	32 Vancouver	Holy Family Hospital	0.17	
		Mount Saint Joseph Hospital	8.67	
		St. Paul's Hospital	29.44	0.01
		UBC Health Sciences Centre	17.50	0.01
		Vancouver General Hospital	42.04	0.00
	33 North Shore/Coast Garibaldi	Lions Gate Hospital	22.33	0.02
		Powell River General Hospital		4.07
		Sechelt Hospital/shishalh Hospital		5.79
		Squamish General Hospital		3.12
04 VIHA	41 South Vancouver Island	Lady Minto / Gulf Islands Hospital		0.81
		Royal Jubilee Hospital	25.44	0.11
		Saanich Peninsula Hospital	3.35	
		Victoria General Hospital	20.10	0.08

	42 Central Vancouver Island	Cowichan District Hospital	5.58	1.02
		Nanaimo Regional General Hospital	15.76	0.02
		West Coast General Hospital	1.04	3.88
	43 North Vancouver Island	Campbell River and District General Hospital	2.64	5.28
		St. Joseph's General Hospital	6.95	0.01
05 NHA	51 Northwest	Bulkley Valley District Hospital		3.28
		Kitimat General Hospital	0.02	1.82
		Mills Memorial Hospital	2.07	1.60
		Prince Rupert Regional Hospital		4.01
		Wrinch Memorial Hospital		0.80
	52 Northern Interior	G.R. Baker Memorial Hospital		4.14
		St. John Hospital		3.01
		The University Hospital of Northern British Columbia	11.45	1.23
	53 Northeast	Dawson Creek and District Hospital		4.55
		Fort Nelson General Hospital		0.04
		Fort St. John General Hospital		5.75
06 PHSA	32 Vancouver	B.C. Cancer Agency	1.08	
		B.C. Children's Hospital	20.96	0.95
		B.C. Women's Hospital	9.71	

Source: DAD 2014/15, DAD 2015/16
*Includes other specialist (such as Critical Care, Radiology, Infectious Disease) that administered anaesthesiology services
Note 1: Location of surgeries are determined by the location of the facility in which the patient is discharged from
Note 2: Speciality of the physician is determined by the Most Recent Specialty in the Practitioner Roster
Note 3: Number of FTEs are calculated by using the CIHI formula, but was augmented using service levels
CIHI Formula for FTE:
If service level is between 40th and 60th percentile, then FTE = 1
If service level >= 60th percentile then FTE = 1 + log(service level) / (60th percentile service level)
if service level <= 40th percentile then FTE = (service level) / (40th percentile service level)

Table 5: Average Age of Practitioner Administering Surgical Anaesthesia by Specialty and Facility, FY 2014/15

HA	HSDA	Facility	Anaesthesiologist	General Practitioner	Others*
01 IHA	11 East Kootenay	Creston Valley Hospital		46	s.22
		East Kootenay Regional Hospital	54	51	43
		Elk Valley Hospital		45	
		Golden and District Hospital		49	60
	12 Kootenay Boundary	Kootenay Boundary Regional Hospital	48	42	58
		Kootenay Lake Hospital		43	s.22
	13 Okanagan	Kelowna General Hospital	51	52	51
		Penticton Regional Hospital	54	66	48
		Pleasant Valley Health Centre	58	s.22	s.22
		Summerland Memorial Health Centre	53	56	
		Vernon Jubilee Hospital	52	s.22	59
	14 Thompson Cariboo Shuswap	100 Mile District General Hospital		s.22	
		Cariboo Memorial Hospital		40	
		Hillside Psychiatric Centre	47		
		Lillooet Hospital And Health Centre		49	
		Queen Victoria Hospital		50	
		Royal Inland Hospital	51	58	49
		Shuswap Lake General Hospital	52	49	55
02 FHA	21 Fraser East	Abbotsford Regional Hospital and Cancer Centre	54	62	39
		Chilliwack General Hospital	54	43	
		Mission Memorial Hospital		s.22	
	22 Fraser North	Burnaby Hospital	51	52	s.22
		Eagle Ridge Hospital and Health Care Centre	47		49
		Ridge Meadows Hospital And Health Care Centre	50	73	66
		Royal Columbian Hospital	48	59	49
	23 Fraser South	Delta Hospital	63	63	
		Langley Memorial Hospital	53	66	51
		Peace Arch District Hospital	55		37

		Surrey Memorial Hospital	51		38
	Unknown HSDA	Jim Pattison Outpatient Care And Surgery Centre	50		s.22
03 VCHA	31 Richmond	Richmond Hospital	52	70	46
	32 Vancouver	Holy Family Hospital	47		s.22
		Mount Saint Joseph Hospital	49		54
		St. Paul's Hospital	50	57	57
		UBC Health Sciences Centre	52	63	50
		Vancouver General Hospital	52	s.22	54
	33 North Shore/Coast Garibaldi	Lions Gate Hospital	45	56	48
		Powell River General Hospital		56	72
		Sechelt Hospital/shishalh Hospital		51	69
		Squamish General Hospital		56	
04 VIHA	41 South Vancouver Island	Lady Minto / Gulf Islands Hospital		s.22	s.22
		Royal Jubilee Hospital	50	62	55
		Saanich Peninsula Hospital	63		59
		Victoria General Hospital	51	59	53
	42 Central Vancouver Island	Cowichan District Hospital	57	50	48
		Nanaimo Regional General Hospital	51	46	54
		West Coast General Hospital	49	47	
	43 North Vancouver Island	Campbell River and District General Hospital	53	47	55
		St. Joseph's General Hospital	52	54	46
05 NHA	51 Northwest	Bulkley Valley District Hospital		53	55
		Kitimat General Hospital	s.22	55	s.22
		Mills Memorial Hospital	48	52	62
		Prince Rupert Regional Hospital		46	47
		Wrinch Memorial Hospital		56	
	52 Northern Interior	G.R. Baker Memorial Hospital		48	s.22
		St. John Hospital		45	
		The University Hospital of Northern British Columbia	50	44	47
	53 Northeast	Dawson Creek and District Hospital		53	
		Fort Nelson General Hospital		58	

		Fort St. John General Hospital		50	48
06 PHSA	32 Vancouver	B.C. Cancer Agency	53	s.22	62
		B.C. Children's Hospital	53		54
		B.C. Women's Hospital	51		s.22

Source: DAD 2014/15, DAD 2015/16
*Includes other specialist (such as Critical Care, Radiology, Infectious Disease) that administered anaesthesiology services
Note 1: Location of surgeries are determined by the location of the facility in which the patient is discharged from
Note 2: Speciality of the physician is determined by the Most Recent Specialty in the Practitioner Roster

Confidential Draft

Pedro, Jodi HLTH:EX

From: Larson, Eric HLTH:EX
Sent: Wednesday, February 17, 2016 2:06 PM
To: South, Nancy HLTH:EX
Subject: 16.02.16 Summary Information for Anaesthesiologist
Attachments: 16.02.16 Summary Information for Anaesthesiologist.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Boss,

Thanks for clearing up DOBA for me. Here's the latest iteration; just waiting on MOCAP information now.

For the facility, I used the payee address for the practitioner during 14/15. That got me the hospitals for all but one. The final prac I found online.

Your thoughts?

E

Frechette, Rod HLTH:EX

From: Straszak, Paul <pstraszak@doctorsofbc.ca>
Sent: Tuesday, May 3, 2016 11:30 AM
To: Frechette, Rod HLTH:EX
Subject: RE: s.22 - Privileges

Thanks Rod, that will be a big relief for s.22

Paul

Paul Straszak
T 604 638 2837 C 604 839 1404 TF 1 800 665 2262 doctorsofbc.ca

---

From: Frechette, Rod HLTH:EX [mailto:Rod.Frechette@gov.bc.ca]
Sent: May 03, 2016 11:28 AM
To: Straszak, Paul
Cc: Patterson, Ted HLTH:EX
Subject: RE: s.22 - Privileges

Hi Paul,

Thanks for the head's up. I understand from FHA that they are aware of this situation and have or will be withdrawing the notice of termination and have reassured s.22 on this point.

Rod

From: Straszak, Paul [mailto:pstraszak@doctorsofbc.ca]
Sent: Friday, April 29, 2016 10:33 AM
To: Patterson, Ted HLTH:EX
Cc: Frechette, Rod HLTH:EX
Subject: s.22 - Privileges

Ted,

I am writing to give you a heads up on an issue related to the notice of cancellation of privileges for anesthesiologists at Surrey Memorial. Among the notices issued was one that was sent to s.22
s.22
was told that, as s.22 practices with anesthesiologists who also provide pain management services, s.22 privileges will also be terminated. The FHA Board of Directors reviewed this issue and have decided not to withdraw s.22 notice of termination s.22 has contacted the College of Physicians and Surgeons who have advised s.22 that, due to the nature of services s.2 provides s.22 is now required to immediately issue a notice to s.22 patients and those on s.22 waitlist that they will be required to seek pain management services elsewhere as of March 1, 2017.

s.22 advises that this means sending out over 10,000 notices to patients of the s.22 and s.22 expects that this will have a very high public profile.

We have advised s.22 to provide a week's notice to the CEO and Medical Director at FHA of s.22 obligation to send out the notices so that they are prepared in advance. I am sending this email so that the Ministry has a heads up as well.

Paul

Paul Straszak
Chief Negotiator & Executive Director of Negotiations

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Vancouver BC V6J 5A4

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Frechette, Rod HLTH:EX

From: Morton, Roy Dr. <Roy.Morton@fraserhealth.ca>
Sent: Friday, April 29, 2016 4:42 PM
To: Frechette, Rod HLTH:EX
Cc: Patterson, Ted HLTH:EX; Jones, Dean Dr.
Subject: Re: s.22 - Privileges

Thanks Rod,

s.22 has already been advised by Regional Medical Director Dean Jones that his 'notice of cancellation' will be rescinded by the Board at their next meeting...based on s.22 s.22 and does not do any OR anesthesia.

I will ask Dr. Jones to follow-up to ensure s.22 is clear on this.

As an aside, I spoke to him about 4 weeks ago and asked s.22 f he had any interest in applying for a position as SMH Divisional Lead for pain management. s.22

From: Frechette, Rod HLTH:EX <Rod.Frechette@gov.bc.ca>
Sent: April 29, 2016 4:31 PM
To: Morton, Roy Dr.
Cc: Patterson, Ted HLTH:EX
Subject: FW: s.22 Privileges

Roy,

Fyi - assume you are already aware of this situation and have plans to manage the communications that may ensue.

Rod

From: Straszak, Paul [mailto:pstraszak@doctorsofbc.ca]
Sent: Friday, April 29, 2016 10:33 AM
To: Patterson, Ted HLTH:EX
Cc: Frechette, Rod HLTH:EX
Subject: s.22 - Privileges

Ted,

I am writing to give you a heads up on an issue related to the notice of cancellation of privileges for anesthesiologists at Surrey Memorial. Among the notices issued was one that was sent to s.22 s.22

was told that, as s.22 practices with anesthesiologists who also provide pain management services s.22 privileges will also be terminated. The FHA Board of Directors reviewed this issue and have decided not to withdraw s.22 notice of termination s.22 has contacted the College of Physicians and Surgeons who have advised s.22 that, due to the nature of services s.22 provides s.22 is now required to immediately issue a notice

to[s.22] patients and those or[s.22] waitlist that they will be required to seek pain management services elsewhere as of March 1, 2017.

[s.22] advises that this means sending out over 10,000 notices to patients of the [s.22] and [s.22] expects that this will have a very high public profile.

We have advised [s.22] to provide a week's notice to the CEO and Medical Director at FHA of [s.22] obligation to send out the notices so that they are prepared in advance. I am sending this email so that the Ministry has a heads up as well.

Paul

Paul Straszak
Chief Negotiator & Executive Director of Negotiations

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Frechette, Rod HLTH:EX

From:	Morton, Roy Dr. <Roy.Morton@fraserhealth.ca>
Sent:	Thursday, February 25, 2016 12:11 PM
To:	Patterson, Ted HLTH:EX; Frechette, Rod HLTH:EX
Cc:	XT:Nuraney, Naseem GCPE:IN; Blair, Peter; McDermid, Robert Dr.; Jones, Dean Dr.
Subject:	FW: SMH Anesthesia Letter
Attachments:	SMH Anesthesia Termination Letters.Feb 2016.pdf; SMH Anesthesia Addresses.Feb 2016.pdf

Ted, FYI letters went out today by Registered Mail. I suspect they will receive them on Monday. Next step is to disband the local department and place the Department leadership in the hands of the Regional Department Head, Dr. Dean Jones. I will keep you posted.

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs
Fraser Health
Associate Professor, UBC Faculty of Medicine
604-587-4659
Roy.morton@fraserhealth.ca

Executive Assistant
Joan Williamson
Joan.williamson@fraserhealth.ca

From: Williamson, Joan
Sent: Thursday, February 25, 2016 11:00 AM
To: Jones, Dean Dr.; Morton, Roy Dr.; Blair, Peter; McDermid, Robert Dr.
Cc: Marchbank, Michael
Subject: SMH Anesthesia Letter

The attached letter to the SMH Anesthetists (names on 2nd attachment) have been sent out this morning.

Thanks! Joan

Joan Williamson
Executive Assistant to
Vice President Medicine and Regional Programs
Fraser Health
Phone #: 604-587-4659

Page 085

Withheld pursuant to/removed as

s.22

Frechette, Rod HLTH:EX

From: Patterson, Ted HLTH:EX
Sent: Wednesday, February 17, 2016 12:57 PM
To: Frechette, Rod HLTH:EX
Subject: FW: DOBA

FYI

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465
s.17

From: Patterson, Ted HLTH:EX
Sent: Wednesday, February 17, 2016 12:56 PM
To: 'Dr. Cheng'; XT:Morton, Roy HLTH:IN
Cc: s.22
Subject: RE: DOBA

Hi everyone,

The Ministry has discussed this matter previously with both FHA and BCAS. We view this as a matter for local resolution.

Kindest regards,

T

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465
s.17

From: Dr. Cheng [mailto:s.22]
Sent: Wednesday, February 17, 2016 9:39 AM
To: XT:Morton, Roy HLTH:IN
Cc: Patterson, Ted HLTH:EX; s.22
Subject: DOBA

Hi Roy
I have discussed aspects of our discussion with my department. The contract has many complexities that are not within FHA's jurisdiction to change or alter. In order to move ahead quickly, we would need direct involvement with the ministry to affect these changes. We need direct dialogue with Ted Patterson and the BCAS. A meeting should be arranged involving you, Ted, the BCAS and SMH Anesthesia.
Many major principles still need to be worked out in the contract before we discuss the model of care. We should postpone the meeting on the 18th since it involves members who are primarily interested in the model of care. However, we can reconvene that meeting once we have a firm idea what the contract will look like.

Thank you.
Marshall

Frechette, Rod HLTH:EX

From: MacDougall, Cindy GCPE:EX
Sent: Wednesday, February 17, 2016 11:28 AM
To: Frechette, Rod HLTH:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

OK, thanks for this – I will rework that note and send it back to you for review.

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

---

From: Frechette, Rod HLTH:EX
Sent: Wednesday, February 17, 2016 11:27 AM
To: MacDougall, Cindy GCPE:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

Your other document is a more fulsome account of the history with the BC Anesthesiology Society and DOBA. Unfortunately most of the questions you have made in the document still don't have clear answers. s.17
s.17

There is of course no mention of the obstetrical problem at SMH in that document.

From: MacDougall, Cindy GCPE:EX
Sent: Wednesday, February 17, 2016 11:16 AM
To: Frechette, Rod HLTH:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

Ah, so I have messed it up. Thanks for correcting my mistake. ☺

OK, I will have to revise the messaging to reflect reality – would you like to send my your other edits now, or wait to see the revised?

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

---

From: Frechette, Rod HLTH:EX
Sent: Wednesday, February 17, 2016 11:12 AM
To: MacDougall, Cindy GCPE:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

In order to provide a safe service for the high volume of births performed at SMH (approx. 4300 annually) FHA believes they need an on-site 24/7 anesthetist dedicated to obstetrics and a second on-site 24/7 obstetrician. They currently have one anesthetist on-site 24/7, but not dedicated to obstetrics, and I believe they also have one on-site 24/7 obstetrician. Both the anesthesiology group and the obstetrician group are not prepared to commit to provide a second individual 24/7 unless their price demands are met. FHA has determined that the price demands are excessive, that neither group seems willing to be more reasonable and that in order to obtain the required, safe service they will need to work with new groups.

From: MacDougall, Cindy GCPE:EX
Sent: Wednesday, February 17, 2016 10:56 AM
To: Frechette, Rod HLTH:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

I found the BN from FH quite confusing when it comes to that – can you explain what's up? The BN sounds like the anaesthesiology group and the OB group are one group – I am sure I am misunderstanding, though.

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

---

From: Frechette, Rod HLTH:EX
Sent: Wednesday, February 17, 2016 10:55 AM
To: MacDougall, Cindy GCPE:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

Cindy,
I am looking at the other document now but I notice the key messages I just commented on are silent with respect to the Obstetrician situation which is a second problem at SMH.
Rod

From: Frechette, Rod HLTH:EX
Sent: Wednesday, February 17, 2016 10:50 AM
To: MacDougall, Cindy GCPE:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

Hi Cindy,
A few changes tracked
Rod

From: MacDougall, Cindy GCPE:EX
Sent: Wednesday, February 17, 2016 10:14 AM
To: Frechette, Rod HLTH:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

HI, Rod – sorry, just wondering if we have an ETA on the first document? Thanks.

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

---

From: MacDougall, Cindy GCPE:EX
Sent: Tuesday, February 16, 2016 1:17 PM

To: Frechette, Rod HLTH:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

Hi, Rod:

I am working on creating and updating GCPE materials re: DOBA at both Surrey Memorial and provincewide.

First: I've reviewed the briefing note from FH regarding SMH DOBA, and have created some key messages for MTL on the issue. Please find them attached, the first attachment to this email, for your fact-check and review. Deadline: tomorrow, please.

Second: please find attached, the second attachment, an **IN** I did last March regarding provincewide DOBA. I need an update on where that proposal stands at this time, and next steps for this effort. Please see attached comments – any information or feedback you can share is much appreciated. Deadline: later this week, please.

Many thanks!

Cindy

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

Key Messages – Surrey Memorial Hospital dedicated obstetrics and anaesthesiology

Feb. 16, 2016

Fraser Health is cancelling its contracts with a group of anaesthesiologists and a group of obstetricians, and providing ~~the anesthesiologists~~ one year's notice of termination of privileges to the doctors in the groups~~with a group of anaesthesiologists who provided anaesthesiology services for birthing mothers at Surrey Memorial Hospital~~, after lengthy negotiations failed to create a dedicated obstetrical anaesthesiology service and a 24/7 in-house obstetrician service at SMH.

- Women giving birth, babies and families deserve the very best care and support during such an important time. British Columbia offers various forms of medical pain management during birth.

- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.

- Surrey Memorial already has one full-time anaesthesiologists on site 24/7 and access to on-call anaesthesiology when required.

- However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.

- Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.

- It has also been negotiating with a group of obstetricians about haing an obstetrician on site 24/7.

- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors in both groups are asking for far too much money.

- Fraser Health has therefore told the anesthesiology group it will be ~~ending its contract~~looking for another group to take on the service, and has given the current group a full year's notice as required.

- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the yearby the time the contract ends in February 2017.

Frechette, Rod HLTH:EX

From: Patterson, Ted HLTH:EX
Sent: Monday, February 15, 2016 2:35 PM
To: Ty, Marie HLTH:EX; Frechette, Rod HLTH:EX
Subject: FW: Providing World Class Maternity Care in Surrey BC
Attachments: IN_DOBA_Obstetrics_15Feb2016(dl edits v3).doc

At this point, FYI. I will be discussing this with Stephen and Sabine at 3:30 this afternoon.

-----Original Message-----
From: Nuraney, Naseem [mailto:Naseem.Nuraney@fraserhealth.ca]
Sent: Monday, February 15, 2016 2:11 PM
To: Patterson, Ted HLTH:EX
Cc: XT:Morton, Roy HLTH:IN; XT:Marchbank, Michael HLTH:IN
Subject: RE: Providing World Class Maternity Care in Surrey BC

Hi Ted - please find attached issues note..

-----Original Message-----
From: Morton, Roy Dr.
Sent: Monday, February 15, 2016 12:54 PM
To: 'Patterson, Ted HLTH:EX'
Cc: Nuraney, Naseem
Subject: RE: Providing World Class Maternity Care in Surrey BC

Will get it to you ASAP..... Naseem developing detail. Will aim for 2 oclock....

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs Fraser Health Associate Professor, UBC Faculty of Medicine
604-587-4659
Roy.morton@fraserhealth.ca

Executive Assistant
Joan Williamson
Joan.williamson@fraserhealth.ca

-----Original Message-----
From: Patterson, Ted HLTH:EX [mailto:Ted.Patterson@gov.bc.ca]
Sent: Monday, February 15, 2016 10:57 AM
To: Morton, Roy Dr.
Subject: RE: Providing World Class Maternity Care in Surrey BC

Hi Roy - how are we doing with the briefing note? I am discussing with Stephen this afternoon at 3:30, so would be good to have something over the next couple hours

-----Original Message-----

From: Morton, Roy Dr. [mailto:Roy.Morton@fraserhealth.ca]
Sent: Friday, February 12, 2016 4:42 PM
To: Patterson, Ted HLTH:EX
Cc: XT:Marchbank, Michael HLTH:IN; XT:Nuraney, Naseem GCPE:IN
Subject: RE: Providing World Class Maternity Care in Surrey BC

Ted, Michael and Naseem are doing some edits..... will get Briefing Note to you Monday. Regards Roy

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs Fraser Health Associate Professor, UBC Faculty of Medicine
604-587-4659
Roy.morton@fraserhealth.ca

Executive Assistant
Joan Williamson
Joan.williamson@fraserhealth.ca

-----Original Message-----
From: Morton, Roy Dr.
Sent: Friday, February 12, 2016 2:23 PM
To: 'Patterson, Ted HLTH:EX'
Cc: Marchbank, Michael
Subject: RE: Providing World Class Maternity Care in Surrey BC

Putting together a Briefing Note for you now. Have it to you in 30 - 60 mins

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs Fraser Health Associate Professor, UBC Faculty of Medicine
604-587-4659
Roy.morton@fraserhealth.ca

Executive Assistant
Joan Williamson
Joan.williamson@fraserhealth.ca

-----Original Message-----
From: Patterson, Ted HLTH:EX [mailto:Ted.Patterson@gov.bc.ca]
Sent: Friday, February 12, 2016 2:00 PM
To: Morton, Roy Dr.; Marchbank, Michael
Subject: RE: Providing World Class Maternity Care in Surrey BC

Okay - thanks. Agree with approach is a good one.

The sooner you can get me some background info the better Roy - Stephen and I will need to be prepared to give the Minister a heads up if things get heated

T

-----Original Message-----
From: Morton, Roy Dr. [mailto:Roy.Morton@fraserhealth.ca]

Sent: Friday, February 12, 2016 8:44 AM
To: XT:Marchbank, Michael HLTH:IN; Patterson, Ted HLTH:EX
Subject: RE: Providing World Class Maternity Care in Surrey BC

I agree. FHA is meeting with the Surrey Department Head on February 18th. I don't think Ministry involvement would add value to local issues ....

Roy

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs Fraser Health Associate Professor, UBC Faculty of Medicine
604-587-4659
Roy.morton@fraserhealth.ca

Executive Assistant
Joan Williamson
Joan.williamson@fraserhealth.ca

-----Original Message-----
From: Marchbank, Michael
Sent: Friday, February 12, 2016 6:53 AM
To: Patterson, Ted HLTH:EX
Cc: Morton, Roy Dr.
Subject: Re: Providing World Class Maternity Care in Surrey BC

My fear is that this is a stall tactic. I would suggest that you tell them the following:

s.13

I would ask that the Ministry stay out of it for now and let the next 2 weeks happen other than sending the message outlined above. After that we can then assess.

Can chat anytime you want. Roy feel free to add anything.

Michael

Sent from my iPhone

> On Feb 12, 2016, at 5:46 AM, Patterson, Ted HLTH:EX <Ted.Patterson@gov.bc.ca> wrote:
>
> Roy, Michael,
>

> I would appreciate your advice on what, if any, role you think the
> Ministry should have and whether a meeting would be productive
>
> T
>
> -----Original Message-----
> From: Roland Orfaly [mailto:s.22]
> Sent: Friday, February 12, 2016 12:05 AM
> To: Patterson, Ted HLTH:EX
> Cc: XT:Morton, Roy HLTH:IN; Marshall Cheng; Sukhpal Brar
> Subject: Providing World Class Maternity Care in Surrey BC
>
> Hi Ted,
>
> Sukh and I are both now back in town and fully committed to working with you to bring to fruition all of the work to date of the Provincial Anesthesiology Services Working Group.
>
> After reviewing the population and patient needs for anesthesiology human resources with respect to both surgical and obstetrical services, the working group has been tasked with the "development of a new provincial compensation model that supports recruitment and retention and incentivizes quality and efficiency."
>
> A key component of the human resource framework - and therefore the compensation model - is undoubtedly the need for specialized obstetrical anesthesiology staffing at the province's large, tertiary maternity centres (such as Surrey Memorial Hospital).
>
> We believe that there is significant alignment of the various stakeholders, which positions us ideally to reach successful and durable solutions for these health human resource needs.
>
> In March and April of 2014, the BCAS invited key stakeholders (including the Ministry and Fraser Health) to join us in addressing these obstetrical anesthesiology needs. The first of the three BCAS letters is attached here for reference. While they did not respond with any interest at the time, we understand that Fraser Health is now supportive of the need to meet these additional anesthesiology human resource needs in Surrey and elsewhere.
>
> We would invite you, Ted, to indicate upcoming dates that you are available to meet with FHA, the BCAS, and the SMH department head. While FHA's recent approach to this issue has been ineffective in moving us closer to a solution, we firmly believe that a collaborative discussion of the aforementioned stakeholders will be successful in identifying a new framework for obstetrical anesthesiology services that will support recruitment and retention, and ultimately result in the safest care possible for expectant mothers.
>
> We look forward to meeting with you in the near future.
>
> Best regards,
> Roland
>
> CC: Dr. Roy Morton, Vice-President (Medicine), Fraser Health
> Dr. Marshall Cheng, Local Department Head, Anesthesiology, Surrey Memorial Hospital
> Dr. Sukh Brar, President, BC Anesthesiologists' Society
> <Seckel-Lake-Murray DOBA March 8 2014.pdf>

Frechette, Rod HLTH:EX

From: Patterson, Ted HLTH:EX
Sent: Tuesday, February 2, 2016 1:27 PM
To: Frechette, Rod HLTH:EX; Ty, Marie HLTH:EX
Subject: FW: Anesthesia Dept Letter SMH
Attachments: Anesthesia Dept Letter SMH.doc

FYI

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465
s.17

From: Morton, Roy Dr. [mailto:Roy.Morton@fraserhealth.ca]
Sent: Tuesday, February 2, 2016 12:53 PM
To: Patterson, Ted HLTH:EX
Subject: Anesthesia Dept Letter SMH

FYI – going out to Surrey Anesthesia group tomorrow.

Roy Morton

fraserhealth Better health. Best in health care.

June 29, 2016

Dr. Marshall Cheng
Local Head Department of Anesthesia
Surrey Memorial Hospital

Dear Dr. Cheng and all members of the SMH Department of Anesthesia

Fraser Health Authority recognizes that the members of the Surrey Memorial Hospital Department of Anesthesia share our goal of providing high quality, safe, and compassionate patient-centred care. This objective aligns with the tertiary care transition plan for the SMH Department of Obstetrics and Gynecology, and with priorities laid out by the BC Anesthesiologists Society and the Ministry of Health.

In order to fulfil this mandate, system level care gaps related to the provision of anaesthesia services for obstetrical patients need to be addressed. These gaps, identified during the 2014 external Tertiary Perinatal Review and the FBU Patient Safety Culture Survey, include delays in managing emergency obstetrical situations when all anaesthesia resources are occupied, delays or lack of availability of epidural anesthesia, elective caesarian sections impacting the elective and emergency OR slates, and limited gynecology OR time that results in unacceptable wait times for elective surgery.

You are aware of two Fraser Health PSLS reports in the past week citing significant harm related to lack of anesthesia services. Fraser Health cannot accept unsafe patient care and we will conduct full patient safety reviews of these cases.

By way of this letter, Fraser Health is formally offering the Surrey Memorial Hospital Anesthesiology group a contract to provide Dedicated (Consultant) Obstetrical Anesthesia service. Any agreement must be consistent with the contract in place in Vancouver Island Health Authority. As you are aware, their contract includes deliverables including 24/7 anesthesia presence for the exclusive provision of DOBA services as well as ante-partum, intra-partum and post-partum obstetrical analgesia requirements including the provision of labour epidurals.

The current precedent for obstetrical anesthesia services in British Columbia provides for a contracted service at $900,000 annually and an in-house MOCAP allocation of $325,000 per year. In addition, Fraser Health anticipates a significant increase in your members' fee-for-service billings associated with an increased labour epidural rate due to much needed increased availability.

I understand many of the barriers which previously held up an agreement have been removed. In particular, the 'provisional' status of the MSP epidural monitoring fee. I am assured by the Ministry of Health that the 'p' status of this fee guide item has been removed and it will permanently remain as an anesthesia fee guide item.

... 2

Fraser Health Authority
Office of Vice President, Medicine
and Regional Programs

Central City Tower
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Surrey, BC V3T 0H1 Canada

Tel (604) 587-4600

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Fraser Health considers safe obstetrical anesthesia care a priority that requires urgent attention to ensure patient safety at Surrey Memorial Hospital which currently manages 4300 births per year.

Fraser Health is committed to increasing obstetrical anesthesia services at SMH. As such, we ask that each individual department member (Active Staff) give this careful thought as Fraser Health wishes to offer current medical staff members the opportunity to move forward with this model of care.

Fraser Health and SMH/Program leadership has a meeting scheduled with Dr. Cheng on February 18th. We request individual, written responses to this financial offer from all SMH Anesthesiologists within fourteen calendar days so we can begin discussions with Dr. Cheng on Feb 18th, 2016 to finalize go-forward details.

I am available to discuss further details at your convenience.

Yours sincerely,

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs

c – Dr. Dean Jones, RMD, Anesthesia
Dr. Peter Beresford, PMD, Maternal/Infant
Dr. Rob McDermid, Site Medical Director, SMH
Dr. Peter Blair, EMD, Medical Affairs
Mr. Michael Marchbank, President and CEO

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Mildenberger, Hana S HLTH:EX

From: English, John HLTH:EX
Sent: Tuesday, June 21, 2016 3:08 PM
To: Mildenberger, Hana S HLTH:EX
Subject: FW: DOBA

FOI request

From: English, John HLTH:EX
Sent: Thursday, March 19, 2015 10:54 AM
To: XT:HLTH Sandhu, Jag
Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX; Blair, Peter; Morton, Roy Dr.; XT:HLTH Giglio, Vivian HLTH:IN
Subject: RE: DOBA

Thank you for your quick response. The Minister's Office has requested an update and we need to ensure that the planned use of funding is aligned with the messages in the Briefing Note.

Based upon the Briefing Note and your reply to our e mail, we understand that FHA is entering into a new round of discussions with anaesthetists at SMH, that there is some increased optimism that a DOBA agreement might be reached and that FHA would then plan to re-allocate existing funds for physician services to support that agreement.

Please keep us informed of any new developments in connection with DOBA agreements at SMH and at RCH.

Thanks again,

John

John English, MBA, BA
Director, Physician Compensation Branch
Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

From: Sandhu, Jag [mailto:Jag.Sandhu@fraserhealth.ca]
Sent: Thursday, March 19, 2015 10:38 AM
To: English, John HLTH:EX
Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX; Blair, Peter; Morton, Roy Dr.; XT:HLTH Giglio, Vivian HLTH:IN
Subject: RE: DOBA

Hi John,

As you are aware, SMH DOBA service is a critical patient care requirement in FHA. However, FHA has been unable to reach an agreement for DOBA services with the SMH anesthesiologists for an extended period as the group seems to be leveraging DOBA for general fee increases as articulated by Dr. Blair.

In June 2014, Dr. Webb had support from Ted Patterson to offer the SMH group $1,225,000 but the offer was rejected at the time. (The $1.2 M reference in the BN relates to SMH only as SMH is the highest priority). There is no foreseeable DOBA agreement at SMH in the short term and the lack of a DOBA service may pose a risk to public relations as presented by Dr. Blair.

As per the March 11, 2014 letter from Ted Patterson, FHA has allocated part of the $1.8 M funding originally intended to supply a DOBA service to services related to the expansion of SMH. (FHA currently has $502,830 unallocated APP available). FHA confirms and is in agreement the use of the $1.8 M funding will mean that there is no additional APP funding available to support any future DOBA contracts. FHA understands reallocation from existing APP contracts will be required to support the full costs of a DOBA should an agreement be reached.

Please let me know if you have any additional questions or concerns.

Thanks, Jag

From: English, John HLTH:EX [mailto:John.English@gov.bc.ca]
Sent: Wednesday, March 18, 2015 2:02 PM
To: Sandhu, Jag
Cc: Pittman, Abigail HLTH:EX; Lane, Michele HLTH:EX
Subject: DOBA
Importance: High

Hi Jag.

The Ministry just received this information Briefing Note from FHA. It contains some information that we can't reconcile with our APP funding commitments to FHA.

In the BN. Dr. Blair advises $1.2 million is on the table for the anesthetists for DOBA agreements at RCH and SMH. Where does this number come from? The Ministry had at one time committed $1.8 million / yr to FHA for DOBA agreements at RCH and SMH. Further, we understand that FHA has actually reassigned those monies that were available for DOBA to fund other physician services.

Please advise us how much money FHA has available to support DOBA agreements and where that money would come from.

Thanks

John

John English, MBA, BA
Director, Physician Compensation Branch
Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

Mildenberger, Hana S HLTH:EX

From: English, John HLTH:EX
Sent: Tuesday, June 21, 2016 2:48 PM
To: Mildenberger, Hana S HLTH:EX
Subject: FW: Important Updates for Minister Lake
Attachments: IN_DOBA_2Mar2015.doc

FOI request

E mails and attachment

From: English, John HLTH:EX
Sent: Thursday, April 9, 2015 2:28 PM
To: Murray, Heather HLTH:EX
Subject: FW: Important Updates for Minister Lake

John English, MBA, BA
Director, Physician Compensation Branch
Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

From: Lane, Michele HLTH:EX
Sent: Wednesday, March 18, 2015 12:41 PM
To: English, John HLTH:EX
Cc: Frechette, Rod HLTH:EX
Subject: RE: Important Updates for Minister Lake

John....let me know if this is the level of detail you are looking for.
M

From: English, John HLTH:EX
Sent: Wednesday, March 18, 2015 10:36 AM
To: Lane, Michele HLTH:EX
Cc: Frechette, Rod HLTH:EX
Subject: FW: Important Updates for Minister Lake
Importance: High

Good morning Michele.

Would your group be able to connect with Fraser Health Authority to obtain information for the Minister on the surgical services being referred to by Dr. Brar in his e mail note of March 10th below to Minister Lake ? Please advise if your team will be able to provide the information being requested for the Minister by Friday March 20th.

Thanks

John

John English, MBA, BA
Director, Physician Compensation Branch

Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 18, 2015 7:56 AM
To: Frechette, Rod HLTH:EX
Cc: English, John HLTH:EX
Subject: FW: Important Updates for Minister Lake

Rod,

Can you ask John to either connect with Doug's staff or Fraser to discuss the surgical issue and then include a couple bullets in the meeting material he is preparing for the Minister?

T

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division

From: Loiacono, Sabrina HLTH:EX
Sent: Thursday, March 12, 2015 3:28 PM
To: Patterson, Ted HLTH:EX
Cc: Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; Martin, Rhiannon HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; Andrachuk, Andrea HLTH:EX
Subject: RE: Important Updates for Minister Lake

Looks like the Minister would like your division to take a look at this and provide some feedback. He then would like to meet with Dr. Brar.

From: Patterson, Ted HLTH:EX
Sent: Tuesday, March 10, 2015 4:14 PM
To: Loiacono, Sabrina HLTH:EX
Cc: Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX
Subject: RE: Important Updates for Minister Lake

Hi Sabrina,

I am in fairly regular communication with Dr. Brar about doing some provincial level work on anaesthesia, but I have not discussed the specific FHA issue he raises below. Stephen and I will be arranging to meet with him over the next few weeks.

Is there anything specific you would like me to follow up on with this one?

T

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division

From: Loiacono, Sabrina HLTH:EX
Sent: Tuesday, March 10, 2015 1:36 PM
To: Patterson, Ted HLTH:EX

Cc: Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX
Subject: FW: Important Updates for Minister Lake

Hi Ted,

Do you know anything about this?

S.

From: Sukhpal Brar [mailto:s.22]
Sent: Tuesday, March 10, 2015 12:22 PM
To: Lotacono, Sabrina HLTH:EX
Subject: Important Updates for Minister Lake

Dear Terry,

I hope this message finds you well. I am writing to you as a bit of a "heads up" on a matter at Surrey Memorial Hospital (SMH) that has come to my attention, and which I believe we can jointly reference as a reflection of the collaborative work that is being done to improve surgical waitlists and wait times for patients.

s.22 a general surgeon s.22 in FHA, contacted me last week with concerns that a small subset of SMH surgeons may go public with complaints about the impact of the local anesthesiologist shortage.

As background, I'm sure that you are aware that the anesthesiologist shortage in Surrey has been deeper and much longer lasting than what is being experienced in Kamloops, with frequent OR closures as a result. For much of 2014, during weekday "business hours" an anesthesiologist was scheduled to be available for the high-risk maternity (obstetrics) program. For a variety of reasons, this resource was significantly under-utilized. Frankly, it didn't make much sense to continue scheduling an anesthesiologist in that way, at the expense of an additional OR being used.

After consultation with SMH surgical colleagues and FHA Admin, in January the anesthesiology department re-assigned that resource to the Main OR, to maximize the availability of anesthesiologists for elective surgery, in an effort to reduce waitlists. Of course, some surgeons benefited more than others, which means that some surgeons feel unfairly treated; but the bottom line is that far more patients are getting their surgeries now than if the old arrangement had continued.

If contacted by local decision-makers and/or the media, it is the latter information that I will convey to them.

(As an aside, re-opening of an OR and completing more surgeries does mean additional costs to FHA. It is not clear to us whether this change was truly welcomed by FHA, but that is a separate issue.)

Of course, I am also keen to see truly collaborative progress in providing the support needed to establish Dedicated Obstetric Anesthesia ("DOBA") programs in BC, including at Surrey Memorial. DOBA would help deliver "gold standard" care for thousands of labouring mothers each year, while also creating hospital efficiencies that will allow greater surgical throughput and a further reduction of surgical wait times. Attached is a Briefing Note on DOBA which provides more background on this win-win-win proposal.

The BCAS continues to be involved in constructive and meaningful work alongside your ministry officials, both at the Provincial Surgical Executive Committee and elsewhere. I would welcome an opportunity to meet with you personally to review progress made, and to discuss the health care achievements that are possible.

Best regards,
Sukh

Sukh Brar, MD, FRCPC
President
BC Anesthesiologists' Society
Cell s.22

Mildenberger, Hana S HLTH:EX

From: English, John HLTH:EX
Sent: Tuesday, June 21, 2016 2:48 PM
To: Mildenberger, Hana S HLTH:EX
Subject: FW: Important Updates for Minister Lake
Attachments: IN_DOBA_2Mar2015.doc

FOI request

E mails and attachment

From: English, John HLTH:EX
Sent: Thursday, April 9, 2015 2:28 PM
To: Murray, Heather HLTH:EX
Subject: FW: Important Updates for Minister Lake

John English, MBA, BA
Director, Physician Compensation Branch
Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

From: Lane, Michele HLTH:EX
Sent: Wednesday, March 18, 2015 12:41 PM
To: English, John HLTH:EX
Cc: Frechette, Rod HLTH:EX
Subject: RE: Important Updates for Minister Lake

John....let me know if this is the level of detail you are looking for.
M

From: English, John HLTH:EX
Sent: Wednesday, March 18, 2015 10:36 AM
To: Lane, Michele HLTH:EX
Cc: Frechette, Rod HLTH:EX
Subject: FW: Important Updates for Minister Lake
Importance: High

Good morning Michele.

Would your group be able to connect with Fraser Health Authority to obtain information for the Minister on the surgical services being referred to by Dr. Brar in his e mail note of March 10th below to Minister Lake ? Please advise if your team will be able to provide the information being requested for the Minister by Friday March 20th.

Thanks

John

John English, MBA, BA
Director, Physician Compensation Branch

Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 18, 2015 7:56 AM
To: Frechette, Rod HLTH:EX
Cc: English, John HLTH:EX
Subject: FW: Important Updates for Minister Lake

Rod,

Can you ask John to either connect with Doug's staff or Fraser to discuss the surgical issue and then include a couple bullets in the meeting material he is preparing for the Minister?

T

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Assistant Deputy Minister
Health Sector Workforce Division

From: Loiacono, Sabrina HLTH:EX
Sent: Thursday, March 12, 2015 3:28 PM
To: Patterson, Ted HLTH:EX
Cc: Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; Martin, Rhiannon HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; Andrachuk, Andrea HLTH:EX
Subject: RE: Important Updates for Minister Lake

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From: Patterson, Ted HLTH:EX
Sent: Tuesday, March 10, 2015 4:14 PM
To: Loiacono, Sabrina HLTH:EX
Cc: Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX
Subject: RE: Important Updates for Minister Lake

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Assistant Deputy Minister
Health Sector Workforce Division

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Sent: Tuesday, March 10, 2015 1:36 PM
To: Patterson, Ted HLTH:EX

Cc: Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX
Subject: FW: Important Updates for Minister Lake

Hi Ted,

Do you know anything about this?

S.

From: Sukhpal Brar [mailto: s.22]
Sent: Tuesday, March 10, 2015 12:22 PM
To: Loiacono, Sabrina HLTH:EX
Subject: Important Updates for Minister Lake

Dear Terry,

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s.22 , a general surgeon and s.22 FHA, contacted me last week with concerns that a small subset of SMH surgeons may go public with complaints about the impact of the local anesthesiologist shortage.

As background, I'm sure that you are aware that the anesthesiologist shortage in Surrey has been deeper and much longer lasting than what is being experienced in Kamloops, with frequent OR closures as a result. For much of 2014, during weekday "business hours" an anesthesiologist was scheduled to be available for the high-risk maternity (obstetrics) program. For a variety of reasons, this resource was significantly under-utilized. Frankly, it didn't make much sense to continue scheduling an anesthesiologist in that way, at the expense of an additional OR being used.

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Best regards,
Sukh

Sukh Brar, MD, FRCPC
President
BC Anesthesiologists' Society
Cell s.22

Watt, Rebecca HLTH:EX

From: Watt, Rebecca HLTH:EX
Sent: Monday, October 6, 2014 4:32 PM
To: John, Rebecca HLTH:EX
Subject: FW: Briefing Note on DOBA
Attachments: 1011453 (v-2) - MO Request For Update on BCAS SMH DOBA Sept 2014.docx

Hi Rebecca,

Thank you again for taking the time to meet with me last week. Here is the latest that I know about DOBA in FHA. Note, the attached BN is for a Minister meeting – not the BN referenced below by Dr. Webb.

Rebecca Watt, MPA | Senior Manager, Physician Compensation | Negotiations & Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 3346

From: English, John HLTH:EX
Sent: Friday, September 19, 2014 11:19 AM
To: Pittman, Abigail HLTH:EX; Watt, Rebecca HLTH:EX
Cc: Magil, Joni HLTH:EX; Walker, Sandra HLTH:EX
Subject: FW: Briefing Note on DOBA

FYI

Latest on DOBA.

John

From: English, John HLTH:EX
Sent: Friday, September 19, 2014 11:18 AM
To: Frechette, Rod HLTH:EX; Hume, Christine HLTH:EX
Cc: Higgs, Jeremy HLTH:EX
Subject: RE: Briefing Note on DOBA

Here you go.

John

From: English, John HLTH:EX
Sent: Friday, September 19, 2014 10:46 AM
To: Frechette, Rod HLTH:EX
Subject: RE: Briefing Note on DOBA

OK.

Thanks

I will update our BN for the Minister accordingly and send it back to you.

John

From: Frechette, Rod HLTH:EX
Sent: Friday, September 19, 2014 10:45 AM
To: English, John HLTH:EX
Subject: FW: Briefing Note on DOBA

FYI

From: Webb, Andrew [mailto:Andrew.Webb@fraserhealth.ca]
Sent: Friday, September 12, 2014 11:02 AM
To: Patterson, Ted HLTH:EX; Frechette, Rod HLTH:EX
Cc: Blair, Peter
Subject: FW: Briefing Note on DOBA

Ted, Rod

Following our teleconference on DOBA last month we were asked to provide you with a briefing note outlining the situation. Dr Blair has drafted the attached based on his interactions with the anaesthetists. We have reached an impasse that leaves patients without access to timely and effective care. Our recommendation is to try and get the Doctors of BC engaged (again) through the PMA quality of care dispute process.

Andy

Dr A R Webb MD FRCP MFMLM
VP Medicine, Fraser Health
Clinical Professor, UBC Faculty of Medicine
Professor, SFU, Faculty of Health Sciences

Suite 400, Central City Tower
13450 – 102 Avenue
Surrey, BC V3T 0H1

Tel (604) 587-4659
Mobile (604) 897-3432

Mildenberger, Hana S HLTH:EX

From: English, John HLTH:EX
Sent: Tuesday, June 21, 2016 11:12 AM
To: Mildenberger, Hana S HLTH:EX
Subject: FW: RUSH Updates for MTL
Attachments: 1011453 - MO Request MLA Virk Mtg Advice BCAS SMH DOBA June 2014.docx

Importance: High

FOI request

From: English, John HLTH:EX
Sent: Friday, September 19, 2014 10:45 AM
To: Hume, Christine HLTH:EX
Cc: Frechette, Rod HLTH:EX; Higgs, Jeremy HLTH:EX; Patterson, Ted HLTH:EX
Subject: RE: RUSH Updates for MTL
Importance: High

Hi Chris

Attached is the most up to date information I have pertaining to the second bullet requested by Minister Lake. I believe there is nothing new.

I would recommend you touch base with Rod and Jeremy just to ensure that there have not been any further discussions on DOBA with Doctors of BC and /or BCAS that I am not aware of.

Please let me know if anything else is needed.

Thanks

John

From: Hume, Christine HLTH:EX
Sent: Friday, September 19, 2014 10:12 AM
To: English, John HLTH:EX
Subject: FW: RUSH Updates for MTL
Importance: High

Hi John:
We will be getting this request officially but you can get a head start on the response. Please respond to the second bullet below. This is the only information I have at the moment – Minister Lake wants an update.
Chris

From: Grieve, Darlene E HLTH:EX
Sent: Friday, September 19, 2014 10:07 AM
To: Hume, Christine HLTH:EX
Cc: Grieve, Darlene E HLTH:EX; Murray, Heather HLTH:EX
Subject: FW: RUSH Updates for MTL
Importance: High

Hi Chris,

This will be coming your way officially but wanted to give you a heads up as this is for quick bullets for MTL. The 2nd bullet would be your area. Thx ~ d

MTL is looking for updates on the following two items. Could you give me a call tomorrow to discuss?

- Better At Home Program, and Community Volunteer Services Society Funding. As mentioned it seems that there are certain areas of the Province where this program is working well, and others where there are challenges. Tri-Cities is one where there are issues that MLA Reimer would like to discuss with the Minister and Ministry Staff.

- Dedicated Obstetric Anesthesia (DOBA) initiative funding, and Memorandum of Agreements, 2009 between the Minister of Health Services, the BCMA and the BC Anesthesiologist' Society, and 2011 between the Minister of Heath, the BCMA, and the Medical Services Commission.

From: Simonson, Kathy HLTH:EX
Sent: Friday, September 19, 2014 9:40 AM
To: Wolsey, Ashley HLTH:EX; Murray, Heather HLTH:EX; Evernden, Erica HLTH:EX
Cc: HLTH FCS Documents Processing HLTH:EX; Grieve, Darlene E HLTH:EX; HSD Documents Coordinator HLTH:EX; Docs Processing HLTH:EX; Casanova, Tamara HLTH:EX
Subject: RUSH Updates for MTL
Importance: High

I will assign formally but can you verify if FCS is the correct program area for either of the two requests below, or if we should assign to staff and have them verify info with FCS staff.

Thanks so much,

Kathy Simonson
Program Coordinator / Documents Processing Unit / Deputy Minister's Office / Ministry of Health
5-2 1515 Blanshard St, Victoria BC V8W 3C8
Telephone 250 952-1811

kathy.simonson@gov.bc.ca

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From: Casanova, Tamara HLTH:EX
Sent: Friday, September 19, 2014 9:26 AM
To: Docs Processing HLTH:EX
Subject: Updates for MTL

Hi Docs,

I've now spoken to Eric about this request. Can you please assign formally to program staff with a due date of Tuesday, September 23.

Apologies for the tight timelines but please have the program area advise if there are any concerns.

I'm thinking separate Cliff logs... thoughts? Whatever is easiest for you and staff.

Thanks,

Tamara Casanova | Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 **|C:** 250.217.3655 **|email:** tamara.casanova@gov.bc.ca

From: Wallace-Deering, Eric HLTH:EX
Sent: Tuesday, September 16, 2014 5:17 PM
To: Casanova, Tamara HLTH:EX
Subject: Updates for MTL

Hi Tamara,

MTL is looking for updates on the following two items. Could you give me a call tomorrow to discuss?

- Better At Home Program, and Community Volunteer Services Society Funding. As mentioned it seems that there are certain areas of the Province where this program is working well, and others where there are challenges. Tri-Cities is one where there are issues that MLA Reimer would like to discuss with the Minister and Ministry Staff.

- Dedicated Obstetric Anesthesia (DOBA) initiative funding, and Memorandum of Agreements, 2009 between the Minister of Health Services, the BCMA and the BC Anesthesiologist' Society, and 2011 between the Minister of Heath, the BCMA, and the Medical Services Commission.

Thanks,

Eric Wallace-Deering
Executive Assistant
Hon. Terry Lake
Minister of Health
250-387-2545
Eric.WallaceDeering@gov.bc.ca

Mildenberger, Hana S HLTH:EX

From: English, John HLTH:EX
Sent: Tuesday, June 21, 2016 12:54 PM
To: Mildenberger, Hana S HLTH:EX
Subject: FW: Briefing Note on DOBA
Attachments: 1011453 (v-2) - MO Request For Update on BCAS SMH DOBA Sept 2014.docx

E mails and attachment

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Subject: FW: Briefing Note on DOBA

FYI

Latest on DOBA.

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Sent: Friday, September 19, 2014 11:18 AM
To: Frechette, Rod HLTH:EX; Hume, Christine HLTH:EX
Cc: Higgs, Jeremy HLTH:EX
Subject: RE: Briefing Note on DOBA

Here you go.

John

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Sent: Friday, September 19, 2014 10:46 AM
To: Frechette, Rod HLTH:EX
Subject: RE: Briefing Note on DOBA

OK.

Thanks

I will update our BN for the Minister accordingly and send it back to you.

John

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Sent: Friday, September 19, 2014 10:45 AM
To: English, John HLTH:EX
Subject: FW: Briefing Note on DOBA

FYI

From: Webb, Andrew [mailto:Andrew.Webb@fraserhealth.ca]
Sent: Friday, September 12, 2014 11:02 AM
To: Patterson, Ted HLTH:EX; Frechette, Rod HLTH:EX
Cc: Blair, Peter
Subject: FW: Briefing Note on DOBA

Ted, Rod

Following our teleconference on DOBA last month we were asked to provide you with a briefing note outlining the situation. Dr Blair has drafted the attached based on his interactions with the anaesthetists. We have reached an impasse that leaves patients without access to timely and effective care. Our recommendation is to try and get the Doctors of BC engaged (again) through the PMA quality of care dispute process.

Andy

Dr A R Webb MD FRCP MFMLM
VP Medicine, Fraser Health
Clinical Professor, UBC Faculty of Medicine
Professor, SFU, Faculty of Health Sciences

Suite 400, Central City Tower
13450 – 102 Avenue
Surrey, BC V3T 0H1

Tel (604) 587-4659
Mobile (604) 897-3432

Page 117 to/à Page 118

Withheld pursuant to/removed as

DUPLICATE

LETTER OF AGREEMENT

BETWEEN

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA
Represented by the Minister of Health

(the "Minister" or "Ministry")

AND

VANCOUVER ISLAND HEALTH AUTHORITY
1952 Bay Street
Victoria BC V8R 1J8

(the "Agency")

SUBJECT: Conditions and Funding under the Alternative Payments Program (APP) for the Provision of Dedicated Obstetrical Anesthesia (DOBA) Services at Victoria General Hospital (VGH)

The Ministry, through its APP, agrees to commit funding in the amount of **$900,000** to the Agency for provision of DOBA Services at VGH for the Term, **April 1, 2015** to **March 31, 2016**, notwithstanding the date of execution and delivery of this Agreement.

With its acceptance, the Agency agrees that the funds provided under the APP will be used only for the provision of the services described in the attached Schedule A, The Services (hereafter called "the Services"). Provisions for the payment of APP funds are described in the attached Schedule B, Payment. Attachments to this Letter are an integral part of the Agreement.

The Agency agrees that any physician receiving payment and providing the Services under this Agreement will be required to sign an Agreement with the Agency.

The parties further agree that:

1. The funds provided under this Agreement constitute a service stipend for the provision of DOBA services at VGH and are provided in addition to the physicians billing on a fee-for-service (FFS) basis. The Ministry agrees to provide FFS compensation for all patient care related to DOBA services during the term of this Agreement.

2. No funds provided under this Agreement will be used for physician vacation or leave benefits, for any break or time spent away from the provision of the Services, for academic teaching, research or other activities unrelated to the provision of the Services.

3. The funds provided under this Agreement shall not be used for the payment of overhead costs incurred by the Agency or physicians providing the Services of this Agreement.

4. This Agreement may not be renewed by the parties without the prior written consent of the Ministry. Further, if the Agency does not comply with the conditions of funding, the Ministry may terminate the Agreement and shall have no obligation to pay.

5. In accordance with the *Financial Administration Act*, all APP funding allocations are conditional on the availability of government funds.

Dated at Victoria, British Columbia, this 22 day of May, 2015.

IN WITNESS WHEREOF THE PARTIES have duly executed this Agreement as of the date above written.

SIGNED AND DELIVERED on behalf of the **Vancouver Island Health Authority** by an authorized representative.

Dr. Jatinder Baidwan
Executive Vice President and
Chief Medical Officer

Kim Kerrone
Vice President and
Chief Financial Officer

SIGNED AND DELIVERED on behalf of the Ministry by an authorized representative of the Minister.

John English
Director, Physician Compensation Branch
Ministry of Health

Schedule A – The Services

1. The Agency agrees to provide Dedicated Obstetrical Anesthesia (DOBA) Services at Victoria General Hospital (VGH), hereafter called "the Unit".

2. The Agency agrees that the physicians providing the Services of this Agreement will provide the services and deliverables as specified below:
   (a) One Specialist Anesthesiologist on site at VGH at all times, 24 hours per day, 7 days per week, 365 days per year (366 days during leap years) at the Labour Delivery Room and elsewhere at VGH, as required, for the provision of DOBA services;
   (b) Administration of all ante partum, intra partum and postpartum obstetrical analgesia and obstetrical surgical anesthesia requirements, including but not limited to administration of anesthesia for both planned routine and emergent complex and/or high risk surgical / caesarian delivery, and anesthesia for management of postpartum requirements;
   (c) Preoperative and post-operative consultation for patients having a planned or emergent Caesarian section;
   (d) Administration of acute pain analgesia for medical/surgical patients; and,
   (e) Concurrent teaching, where appropriate, of physicians, patient, nurses, midwives and families.

3. The Agency agrees that the physicians providing the Services of this Agreement will abide by the following conditions:
   (a) The on-site DOBA Anesthesiologist will not accept anesthetic responsibility for patients outside of the Perinatal and Obstetrical Gynecology service at VGH or non-obstetrical cases in the main Operating Rooms at VGH except in cases of imminent risk of patient life and limb and will transfer care without delay upon the arrival of the appropriate on-call anesthesiologist who shall be called-in without delay. The permitted additional service for acute pain services for medical/surgical patients contemplated in Paragraph 2(d) and life and limb coverage in this Paragraph shall not impinge on the immediate availability of the on-site DOBA Anesthesiologist to the obstetrical suite.
   (b) In the event where more than one obstetrical patient requires the care of an anesthesiologist, these services will be prioritized according to the professional medical judgment of the on-site DOBA Anesthesiologist, in consultation with the obstetrician on-call and obstetrical nursing staff, and resolution shall ensure patient care quality and safety. If it is determined that a second anesthesiologist is required, such call-in will be made without delay utilizing the appropriate back-up on-call anesthesiologist.
   (c) In the event where an obstetrical service is required to be performed in the VGH Main Operating Room, the on-site DOBA Anesthesiologist will have full discretion regarding which Specialist Anesthesiologist(s) provide(s) the associated anesthetic care.

4. The Agency will prepare or ensure the preparation of formal planned/scheduled hours of DOBA Services at the designated Unit during each month of the Term of this Agreement to ensure that patients have consistent and reliable access to physician services including the establishment, posting and maintenance of regularly scheduled on-site 24/7 coverage for the term of this Agreement.

Schedule A – The Services

5. The Agency will maintain accurate records of shift schedules worked by physicians in the Unit including the names of the physicians and the start and finish times of the shifts worked. The Agency will permit the Ministry, upon written notice within forty-eight (48) hours, to copy or audit, or both, any or all shift schedules requested.

6. At the request of the Ministry, and prior to the renewal of this Agreement, the Agency and the physicians providing the Services agree to participate in a review of workload, payment standards and utilization relating to the Services provided under this Agreement.

Schedule B – Payment

1. The Ministry agrees to pay the Agency an amount of **$900,000** to provide the Services as described in Schedule A – The Services of this Agreement.

2. Payment for the Services under this Agreement shall not exceed the amount of **$900,000** in the aggregate, or the amount per fiscal year in the Term, as outlined in the table below:

FISCAL YEAR	Maximum Amount per Month	Maximum Amount for the Period
April 1, 2015 to March 31, 2016	$75,000	$900,000
Total Aggregate for the Term		**$900,000**

3. The Agency shall submit claims for payment within twenty-eight (28) days of the close of each month in the Term.

4. A service claim (see Appendix 1 for template) submitted to the Ministry for payment must contain all of the following information elements:
   a) contract name;
   b) reporting period (period of time covered by the claim);
   c) codes and descriptions for agency, site, program, control, and sub-control as assigned by the Minister;
   d) physician information including MSP practitioner number, name, specialty code, and the practice category as defined in the *Alternative Payments Subsidiary Agreement*;
   e) payment information by physician, including, payment rate, hours worked, and claim amount; and
   f) certification by an authorized officer of the Agency verifying the accuracy of the submitted claim and indicating his or her name and title.

5. The Agency will use the funds provided in this Agreement exclusively to supplement the physicians' billing on a fee-for service (FFS) basis while working on-site and for those DOBA services and specific permitted activities normally provided by physicians in the Unit. Use of these funds in payment for other services or at other times than those specified is a breach of this Agreement.

6. The Agency will require, through its Agreement with the physicians, that all physicians providing the Services of this Agreement submit FFS claims for all patients seen and services rendered to all patients, by date of service. FFS claims will be submitted electronically by the physicians to the Ministry via Teleplan in accordance with standards and policies for claims processing established by the Medical Services Commission. The Agency is not responsible for any aspects of the FFS claims submitted by the physicians to the Ministry via Teleplan nor accountable for any management, follow-up or audit of said claims which shall have no bearing on the continuance of funding provided through this Agreement.

APPENDIX 1

Alternative Payments Program
Service Claim

Contract Name: _____

Contract Number: _____

Reporting Period: _____
(from yy/mm/dd to yy/mm/dd)

	Description	Code
Agency	VIHA	01021
Site	Victoria General Hospital	00603
Program	Obstetrics & Gynecology	00524
Control	Anesthesia	00011
Sub Control	General Inpatient – SP	00014

	Physician Information				Payment Information				
Date	Practitioner Number	Physician Name	Specialty	Practice Category	Time: From	Time: To	Total Hours	Payment Rate	Claim Amount
						Totals			

I hereby certify all information provided on this claim to be accurate.

Prepared by: _____ Date: _____
(print name and title)

Approved by: _____ Date: _____
(print name and title)

Page 124 of 555 HTH-2016-62488 S4

MEMORANDUM OF AGREEMENT

Contract Number: 1006.00-MOU-21369

THIS AGREEMENT is dated for reference and made effective the 1st day of April, 2014

BETWEEN:

The Vancouver Island Health Authority

(the "Health Authority")

AND:

Those Members of the Victoria General Hospital Dedicated Obstetrical Anesthesiologist Physician Group who sign this Agreement from time to time

(each member is individually referred to as a "Member of the Physician Group" or "Member" and when acting collectively the Members who are parties to this Agreement are referred to as the "Physician Group" or "Members of the Physician Group")

The Health Authority and the Members of the Physician Group together being referred to herein collectively as the "Parties" and individually as a "Party". In addition, each Member is a Party with respect to the benefits and obligations of the Member under this Agreement.

WITNESSES THAT WHEREAS:

A. The Health Authority and the Physician Group recognize that patient safety and quality of care will be enhanced by having a Dedicated Obstetrical Anesthesia (DOBA) service at Victoria General Hospital (VGH) that is well integrated with, and responsive to, the needs of the Perinatal, Obstetrical and Surgical Services at VGH.

NOW THEREFORE, in consideration of the premises and agreements of the parties are as set out herein, the parties agree to the following:

1. DEFINITIONS

1.1 Words used in this agreement which are defined in the 2012 *Physician Master Agreement* (the "PMA") between the Ministry of Health and BC Medical Association have the meaning used in the PMA unless otherwise defined in this Agreement.

1.2 "This Agreement" means this document including any appendices.

1.3 "Specialist Anesthesiologist" is an anesthesiologist who is a specialist physician holding an FRCP(C) designation from the Royal College of Physicians and Surgeons of Canada.

1.4 "DOBA Anesthesiologist" means each Specialist Anesthesiologist who is either a Member of the Physician Group or who is designated by a Member of the Physician Group who provides services under this Agreement.

1.5 "Locum Anesthesiologist" means each Specialist Anesthesiologist who is approved by the Health Authority under Clause 8.2 to provide DOBA Services.

2. TERM

2.1 Notwithstanding the Reference Date or the date of execution and delivery of this Agreement by any Party, this Agreement shall be for a term from **April 1, 2014 to March 31, 2015** (the "Term").

2.2 This Agreement may be renewed for such period of time and on such terms as the Heath Authority and the Physician Group may mutually agree in writing. If either the Health Authority or the Physician Group wishes to renew this Agreement, it must provide written notice to the other party no later than ninety (90) days prior to the end of the Term and, as soon as practicable thereafter, the Health Authority and the Physician Group will meet to discuss and endeavor to settle in a timely manner the terms of such a renewal.

2.3 Subject to clause 2.2, if the Health Authority and the Physician Group agree to renew the Agreement, then the terms and conditions of this Agreement must remain in effect until a new Agreement is signed and any continuation past the Term is, without prejudice, to issues of retroactivity.

2.4 In the event that notice is given by the Health Authority or the Physician Group in accordance with clause 2.2 above, and if a new agreement is not completed within six (6) months following the end of the Term, this Agreement and any extensions will terminate without further obligation on either Party.

3.0 TERMINATION

3.1 The Health Authority or the Physician Group may terminate this Agreement without cause upon ninety (90) days written notice to the other Party.

3.2 The Health Authority or the Physician Group may terminate this agreement with written notice if the other party breaches a fundamental term of the Agreement.

4.0 SERVICES

4.1 The Members of the Physician Group will provide or provide for the delivery of the following services and deliverables (collectively the "DOBA Services" and individually a "DOBA Service") during the term of this Agreement:

4.1.1 One Specialist Anesthesiologist on site at VGH at all times, 24 hours per day, 7 days per week, 365 days per year (366 days during Leap Years) at the Labour Delivery Room and elsewhere at VGH, as required, for the exclusive provision of DOBA services.

4.1.2 Administration of all ante partum, intra partum and post partum obstetrical analgesia and obstetrical surgical anesthesia requirements, including but not limited to administration of anesthesia for both planned routine and emergent complex and/or high risk surgical / caesarian delivery, and anesthesia for management of postpartum requirements.

4.1.3 Preoperative and post-operative consultation for patients having a planned or emergent Caesarian section.

4.1.4 Administration of acute pain analgesia for medical/surgical patients.

4.1.5 Concurrent teaching, where appropriate, of physicians, patients, nurses, midwives and families.

4.2 The on-site DOBA Anesthesiologist will not accept anesthetic responsibility for patients outside of the Perinatal and Obstetrical Gynecology service at VGH or non-obstetrical cases in the main Operating Rooms at VGH except in cases of imminent risk of patient life and limb and will transfer care without delay upon the arrival of the appropriate on-call anesthesiologist who shall be called-in without delay. The permitted additional service for acute pain services for medical/surgical patients contemplated in clause 4.1.4 and life and limb coverage in this clause shall not impinge on the immediate availability of the on-site DOBA Anesthesiologist to the obstetrical suite.

4.3 In the event where more than one obstetrical patient requires the care of an anesthesiologist, these services will be prioritized according to the professional medical judgment of the on-site DOBA Anesthesiologist, in consultation with the obstetrician on-call and obstetrical nursing staff, and resolution shall ensure patient care quality and safety. If it is determined that a second anesthesiologist is required, such call-in will be made without delay utilizing the appropriate backup on-call anesthesiologist.

4.4 In the event where an obstetrical service is required to be performed in the VGH Main Operating Room ("OR"), the on-site DOBA Anesthesiologist will have full discretion regarding which Specialist Anesthesiologist(s) provides(s) the associated anesthetic care.

5.0 COMPENSATION AND ADMINISTRATION

5.1 The Parties agree that the DOBA Services shall be compensated during the term of this of this Agreement by the sum of:

5.1.1 Fee for Service billings to the Medical Services Plan by the Specialist Anesthesiologists for patient care services provided as part of a DOBA Service; plus,

5.1.2 For the period **April 1, 2014 to March 31, 2015,** a Service Stipend for 24 hour per day DOBA Services paid to the members of the Physician Group monthly at a rate of not more than $900,000 per annum ($75,000 per month) for actual hours worked for provision of the DOBA Services in the previous month as directed by the members of the Physician Group.

5.2 The Members of the Physician Group shall invoice the Health Authority monthly for the Service Stipend, in a form acceptable to the Health Authority, certifying the actual hours the DOBA Services were provided pursuant clause 4 of this Agreement.

5.3 The Health Authority will pay the Service Stipend no later than 30 business days after receipt of the monthly invoice.

6.0 RELATIONSHIP OF THE PARTIES

6.1 The Members of the Physician Group are independent contractors and not the servants, employees, or agents of the Health Authority. No employment relationship is created by this Agreement or by the provision of the DOBA Services to the Health Authority by the Members of the Physician Group or any other Specialist Anesthesiologist under this Agreement.

6.2 Neither the Physician Group nor the Health Authority will in any manner commit or purport to commit the other to the payment of any monies or to the performance of any other duties or responsibilities except as provided for in this Agreement, or as otherwise agreed to in writing between the parties.

7.0 LICENSES AND QUALIFICATIONS

7.1 Each DOBA Anesthesiologist and each Locum Anesthesiologist who provides DOBA Services must be a registered member in good standing with the College of Physicians and Surgeons of British Columbia and must conduct his/her practice of medicine consistent with the conditions of such registration.

7.2 Each DOBA Anesthesiologist and each Locum Anesthesiologist who provide DOBA Services must remain enrolled in the Medical Services Plan.

7.3 Where the facility where the DOBA Services are provided is subject to the *Hospital Act*, all the Specialist Anesthesiologists who provide the DOBA Services on behalf of the Health Authority at the facility must first be credentialed and granted privileges at the facility, and no Specialist Anesthesiologist who provide the DOBA Services who has not been so credentialed or obtained and maintained such privileges, shall be permitted by the Health Authority to perform the DOBA Services.

7.4 The Members of the Physician Group and each Specialist Anesthesiologist who provides DOBA Services must maintain professional malpractice liability coverage with the Canadian Medical Protective Agency, or a comparable plan of insurance.

8.0 SCHEDULING AND LOCUM COVERAGE

8.1 The Physician Group is responsible for scheduling the DOBA Anesthesiologists and Locum Anesthesiologists as necessary, to meet the DOBA Services as set out in clause 4.0 of this Agreement

5.2 The Members of the Physician Group shall invoice the Health Authority monthly for the Service Stipend, in a form acceptable to the Health Authority, certifying the actual hours the DOBA Services were provided pursuant clause 4 of this Agreement.

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8.2 Locum anesthesiologists providing services under this Agreement at VGH (the "Locum Anesthesiologists") are subject to approval by the Health Authority, whose approval will not be unreasonably withheld.

8.3 The Health Authority and the Physician Group shall work collaboratively to create a suitable and comfortable 24/7/365 on-call room for the Specialist Anesthesiologists providing the DOBA Services.

9.0 DISPUTES

9.1 This Agreement is governed by and is to be construed in accordance with the laws of British Columbia.

9.2 All disputes with respect to the interpretation, application, or alleged breach of this Agreement that the parties are unable to resolve informally at the local level, may be referred to mediation on notice by either party to the others, with the assistance of a neutral mediator jointly selected by the parties. If the dispute cannot be settled within thirty (30) days after the mediator has been appointed, or within such other period as agreed to by the parties in writing, the dispute will be referred to arbitration administered pursuant to the *Commercial Arbitration Act*.

9.3 Should the parties be unable to agree on the selection of the mediator or arbitrator within seven (7) days after notice is served by any party seeking the appointment of a mediator or arbitrator, the Chief Justice of the Supreme Court of British Columbia will be asked to appoint the mediator or arbitrator.

9.4 Upon agreement of both parties, the dispute may bypass the mediation step and be referred directly to arbitration.

10.0 AMENDMENT

10.1 This Agreement must not be amended except by written agreement of both Parties.

11.0 APPLICABILITY OF PROVINCIAL CHANGES

11.1 This Agreement is made without prejudice to any changes negotiated by the Ministry of Health and BC Medical Association to the Medical Services Plan (MSP) fee schedule respecting obstetrical or epidural anesthesia services, or any provincial agreement negotiated by the Ministry of Health and BC Medical Association respecting compensation, terms and conditions for DOBA Services.

11.2 The Parties acknowledge that the Ministry of Health has committed to continue the current epidural fee rates for the VGH anesthesia physician group beyond March 31, 2014, and for the term of this Agreement.

IN WITNESS WHEREOF, the parties have executed this Memorandum of Agreement by or in the presence of their respective duly authorized signatories as of the 15 day of May 2014.

For the Health Authority:

Dr. Jatinder (Taj) Baidwan
Executive Vice President & Chief Medical Officer

Kim Kerrone
Vice President & Chief Financial Officer

For the Physician Group:

SIGNED AND DELIVERED by each member of the Physician Group

Dr. Ian Courtice MD Inc.	MSP# 1571	Dr. Terence P. Murphy Inc.	MSP#24729
Larry T. Dallen MD Inc.	MSP# 2243	Vidon 1 Medical Inc. (Dr. Carol Pattee)	MSP# 25411
William J. Davis Medical Services Inc.	MSP# 1933	Lorne David Poryako MD Inc.	MSP# 24353
Peter Gordon Duncan MD Inc.	MSP# 5332	Dr. Leo Quon and Dr. Naomi Hwang Inc.	MSP# 27449
Dr. Carl C.P. Leipoldt	MSP#6625	Dr. Timothy W. Reif MD Inc.	MSP# 06036

Thomas S. Ruta MD Inc.	MSP# 09478	Dr. DHM Sweeney Inc.	MSP# 63824
Dr. G. Salsford Inc.	MSP# 24757	Wei-Shuen Tan MD Inc.	MSP# 63217
Lorne A. Shaw MD Inc.	MSP# 60906	S &C Vuksic MD's Inc.	MSP# 65172
Dr. Carmel Shennan Inc.	MSP# 24314	Dr. J. Anne Webster Incorporated	MSP# 08548
Dr. Kim Stevenson Inc.	MSP# 27090	Gordon Wood MD Inc.	MSP# 25621

Dr. Jacques Smit Inc. 24407

Dr. P. Gus Chan 23069

Dr. T. Herrmann Inc 09606

DRAFT

Vivian Giglio
Fraser Health Authority

Dear Vivian

RE: APP Funding To Support Surrey Memorial Hospital

In response to your request for the Ministry of Health to commit to provide increased funding support under the Alternative Payments Program (APP) to support the scheduled opening the Ministry is prepared to offer the following funding commitments:

- Up to $295,638 to fund additional MFM physician services on a contract basis to support the scheduled opening of the new facility. This raises the Ministry's existing APP contract funding for MFM services for Fraser Health from $1,415,445 to $1,711,083 per annum.
- Up to $253,670 to fund additional Neonatologist physicians services on a contract basis to support the scheduled opening of the new facility. The raises the Ministry's APP contract funding for Neonatologist services for Fraser Health from $2,029,416 to $2,283,086 per annum.
- Up to $1,118,140 to fund additional Clinical Associate physician services on a contract basis to support the scheduled opening of the new facility.

These funding commitments are being provided to support Fraser Health's opening of this new facility in the 2014-15 fiscal year. However, the Ministry has a number of outstanding questions relating to these funding arrangements as follows.

- The Ministry would like to understand the number of Neonatologists being requested by Fraser Health Authority when Victoria General Hospital is able to operate with a lower number of neonatologists per L3 bed and when it is not clear on the number of high risk deliveries to be performed at Surrey Memorial hospital and at Royal Columbian Hospital.
- The Ministry would also like to understand why it is necessary to engage Clinical Associate services for the NICU on a contract basis instead of a Fee For Service basis.
- The Ministry would also like to further information regarding the need for the number of MFM physicians being requested.

To assist Fraser Health and the Ministry of Health arrive at a confident understanding of the physician resources required to effectively and efficiently operate this new facility, the Ministry will require that Fraser Health Authority instruct all Neonatologists, Clinical Associates and MFM physicians to bill the Fee For Service system for services they provide to patients at either Surrey Memorial Hospital or at Royal Columbian Hospital and assign those billings to a common payee number to be prescribed by the Ministry to help support the cost of these services.

The Ministry has been able to make the increased funding commitments identified in this letter from currently unused funds associated with tentatively planned, APP funding commitments of $293,830 for Palliative Care services at Surrey Memorial Hospital and Royal Columbian Hospital s.17
s.17 The Ministry is hopeful that it will be able to announce an opportunity for health authorities to apply for increased APP funding during the next fiscal year. At that time, Fraser Health would be able to apply for additional APP funding to restore whichever of the unused funding sources are used to redirect towards the priority commitments.

If you should have any questions on this matter please contact John English, Director Physician Compensation, Ministry of Health at 250-952-3674.

Sincerely,

T. Patterson,
ADM, Ministry of Health

cc. M. Sidhu, ADM, Ministry of Health
D. Hughes, ADM, Ministry of Health

N. Murray, CEO, Fraser Health
A. Webb, VP Medicine, Fraser Health

R. Frechette, Executive Director
J. English, Director

Mildenberger, Hana S HLTH:EX

From: English, John HLTH:EX
Sent: Tuesday, June 21, 2016 4:08 PM
To: Mildenberger, Hana S HLTH:EX
Subject: FW: DOBA
Attachments: MoHS Est of ANAESTHESIA funding at BC WOMEN'S HOSPITAL Jan 24 -11 (v-3) .doc

FOI request

E mail plus attachement

From: English, John HLTH:EX
Sent: Wednesday, March 30, 2016 5:00 PM
To: Ty, Marie HLTH:EX
Subject: DOBA

Hi Marie.

Yesterday you asked whether the DOBA contract at Victoria General Hospital permits the docs to bill FFS as well as being paid under the DOBA contract. The short answer is yes it does.

How And Why Did This Happen?

The DOBA contract was developed / negotiated in order to secure reliable, assured access to anaesthesia services in 3 high volume delivery sites:

BC Womens Hospital pays their anaesthetists an estimated $438,164 / FTE or **$260.81 / hr** for providing obstetrical anaesthesia services. (refer to attached document) This is approximately 25% higher than the PMA range maximum for other anaesthetists in the province.

s.17

We are planning to review the income levels of the anaesthetists who work under the DOBA contract at Victoria General Hospital **($102.74 / hr plus FFS)** to compare it to other groups such as the BC Women's Anaesthesia group **($260.81 / hr with no FFS)**.

s.17

Hope this background helps.

John

Mildenberger, Hana S HLTH:EX

From: English, John HLTH:EX
Sent: Tuesday, June 21, 2016 3:02 PM
To: Mildenberger, Hana S HLTH:EX
Subject: FW: FHA

FOI request

From: English, John HLTH:EX
Sent: Monday, November 30, 2015 4:33 PM
To: Pittman, Abigail HLTH:EX
Cc: Donkersloot, Timothy HLTH:EX
Subject: FHA

Hi Abbi.

Do you recall us holding Monies for DOBA for FHA? My recollection is that we did hold APP monies to support DOBA agreements at Surrey and at Royal Columbian. However FHA was never able to conclude DOBA contracts so they applied the APP monies previously notionally committed to DOBA to support the expansion of physician services associated with the expansion of Surrey Memorial Hospital.

Is your recollection the same as mine?

Please advise.

Thanks

John

Page 138 to/à Page 145

Withheld pursuant to/removed as

DUPLICATE

Mildenberger, Hana S HLTH:EX

From: English, John HLTH:EX
Sent: Tuesday, June 21, 2016 3:52 PM
To: Mildenberger, Hana S HLTH:EX
Subject: FW: DOBA

FOI request

From: Frechette, Rod HLTH:EX
Sent: Monday, February 16, 2015 12:15 PM
To: Patterson, Ted HLTH:EX; English, John HLTH:EX
Subject: RE: DOBA

I've got something that I will bring to our 3:00pm today.

From: Patterson, Ted HLTH:EX
Sent: Monday, February 16, 2015 11:31 AM
To: Frechette, Rod HLTH:EX; English, John HLTH:EX
Subject: DOBA

Hi guys,

Do either of you have some material that would provide background on BCAS' views around DOBA (including what sites around the province, etc)?

T

Watt, Rebecca HLTH:EX

From: Watt, Rebecca HLTH:EX
Sent: Wednesday, January 7, 2015 1:59 PM
To: Pittman, Abigail HLTH:EX
Subject: FW: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7
Attachments: Terms of Reference for External Review of Fraser Health Tertiary Perinat .docx

Importance: High

Hi Abbi,

The update from FHA regarding DOBA was that the anesthesiologist have been directed by BCAS not to negotiate with FHA. Also, I heard that the VGH DOBA anesthesiologists did re-sign their contracts with VIHA (I'll follow-up with Liz on this one), though they will/have continue to provide the same level of service. Thus, FHA sees this as a provincial issue and that there is no mechanism to resolve the issue. In any case, Vivian committed to raise the issue and potential options with Michael Marchbank (new CEO) very soon.

In the meantime, FHA reported that they are making progress on other aspects of the tertiary perinatal plan – as described below in Loraine Jenkin's email.

In addition, as also mentioned below, an external review of FHA tertiary perinatal services was recently completed. Attached is the TOR for said review. Incidentally, an external review of obstetrical services (along with a pediatric services review – but excluding neonatology services) was conducted in 2009. If you happen to need some history/context, I have a working file from that time that I'm happy to share.

Rebecca Watt, MPA | Senior Manager, Physician Compensation | Negotiations & Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 3346

Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.

From: John, Rebecca HLTH:EX
Sent: Wednesday, January 7, 2015 1:14 PM
To: Watt, Rebecca HLTH:EX
Subject: FW: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7
Importance: High

Sorry, didn't get this to y ou...

From: Jenkins, Loraine [mailto:Loraine.Jenkins@fraserhealth.ca]
Sent: Monday, January 5, 2015 4:06 PM
To: John, Rebecca HLTH:EX
Cc: [PHSA] Gray, Sylvia; 'Williams, Kim'; XT:HLTH Giglio, Vivian HLTH:IN
Subject: RE: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7
Importance: High

Hi Rebecca,
Happy New Year!
Here is a quick e-mail update.

Currently we have recruited 3 new OB's (one will replace one of our retiring OB's) and will be interviewing this month for 4 more OB's. We have a number of good candidates. Work continues around the 2 on call model for OB and with the new hires, those details for the high risk call group will be worked out. Our local medical leadership at SMH will be changing at the end of March as s.22 We will be looking to hire a new leader for the SMH unit locally and I am sure we will be successful in finding a physician to fill the position. Our MFM's are taking a lead role with our Program Medical Director in grand rounds and other educational activities for High Risk Tertiary care.
We have completed an external review for Tertiary Perinatal for Royal Columbian and Surrey Memorial Maternity units (Dr. Geoff Cundiff from UBC and Dr. Doug Wilson from Alberta Health Services, both experts in the field) I have attached the terms of reference. We are waiting for the draft version of the report with recommendations. We do have high risk antepartum patients in the unit.
For NICU we have hired Clinical Associates and we are working out the details on their roles and how we will bring them into the service to support the increasing beds and will continue to recruit.
I am working on a refresh of the SMH plan now that everyone is back to work after the holidays.

Best regards
Loraine

From: John, Rebecca HLTH:EX [mailto:Rebecca.John@gov.bc.ca]
Sent: Monday, January 05, 2015 11:52 AM
To: Jenkins, Loraine
Cc: [PHSA] Gray, Sylvia; Williams, Kim
Subject: RE: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7

Hi Loraine, happy new year to you! (and to you too Kim and Sylvia!)

Thought I should check in before the Wed call on SMH NICU services.

Last time we talked, you were going to work on a refresh of the overall SMH implementation plan, explaining any revised timing and staging. Not sure if you've been able to get to this, but I imagine you were needing to talk to Vivian about that as well.

Also, last call, Kim asked about the development of a high risk call group and where that work is, and whether the new OB recruits are going to be approached re: taking mum's <30 weeks.
DOBA and occupancy rate issues should be part of our discussion as well.
Look forward to the call.

Thanks very much,
Rebecca

Watt, Rebecca HLTH:EX

From: Watt, Rebecca HLTH:EX
Sent: Thursday, January 8, 2015 2:31 PM
To: John, Rebecca HLTH:EX
Subject: RE: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7

No worries. I can pop by your office with the file in a few minutes.

From: John, Rebecca HLTH:EX
Sent: Thursday, January 8, 2015 1:24 PM
To: Watt, Rebecca HLTH:EX
Subject: RE: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7

Hi Rebecca....sorry, have had email troubles so haven't been able to get back to you.
Yes, that would be great If you could share these reports, we seem to have a draft of the FHA 2009 one but you may have something more final.
Thanks, R

From: Watt, Rebecca HLTH:EX
Sent: Wednesday, January 7, 2015 1:42 PM
To: John, Rebecca HLTH:EX
Subject: RE: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7

No worries. I'll forward your email to Abbi in case there are implications for her contracts with FHA.

Speaking of reviews... I have a copy of FHA's external service review of acute obstetrics from 2009, as well as my working file documents from that time. If you would like, I can drop by the file and you can peruse it and make copies. (I don't think that I have any of these documents available as e-copies.)

Also, do you have a copy of The Canadian Neonatal Network Annual Report (2013)? If not, I can send you an e-copy.

From: John, Rebecca HLTH:EX
Sent: Wednesday, January 7, 2015 1:14 PM
To: Watt, Rebecca HLTH:EX
Subject: FW: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7
Importance: High

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Cc: [PHSA] Gray, Sylvia; Williams, Kim
Subject: RE: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7

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Sent: Monday, January 5, 2015 4:06 PM
To: John, Rebecca HLTH:EX
Cc: [PHSA] Gray, Sylvia; 'Williams, Kim'; XT:HLTH Giglio, Vivian HLTH:IN
Subject: RE: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7
Importance: High

Hi Rebecca,
Happy New Year!
Here is a quick e-mail update.

Currently we have recruited 3 new OB's (one will replace one of our retiring OB's) and will be interviewing this month for 4 more OB's. We have a number of good candidates. Work continues around the 2 on call model for OB and with the new hires, those details for the high risk call group will be worked out. Our local medical leadership at SMH will be changing at the end of March as s.22 We will be looking to hire a new leader for the SMH unit locally and I am sure we will be successful in finding a physician to fill the position. Our MFM's are taking a lead role with our Program Medical Director in grand rounds and other educational activities for High Risk Tertiary care.
We have completed an external review for Tertiary Perinatal for Royal Columbian and Surrey Memorial Maternity units (Dr. Geoff Cundiff from UBC and Dr. Doug Wilson from Alberta Health Services, both experts in the field) I have attached the terms of reference. We are waiting for the draft version of the report with recommendations. We do have high risk antepartum patients in the unit.
For NICU we have hired Clinical Associates and we are working out the details on their roles and how we will bring them into the service to support the increasing beds and will continue to recruit.
I am working on a refresh of the SMH plan now that everyone is back to work after the holidays.

Best regards
Loraine

From: John, Rebecca HLTH:EX [mailto:Rebecca.John@gov.bc.ca]
Sent: Monday, January 05, 2015 11:52 AM
To: Jenkins, Loraine
Cc: [PHSA] Gray, Sylvia; Williams, Kim
Subject: RE: Tertiary Perinatal Services FH Steering Cte. Mtg. / Wednesday, January 7

Hi Loraine, happy new year to you! (and to you too Kim and Sylvia!)

Thought I should check in before the Wed call on SMH NICU services.

Last time we talked, you were going to work on a refresh of the overall SMH implementation plan, explaining any revised timing and staging. Not sure if you've been able to get to this, but I imagine you were needing to talk to Vivian about that as well.

Also, last call, Kim asked about the development of a high risk call group and where that work is, and whether the new OB recruits are going to be approached re: taking mum's <30 weeks.
DOBA and occupancy rate issues should be part of our discussion as well.
Look forward to the call.

Thanks very much,
Rebecca

fraserhealth

Terms of Reference for External Review of Fraser Health Tertiary Perinatal Care

Background: Fraser Health Authority (FHA) extends from Boundary Road to the Fraser Canyon, and with a population of approximately 1.6 million people, is the largest Health Authority in British Columbia. The population of FHA has grown dramatically over the past decade and it continues to grow more rapidly than in any other Health Authority; currently FHA has 25% of the population and 40% of the births in BC. Although significant investment is being made by the Ministry of Health in FHA, the challenges of meeting the increasing healthcare needs of FHA are considerable.

Perinatal care is being provided at 8 hospital sites, and Level III Obstetric and Neonatal care has been provided by Royal Columbian Hospital (RCH) for the past 20 years. RCH is currently designated as the referral center for Tertiary Perinatal care for FHA. It is also the designated Obstetric referral center for major trauma, neurosurgery, surgery, cardiac care, and interventional radiology for FHA. Surrey Memorial Hospital (SMH) has been the center that has primarily managed a high volume, low risk Perinatal Program.

In 2002 SMH was identified as a potential Level III Perinatal Center. There have been several attempts in the intervening period to develop the tertiary capacity and functionality at SMH. However there have been ongoing challenges to our program with both the number of maternal beds and the development of a Level III NICU at SMH. Due to the rapid growth in population, SMH is now undergoing a major expansion in beds and critical care services.

In addition to developing a Tertiary Perinatal function at SMH, there is also an expectation from the Ministry and the University of British Columbia that SMH become an Academic Centre and function similarly to a traditional university-based hospital. This would mean providing the highest level of care to patients, and developing an active Teaching and Research component to all its local departments. However, SMH lacks the infrastructure of residents, fellows, research assistants and other personnel that accumulate over many decades of gradual growth.

NB: Documentation from previous reviews of the model of care at SMH will be provided for further background.

Review Purpose:
FHA requires expert review and recommendations to help guide the further development of the Tertiary Perinatal Program:

1) The current functioning of both the SMH and RCH Perinatal Program will be evaluated in relation to medical specialists, medical and operational leadership structures to support Tertiary care, and a standard of care management that is consistent to a Level III provincial and regional academic center. This evaluation

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will include the current physician model of care, and will identify any changes required to ensure the successful development of tertiary capacity and functionality for the RCH/SMH program in relation to the needs of the broader FHA perinatal patients and program.

2) Gaps and issues related to model of care, resources, and culture at both sites will be identified, particularly as these pertain to quality of care and tertiary care capabilities.

3) Recommendations will be made to address existing issues and gaps, and to develop a unified Tertiary Perinatal Program (two sites one program model) to meet the anticipated needs of FHA over the next decade.

Review parameters:

1. Review the current state at RCH and SMH for both Basic and Tertiary Perinatal care management, with evaluation of outcomes and complications. This review will include information from the FHA Perinatal Trigger Tool process and data, PSLS data, especially level 3-5 harm events, complaints and compliments, patient safety culture survey results, MORE OB reports, chart reviews and other documents as appropriate. (FHA to provide documents as deemed appropriate to reviewers)

2. Articulate findings for Basic and Tertiary Model of Perinatal Care, to include:
   - Quality and safety practices and activities related to perinatal outcomes and statistics, including participation in activities with the local multidisciplinary team, and physician performance review processes at the sites and within FHA.
   - Medical and clinical leadership expectations and performance
   - Assessment of skills and training necessary for tertiary care, including specific certification and credentialing requirements.
   - Current function of the multidisciplinary team in Level 3 perinatal care management. This would include; the ability to anticipate, recognize, and respond to perinatal emergencies, and timing and access to support for emergent OR and critical care services.
   - Models of care management including: Handover, MRP, Management of high risk antenatal and postpartum patients, Communication, assessment, and documentation practices,
   - Access to, and collaboration with, the subspecialties of neonatology and maternal fetal medicine, and partnership with specialists in other care areas (i.e. ICU, OR, ER)
   - Care planning and management for complex patients being discharged to the community

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- The participation in non-clinical activities by physicians working within our Tertiary sites including teaching, regional quality initiatives, administration, research, and leading of education and conferences
- The current teaching of medical students, residents, and fellows at each site
  - The role of research at both SMH and RCH
  - Reviewer perspectives /insights into Culture and Team Dynamics within the unit – as demonstrated by culture survey results, chart reviews, and staff, physician and other Health Care providers interview information.

3. Articulate requirements/ expectations for Basic and Tertiary Model of Perinatal Care, and identify gaps and make recommendations for mitigation of gaps for the successful expansion of the Tertiary Perinatal Care for FHA at SMH and RCH.

4. Reports:

- Reviewers to provide a draft report by October 31st, 2014 with recommendations to support full implementation of the Tertiary Perinatal Services in FHA.
- Reviewers to provide a final report by first week of December 2014.

Mildenberger, Hana S HLTH:EX

From: Pittman, Abigail HLTH:EX
Sent: Thursday, November 20, 2014 9:30 AM
To: XT:HLTH Sandhu, Jag
Cc: Turner, John HLTH:EX
Subject: Re: Proposals in play

Hi Jag,
I thought I would summarized the outstanding proposals and required information based on our conversation yesterday.

1. Palliative Care:
    a. FHA has a contract draft. Review is underway.

2. NICU:
    a. Clinical Associates (New Contract Development):
        i. Identify which priority this supports and q quick blurb on how this scope contributes.
        ii. Identify 2-3 deliverables that are scope related and measurable (eg. have targets)
        iii. Identify proposed practice category (ies) and range %
        iv. Identify FTE definition
        v. Clearly detail services
        vi. Identify proposed annual APP commitment

    b. Neonatologists (Amendment to current contract):
        i. Proposal is to adjust the FTE definition. Please propose a number.
        ii. Identify 2-3 deliverables that are scope related and measurable (eg. have targets).

3. Critical Care:
    a. Clinical Associates (New Contract Development):
        i. Specialists (20%):
            1. Identify which priority this supports and q quick blurb on how this scope contributes.
            2. Identify 2-3 deliverables that are scope related and measurable (eg. have targets)
            s.13
            4. Identify FTE definition
            5. Clearly detail services
            6. Identify proposed annual APP commitment
        ii. 4th Year Residents (80%):
            1. Identify which priority this supports and q quick blurb on how this scope contributes.
            2. Identify 2-3 deliverables that are scope related and measurable (eg. have targets)
            s.13
            4. Identify FTE definition
            5. Clearly detail services
            6. Identify proposed annual APP commitment

4. Cardiac Surgery Triage Service (New Contract Development):
    s.13
        i. Identify how this related to the critical care shortfall and provide the information requested in Ted's letter.
        ii. s.13

        iii. Commitment details for contract formation:
            1. Identify which priority this supports and q quick blurb on how this scope contributes.
            2. Identify 2-3 deliverables that are scope related and measurable (eg. have targets)

s.13

4. Identify FTE definition
5. Clearly detail services
6. Identify proposed annual APP commitment

Please let me know if I have missed anything. As discussed, you can put all this information into an email (preferably one per scope) no need to fill out the application form for each. This way it will allow for a quicker review turnaround.
Thanks
Abbi

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health
3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca

Mildenberger, Hana S HLTH:EX

From:	Pittman, Abigail HLTH:EX
Sent:	Monday, November 17, 2014 3:50 PM
To:	XT:HLTH Sandhu, Jag; Koe, Catherine
Cc:	Turner, John HLTH:EX
Subject:	RE: DRAFT FHA 2014-15 Expenditure Plan
Attachments:	FHA Expenditure Plan 2014-15 - Final- sent Nov 17_2014.pdf; FHA Expenditure Plan 2014-15 - Final- sent Nov 17_2014.xlsx

Hi Jag and Cathy,
Here are the final (both PDF and Excel) versions of the approved 2014-15 expenditure plan.
Thanks
Abbi

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health
3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca

From: Sandhu, Jag [mailto:Jag.Sandhu@fraserhealth.ca]
Sent: Friday, November 14, 2014 9:27 AM
To: Pittman, Abigail HLTH:EX; Koe, Catherine
Cc: Turner, John HLTH:EX
Subject: RE: DRAFT FHA 2014-15 Expenditure Plan

Hi Abbi,

We agree with your changes and you make finalize. Many thanks, Jag

---

From: Pittman, Abigail HLTH:EX [mailto:Abigail.Pittman@gov.bc.ca]
Sent: Monday, November 10, 2014 2:57 PM
To: Sandhu, Jag; Koe, Catherine
Cc: Turner, John HLTH:EX
Subject: DRAFT FHA 2014-15 Expenditure Plan

Hi Jag and Cathy,
Attached is the draft of the 2014/15 Expenditure Plan. I have made some revisions from the drafts that were sent into the Ministry so please review and once we have agreement, I will issue a final version.

1. 2014/15 Funding Plan Amount Adjustments:
    a. As per my email on October 20, 2014:
        i. Critical Care Proposal Clinical Associates – we would be happy to move forward into contract negotiations on this proposal. Once the contract is executed we will move the $ from the appropriate unallocated line item to an approved line item related to this service.
        ii. Proposal to allocate any unallocated to support hospitalist costs: We are not supportive of committing APP funding to hospitalist contracts at this time. I have therefore removed the note related to this item from the draft plan.
        iii. Proposal to increase the FTE for the MFM LQA – we would be happy to move forward into contract negotiations on this proposal and would like to review this opportunity to align this contract with the other perinatology contract. This line item has been approved and we will move forward to amend the contract.
    b. The "Total" lines at the bottom have been adjusted and do not reflect the DOBA commitment at this time. Once we are further along in the negotiations of the use of that funding we can adjust accordingly.

c. The Thoracic rate adjustment funding is as follows:
    i. For 3.0 FTE - $128,919 was allocated from the APC Committee to bring the rate up to $626,101.
    ii. For the other 1.0 FTE - $42,973 was allocated from APP since the approval of the additional FTE took place prior to the APC rate adjustment.

2. Revised 2014-15 Full Year Expenditure Forecast at Q2:
    a. The "Total" lines at the bottom have been adjusted and do not reflect the DOBA commitment at this time. Once we are further along in the negotiations of the use of that funding we can adjust accordingly.
    b. I have added the $583,128 you forecasted as $ for fourth FTE for Thoracic to the Thoracic Surgery line. We should review the amount forecasted given the rate increase as it most likely will need adjusting as well.

Please review and I'd be happy to discuss so we can finalize the plan.

Thanks
Abbi

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health
3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca

APP Contract Description	Key	Contract Type (Top Up)	Location	Practice Category	2013-14 APP Final Forecast ($)	2014-15 Funding Plan Amount ($)	Approved and Sent to Finance Y or N	Revised 2014-15 Full Year Expenditure Forecast at Q2 ($)	Revised 2014-15 Full Year Expenditure Forecast at Q3 ($)	Revised 2014-15 Full Year Expenditure Forecast at Period 13 ($)	Explanation of Alignment with MoH Strategic Priorities & Performance Expectations
s.17											
OCBA (per March 2014 Ruling letter regarding Critical Care Tower)						1,800,000	N	1,900,000			
s.17											

[1] Approved through the Annual Selection Process effective October 1, 2013

[2] Approved through the Annual Selection Process effective November 1, 2010 as per contract. FTE rate is $231,324 for 1650-1750 hours of service expected per FTE and FTE rate is $215,236 for 1551-1650 hours.

[3] $217,304 = 0.6 FTE from "Additional funds for allied practitioners per PSSAC Decision of October 11, 2007" and $56,556 = 1.0 FTE from APP enrollment/placement commitments

[4] The 320.88 = 0.15 FTE Pathologist – North Fraser transfer to South Fraser. Effective April 1, 2013

[5] Genetics – South Fraser moving 0.05 GP CTE to North Fraser 0.03 GP FTE to sharp funding data. Effective April 1, 2013

[6] GP registered with Specialist Billing Code 17A, 002. Decreased 1.0 FTE to 0.00 FTE to reverse funding data. Effective date May 1, 2013

[7] Approval in principle [8] Genetics – South Fraser to North Fraser

[9] Approved through the 2014 APP Application Process effective April 1, 2014

[10] Thoracic Surgery FTE rate was revised to $231,324 as per the May 12, 2014 APC Contract Decision, a letter dt of 15 Oct was issued to the contractor for 3.0 FTEs @ 75% of the 1314 (0.14 increase + 0.2%) bringing the new rate to 975% FTE. Additionally $58,125 (non-insured) has been paid for additional 1.0 FTE effective April 1, 2014. APP voted in additional $42,975 Ltd. waiting for the remaining 0.25 FTEs. Note: The 2014-15 is not reflected in the funding plan, consistent with all other rates and will need to be added at a later date.

Mildenberger, Hana S HLTH:EX

From: Turner, John HLTH:EX
Sent: Monday, November 10, 2014 2:20 PM
To: Pittman, Abigail HLTH:EX
Subject: RE: FHA 2014_15 DRAFT - Expenditure Plan

Hi Abbi,

Can't think of anything missing from the plan. Is FH still funding Thoracics at the old rate?

John

From: Pittman, Abigail HLTH:EX
Sent: Monday, November 10, 2014 2:05 PM
To: Turner, John HLTH:EX
Subject: FHA 2014_15 DRAFT - Expenditure Plan

Hi John,
Can you take a quick look at this? Let me know if I am missing anything ☺ I would like to send it out to FHA today if possible.

Hi Jag and Cathy,
Attached is the draft of the 2014/15 Expenditure Plan. I have made some revisions from the drafts that were sent into the Ministry so please review and once we have agreement, I will issue a final version.

1. 2014/15 Funding Plan Amount Adjustments:
    a. As per my email on October 20, 2014:
        i. Critical Care Proposal Clinical Associates – we would be happy to move forward into contract negotiations on this proposal. Once the contract is executed we will move the $ from the appropriate unallocated line item to an approved line item related to this service.
        ii. Proposal to allocate any unallocated to support hospitalist costs: We are <u>not</u> supportive of committing APP funding to hospitalist contracts at this time. I have therefore removed the note related to this item from the draft plan.
        iii. Proposal to increase the FTE for the MFM LOA – we would be happy to move forward into contract negotiations on this proposal and would like to review this opportunity to align this contract with the other perinatology contract. This line item has been approved and we will move forward to amend the contract.
    b. The "Total" lines at the bottom have been adjusted and do not reflect the DOBA commitment at this time. Once we are further along in the negotiations of the use of that funding we can adjust accordingly.
    c. The Thoracic rate adjustment funding is as follows:
        i. For 3.0 FTE - $128,919 was allocated from the APC Committee to bring the rate up to $626,101.
        ii. For the other 1.0 FTE - $42,973 was allocated from APP since the approval of the additional FTE took place prior to the APC rate adjustment.

2. Revised 2014-15 Full Year Expenditure Forecast at Q2:
    a. The "Total" lines at the bottom have been adjusted and do not reflect the DOBA commitment at this time. Once we are further along in the negotiations of the use of that funding we can adjust accordingly.
    b. I have added the $583,128 you forecasted as $ for fourth FTE for Thoracic to the Thoracic Surgery line.

Please review and I'd be happy to discuss so we can finalize the plan.

Thanks
Abbi

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health
3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca

From: Watt, Rebecca HLTH:EX
To: Clarke, Ryan D HLTH:EX
Subject: FW: Need for FFS Data for OB Anesthesia Contract - Problem
Date: Thursday, February 26, 2015 11:43:00 AM

Rebecca Watt, MPA | Senior Manager, Physician Compensation | Negotiations & Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 3346

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From: Watt, Rebecca HLTH:EX
Sent: Monday, January 5, 2015 12:00 PM
To: Provost, Angela HLTH:EX
Subject: FW: Need for FFS Data for OB Anesthesia Contract - Problem

Hi Angela,

I'm not sure of the context of John's recent OMNI-related request... But, back in October he had requested FFS data of the VIHA and SMH obstetrical anesthesiologists. I had asked Christina to get the data from upstairs (see link below), but I don't believe any further analysis was conducted on the data.

Perhaps we can chat more when we meet at 2:00 this afternoon.

Rebecca Watt, MPA | Senior Manager, Physician Compensation | Negotiations & Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 3346

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From: Cook, Christina HLTH:EX
Sent: Tuesday, October 28, 2014 11:02 AM
To: Watt, Rebecca HLTH:EX
Subject: FW: Need for FFS Data for OB Anesthesia Contract - Problem

I have saved the report here:

s.15

Christina Cook | Compensation Analyst | Physician Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 1121

From: Lam, Paul HLTH:EX
Sent: Tuesday, October 28, 2014 9:58 AM
To: Cook, Christina HLTH:EX
Cc: Hsieh, Shelley HLTH:EX; Watt, Rebecca HLTH:EX; Redmond, Jackie M HLTH:EX
Subject: RE: Need for FFS Data for OB Anesthesia Contract - Problem

Hi Christina,

As requested we have completed the extract and saved in the following secured dropbox:

s.15

Once you retrieve the file please remember to remove the subdirectory.

As confirmed by Rebecca the report contains Confidential data and is for Internal Used only.

Thank you

Paul Lam
Medical Services Information Support | Data Verification & Decision Support | Business Analytics Strategies & Operations Branch |
Health Sector Planning and Innovation Division | **Ministry of Health**
Phone: 250-952-1418 | 7th Floor 1515 Blanshard St. Victoria, BC V8W3C8

From: Cook, Christina HLTH:EX
Sent: Wednesday, October 22, 2014 10:33 AM
To: Lam, Paul HLTH:EX
Cc: Hsieh, Shelley HLTH:EX
Subject: RE: Need for FFS Data for OB Anesthesia Contract - Problem

Hi Paul

The form doesn't allow the user to 'select' the options in the boxes provided – it's not a true 'Form' in MSWORD. So, what I did was delete the options I didn't want. However I notice now that I've included some options I don't need.. So I have made those changes to the forms and attached them here.

Thanks again!

Christina Cook | Compensation Analyst | Physician Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 1121

From: Lam, Paul HLTH:EX
Sent: Wednesday, October 22, 2014 10:27 AM
To: Cook, Christina HLTH:EX
Cc: Hsieh, Shelley HLTH:EX
Subject: RE: Need for FFS Data for OB Anesthesia Contract - Problem

Hi Christina,

In both request forms you did not select

- what `DATA COLUMNS REQUIRED`
- what `CLAIM TYPE` -- in this case I will suggest MM, MB, and MN.

Can you please send us the update forms.

Thank you.

Paul Lam

Medical Services Information Support | Data Verification & Decision Support | Business Analytics Strategies & Operations Branch |
Health Sector Planning and Innovation Division | **Ministry of Health**
Phone: 250-952-1418 | 7th Floor 1515 Blanshard St. Victoria, BC V8W3C8

From: Cook, Christina HLTH:EX
Sent: Tuesday, October 21, 2014 12:17 PM
To: Lam, Paul HLTH:EX
Subject: RE: Need for FFS Data for OB Anesthesia Contract - Problem

Hi again Paul

I have a list of physicians providing anaesthesia services at Surrey Memorial Hospital. Let's run the data on these practitioners only. I have modified the data request attached.

Thank you!

Christina Cook | Compensation Analyst | Physician Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 1121

From: Cook, Christina HLTH:EX
Sent: Tuesday, October 21, 2014 10:55 AM
To: Lam, Paul HLTH:EX
Subject: FW: Need for FFS Data for OB Anesthesia Contract - Problem
Importance: High

Paul, please see below. Rebecca has some ideas on how to define our request a bit better. Will this help?

Please let me know if this is doable and what a turnaround time might be. I will follow up on physician names for the Surrey Hospital.

Christina Cook | Compensation Analyst | Physician Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 1121

From: Watt, Rebecca HLTH:EX
Sent: Monday, October 20, 2014 9:33 AM
To: Cook, Christina HLTH:EX
Subject: RE: Need for FFS Data for OB Anesthesia Contract - Problem

Hi Christina,

Here are my thoughts...

1. For SMH and VGH, could the queries specify "I" (hospital inpatient) for Service Location Code? This would limit the amount of services reported to only inpatients. I would think that it not likely that OB anesthesia epidurals are being performed outside of hospitals.

2. Regarding OB anesthesia services at VGH, those services could be provided at other hospitals. But, it is most likely that the physicians who are funded through the DOBA agreement are performing most of their OB anesthesia services at VGH – because VGH is the designated birth delivery hospital in this region. I suggest that we just add a footnote to the data report to recognize that there may be some services (though I suspect nominal) that were performed outside of VGH.

3. For the anesthesiologists at SMH, perhaps Abbi could be of assistance here and get us a list of the physicians from FHA.

4. Regarding our need for the data asap, I understand that would be challenging for anyone. If Paul could provide an estimate that would be helpful. Then, I can advise John. Also, one option is just to focus on what is do-able, such as the VGH data.

Hope this helps,
Rebecca

Rebecca Watt, MPA | Senior Manager, Physician Compensation | Negotiations & Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 3346

From: Cook, Christina HLTH:EX
Sent: Friday, October 17, 2014 6:01 PM
To: Watt, Rebecca HLTH:EX
Subject: FW: Need for FFS Data for OB Anesthesia Contract - Problem

Just spoke to Paul Lam.

He reminded me that we run the risk of returning ALL billings from ANY location since we do not have payee numbers to specify VGH or Surrey Memorial Hosp.

He reminded me that facility number (hospital number) is not a required field in Teleplan and is more than likely not entered in the record.

Our request for Surrey will return all Obs anasthesia fee items billed by anyone, anywhere because we are not able to provide a specific payee number or a list of practitioners. The request for VGH will return all Obs anasthesia fee items billed by the docs we included on the list regardless of what hospital they did the work.

He also indicated that until we can provide this clarity he won't delegate the job. He also said that a 1 week turn around time would be near impossible.

Christina Cook | Compensation Analyst | Physician Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 1121

From: Cook, Christina HLTH:EX
Sent: Friday, October 17, 2014 5:49 PM
To: Redmond, Jackie M HLTH:EX
Subject: FW: Need for FFS Data for OB Anesthesia Contract

Christina Cook | Compensation Analyst | Physician Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 1121

From: Cook, Christina HLTH:EX
Sent: Friday, October 17, 2014 5:49 PM
To: Lam, Paul HLTH:EX
Cc: Watt, Rebecca HLTH:EX
Subject: RE: Need for FFS Data for OB Anesthesia Contract

Hi Paul

John wants to know all FFS billed at Surrey for Obs or labour and delivery anaesthesia work (fee items listed in data request). No matter the practitioner or payee number. FYI APP does not have a Surrey Hosp Contract for anaesthesia.

Christina Cook | Compensation Analyst | Physician Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 1121

From: Lam, Paul HLTH:EX
Sent: Friday, October 17, 2014 5:43 PM
To: Cook, Christina HLTH:EX
Cc: Redmond, Jackie M HLTH:EX; Watt, Rebecca HLTH:EX
Subject: RE: Need for FFS Data for OB Anesthesia Contract

HI Christina,

In the request for Surrey Mem Hosp, I cannot find any PRACNUM or PAYEE Number.
Are we missing something here ?

Thank you.

Paul Lam
Medical Services Information Support | Data Verification & Decision Support | Business Analytics Strategies & Operations Branch |
Health Sector Planning and Innovation Division | **Ministry of Health**
Phone: 250-952-1418 | 7th Floor 1515 Blanshard St. Victoria, BC V8W3C8

From: Cook, Christina HLTH:EX
Sent: Friday, October 17, 2014 4:15 PM
To: Lam, Paul HLTH:EX
Cc: Redmond, Jackie M HLTH:EX; Watt, Rebecca HLTH:EX
Subject: RE: Need for FFS Data for OB Anesthesia Contract

Hi Paul

The two data requests are attached.

Christina Cook | Compensation Analyst | Physician Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 1121

From: Lam, Paul HLTH:EX
Sent: Friday, October 17, 2014 4:06 PM
To: Watt, Rebecca HLTH:EX
Cc: Cook, Christina HLTH:EX; Redmond, Jackie M HLTH:EX
Subject: RE: Need for FFS Data for OB Anesthesia Contract

Hi Rebecca,

Without knowing detail about your (two?) data requests it is hard for me to assess how much effort and time are needed.
You can provide detail specifications to me either using the same request form or email me directly.
For your information my team is currently very busy generating (many) monthly, quarterly and year-end reports/publications and working on a number of requests already on hand, so at this point meeting your one week deadline will be difficult.

Thank you.

P.S. I will be on s.22

Paul Lam
Medical Services Information Support | Data Verification & Decision Support | Business Analytics Strategies & Operations Branch |
Health Sector Planning and Innovation Division | **Ministry of Health**
Phone: 250-952-1418 | 7th Floor 1515 Blanshard St. Victoria, BC V8W3C8

From: Watt, Rebecca HLTH:EX
Sent: Friday, October 17, 2014 1:55 PM
To: Lam, Paul HLTH:EX
Cc: Cook, Christina HLTH:EX
Subject: Need for FFS Data for OB Anesthesia Contract
Importance: High

Hi Paul,

I'm hoping that you can assist us with a couple of FFS billings data requests. We had recently submitted the data requests to Jeremy Higgs' team but I understand that their capacity is rather limited at this time.

My Director, John English, has asked for these data sets in preparation for meeting with PHSA Physician Compensation (e.g. VP Steve Gray) and possibly PHSA Executive members (e.g. COO Arden Krystal) – likely next week or so. PHSA would like to expand their current Obstetrical Anesthesia APP contract at BC Women's Hospital, and thus are looking to the Ministry to support the expansion through their current 14/15 APP funding allocation.

I am aware that there is a form that we use to request FFS payment data for our FFS transfer requests. Is there another form that we should use?

Thank you, in advance, for your assistance.

Regards,
Rebecca

Rebecca Watt, MPA | Senior Manager, Physician Compensation | Negotiations & Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 3346

From: English, John HLTH:EX
Sent: Friday, October 17, 2014 10:46 AM
To: Watt, Rebecca HLTH:EX
Subject: RE: Request for Hospital Deliveries Data
Importance: High

Great!

Please find out how much FFS money (eg. epidural fees) plus DOBA funding was spent in 2013-14 on anesthesia services to support the delivery services in (i) Vic General and (ii) at Surrey.

Thanks

John

John English, MBA, BA
Director, Physician Compensation Branch
Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

From: Watt, Rebecca HLTH:EX
Sent: Thursday, October 16, 2014 10:21 AM
To: Oh, Jinhwa HLTH:EX
Cc: Jepp, Tim HLTH:EX; English, John HLTH:EX
Subject: RE: Request for Hospital Deliveries Data

Thank you, Jinhwa! This is perfect.

John, below are the hospital delivery numbers for BCWH, SMH and Vic General, over the past few years.

Rebecca Watt, MPA | Senior Manager, Physician Compensation | Negotiations & Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 3346

From: Oh, Jinhwa HLTH:EX
Sent: Thursday, October 16, 2014 9:05 AM
To: Watt, Rebecca HLTH:EX
Cc: Jepp, Tim HLTH:EX
Subject: RE: Request for Hospital Deliveries Data

Hi, Rebecca,

Hope the table below answers your question. If you have any concerns, please let me know.

Child Birth Cases

Hospital	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
104 B.C. Women's Hospital	6,663	6,451	6,422	6,856	6,448
116 Surrey Memorial Hospital	4,173	4,115	4,022	4,068	4,083
202 Victoria General Hospital	3,017	3,034	3,029	3,010	3,006

Data source: Discharge Abstract Database

Thanks
Jinhwa

From: Watt, Rebecca HLTH:EX
Sent: Wednesday, October 15, 2014 4:23 PM
To: Jepp, Tim HLTH:EX
Cc: Oh, Jinhwa HLTH:EX
Subject: RE: Request for Hospital Deliveries Data

Hi Tim,

Just following up on my email below... and wondering if there are any questions about the request, as well as the likely turn-around time for obtaining the data.

Thank you,
Rebecca

From: Watt, Rebecca HLTH:EX
Sent: Friday, October 10, 2014 4:32 PM
To: Jepp, Tim HLTH:EX
Cc: Oh, Jinhwa HLTH:EX; Cook, Christina HLTH:EX
Subject: Request for Hospital Deliveries Data

Hi Tim,

Hope all is well with you. I have a request for the DAD team.

PHSA would like to expand their current Obstetrical Anesthesia contract with the Anesthesiologists at BC Women's Hospital, and thus are looking to the Ministry to support (fund) the expansion. In order to better understand the service and PHSA's proposal for more physicians, we would like to know the number of deliveries at BC Women's Hospital, as well as Victoria General Hospital and Surrey Memorial Hospital.

Could your team provide us with the total numbers of deliveries at each of the above-mentioned sites, in each year from 2009/10 to 2013/14 (or by calendar year if that would be easier)?

We are likely to meet with PHSA Physician Compensation in the next week or so to further discuss their proposal. So, I would be grateful if we could get the data set as soon as possible.

Thank you, in advance, for your assistance with this request.

Regards,
Rebecca

Rebecca Watt, MPA | Senior Manager, Physician Compensation | Negotiations & Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 3346

Mildenberger, Hana S HLTH:EX

From: English, John HLTH:EX
Sent: Tuesday, June 21, 2016 11:12 AM
To: Mildenberger, Hana S HLTH:EX
Subject: FW: RUSH Updates for MTL
Attachments: 1011453 - MO Request MLA Virk Mtg Advice BCAS SMH DOBA June 2014.docx

Importance: High

FOI request

From: English, John HLTH:EX
Sent: Friday, September 19, 2014 10:45 AM
To: Hume, Christine HLTH:EX
Cc: Frechette, Rod HLTH:EX; Higgs, Jeremy HLTH:EX; Patterson, Ted HLTH:EX
Subject: RE: RUSH Updates for MTL
Importance: High

Hi Chris

Attached is the most up to date information I have pertaining to the second bullet requested by Minister Lake. I believe there is nothing new.

I would recommend you touch base with Rod and Jeremy just to ensure that there have not been any further discussions on DOBA with Doctors of BC and /or BCAS that I am not aware of.

Please let me know if anything else is needed.

Thanks

John

From: Hume, Christine HLTH:EX
Sent: Friday, September 19, 2014 10:12 AM
To: English, John HLTH:EX
Subject: FW: RUSH Updates for MTL
Importance: High

Hi John:
We will be getting this request officially but you can get a head start on the response. Please respond to the second bullet below. This is the only information I have at the moment – Minister Lake wants an update.
Chris

From: Grieve, Darlene E HLTH:EX
Sent: Friday, September 19, 2014 10:07 AM
To: Hume, Christine HLTH:EX
Cc: Grieve, Darlene E HLTH:EX; Murray, Heather HLTH:EX
Subject: FW: RUSH Updates for MTL
Importance: High

Hi Chris,

This will be coming your way officially but wanted to give you a heads up as this is for quick bullets for MTL. The 2nd bullet would be your area. Thx ~ d

MTL is looking for updates on the following two items. Could you give me a call tomorrow to discuss?

- Better At Home Program, and Community Volunteer Services Society Funding. As mentioned it seems that there are certain areas of the Province where this program is working well, and others where there are challenges. Tri-Cities is one where there are issues that MLA Reimer would like to discuss with the Minister and Ministry Staff.

- Dedicated Obstetric Anesthesia (DOBA) initiative funding, and Memorandum of Agreements, 2009 between the Minister of Health Services, the BCMA and the BC Anesthesiologist' Society, and 2011 between the Minister of Heath, the BCMA, and the Medical Services Commission.

From: Simonson, Kathy HLTH:EX
Sent: Friday, September 19, 2014 9:40 AM
To: Wolsey, Ashley HLTH:EX; Murray, Heather HLTH:EX; Evernden, Erica HLTH:EX
Cc: HLTH FCS Documents Processing HLTH:EX; Grieve, Darlene E HLTH:EX; HSD Documents Coordinator HLTH:EX; Docs Processing HLTH:EX; Casanova, Tamara HLTH:EX
Subject: RUSH Updates for MTL
Importance: High

I will assign formally but can you verify if FCS is the correct program area for either of the two requests below, or if we should assign to staff and have them verify info with FCS staff.

Thanks so much,

Kathy Simonson
Program Coordinator / Documents Processing Unit / Deputy Minister's Office / Ministry of Health
5-2 1515 Blanshard St, Victoria BC V8W 3C8
Telephone 250 952-1811

kathy.simonson@gov.bc.ca

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From: Casanova, Tamara HLTH:EX
Sent: Friday, September 19, 2014 9:26 AM
To: Docs Processing HLTH:EX
Subject: Updates for MTL

Hi Docs,

I've now spoken to Eric about this request. Can you please assign formally to program staff with a due date of Tuesday, September 23.

Apologies for the tight timelines but please have the program area advise if there are any concerns.

I'm thinking separate Cliff logs... thoughts? Whatever is easiest for you and staff.

Thanks,

Tamara Casanova | Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 | **C:** 250.217.3655 | **email:** tamara.casanova@gov.bc.ca

From: Wallace-Deering, Eric HLTH:EX
Sent: Tuesday, September 16, 2014 5:17 PM
To: Casanova, Tamara HLTH:EX
Subject: Updates for MTL

Hi Tamara,

MTL is looking for updates on the following two items. Could you give me a call tomorrow to discuss?

- Better At Home Program, and Community Volunteer Services Society Funding. As mentioned it seems that there are certain areas of the Province where this program is working well, and others where there are challenges. Tri-Cities is one where there are issues that MLA Reimer would like to discuss with the Minister and Ministry Staff.

- Dedicated Obstetric Anesthesia (DOBA) initiative funding, and Memorandum of Agreements, 2009 between the Minister of Health Services, the BCMA and the BC Anesthesiologist' Society, and 2011 between the Minister of Heath, the BCMA, and the Medical Services Commission.

Thanks,

Eric Wallace-Deering
Executive Assistant
Hon. Terry Lake
Minister of Health
250-387-2545
Eric.WallaceDeering@gov.bc.ca

Page 174 to/à Page 175

Withheld pursuant to/removed as

DUPLICATE

Mildenberger, Hana S HLTH:EX

From: Pittman, Abigail HLTH:EX
Sent: Tuesday, June 21, 2016 10:21 AM
To: Mildenberger, Hana S HLTH:EX
Subject: Re. FOI - FHA DOBA FW: DOBA-follow up

Contacts: Peter Blair

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health
3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca

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From: Lane, Michele HLTH:EX
Sent: Tuesday, July 29, 2014 2:02 PM
To: 'Peter Blair (Peter.Blair@fraserhealth.ca)'
Cc: Pittman, Abigail HLTH:EX
Subject: DOBA-follow up

Hi Peter.....
We talked at PSEC on Friday and you were asking about DOBA.
I looked into it and found a name for you to contact. Please contact Abbi and she can assist you with your question.
Thanks
Michele

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health
3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca

Michele Lane, RN, MBA
Executive Director, Acute and Provincial Services
Health Services Policy and Quality Assurance Division
Office: 250-952-1514 Cell: 250-217-0470
Assistant: Geoffrey Sanderson 250-952-1178

Page 177

Withheld pursuant to/removed as

DUPLICATE

Watt, Rebecca HLTH:EX

From:	Sandhu, Jag <Jag.Sandhu@fraserhealth.ca>
Sent:	Thursday, June 19, 2014 3:13 PM
To:	Watt, Rebecca HLTH:EX
Cc:	Pittman, Abigail HLTH:EX
Subject:	FW: Attached Letter from Ted Patterson
Attachments:	1006300 - ADM Sig - Kallie Honeywood re DOBA - JUN 16 2014.pdf; ATT00001.htm

Rebecca,

Ted Patterson responded to BCAS yesterday pushing them to the DoBC. This was the appropriate response....Thanks, Jag

---

From: Webb, Andrew
Sent: Thursday, June 19, 2014 3:08 PM
To: Sandhu, Jag; Giglio, Vivian
Subject: Fwd: Attached Letter from Ted Patterson

Sent from my iPhone

Begin forwarded message:

From: "Schroeder, Tracey" <Tracey.Schroeder@fraserhealth.ca>
Date: 18 June 2014 17:11:35 GMT-7
To: "Webb, Andrew" <Andrew.Webb@fraserhealth.ca>
Subject: FW: Attached Letter from Ted Patterson

fyi

Tracey L. Schroeder
Executive Assistant to the President and CEO
Fraser Health
phone: 604-587-4624

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-----Original Message-----
From: Murray, Heather HLTH:EX [mailto:Heather.Murray@gov.bc.ca] On Behalf Of Patterson, Ted HLTH:EX
Sent: June 18, 2014 5:04 PM
To: 'bcanesthesiologists@gmail.com'
Cc: 'aseckel@doctorsofbc.ca'; Murray, Nigel
Subject: Attached Letter from Ted Patterson

Sent on behalf of Ted Patterson.

Please see the attached letter which will also follow in the mail.

Thank you, Heather.

Heather Murray~Executive Coordinator~Assistant Deputy Minister's Office Health Sector Workforce Division~BC Ministry of Health 250-952-2879~BB 250-415-5856~mailto:heather.murray@gov.bc.ca
TEAMWORK CURIOSITY PASSION SERVICE COURAGE ACCOUNTABILITY
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BRITISH COLUMBIA

June 16, 2014

1006300

Dr. Kallie Honeywood, MD, FRCPC
President
British Columbia Anesthesiologists' Society
326 – 555 Sixth St
New Westminster BC V3L 5H1

Dear Dr. Honeywood:

The Honourable Terry Lake, Minister of Health, has asked me to respond to your letters of March 8, April 4 and April 17, 2014, in which you have proposed mediation between the BC Anaesthesiologists' Society, the Doctors of BC, Fraser Health Authority and the Ministry of Health to reach an agreement to improve patient care.

As you may be aware, the Government is currently in negotiations with the Doctors of BC (formerly BC Medical Association) to renew the provincial Physician Master Agreement (PMA). The PMA sets out compensation arrangements for physicians and also provides guidance as to the relationship between physicians and government through the Doctors of BC. In addition, there are several committees established under the PMA which are actively involved in trying to improve patient care in a constructive and collaborative manner.

I can appreciate that your organization would prefer a mediation process to deal with its specific issues, but the current relationship between the medical profession and government at the provincial level is conducted through the Doctors of BC. Therefore, I encourage you to work with the Doctors of BC to determine how best to ensure the views of your organization and its members are considered along with the views of other physician groups in the province, both in the negotiations that are underway as well as the collaborative committee structures established under the PMA.

Yours truly,

Ted Patterson
A/Assistant Deputy Minister

pc: Mr. Allan Seckel, QC, Chief Executive Officer, Doctors of BC
Dr. Nigel Murray, President and Chief Executive Officer, Fraser Health Authority

Ministry of Health

Office of the Assistant Deputy Minister
Health Sector Workforce Division

3-1, 1515 Blanshard Street
Victoria BC V8W 3C8
Tel: 250 952-3465
Fax: 250 952-3131

Watt, Rebecca HLTH:EX

From: Pittman, Abigail HLTH:EX
Sent: Monday, June 16, 2014 11:36 AM
To: Watt, Rebecca HLTH:EX
Subject: FW: SMH DOBA

FYI

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health
3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca

From: Sandhu, Jag [mailto:Jag.Sandhu@fraserhealth.ca]
Sent: Monday, June 16, 2014 11:35 AM
To: Pittman, Abigail HLTH:EX
Subject: RE: SMH DOBA

Abbi,

FHA is actively pursuing. The Surgery Program met with the group last week and I've been called to a meeting on Wednesday with Vivian to review issues and stumbling blocks.

I'll be in touch after the meeting...Thanks, Jag

From: Pittman, Abigail HLTH:EX [mailto:Abigail.Pittman@gov.bc.ca]
Sent: Monday, June 16, 2014 9:43 AM
To: Sandhu, Jag
Subject: RE: SMH DOBA

Hi Jag,
I am just trying to get a more robust understanding of the DOBA issues. Can you give me a better understanding of what the stumbling blocks have been to get this agreement signed? Is FH still actively pursuing the agreement with the physicians?
Thanks
Abbi

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health
3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca

From: Sandhu, Jag [mailto:Jag.Sandhu@fraserhealth.ca]
Sent: Wednesday, September 25, 2013 11:50 AM
To: Pittman, Abigail HLTH:EX
Subject: RE: SMH DOBA

Abbi, Deal looks dead for now unless more money in pot...J

From: Pittman, Abigail HLTH:EX [mailto:Abigail.Pittman@gov.bc.ca]
Sent: Monday, September 16, 2013 2:41 PM
To: Sandhu, Jag
Subject: RE: SMH DOBA

Thanks Jag – I will start working on this and let you know if I need anything else. Let me know ASAP when the proposed funding date will be ☺
Thanks
Abbi

Abbi Pittman BA, MBA
Senior Manager
Physician Compensation | Physician HR Management | Medical Services & HHR
Ministry of Health | 3-2, 1515 Blanshard St. | Victoria BC V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473 | Fx: 250 952-2125
Email: Abigail.Pittman@gov.bc.ca |

From: Sandhu, Jag [mailto:Jag.Sandhu@fraserhealth.ca]
Sent: Monday, September 16, 2013 2:38 PM
To: Pittman, Abigail HLTH:EX
Cc: Newman, Sakya HLTH:EX
Subject: RE: SMH DOBA

Abbi,

We re-sent the same MoA and MOCAP agreements (attached) from Feb 2012 as "drafts" and the group is currently reviewing the contracts. We are hoping to hear from the group next week following which I will be able to report a start date.

I'll touch base again on Wednesday or sooner next week....? Let me know if you need anything else....? Thanks, Jag

---

From: Pittman, Abigail HLTH:EX [mailto:Abigail.Pittman@gov.bc.ca]
Sent: Monday, September 16, 2013 8:24 AM
To: Sandhu, Jag
Cc: Newman, Sakya HLTH:EX
Subject: RE: SMH DOBA

Hi Jag,
Can you please send us either a copy of the agreement FHA have entered into with the Anaesthetists at SMH OR if there is no signed agreement send a detailed description of the agreement (i.e. specifics on scope, timing, ect.)?
Thanks
Abbi

Abbi Pittman BA, MBA

Senior Manager
Physician Compensation | Physician HR Management | Medical Services & HHR
Ministry of Health | 3-2, 1515 Blanshard St. | Victoria BC V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473 | Fx: 250 952-2125
Email: Abigail.Pittman@gov.bc.ca |

From: Sandhu, Jag [mailto:Jag.Sandhu@fraserhealth.ca]
Sent: Friday, September 13, 2013 3:47 PM
To: Pittman, Abigail HLTH:EX
Cc: Newman, Sakya HLTH:EX
Subject: SMH DOBA

Abbi,

As you may recall Rebecca Watt was working with FH back in February 2012 on the DOBA for SMH but at the time we were unable to reach an agreement with the physicians....

We have been recently been able to reach an agreement with the physicians and expect the DOBA Service to be initiated relatively soon...

The agreement is based on the same deal in VIHA ($900 K Service MoA and $325 K on site MOCAP)...

I'm wondering if we need an APP agreement or if there is a different process for DOBA given the high provincial priority as understand the funding has been allocated but not utilized to date. Just want to ensure no delays for FHA to claim APP funding.

Thanks, Jag

Mildenberger, Hana S HLTH:EX

From: Pittman, Abigail HLTH:EX
Sent: Tuesday, June 21, 2016 10:14 AM
To: Mildenberger, Hana S HLTH:EX
Subject: Re FOI - FHA DOBA FW: DOBA
Attachments: IN_DOBA_2Mar2015.doc

Importance: High

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health
3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca

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From: Rinta, Darcy HLTH:EX
Sent: Thursday, April 30, 2015 11:35 AM
To: Pittman, Abigail HLTH:EX
Subject: DOBA
Importance: High

Hi Abigail,

Rebecca Watt suggested I follow-up with you for an update with regards to DOBA. Do you have any more recent info to supplement this March 2015 note from FHA?

I am putting together some info for my ADM in support of Estimates. Please give me a call if required.

Many thanks,

Darcy Rinta
Manager, Provincial and Specialized Services
Acute and Provincial Services Branch
Health Services Policy and Quality Assurance Division
Ministry of Health
250-952-3072 (new phone number)
Warning: *This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.*

From: Lane, Michele HLTH:EX
Sent: Wednesday, April 29, 2015 2:29 PM
To: Capron, Alyse HLTH:EX
Cc: Rinta, Darcy HLTH:EX
Subject: FW: Important Updates for Minister Lake

FYI

From: Lane, Michele HLTH:EX
Sent: Friday, March 20, 2015 8:50 AM
To: Bragg, Jacquelynn HLTH:EX; Fraser, Christine HLTH:EX; Duesterwald, Meghan HLTH:EX
Cc: Stewart, Sharon A HLTH:EX
Subject: FW: Important Updates for Minister Lake

Here is what FHA sent me

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Withheld pursuant to/removed as

DUPLICATE

From: Beveridge, Rhonda HLTH:EX
Sent: March-11-14 1:12 PM
To: English, John HLTH:EX
Subject: SMH physicians

Hi John, here is what Gordon sent to Manjit on February 27th. Please do not forward to anyone. Thanks for the letter.

General Observation:

s.17

Observations re: Specific Answers:

s.17

s.17

Recommendations:

s.13,s.17

Rhonda Beveridge, Director, Health Authority Funding (FHA), Regional Grants and Decision Support, Finance and Corporate Services, Ministry of Health, 250 952 1054

Mildenberger, Hana S HLTH:EX

From: English, John HLTH:EX
Sent: Tuesday, June 21, 2016 12:59 PM
To: Mildenberger, Hana S HLTH:EX
Subject: FW: APP Funding to Support Surrey Memorial Hospital - Cliff #1006065

FOI request

From: English, John HLTH:EX
Sent: Tuesday, March 11, 2014 4:59 PM
To: Beveridge, Rhonda HLTH:EX
Subject: RE: APP Funding to Support Surrey Memorial Hospital - Cliff #1006065

We have no idea where they are at on DOBA. So we thought they should make use of the idle DOBA dollars. If they need DOBA next year they can apply for new $$ from APP.

John English
Director
Physician Compensation Branch

From: Beveridge, Rhonda HLTH:EX
Sent: March-11-14 4:40 PM
To: English, John HLTH:EX
Subject: RE: APP Funding to Support Surrey Memorial Hospital - Cliff #1006065

Are they a long way from putting a DOBA in place? Just wondering why you are re-directing the $. Thanks,

---

From: English, John HLTH:EX
Sent: March-11-14 12:48 PM
To: Beveridge, Rhonda HLTH:EX; Cross, Gordon HLTH:EX
Subject: FW: APP Funding to Support Surrey Memorial Hospital - Cliff #1006065

FYI

John

John English
Director
Physician Compensation Branch

From: Murray, Heather HLTH:EX **On Behalf Of** Patterson, Ted HLTH:EX
Sent: March-11-14 11:47 AM
To: XT:HLTH Giglio, Vivian HLTH:IN
Cc: XT:HLTH Murray, Nigel; XT:HLTH Webb, Andrew; Sidhu, Manjit HLTH:EX; Hughes, Doug J HLTH:EX; Frechette, Rod HLTH:EX; English, John HLTH:EX
Subject: APP Funding to Support Surrey Memorial Hospital - Cliff #1006065

Please see the attached letter regarding "APP Funding to Support Surrey Memorial Hospital".

Ted Patterson
A/Assistant Deputy Minister
Health Sector Workforce Division

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Mildenberger, Hana S HLTH:EX

From: Koe, Catherine <Catherine.Koe@fraserhealth.ca>
Sent: Wednesday, February 4, 2015 10:12 AM
To: Pittman, Abigail HLTH:EX; XT:HLTH Sandhu, Jag
Cc: Turner, John HLTH:EX; Cook, Christina HLTH:EX
Subject: RE: FHA Final Reallocation (December 12, 2014) - FY 14-15 APP Sessional and Service Expenditure Plans
Attachments: FHA FY 14-15 Final APP Reallocation - To Ministry Dec, 2014 - Revised Jan 22, 2015.xlsx

Hi everyone,

Attached is the revised Final APP Reallocation to reflect the MoH proposed changes on the APP contract funding plan and the following on the APP sessional funding plan:

1. Psychiatric Short Stay Assessments – sessions have been deleted and added to 211-121-99-14
2. Additional funding - $220K + $264K has been allocated to 1039-1-99-15
3. Additional allocation to 1039-121-525-16 and 1039-121-55-16

Let me know if you have any questions.

Thanks,

Cathy Koe
Coordinator, Physician Compensation

Fraser Health Authority
330 E. Columbia St.
New Westminster, BC
V3L 3W7

Tel: 604.520.4935
Fax: 604.520.4789
Email: Catherine.Koe@fraserhealth.ca

From: Pittman, Abigail HLTH:EX [mailto:Abigail.Pittman@gov.bc.ca]
Sent: Wednesday, January 14, 2015 1:06 PM
To: Koe, Catherine; Sandhu, Jag
Cc: Turner, John HLTH:EX; Cook, Christina HLTH:EX
Subject: RE: FHA Final Reallocation (December 12, 2014) - FY 14-15 APP Sessional and Service Expenditure Plans

Good Afternoon Jag and Cathy,
The Ministry has completed a review of FHA's proposed reallocation and we have the following observations:

1. The figures submitted in the proposed reallocation plan do not correspond with the funding amounts that have been previously communicated. In our meeting today, I would like to review the following:
    a. The plan and forecast should use the maximum rates in the contracts. There is no other funding available for APP if the physicians were to work at an FTE level to attain the higher rate so it is important to plan accordingly.

2. We noticed a new sessional commitment has been added to the funding plan for Psychiatric Short Stay assessments. Please fill in the application to support our review of this proposal.

3. We noticed that FHA as forecasted a proposed reallocation of funding from Contracts to Sessions on the December 12th reallocation. We are unable to support this request without a commitment for encounter reporting.

4. We understand from this proposed reallocation that per the March 11, 2014 letter, FHA wishes to utilize $1.8M of funding originally intended to supply a DOBA service. Please note, this funding is to only be used

on scopes related to the expansion pressures of Surrey Memorial Hospital as described in the letter. The use of this funding will mean that there is no funding available to support any future DOBA contracts. Please provide confirmation in writing that Dr. A. Webb is aware and in agreement with the use of this funding.

Thanks
Abbi

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health
3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca

From: Koe, Catherine [mailto:Catherine.Koe@fraserhealth.ca]
Sent: Thursday, December 11, 2014 4:54 PM
To: XT:HLTH Sandhu, Jag; Pittman, Abigail HLTH:EX
Cc: XT:Heer, Karamjeet HLTH:IN; XT:HLTH Schroeder, Tracey
Subject: RE: FHA Final Reallocation (December 12, 2014) - FY 14-15 APP Sessional and Service Expenditure Plans

Hi Abbi,

Attached is FHA's revised APP reallocation for FY 14-15.

Please review and let us know if you have any questions.

Thanks,

Cathy Koe
Coordinator, Physician Compensation

Fraser Health Authority
330 E. Columbia St.
New Westminster, BC
V3L 3W7

Tel: 604.520.4935
Fax: 604.520.4789
Email: Catherine.Koe@fraserhealth.ca

From: Sandhu, Jag
Sent: Saturday, December 06, 2014 11:15 AM
To: 'Pittman, Abigail HLTH:EX'
Cc: Heer, Karamjeet; Koe, Catherine; Schroeder, Tracey
Subject: FHA Final Reallocation (December 12, 2014) - FY 14-15 APP Sessional and Service Expenditure Plans

Hi Abbi,

Please accept FHA's APP re-allocation request to meet the Ministry's December 12, 2014 deadline.

Please let us know if you have any questions or concerns.

Thanks, Jag

Watt, Rebecca HLTH:EX

From: John, Rebecca HLTH:EX
Sent: Thursday, November 6, 2014 1:14 PM
To: Watt, Rebecca HLTH:EX
Subject: FW: Follow up to Nov 6 Tertiary Perinatal Services in FHA/Steering Committee
Attachments: Tertiary Perinatal Services Fraser Health Authority - Plan Update Nov 1 2013 FINAL.pdf

Hi Rebecca– here is the last version of this that I have.

From: Intile, Christine [mailto:Christine.Intile@fraserhealth.ca]
Sent: Friday, November 8, 2013 3:23 PM
To: John, Rebecca HLTH:EX; Henry, Effie HLTH:EX; 'Kim Williams '; English, John HLTH:EX
Cc: XT:Jenkins, Loraine HLTH:IN; XT:HLTH Giglio, Vivian HLTH:IN; XT:Schmidt, Christina FRHA HLTH:IN; [PHSA] Gray, Sylvia
Subject: Follow up to Nov 6 Tertiary Perinatal Services in FHA/Steering Committee

Good afternoon,

as discussed at this week's teleconference, please find attached the Tertiary Perinatal plan update.

Thank you!

Christine Intile
Administrative Assistant to
Loraine Jenkins, Interim Executive Director, Clinical Program & Operations
Maternity, Infant, Child & Youth
Fraser Health - Central City Tower
Suite 400 - 13450 - 102nd Avenue
Surrey, BC V3T 0H1
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christine.intile@fraserhealth.ca

November 1, 2013 **DRAFT** – Fraser Health Authority Tertiary Perinatal Services

Fraser Health Authority Tertiary Perinatal Services: Alternate Plan for Perinatal/Neonatal Services without Dedicated Obstetrical Anaesthesia Implementation at Surrey Memorial Hospital.

BACKGROUND:

In early 2008 the Ministry of Health (MoH) called for the planned transition of the specialized perinatal program from Royal Columbia Hospital (RCH) to Surrey Memorial Hospital (SMH). The target date was for a full transfer of 12 Level 3 beds by January 31, 2010. As the target date of January 31, 2010 for implementation approached, the Fraser Health Authority (FHA) identified a number of outstanding issues related to the NICU transfer project and timeline. While mitigation strategies had been developed with respect to many of these issues, an unexpected change to the availability of dedicated anaesthesia support at SMH became an issue that was beyond the control of the Fraser Health Authority. Prior to the scheduled transition date, the FHA leadership requested consult from BC Women's Hospital (BCWH). These experts recommended a delay to the transition, resulting in a modified version of the plans. As a result, this led to the opening of only four Level 3 beds at the SMH NICU. And so, in early 2010, four Level 3 NICU beds were transferred from RCH to SMH as the first stage of the plan.

In 2010 the Fraser Health Authority, Ministry of Health Services and Perinatal Services BC (PSBC) entered into a Memorandum of Understanding (MOU) to collectively ensure that the transition of twelve Level 3 Neonatal Intensive Care Beds to Surrey Memorial Hospital (SMH) would occur on or before March 31, 2012.

The Memorandum of Understanding outlined deliverables as follows:

MoU Deliverable	**Authority, Roles & Responsibilities**
Development of a transition and implementation plan.	• MoH – Approves • PHSA – Collaborates with FHA • FHA – Leads
Address issues of physician compensation (e.g. 24/7 anaesthesia; obstetrics, neonatologist, APP).	• MoH • PHSA – Participates in discussion with MoH • FHA – Participates in discussions with MoH
Ensure best practices and established standards for care are reflected in the plan.	• PHSA
Ensure alignment with provincial standards and programs.	• PHSA
Finalize the obstetrical model of care and develop a plan to support complex maternal care at SMH.	• FHA • PHSA – Collaborates with FHA (Medical models of care)

A plan was subsequently developed collaboratively with the three stakeholders, and was submitted and approved by the Ministry of Health December 31, 2010. An overarching implementation strategy was created with detailed actions and timelines. This plan was monitored by a joint steering committee, representing each agency.

The focus of the work was in the following key areas:

1. Obstetric Model of Care
2. Maternal Fetal Medicine
3. Dedicated Obstetrical Anaesthesia (DOBA)
4. Neonatal Intensive Care (NICU) Model of Care
5. Development of an Academic Campus of Tertiary Care

At that time there remained optimism that the outstanding issues would be resolved, and that a modified transition of increments of four Level 3 beds to SMH would successfully be completed by March 31, 2010.

While the SMH NICU was in full preparation to receive Level 3 babies, the Department of Obstetrics at SMH maintained their position not to accept referrals for any labouring mothers at less than 30 weeks gestational age (GA), which compromised SMH's overall ability to provide full Tertiary Perinatal Services (high risk obstetrical services including pregnant women at all gestational ages) and neonatal intensive care services. As a result, high risk obstetrical services remained at RCH until DOBA services were resolved and initiated at SMH.

Work has continued with the hope that DOBA would be resolved, however many of the plans are dependent on timelines/ deliverables which involve implementation of DOBA at SMH to support full tertiary level obstetrics and neonatal intensive care services. The provision of dedicated obstetrical anaesthesia services at SMH is a critical success factor for the full implementation of tertiary level obstetrics and neonatal intensive care at SMH. To date a majority of the actions required to support the transition of high risk obstetrics care to SMH are proceeding.

These include:

1. Obstetric Model of Care (with recruitment of an additional 4 Obstetricians)
2. Maternal Fetal Medicine program (recruitment of additional MFM physicians completed 2012)
3. Neonatal Model of Care (2 additional neonatologists hired since 2010)
4. Recruitment and training of nurses and allied staff to support the tertiary level care[1]
5. Implement a plan for access to anaesthetist coverage at SMH
6. Develop a sustainable model of care for RCH in the context of the Fraser Health, Maternal, Infant, Child and Youth Program and provincial networks
7. Align with the culture and academic plans for the SMH Critical Care Tower

ISSUES:

As we have moved towards full implementation of the original plan, we have been experiencing several issues that have created the need to slow down the phased in plan. These include: Dedicated Obstetrical Anesthesia resolution, funding and recruitment of additional neonatologist and the 2 on-call model of care for Obstetrics at SMH. These ongoing issues have necessitated reassessment and adjustment of the phased Transition Plan/Timeline outlined in this document. The table below outlines the issues and notes mitigation strategy, followed by the outline of the phased Transition Plan.

[1] Total of 13 tower lines have been awarded. 8 SNE seats filled for the Sept 2013 CTF, with interviews launched for the January 2014 CTF.

Issue	Description
Lack of DOBA Resolution	• DOBA is necessary to support high risk tertiary perinatal services and the volume of deliveries at SMH (approx 4200 annually) including women with pre-existing medical conditions, multiples pregnancy etc. • Women with pregnancies less than 30 weeks will - access care outside of SMH until DOBA is resolved and in place. **Mitigation:** RCH will continue to support the tertiary maternal and neonatal services to support those pregnant women who deliver at less than 30 weeks gestation
Obstetric Issues	• To ensure a successful tertiary perinatal maternal service is in place (including care of women at 24 – 30 weeks gestational age), a model of care needs to be implemented to facilitate the delivery of safe quality care. Some current issues need to be resolved before this can move forward. In the meantime, recruitment of physicians continues but timelines are delayed. **Mitigation:** Physician review to be led by Program Medical Director and external consultants to identify issues and plan for resolution of these issues.
NICU SUPPORT	• SMH critical care tower in June 2014 will open a 48 bed single-room NICU. • Funding for Neonatologists and Clinical Associates is pending which will delay recruitment • DOBA is necessary to support tertiary level care for obstetrical and neonatal services. **Mitigation:** Phasing of opening of beds is outlined in the Transition Plan to be completed by June 2015 as funding and recruitment are completed.
Regional/ Provincial Requirements	• Neonatal beds at the SMH NICU support deliveries at SMH and regional needs of the Fraser Health Authority catchment area[2] • Neonatal beds at SMH are part of a provincial network of 4 Level 3 NICU's (collaborative efforts within the network of provincial resources ensures no babies or mothers have been sent out of province (OOP) or out of country (OOC) for more than 3 years.) • Status quo maintained. SMH will continue to support the provincial network. • A Utilization coordinator for FHA NICU's will be implemented in January 2014, which will further support the provincial network. • RCH/ARH and BH will continue to support the provincial network.

[2] This, support will occur in conjunction with RCH, for Level 3 care, and with Abbotsford Regional Hospital and Burnaby Hospital for Level 2 activities. Therefore, although DOBA affects the high risk Obstetrical component at SMH, the needs for neonatal beds in the region continue to increase as evidenced by the bed occupancy numbers over the last six months. The 4 existing beds at SMH NICU had bed occupancy of 100% and there is an immediate need for 2 additional level 3 beds in NICU.

Issue	Description
Obstetrical Services at SMH do not accept pregnant women at less than 30 weeks gestational age	• SMH Obstetrics (physicians) service does not accept less than 30 week pregnant women and a decision for transfer is made for those women under 30 weeks pregnant at the time of arrival in triage[3]. • Women with high risk neonates should be delivered at a site where level 3 neonatal services are available. • Transferring high risk infants following delivery increases risk for a negative outcome. • As much as possible women and their neonates should be kept together at the delivering site. **Mitigation:** RCH will continue to support Tertiary Services until all issues are resolved.
Secondary Planning to Address Lack of DOBA	• Without the full support of anaesthesia services a transitional plan for opening of all additional NICU beds is required to support both FHA and provincial needs. • Neonatal Bed Projections done in 2010 by Analysis Works (See appendix B) for Perinatal Services BC (PSBC) noted an increase to 88 beds for FHA (34 level 1, 37 level 2 and 17 level 3) by 2015/16. This aligns with the transitional plan outlined in this document. • When the additional beds open at SMH there will be a total of 90 beds with 20 of those being level 3, which will afford some flexibility within the system. Provincial Planning suggests an 80% occupancy rate. For fiscal year 2012/13 both RCH and SMH were between 86 and 90% occupancy. **Mitigation:** see Transition Plan for slowed phasing of implementation of NICU beds at SMH. Currently SMH NICU accepts all gestational ages.

[3] Data required for impacted women (one year or more).

TRANSITION PLAN:

The following plan outlines options to address Level 3 NICU care at SMH.

Partial or transitional conversion of Level 3 NICU beds at SMH with maintenance of 12 Level 3 beds at RCH until resolution of DOBA, and associated tertiary perinatal services, is achieved.

DATE	SMH BEDS			RCH BEDS			FHA TOTAL NICU BEDS Including ARH and BH
	Level 2	Level 3	Sub-Total SMH	Level 2	Level 3	Sub-Total RCH	
Current	20	4	**24**	12	12	**24**	**66**
June 2013	18	6	**24**	12	12	**24**	**66**
January 2014	18	6	**24**	12	12	**24**	**66**
June 2014 (at opening of tower)	30	6	**36**	12	12	**24**	**78**
January 2015	34	8	**42**	12	12	**24**	**84**
June 2015	40	8	**48**	12	12	**24**	**90** (regardless if DOBA in place or not)
Date TBD (DOBA resolved)	36	12	**48**	16	8	**24**	**90**

NB: See Appendix C re: alignment of FH planned expansion with PSBC projections.

Role of RCH
The twelve level 3 NICU beds at RCH will remain until the full 48 bed NICU is operationalized at SMH, DOBA is resolved, and Tertiary Perinatal Services are implemented at SMH. At this point, Level 3 bed conversion can occur at RCH, (down to 8 level 3 beds), with SMH implementing a full complement of twelve Level 3 beds.

Neonatologists Additional recruitment for Neonatologists would be incremental with 3 additional Neonatologists (bringing the total to 9) when the unit opens 36 beds and 3 more added when the 42 bed capacity has been reached at SMH. (Total of 12 for full 48 beds). Alternatively, given that the MoH has delayed the APP funding for additional neonatologists, funding for clinical associates 24/7 may alleviate some of the man power stress until a sufficient amount of neonatologists can be recruited.

In the long term, the model of care will include clinical associates and/or neonatal nurse practitioners. Once the 48 beds are operational, two multi-disciplinary teams will be available in the SMH NICU working in parallel, to cover not only the clinical care of the 48 beds but also attendance at deliveries which will exceed 5,000 annually, to do antenatal consults and to manage neonatal referrals within the region.

Perinatal Services
Perinatal Services BC supports this plan and has been an important and collaborative partner throughout the planning. As such, the status quo will continue at SMH until DOBA and other issues are resolved.

This will include the:

- Delivery of greater than 30 week maternal cases at SMH
- Completion of Recruitment of 4 OBs to implement the 2 on-call model of care (2 hired in August 2013)
- Continuation of planned staff education / training

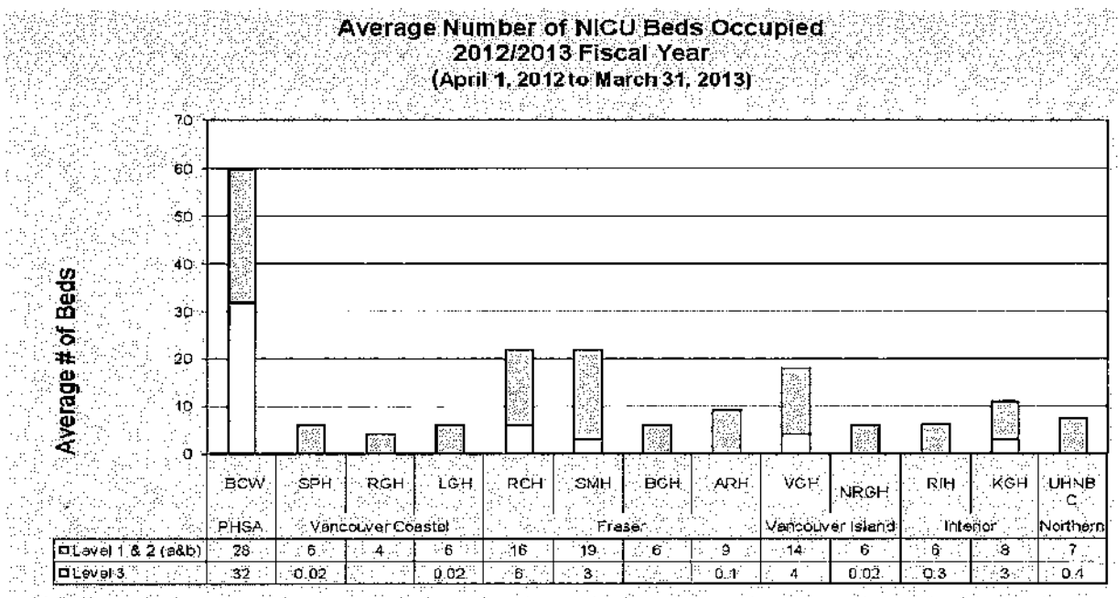
This suggested approach is in keeping with the spirit and expectations of Tertiary Perinatal Services, the Ministry MoU, and the plans for the critical care tower.

Contact Information			
Contact	**Name**	**Title**	**Phone**
Program	Loraine Jenkins	Interim Executive Director, MICY Program	604-613-2751
Executive	Vivian Giglio	Vice President, Clinical Operations	604-613-1534

APPENDIX A

Summary Report
Provincial NICU Daily Bed Capacity Report
2012/2013 Fiscal Year
(April 1, 2012 to March 31, 2013)

1. Average Number of NICU Beds Occupied



SITE	BCW	SPH	RGH	LGH	RCH	SMH	BGH	ARH	VGH	NRGH	RIH	KGH	UHN BC
Level 1 & 2(a & b)	24	9	6	9	12	20	8	10	16	9	8	6	10
Level 3, 3+	36				12	4			6				
Total Beds	***60***	***9***	***6***	***9***	***24***	***24***	***8***	***10***	***22***	***9***	***8***	***6***	***10***
Total Occupancy Rate	***85.6***	***74.1***	***68.8***	***69.3***	***86.5***	***90.0***	***74.8***	***92.1***	***78.7***	***69.0***	***77.6***	***172.4***	***69.5***

Average # of NICU Beds Occupied = Total # of beds occupied by site for period / Total # of days in period.

BC Total - Average Number of NICU Beds Occupied.

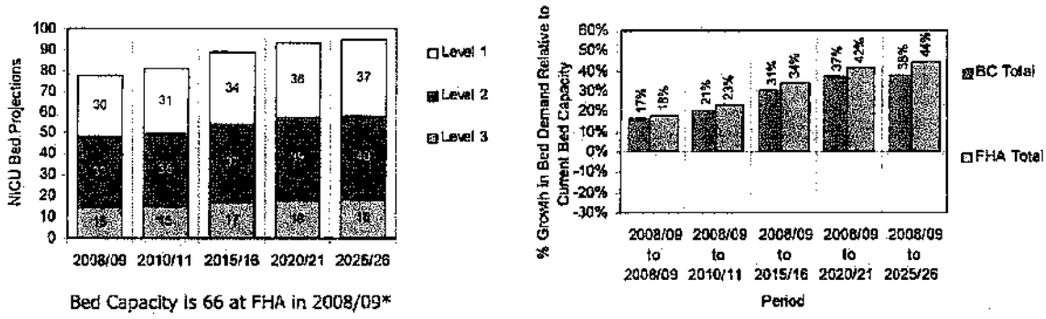
Level 1, 2a & 2 b 135 beds

Level 3 35 beds

BC Total Combined Occupancy Rate: 84.4%

NICU Bed Projections: Fraser Health

- Projected growth from 66 bed capacity in 2008/09 to demand for 95 beds in 2025/26
  (29 additional beds, 44% increase)



Notes: BCPDR using level of service definitions from Neonatologist Experts, Daily Bed Utilization Worksheets
* 8 level 2 beds and 8 level 3 beds will be added at Fraser Health in 2014

Perinatal Services BC
An agency of the Provincial Health Services Authority

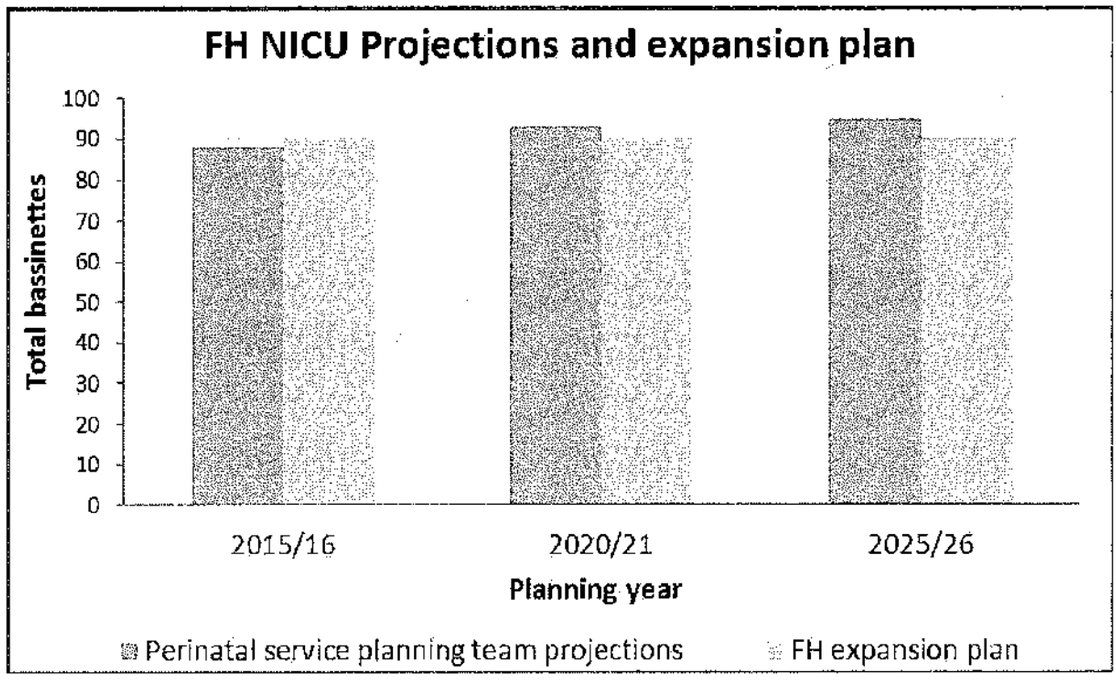
APPENDIX C

Expansion of FH NICU Capacity

NICU Capacity Expansion

FH Expansion Plan vs. PSBC Projections

- The FH expansion plan tries to reflect the Perinatal Services BC (PSBC) planning team's endorsed projections
- Overall, in terms of physical capacity, the FH expansion plan is closely aligned with Provincial projections, as shown below:



- Original level-specific projections relied on incomplete 'level' data (specifically for level 1 babies) and *other* growth assumptions
    - Some original level-specific figures are only approximations of level activity
    - Projections are considerably high, even at baseline year

Watt, Rebecca HLTH:EX

From: Watt, Rebecca HLTH:EX
Sent: Thursday, November 6, 2014 3:33 PM
To: English, John HLTH:EX
Cc: Frechette, Rod HLTH:EX; Pittman, Abigail HLTH:EX
Subject: RE: Tertiary Perinatal Services in FHA

On the call with FHA (Loraine Jenkins, ED, MICY Program) yesterday, I learned that they hired 3 new OBs (the plan is to hire 2 more) and are currently recruiting Clinical Associates (as Abbi has mentioned in the past) for NICU. One of the new OBs is trained/experienced in high risk obstetrics.

Regarding the bed occupancy issue, Loraine stated that the NICU takes additional babies (about 4 more), and that, between RCH and SMH, FHA has not had to divert babies to other sites. Though, some physicians can still triage certain cases to BC Women's. Indeed, the SMH OBs continue to hold to the 30 weeks gestation restriction – until a DOBA agreement is in place.

I did not get the impression that there is a sense of urgency with FHA. However, Kim Williams (BC Perinatal Services) did point out that 85% occupancy is ideal for safety and staff workload (particularly the nurses).

No update was available regarding the recruitment of neonatologists and MFMs – as Ted's March 2014 letter offered more funding for these practice categories.

An updated SMH NICU Tertiary Planning Status Report will be sent to the Ministry (Rebecca John) soon. The last plan that we have is dated April-June 2014.

Rebecca Watt, MPA | Senior Manager, Physician Compensation | Negotiations & Compensation Branch | Health Sector Workforce Division | Ministry of Health | Ph: 250 952 3346

From: English, John HLTH:EX
Sent: Wednesday, November 5, 2014 3:37 PM
To: Patterson, Ted HLTH:EX
Cc: Frechette, Rod HLTH:EX; Watt, Rebecca HLTH:EX
Subject: FW: Tertiary Perinatal Services in FHA

FYI Doug Hughes team is concerned about a developing problem in patient access to Neonatal Intensive Care Unit (NICU) beds in FHA. This problem is associated with the inability to conclude a DOBA agreement at Surrey Memorial Hospital.

We will continue to liaise with Rebecca John and keep you posted on new developments.

John

John English, MBA, BA
Director, Physician Compensation Branch
Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

From: John, Rebecca HLTH:EX
Sent: Wednesday, November 5, 2014 9:44 AM
To: Watt, Rebecca HLTH:EX; English, John HLTH:EX; Williams, Kim
Subject: FW: Tertiary Perinatal Services in FHA

Hi all - I realized this morning that I received an update in the summer from FHA on this project that I likely didn't forward. My apologies.
Today's call is shortened unfortunately.

However if you are able to attend, a further update on DOBA would be useful John/Rebecca from MoH side.

My concern is that SMH NICU is running at 99.3% occupancy as of Sept/October...up from 96% in August/Sept.
They don't appear to have opened any additional beds since the opening of the tower –they are at 24 I believe - yet the plan was to open up to 36 in June this year and 42 by January 2015.
They may say this is due to lack of DOBA. I'm concerned that this is going to continue indefinitely yet I think we should be very concerned about this NICU occupancy rate.

I've sent some questions along these lines to Loraine Jenkins this morning. Vivian Giglio is not available for the meeting.
Thanks, Rebecca

From: Schmidt, Christina [mailto:Christina.Schmidt@fraserhealth.ca]
Sent: Tuesday, July 15, 2014 1:03 PM
To: John, Rebecca HLTH:EX
Cc: XT:HLTH Giglio, Vivian HLTH:IN; XT:Schmidt, Christina FRHA HLTH:IN
Subject: RE: Tertiary Perinatal Services in FHA

Good Afternoon Rebecca,

On behalf of Vivian, I am sending the enclosed update.

If you have any questions, please be in touch. Have a wonderful afternoon.

Regards,
Christina

Christina Schmidt
Executive Assistant to:
Vivian Giglio, Vice President, Clinical Operations

#400 - 13450 102 Avenue, Surrey, BC V3T 0H1
Direct: 604-587-4667
Email: christina.schmidt@fraserhealth.ca

From: John, Rebecca HLTH:EX [mailto:Rebecca.John@gov.bc.ca]
Sent: Wednesday, June 25, 2014 1:00 PM
To: Giglio, Vivian
Cc: Jenkins, Loraine; Schmidt, Christina
Subject: FW: Tertiary Perinatal Services in FHA/Steering Committee

Hi Vivian, since we are cancelling this meeting, I wonder if you or Loraine could provide a 1-2 page written update of the move and the operational status of the new NICU to us, say by mid-July, rather than waiting for the next meeting in 2 months to get an update (and I will be away early Sept).

Not sure when Loraine is back s.22
Regards, Rebecca

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To: Patterson, Ted HLTH:EX
Cc: Frechette, Rod HLTH:EX; Watt, Rebecca HLTH:EX
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Attachments: Tertiary Program Status Report to MOHS - 07 15 14.pdf

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Sent: Tuesday, July 15, 2014 1:03 PM
To: John, Rebecca HLTH:EX

Watt, Rebecca HLTH:EX

From: Williams, Kim <kwilliams6@phsa.ca>
Sent: Wednesday, November 5, 2014 9:48 AM
To: John, Rebecca HLTH:EX; Watt, Rebecca HLTH:EX; English, John HLTH:EX
Subject: RE: Tertiary Perinatal Services in FHA

Thanks so much for sending along Rebecca.
These are legitimate concerns. I would also ask that we discuss the hiring of the extra OB's and the high risk call group plan. This also impacts ability to care for high risk women and their infants.
Kim

From: John, Rebecca HLTH:EX [mailto:Rebecca.John@gov.bc.ca]
Sent: Wednesday, November 05, 2014 9:44 AM
To: Watt, Rebecca HLTH:EX; English, John HLTH:EX; Williams, Kim
Subject: FW: Tertiary Perinatal Services in FHA

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Vivian Giglio, Vice President, Clinical Operations

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Regards, Rebecca

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Subject: FW: Tertiary Perinatal Services in FHA/Steering Committee

Hi Vivian, since we are cancelling this meeting, I wonder if you or Loraine could provide a 1-2 page written update of the move and the operational status of the new NICU to us, say by mid-July, rather than waiting for the next meeting in 2 months to get an update (and I will be away early Sept).

Not sure when Loraine is back s.22
Regards, Rebecca

Watt, Rebecca HLTH:EX

From: John, Rebecca HLTH:EX
Sent: Wednesday, November 5, 2014 9:44 AM
To: Watt, Rebecca HLTH:EX; English, John HLTH:EX; Williams, Kim
Subject: FW: Tertiary Perinatal Services in FHA
Attachments: Tertiary Program Status Report to MOHS - 07 15 14.pdf

Hi all - I realized this morning that I received an update in the summer from FHA on this project that I likely didn't forward. My apologies.
Today's call is shortened unfortunately.

However if you are able to attend, a further update on DOBA would be useful John/Rebecca from MoH side.

My concern is that SMH NICU is running at 99.3% occupancy as of Sept/October...up from 96% in August/Sept.
They don't appear to have opened any additional beds since the opening of the tower –they are at 24 I believe - yet the plan was to open up to 36 in June this year and 42 by January 2015.
They may say this is due to lack of DOBA. I'm concerned that this is going to continue indefinitely yet I think we should be very concerned about this NICU occupancy rate.

I've sent some questions along these lines to Loraine Jenkins this morning. Vivian Giglio is not available for the meeting.
Thanks, Rebecca

From: Schmidt, Christina [mailto:Christina.Schmidt@fraserhealth.ca]
Sent: Tuesday, July 15, 2014 1:03 PM
To: John, Rebecca HLTH:EX
Cc: XT:HLTH Giglio, Vivian HLTH:IN; XT:Schmidt, Christina FRHA HLTH:IN
Subject: RE: Tertiary Perinatal Services in FHA

Good Afternoon Rebecca,

On behalf of Vivian, I am sending the enclosed update.

If you have any questions, please be in touch. Have a wonderful afternoon.

Regards,
Christina

Christina Schmidt
Executive Assistant to:
Vivian Giglio, Vice President, Clinical Operations

#400 – 13450 102 Avenue, Surrey, BC V3T 0H1
Direct: 604-587-4667
Email: christina.schmidt@fraserhealth.ca

From: John, Rebecca HLTH:EX [mailto:Rebecca.John@gov.bc.ca]
Sent: Wednesday, June 25, 2014 1:00 PM

To: Giglio, Vivian
Cc: Jenkins, Loraine; Schmidt, Christina
Subject: FW: Tertiary Perinatal Services in FHA/Steering Committee

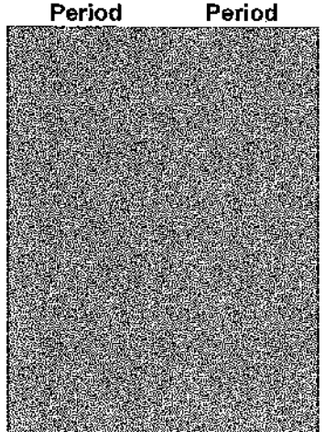
Hi Vivian, since we are cancelling this meeting, I wonder if you or Loraine could provide a 1-2 page written update of the move and the operational status of the new NICU to us, say by mid-July, rather than waiting for the next meeting in 2 months to get an update (and I will be away early Sept).

Not sure when Loraine is back s.22
Regards, Rebecca

Executive Liaison:	Vivian Giglio, Vice President, Clinical Operations; Executive Sponsor	**Revised Charter Approval Date: N/A**
Initiative Sponsors:	Loraine Jenkins, Executive Director, MICY Program	
Initiative Director:	Monica Nicol, Program Director	
Project Manager:	Lisa Bournelis, Senior Consultant - Strategic Transformation Team	**On Schedule:** **Key operational deliverables are constrained by DOBA resolution*
Period Covered:	***April 1 – June 30 2014***	**Within Budget:**
Date:	**July 15, 2014**	**Change of Scope:** NO **Schedule:** Yes **Budget:**

Project Description:

- Project outcome is to operationalize 12 fully functional Level 3 NICU beds at SMH by March 31, 2012.* *(*Reliance on resolution of DOBA has pushed out deadline.)As of today, SMH has 4 level 3 NICU beds within the compliment of 24 NICU beds.*
- The project is led collectively by the Fraser Health Authority, the Ministry of Health Services, and Perinatal Services BC as per MOU signed October 6, 2010 and
  Project Plan approved 31 December 2010.

Project Status Summary	**Previous Period**	**This Period**
Plan/Schedule		

Notes

Core areas of planning remain in progress as per scheduled timelines, with the exception of those relying on a DOBA resolution. Progress is still required in the following areas:

- **Physician services NICU**: Process for recruitment of additional Neonatologists /Clinical associates is underway in order to increase bed capacity now that the CCT has opened
- **Physician services MFM**: one more MFM is required this year pending APP funds.
- **Central intake process** for MFM initial planning in progress. Discussion with MFM's regionally and with BC Women's to determine best model. Working group with MFM's from SMH RCH and BCW will take on this work.
- **Model of care implementation for Obstetrics drafted**. Two on-call groups to support high volume tertiary service. An external review was completed. Work plans drafted to support model. A final review to be conducted with the clinical team.
- **Recruitment** and training of clinical and non-clinical support staff continues as planned.
- **Change / culture management plan** for two-site / one program model continues and considerable activity underway at SMH related to Culture and Research / Innovation strategies.

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Major Accomplishments Completed this Reporting Period *(April 1 2014 – June 30 2014)*

- **Obstetrics**
- Obstetrical model of care with two on-call groups has been developed and will be implemented based on external review and stakeholder feedback. Recruitment is in progress, though slow.
- Recruitment of obstetricians under way. Obstetrician recruited from abroad for high risk obstetrics. Advertisements for two additional Obstetricians have been placed in appropriate journals in the fall, two additional OB's to be recruited) Interviews for these recruits will start in July 2014
- Surgical and MICY program have completed plans to support new Obstetrician OR time.

- **Maternal Fetal Medicine**
- Single intake model: Community-wide scheduling in place at RCH.
- Renewed plans in place to address MFM and sonographer shortages. Diagnostic Imaging will submit its proposal to address shortages. This has been elevated to the senior MICY leadership to resolve funding issues. Discussion with MFMs underway to determine model.
- 1.6 MFMs recruited. Sonographers to work with MFMs dependant on approval of operational funding for that model.
- Technical architecture to support PACS-Viewpoint interface requires a funding source to complete. Business case completed and approved to go to IM Governance for final approval. Work underway to implement.
- MFM action plans continue. Plans to build MFM Capacity as soon as APP secured. Progress made in education and outreach.

- **Neonatal Intensive Care**
- Under Dr. John Van Aerde's leadership, the Physician Services Plan for the NICU at SMH has been
- Multidisciplinary planning for alignment between SMH and RCH completed – current state and future state recommendations for subspecialties in progress.
- 5th regional neonatologist was hired.
- APP For clinical associates is the priority and recruitment has begun.
- New SMH NICU opened June 8th 2014, phasing of beds will occur.
- Regional Division head being recruited.

- **Culture Development**
- Dr. Van Aerde is working with SMH physicians on ongoing visioning sessions with physicians and culture change strategy / action plan under development. This will align with SMH Tower and Tertiary Perinatal Program culture strategies.
- Family-centered care under development at RCH to align with the culture model.

- **Academics / Research**
- Academics and research work aligned with the Surrey Memorial Campus work underway.

- **Communications**
- Final KYI will be sent out in July 2014

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Outcome			The project continues to move towards the operational implementation of level III NICU beds at SMH. Please refer to the noted deliverables below. However, final level III configuration at SMH continues to be dependant upon the resolution of DOBA, which in turn impacts: the anesthetists in operation, the OB and Neonatology models of care, and the implementation of staffing resources. Recruitment of tertiary level obstetricians is slower than anticipated and will impact the tertiary obstetrics plans. RCH continues to play the major role in under 30 weeks gestation obstetrics.
Issues			Issues noted on Risk Register include: • Sonographer staffing shortages and technical fee issues for Medical Imaging Department impact MFM Medical Imaging requirements. Unable to recruit 2 sonographers to free up MFM availability. Resolution of issue will require a longer term strategy. • Long –term MFM capacity planning underway to support partnerships, rounds, and teaching opportunities. • Unresolved DOBA issues escalated to MOH and FHA Executives to underscore the risks and issues associated with a lack of resolution. • Slight increase in number of births at SMH. 8.9% Gestational age will remain at 30 weeks gestation until resolution of anesthesia and Obstetricians are recruited to provide the two on call model.
Risk			• Continued Risk to implementation and patient safety (high risk mothers) at SMH due to lack of resolution of DOBA. Latest information from anaesthesiology group is that the BCAS has directed them not to sign the contract. • Lack of manpower to provide a 2 on call model of care creates risk to implementation of the Obstetric model of care. • APP funding for neonatology has not been confirmed as yet and will present a risk to implementation of the additional neonatal beds. Clinical Associate recruitment is under way and will support the initial expansion.
Overall Outlook			Fraser Health continues to build upon their program plans to establish the necessary infrastructure for the NICU expansion at Surrey Memorial Hospital. Ongoing progress has been made to bring physicians together and align with a family-centered care culture. The work is aimed to ensure that the models of care and staffing are in place once a Dedicated Obstetrical Anesthesiology (DOBA) agreement is achieved. Funding for DOBA has been secured, however an agreement with Anesthesia is unlikely.

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Major Planned Accomplishments next Reporting Period *( )July to Sept)*

- **DOBA:** Alternative or mitigation planned in event DOBA unresolved
- **Obstetrics:** Physician recruitment of 2 additional OBs completed with implementation of model of care commenced
- **Maternal Fetal Medicine**: Model development underway. Planning underway for additional support for MFM. Internal Medicine Specialist with interest in Maternity care hired in partnership with Medicine program to support maternity patients with complex medical needs.
- **Neonatology Clinical Associates recruited for NICU**
- **Academic:** Academic planning has been rolled under the SMH Memorial Campus. Academic requirements for program determined.
- **Culture:** Culture work is rolled up under SMH Memorial Campus to ensure alignment.
- **Budget:** Operationalizing of Budget will occur as per process for expansion of NICU and FBU.
- **Communications:** Renewed KYI planned for July 2014.

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Briefing Note Draft on DOBA

Background

In 2012 monies were made available through an agreement between the MoH and DOBC (then BCMA) to establish separate obstetrical anesthesia services at hospitals with large volume obstetrical units. At that time Royal Jubilee Hospital in Victoria, Royal Columbian Hospital in New Westminster, and Surrey Memorial Hospital in Surrey qualified for the dedicated obstetrical anesthesia agreement (DOBA) funds with $1.2 million for each site ($900,000 plus existing on-site on-call MOCAP arrangements).

Royal Jubilee Hospital accepted DOBA immediately but RCH and SMH refused to sign. These two sites remain without a DOBA. There have been numerous attempts to encourage the anesthesiologists at these two sites, both under the jurisdiction of Fraser Health Authority, to sign the agreement without success. In the past year the anaesthesiologists at SMH approached the leadership of the Surgical Program to express their concern over quality of obstetrical anaesthesia services at their site and indicate their interest in negotiating a new DOBA contract.

s.17

Recommendation

s.13,s.17

Page 218

Withheld pursuant to/removed as

s.13;s.17

Page 219 to/à Page 224

Withheld pursuant to/removed as

DUPLICATE

Mildenberger, Hana S HLTH:EX

From: English, John HLTH:EX
Sent: Tuesday, June 21, 2016 12:46 PM
To: Mildenberger, Hana S HLTH:EX
Subject: FW: DOBA

FOI request

-----Original Message-----
From: English, John HLTH:EX
Sent: Thursday, August 28, 2014 10:22 AM
To: Pittman, Abigail HLTH:EX
Subject: RE: DOBA

Thanks

John

-----Original Message-----
From: Pittman, Abigail HLTH:EX
Sent: Thursday, August 28, 2014 9:01 AM
To: English, John HLTH:EX
Subject: RE: DOBA

Rod was going to follow up with Ted on this, I haven't heard back yet.

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health 3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca

-----Original Message-----
From: English, John HLTH:EX
Sent: Thursday, August 28, 2014 9:00 AM
To: Pittman, Abigail HLTH:EX
Subject: FW: DOBA

Hi Abbi

Did we ever respond to tom on this?

Please advise.

Thanks

John

-----Original Message-----
From: Ward, Tom [mailto:Tom.Ward@fraserhealth.ca]
Sent: Monday, July 7, 2014 2:39 PM
To: Pittman, Abigail HLTH:EX; XT:HLTH Sandhu, Jag
Cc: English, John HLTH:EX; Watt, Rebecca HLTH:EX; Frechette, Rod HLTH:EX; Stewart, Sharon A HLTH:EX
Subject: RE: DOBA

Hi Abigail. Our request is whether the MOHS is comfortable with FHA containing discussions with the anaesthesia groups at SMH and RCH. You can see from the email string their requests relate to issues that are provincial in nature and will need to involve the DOBC. Our email had two purposes. First, to make you aware of their requests re: money fees, and manpower. Secondly, to request some advice as to whether it is worth us carrying on with the discussions. To our mind they need to deal directly with the Ministry and DOBC. We have a Role in manpower discussions, but none in breaking new ground re: base funding or new fees. Do we have a role as an interlocutor? My incline is decline further meetings and direct them to DOBC. s.17
s.17
s.17 Anyone from the Ministry can connect with me at 604 897-1866
thanks.

From: Pittman, Abigail HLTH:EX [Abigail.Pittman@gov.bc.ca]
Sent: July 7, 2014 2:00 PM
To: Sandhu, Jag
Cc: English, John HLTH:EX; Watt, Rebecca HLTH:EX; Frechette, Rod HLTH:EX; Stewart, Sharon A HLTH:EX; Ward, Tom
Subject: RE: DOBA

Hi Jag,
In order to consider of your request for Ministry agreement to terminate further DOBA negotiations could FHA please describe:

1. How the patients are being serviced currently and what service delivery risks may arise related to canceling the negotiations?

2. The strategy that FH will employ to deal with any sudden service interruptions?

3. The planned response to potential near miss events?

Thanks
Abbi

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health 3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca<mailto:Abigail.Pittman@gov.bc.ca>

From: Sandhu, Jag [mailto:Jag.Sandhu@fraserhealth.ca]
Sent: Friday, July 4, 2014 1:26 PM
To: Frechette, Rod HLTH:EX; Patterson, Ted HLTH:EX
Cc: XT:HLTH Ward, Tom; Pittman, Abigail HLTH:EX; Watt, Rebecca HLTH:EX
Subject: FW: DOBA

Dear Rod/Ted,

On behalf of FHA, Dr. Peter Blair, Program Medical Director, Surgery Program has been leading the FHA DOBA negotiations over the last several years. It seems the physicians require a fundamentally modified DOBA contract and rates of pay (see note below). FHA understands the current negotiation is mandated for DoBC and the Ministry.

s.17

Appreciate if you could provide direction or advise next steps....? Thanks, Jag

From: Blair, Peter
Sent: Friday, July 04, 2014 7:28 AM
To: Giglio, Vivian; Hockney, Judith
Cc: Sandhu, Jag
Subject: DOBA

Just to update you. There will not be any local resolution based on my conversations with the BCAS. We need a province wide discussion including BCMA and MoH. The solution will likely involve more money in the DOBA perhaps 2 mill at each site (MoH) plus increasing the MSP fees for anesthesia (BCMA). The BCAS want all there concerns addressed around manpower and income. I am going to meet with BCAS and go from there. In the meantime we need to prepare the ministry and the BCMA.

Peter Blair
Program Medical Director Surgery
Fraser Health Authority
Clinical Professor Surgery UBC
mobile: 604 417 4232
'How rarely do we link our ability to imagine with our ability to act. Perhaps that is because we confuse simply doing our job, managing situations or focusing on the short-term with the concept of action. Perhaps this is because so many of us are somehow employed or feel employed rather than feel we are free to act. And that atmosphere of order impinges on our real desire as individuals, as citizens, to get things done.'
John Ralston Saul, A Fair Country

Mildenberger, Hana S HLTH:EX

From: English, John HLTH:EX
Sent: Tuesday, June 21, 2016 12:45 PM
To: Mildenberger, Hana S HLTH:EX
Subject: FW: DOBA - MOH/BCMA/FHA
Attachments: Seckel-Lake-Murray DOBA.pdf

FOI request

From: English, John HLTH:EX
Sent: Friday, March 14, 2014 5:26 PM
To: Frechette, Rod HLTH:EX
Subject: FW: DOBA - MOH/BCMA/FHA

s.17

Will you be taking the lead on developing a response or do you want me to do so?

Please advise.

Thanks

John

John English
Director
Physician Compensation Branch

From: Patterson, Ted HLTH:EX
Sent: March-14-14 3:51 PM
To: Frechette, Rod HLTH:EX; English, John HLTH:EX
Subject: Fw: DOBA - MOH/BCMA/FHA

From: Murray, Nigel [mailto:Nigel.Murray@fraserhealth.ca]
Sent: Friday, March 14, 2014 03:19 PM Pacific Standard Time
To: XT:HLTH Webb, Andrew; Patterson, Ted HLTH:EX; McKnight, Elaine L HLTH:EX
Subject: FW: DOBA - MOH/BCMA/FHA
Can we please discuss our collective response to this proposal? I suggest a conference call to lay down a strategy. This once again appears not to be going very far towards a resolution.
Regards,
Nigel

Dr. Nigel Murray
President and Chief Executive Officer
Fraser Health

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From: Teresa Sullivan [mailto:bcanesthesiologists@gmail.com]
Sent: March 11, 2014 2:17 PM

To: aseckel@doctorsofbc.ca; Murray, Nigel; terry.lake.mla@leg.bc.ca
Cc: mario.miniaci@gov.bc.ca
Subject: DOBA - MOH/BCMA/FHA

Good afternoon,

Please see the attached letter from our President, Dr. Kallie Honeywood. I look forward to your response.

Sincerely,

Teresa

--
Teresa Sullivan, MBA
Chief Advocate
BCAS | British Columbia Anesthesiologists' Society
#100 - 356 Herald Street, Victoria, BC. V8W 1S6
Tel: (778) 265-6605 | **Cell:** (250) 516-9664 | **Fax:** (250) 590-8521

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Ty, Marie HLTH:EX

From: Ty, Marie HLTH:EX
Sent: Monday, November 30, 2015 4:55 PM
To: Patterson, Ted HLTH:EX
Subject: Fraser Health APP funding - DOBA

Hi Ted. In response to your question, there is currently no APP funding in FHA's funding plan for Dedicated Obstetrical Anaesthesia services. A few year ago, the Ministry had been holding APP funding to support Dedicated Obstetrical Anaesthesia services at Surrey Memorial Hospital and at Royal Columbian Hospital. However, FHA was not able to negotiate a contract and the funding was subsequently reallocated to support FHA's increased physician costs associated with the expansion of Surrey Memorial Hospital.

s.13,s.17

English, John HLTH:EX

From: Pittman, Abigail HLTH:EX
Sent: Monday, July 7, 2014 11:55 AM
To: Stewart, Sharon A HLTH:EX
Cc: English, John HLTH:EX; Watt, Rebecca HLTH:EX
Subject: FW: DOBA

s.17

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health
3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca

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To: Frechette, Rod HLTH:EX; Patterson, Ted HLTH:EX
Cc: XT:HLTH Ward, Tom; Pittman, Abigail HLTH:EX; Watt, Rebecca HLTH:EX
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Fraser Health Authority
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mobile: 604 417 4232

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English, John HLTH:EX

From: Pittman, Abigail HLTH:EX
Sent: Monday, July 14, 2014 9:02 AM
To: English, John HLTH:EX
Subject: FW: DOBA

FYI

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Senior Manager
Health Sector Workforce Division | Ministry of Health 3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
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Abbi

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Clinical Professor Surgery UBC
mobile: 604 417 4232
'How rarely do we link our ability to imagine with our ability to act. Perhaps that is because we confuse simply doing our job, managing situations or focusing on the short-term with the concept of action. Perhaps this is because so many of us are somehow employed or feel employed rather than feel we are free to act. And that atmosphere of order impinges on our real desire as individuals, as citizens, to get things done.'
John Ralston Saul, A Fair Country

English, John HLTH:EX

From: Patterson, Ted HLTH:EX
Sent: Friday, March 14, 2014 3:51 PM
To: Frechette, Rod HLTH:EX; English, John HLTH:EX
Subject: Fw: DOBA - MOH/BCMA/FHA
Attachments: Seckel-Lake-Murray DOBA.pdf

From: Murray, Nigel [mailto:Nigel.Murray@fraserhealth.ca]
Sent: Friday, March 14, 2014 03:19 PM Pacific Standard Time
To: XT:HLTH Webb, Andrew; Patterson, Ted HLTH:EX; McKnight, Elaine L HLTH:EX
Subject: FW: DOBA - MOH/BCMA/FHA

Can we please discuss our collective response to this proposal? I suggest a conference call to lay down a strategy. This once again appears not to be going very far towards a resolution.
Regards,
Nigel

Dr. Nigel Murray
President and Chief Executive Officer
Fraser Health

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From: Teresa Sullivan [mailto:bcanesthesiologists@gmail.com]
Sent: March 11, 2014 2:17 PM
To: aseckel@doctorsofbc.ca; Murray, Nigel; terry.lake.mla@leg.bc.ca
Cc: mario.miniaci@gov.bc.ca
Subject: DOBA - MOH/BCMA/FHA

Good afternoon,

Please see the attached letter from our President, Dr. Kallie Honeywood. I look forward to your response.

Sincerely,

Teresa

--
Teresa Sullivan, MBA
Chief Advocate

BCAS | British Columbia Anesthesiologists' Society
#100 – 556 Herald Street, Victoria, BC. V8W 1S6
Tel: (778) 265-6605 | **Cell:** (250) 516-9664 | **Fax:** (250) 590-8521

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Pittman, Abigail HLTH:EX

From: Pittman, Abigail HLTH:EX
Sent: Friday, November 21, 2014 7:58 AM
To: XT:HLTH Sandhu, Jag
Cc: Turner, John HLTH:EX
Subject: RE: Re. Proposals in play

Thanks Jag.

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health
3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca

From: Sandhu, Jag [mailto:Jag.Sandhu@fraserhealth.ca]
Sent: Thursday, November 20, 2014 5:55 PM
To: Pittman, Abigail HLTH:EX
Cc: Turner, John HLTH:EX
Subject: RE: Re. Proposals in play

Abbi,

Couple follow-up questions...

s.13

re#4 Cardiac surgery is not related to critical care tower but as per the letter being requested for a new priority commitment.

Will follow-up once I have all the details. Thanks, Jag

From: Pittman, Abigail HLTH:EX [mailto:Abigail.Pittman@gov.bc.ca]
Sent: Thursday, November 20, 2014 9:30 AM
To: Sandhu, Jag
Cc: Turner, John HLTH:EX
Subject: Re. Proposals in play

Hi Jag,
I thought I would summarized the outstanding proposals and required information based on our conversation yesterday.

1. Palliative Care:
    a. FHA has a contract draft. Review is underway.

2. NICU:
    a. Clinical Associates (New Contract Development):
        i. Identify which priority this supports and q quick blurb on how this scope contributes.
        ii. Identify 2-3 deliverables that are scope related and measurable (eg. have targets)

iii. Identify proposed practice category (ies) and range %
iv. Identify FTE definition
v. Clearly detail services
vi. Identify proposed annual APP commitment

b. Neonatologists (Amendment to current contract):
   i. Proposal is to adjust the FTE definition. Please propose a number.
   ii. Identify 2-3 deliverables that are scope related and measurable (eg. have targets).

3. Critical Care:
   a. Clinical Associates (New Contract Development):
      i. Specialists (20%):
         1. Identify which priority this supports and q quick blurb on how this scope contributes.
         2. Identify 2-3 deliverables that are scope related and measurable (eg. have targets)
         s.13
         4. Identify FTE definition
         5. Clearly detail services
         6. Identify proposed annual APP commitment
      ii. 4th Year Residents (80%):
         1. Identify which priority this supports and q quick blurb on how this scope contributes.
         2. Identify 2-3 deliverables that are scope related and measurable (eg. have targets)
         s.13
         4. Identify FTE definition
         5. Clearly detail services
         6. Identify proposed annual APP commitment

4. Cardiac Surgery Triage Service (New Contract Development):
   s.13
      i. Identify how this related to the critical care shortfall and provide the information requested in Ted's letter.
      ii. s.13

      iii. Commitment details for contract formation:
         1. Identify which priority this supports and q quick blurb on how this scope contributes.
         2. Identify 2-3 deliverables that are scope related and measurable (eg. have targets)
         3. s.13
         4. Identify FTE definition
         5. Clearly detail services
         6. Identify proposed annual APP commitment

Please let me know if I have missed anything. As discussed, you can put all this information into an email (preferably one per scope) no need to fill out the application form for each. This way it will allow for a quicker review turnaround.
Thanks
Abbi

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health
3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca

Pittman, Abigail HLTH:EX

From: English, John HLTH:EX
Sent: Friday, September 19, 2014 11:19 AM
To: Pittman, Abigail HLTH:EX; Watt, Rebecca HLTH:EX
Cc: Magil, Joni HLTH:EX; Walker, Sandra HLTH:EX
Subject: FW: Briefing Note on DOBA
Attachments: 1011453 (v-2) - MO Request For Update on BCAS SMH DOBA Sept 2014.docx

FYI

Latest on DOBA.

John

From: English, John HLTH:EX
Sent: Friday, September 19, 2014 11:18 AM
To: Frechette, Rod HLTH:EX; Hume, Christine HLTH:EX
Cc: Higgs, Jeremy HLTH:EX
Subject: RE: Briefing Note on DOBA

Here you go.

John

From: English, John HLTH:EX
Sent: Friday, September 19, 2014 10:46 AM
To: Frechette, Rod HLTH:EX
Subject: RE: Briefing Note on DOBA

OK.

Thanks

I will update our BN for the Minister accordingly and send it back to you.

John

From: Frechette, Rod HLTH:EX
Sent: Friday, September 19, 2014 10:45 AM
To: English, John HLTH:EX
Subject: FW: Briefing Note on DOBA

FYI

From: Webb, Andrew [mailto:Andrew.Webb@fraserhealth.ca]
Sent: Friday, September 12, 2014 11:02 AM
To: Patterson, Ted HLTH:EX; Frechette, Rod HLTH:EX
Cc: Blair, Peter
Subject: FW: Briefing Note on DOBA

Ted, Rod

Following our teleconference on DOBA last month we were asked to provide you with a briefing note outlining the situation. Dr Blair has drafted the attached based on his interactions with the anaesthetists. We have reached an impasse that leaves patients without access to timely and effective care. Our recommendation is to try and get the Doctors of BC engaged (again) through the PMA quality of care dispute process.

Andy

Dr A R Webb MD FRCP MFMLM
VP Medicine, Fraser Health
Clinical Professor, UBC Faculty of Medicine
Professor, SFU, Faculty of Health Sciences

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13450 – 102 Avenue
Surrey, BC V3T 0H1

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Mobile (604) 897-3432

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DUPLICATE

Pittman, Abigail HLTH:EX

From: English, John HLTH:EX
Sent: Monday, June 23, 2014 10:35 AM
To: Pittman, Abigail HLTH:EX
Cc: Watt, Rebecca HLTH:EX
Subject: Fraser Health DOBA Agreement

Further to our discussion on Friday, I spoke to Rod about this. s.17
s.17

Please create a table comparing the MOCAP arrangements at each site (Vic General; Surrey; RCH) :

Physician MOCAP Contract #1 MOCAP Contract #1 MOCAP Contract #2 MOCAP Contract #2 MOCAP Contract #3 MOCAP Contract #3 Total
Name Description Payment Received Description Payment Received Description Payment Received Payment Received

Thanks

John

John English
Director
Physician Compensation Branch
Medical Services Division
3-2, 1515 Blanshard St
Victoria BC V8W 3C8
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

Bond, Jason HLTH:EX

From: Bond, Jason HLTH:EX
Sent: Monday, February 23, 2015 1:11 PM
To: Clarke, Ryan HLTH:EX
Subject: DOBA Info
Attachments: doba mitigation options.docx; Cliff# 89[illegible]88 - BN for Minister - Lack of progress on DOBA (VGH Shot 8-11).docx; ANAESTHETA - DOBA IUGAS.docx; Anaesthesia - Dedicated Obstetrical (DOBA) revised Feb 2-12 4PM.docx; VIHA DRAFT Victoria Anaesthetic DOBA MoA Dec11-Mar13 1[illegible]911.pdf

For when you get access to the LAN.

s.15

Jason Bond
Physician Compensation Branch
Ministry of Health
3-2, 1515 Blanshard Street
Victoria, BC V8W 3C8
Ph: (250) 952-1[illegible] Fax: (250) 952-3466

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DEDICATED OBSTETRICAL ANAESTHESIA SERVICES (DOSA)

Current [illegible]

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s.17

Potential mitigation strategies:

s.17

OPPORTUNITIES & RISKS

s.17

RECOMMENDATION

s.13,s.17

Backgro

s.17

MINISTRY OF HEALTH
DECISION BRIEFING NOTE

Cliff # [redacted] (xref: 892034, 880460, 886068, 842265)

PREPARED FOR: Honourable Minister de Jong, Minister of Health - FOR DECISION

ISSUE Lack of progress on delivered obstetrical anesthesia (DOBA) services potentially impacting patient safety and impeding implementation of the Fraser Health Authority Perinatal Services Transition Plan

PURPOSE: s.17

BACKGROUND:
s.17

DISCUSSION:

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s.17

s.17

s.13,s.17

s.13,s.17

RECOMMENDATION:
s.13,s.17

Program ADM/Division:	Heather Dav[illegible]on, Health Authorities Division Sheila Tayl[illegible] Medical Services Division
Telephone:	250 952-104[illegible]
Program Contact:	Effie Henry/[illegible]n English
Drafter:	Sara McLau[illegible]in
Date:	August 16, 2[illegible]1
File Name with Path:	

Appendix A - Planned Transition of NICU Beds From RC to SMH

s.17

APPENDIX B

MINISTRY OF HEALTH SERVICES
INFORMATION BRIEFING NOTE

Cliff # 880-60 (xref: 864[illegible] 8, 842265)

PREPARED FOR: Heather Davidson, ADM, Health Authorities Division
Sheila Taylor, ADM, Medical Services Division
FOR INFORMATION

TITLE: Fraser Health Authority [illegible] Clinical Services Transition [illegible]

PURPOSE: s.17

BACKGROUND:
s.17

DISCUSSION:
s.17

s.17

FINAN[illegible] EXPLICA[illegible]:
s.17

ADVI[illegible]
s.17

Program [illegible] Division:	[illegible]sthes[illegible] Health Auth[illegible]ities Division
	Nicola Tipper, Medical Services Division
Telephone:	250 952-[illegible]
Program [illegible]:	Little Hea[illegible] English
Date:	June 13, 20[illegible]

APPENDIX C

TERTIARY PERINATAL SERVICES IN FRASER HEALTH AUTHORITY

ACTION PLAN

PREPARED FOR THE MINISTER OF HEALTH SERVICES

DECEMBER 15, 2010

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ATTACHMENT/APPENDICES ..... Error! Bookmark not defined.

EXECUTIVE SUMMARY

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OBSTETRIC MODEL OF CARE

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DEDICATED OBSTETRICAL ANAESTHESIA SERVICES (DOBA)

s.17

NEONATAL INTENSIVE CARE (NICU) MODEL OF CARE

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COMMUNICATION

s.17

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BUDGET AND FINANCIAL PLANS

s.17

APPENDIX D- COMPONENTS OF THE FHA TRANSITION PLAN

s.17

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APPENDIX 1 FHA DOBA PLAN

Spanish (Mexico)

Spanish (Mexico)

DOBA

Dedicated Obstetrical Anesthesia Services Mitigation Options

Department: Maternal, Infant, Child and Youth Program

Date: **June 2011**

GOALS:
Client Advocacy
Feedback
Professional D[illegible]
Family Centered Care

Pro[illegible]
Info[illegible] Sharing
Inno[illegible]
Risk Approach

Cri[illegible]
Sta[illegible]
Ass

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Current

In March [illegible] staff and stakeholders were advised that further implementation of the project would [illegible] be delayed [illegible] stillborn resolved physician issues at SMH around the obstetric [illegible] level of care for high-risk deliveries and dedicated OB anesthesia coverage.

At that time it was anticipated that it would take a longer period of time to resolve the outstanding issues and that implementation of the project without due consideration of those issues could pose [illegible] or quality concerns.

FH leadership and external stakeholders maintained that a modified longer term implementation plan would be required to successfully support the Level III NICU transition at SMH. It is also acknowledged that FH operates a Level III NICU in collaboration with MOH, PSBC and the resolution of the outstanding issues will require a collaborative effort.

In order to [illegible] operational planning [illegible] to DOBA, FH will require a decision and plans to be communicated prior to [illegible] 30, 2015. Critical to this action will be a formal commitment from the [illegible] physicians to support any [illegible] agreement (if applicable) and the overall transition [illegible]

To date, [illegible] discussions [illegible] current [illegible] of anesthesiologists to provide dedicated obstetric [illegible] have not been in agreement. Despite attempts by the [illegible] administration to pursue [illegible] of options.

For example, [illegible] explored the [illegible] of [illegible] new/additional anesthesiologists to a call group that would provide dedicated anesthesia [illegible] there was no success or expressed interest. Currently [illegible] Department of Anesthesia [illegible] CH and the BCAS insists that a solution be collectively [illegible] related to the [illegible] ACH and Victoria General Hospital.

GOALS:

Client A[illegible]	[illegible]	Communication
Feedback	[illegible] Sharing	Collaboration
Professional [illegible]	[illegible]	[illegible]
Family [illegible]	[illegible]ship	

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Given this p[illegible]spective and c[illegible] FH will requ[illegible] assistance from MOHS to re[illegible]e the phy[illegible]
compensatio[illegible] issues, it will [illegible] imperative t[illegible] MOHS work collaboratively [illegible] necessar[illegible]
agencies as well as the relev[illegible] Health Auth[illegible]ties including FH, to develop[illegible] and [illegible]
to address th[illegible] issues.

Expectations and Deliverabl[illegible] as per MOC[illegible] MOH work plan include:

•Decision, p[illegible]n and time lin[illegible] anesthetist c[illegible]mpensation issues from MOH[illegible] June 30 2010

•Formal agreement from aff[illegible]ed physician[illegible] support any new agreement[illegible] feasible and the overall transition pl[illegible]

In the interim, there are [illegible]0 NBA services [illegible]MH, requiring high risk mat[illegible]rnity gestational age of less than 30 weeks, b[illegible] diverted to RC[illegible]

If a plan for NOBA is not d[illegible]rmined by Jun[illegible]30, 2011 the NICU plans as [illegible] presented in June 2010 are at risk and the likel[illegible]ood of compl[illegible]ng the transition of Level III [illegible] needs to NWH by March 2012 is very low, [illegible]spite the prog[illegible] is made on the other program[illegible]

As a result [illegible] this signifi[illegible]cant concern, FH, [illegible]41 and PSBC representatives [illegible] develop[illegible] mitigation strategies to [illegible]ss[illegible]

Potential mitigation Strate[illegible]es:

Those strate[illegible]es include but [illegible]e not limited [illegible]e following options:

1. To collaborate wi[illegible] VIHA on an [illegible]itiative to recruit Obstetric[illegible] Anesthet[illegible]s [illegible] FH under an agre[illegible]ment that wou[illegible] offer APP plus MOCAP [illegible]ation to exclusive access [illegible]PFF surgical [illegible]ocedures to those anaesthe[illegible]s. This [illegible] is currently under [illegible]evelopment [illegible] VIHA as a contingency to [illegible] current MOU.

There are significant concerns around this option for [illegible] as it presents numerous risks to the program areas. Those risks are presented in the risk table above.

2. Negotiate a recruitment strategy for DOBA at SMH in collaboration with the Department of Anesthesia, [illegible] Health Match BC.

3. Follow the [illegible] negotiations between BCMA/BCAS and FH to continue towards a [illegible] solution for designated sites across [illegible].

STRATEGIES & RISKS

Strategy	Opportunity	Risk	Mitigation	
VIHA [illegible]	Allow VIHA to employ and [illegible] with the AC	[illegible]hood of closed job [illegible] very high risk of [illegible] and [illegible] anesthesia support current service any DOBA [illegible] is also high	Risks are not mitigate [illegible] strategy is to pursue and risks low [illegible]	[illegible]gh to effectiv [illegible] time. Optima [illegible]ow VIHA to [illegible]ess progress u [illegible] FH
FH Rec [illegible]	Work [illegible] with [illegible]	[illegible]ionship is [illegible]y tenuous [illegible]ay [illegible]cation or	Risks are [illegible] significantly dialogue with leadership	[illegible]ssessed to be [illegible]gh and further [illegible]OH and the [illegible] in departments

	de ele recruit ent strateg	p ceived threat to existing physicists could compromise ting services	Surgery/A a to explore feasible opt r under ay. Meeting wit CH/HA stakeholder ngaged Fe ru 10, 2011
MOH Negotiation	To dev op a long sustain le model in coll oration with M H, BCMA BCAS that propos a hybrid fun din, tructure co nbi g APP with s e FFS	ss to accurate is required to ue this model. of access to will result in continued delay.	Request for entifi strategy by f access to necessary a ntinue between M BCMA/BC determine solution.

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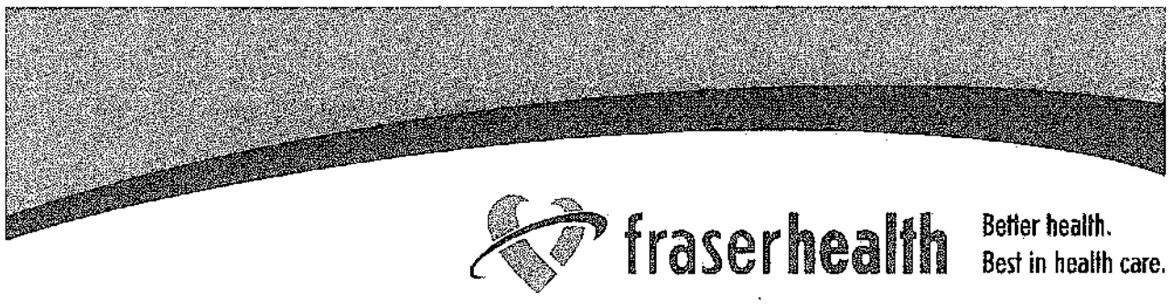
RECO[illegible]DATION

In consi[illegible] each opt[illegible] risks ass[illegible] to each, the following stra[illegible] is recommended at this t[illegible]

Given the significant risk of future job loss within FH surgical programs [illegible] further erosion of the relationship between FH and Department of Anesthesia, we recommend that [illegible] work with the current leadership within Department of Anesthesia to explore any feasible options to recruit and modify the current anesthesia program at the current time.

Concurrently, FH would continue to support the current negotiations between BCMA/BCAS and MOA in an effort to continue to work towards a longer term sustainable solution for designated sites across FH, including SMH and RCH.
During this time, FH would request that MOA provide a monthly update to [illegible] around the development of programs and the probable patient outcomes in order to allow FH to more fully develop contingency plans, based on the potential outcomes:

1. [illegible] position to Level II NICU at SMH by March 2012
2. [illegible] position of Level III NICU at SMH by March 2012
3. [illegible] surgical oncology transition to Level III NICU at SMH by March 2012



Background

Provision of DOBA is [illegible]sary service [illegible] in order to support [illegible] volu[illegible] obstetrics and Level III NIC[illegible] programs. [illegible] continue to be at high[illegible] co[illegible]ue the completion of the [illegible] plan.

In 2007/08, FH had an agree[illegible]ent with the f[illegible]artment of Anesthesia to p[illegible] clinical obstetrical anesthesia s[illegible] at Surrey Mem[illegible] Hospital [illegible]ported by the [illegible] Medic[illegible] Call Availability Agreement ([illegible]CAP) funds.

In July 2009, SMH [illegible] to have a dedicat[illegible] 24/7 Obstetrical Anesthesia [illegible] due to the reduction of services by the [illegible]epartment of [illegible]sthesia relative to a contract [illegible] around the ongoing agreement. As with [illegible]wal of service, [illegible]caused service [illegible]eruptions for [illegible] surgical [illegible] and led to the diversion of [illegible]e obstetrical [illegible] to RCH

A series of interim agreements were extend[illegible] in anticipation of a provincial [illegible]greement [illegible] under development with the British Colum[illegible] Anesthesiologists' Society, [illegible] British Columbia Medical Association (BCMA), [illegible] the MOHS.

An agreement was reached [illegible]ween those [illegible]ties, which allocated funding [illegible]e implementation of the [illegible]n of a labour [illegible] Epidural catheter fee and its assoc[illegible]ed out-of-[illegible] hour premiums, new obstetr[illegible] analgesia sup[illegible] billing fees and related utili[illegible] increases for the term of the agreement (January 1, 2010 [illegible] March 31, 2014).

It should also be noted that [illegible] agreement d[illegible] allow for an adjustment to be made to the [illegible]ng amount if any of the particip[illegible]ing anesthetis[illegible] decide to enter into a DOBA [illegible] contract.

The decision was made at th[illegible] time to delay [illegible] transfer as planned and to [illegible] Level III NICU in increments of [illegible] beds, as the outsta[illegible]ng issues become resolved. [illegible] remains optimism that the DOBA issu[illegible] would be qu[illegible]ly resolved through collabor[illegible] discussi[illegible] MOH, BC Anesthesia Socie[illegible] and BC Medi[illegible] Association.

While SMH NICU was prep[illegible]ed to receive [illegible] level III babies [illegible] less than 28 [illegible] gestational [illegible] the Department of Obstetrics [illegible] SMH contin[illegible] in a position that they would [illegible] accept [illegible] for labouring mothers at less [illegible]han 30 weeks [illegible] gestational age, which compro[illegible] [illegible] provide full level III servic[illegible]

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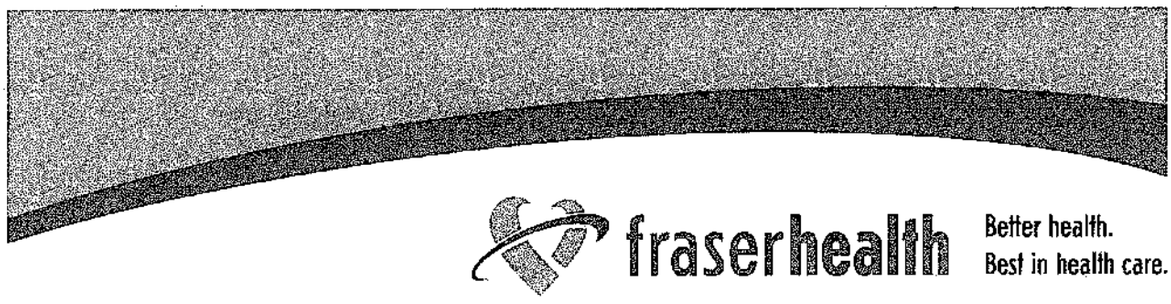
As a result, [illegible] b-risk OB services would [illegible] at RCH for the interim period and the DOB was reb[illegible] at SVH and the partnership Obstetrics would accept high [illegible] mothers. On February [illegible], 4 (four) level 3 bed[illegible] at SMH while 4 level 3 beds closed at RCH[illegible] an early [illegible] towards monitoring the program.



Dedicated Obstetrical Anesthesia DOBA Mitigation Options

Date: **updated AUGUST 2011**

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Tertiary Pe[illegible] Program – Current Statu[illegible]

As part of P[illegible] project plan[illegible] MOH[illegible] PSBC and MOHS, stakeholde[illegible] from each age[illegible]y have been participating in workin[illegible] groups ove[illegible] months to execute actions de[illegible]ed in NICU transition pl[illegible] December 201[illegible]

Currently 4[illegible] NICU Ped[illegible] Intensi[illegible] Unit at SMH, while 12 Level [illegible]eds remain in [illegible]l operation at [illegible] November of the working gro[illegible] and a collaborative Steering Co[illegible]mittee meet to[illegible]e monthly to [illegible] progress and [illegible] the risk [illegible]ster and status reports (most r[illegible]t attached. [illegible] data most e[illegible] the goals [illegible] and [illegible] making progress toward meeti[illegible] objectives wi[illegible] required tim[illegible]. While a few [illegible] the plan [illegible] require some adjustment to [illegible] timelines, the[illegible] is one deliver[illegible] that has been identified as pos[illegible] risk to the overall project, [illegible] it is the same [illegible] that has resu[illegible] implemented early in the proj[illegible] to December 2009, and that is [illegible]ess to DOBA SMH.

Since Decem[illegible] the SMH [illegible]sicians [illegible] caused to accept high risk [illegible]H) obstetrics SMH in the [illegible] DOBA [illegible] presents [illegible] table quality and safety issues [illegible] to the high volume and [illegible] services [illegible] with [illegible] configuration of the main OR [illegible]ive to the Obstetrics [illegible]

Without res[illegible] the outstanding DOBA [illegible] the project leads [illegible] are unable [illegible] complete requi[illegible] project deli[illegible] which will [illegible] an in[illegible] to complete the project as out[illegible]d in the MOU and NICU Proje[illegible] endorsed by [illegible] MOHS, [illegible] and PSBC of in December 2010

The above [illegible] have [illegible] meet[illegible] December to [illegible] review [illegible]ding DOBA [illegible]es and risks as [illegible] risks for [illegible], risks [illegible] implications in order to make [illegible] decision regarding [illegible] Tertiary [illegible] Services by June 30, 2011

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Mitigation Strategies and Options explored during June 30th – August 2012

4. **To collaborate with VIHA on an initiative to recruit obstetrical anesthetists to FHA under an agreement that would offer $xxx plus MOA $ in addition to exclusive access to PFH surgical procedures to those anesthetists.**

OUTCOME - This approach was withdrawn by VIHA in June 2012 and not considered feasible by due to the deteriorating climate and potential scaling back action at SMH

5. **To initiate an independent recruitment strategy for DOBA at SMH in collaboration with the department of Anaesthesia through Health Match BC**

OUTCOME - This approach was explored with Department of Surgery and Anesthesia Leadership and while some success in resulting general anesthetists has occurred, there has been no successful focussed recruitment for SMH DOBA in the absence of a reassignment of privileges process

6. **To explore alternative funding arrangements with Department of Anesthesia to support an interim DOBA model until provincial discussions were completed.**

OUTCOME - This approach was explored with Medical Administration and Department of Anesthesia and there is no interest by anesthesia to re-negotiate any slight variance arrangements as they are collectively supportive of the overall provincial plan

7. **Exploration of options with Department of OB at SMH to determine ongoing ability to withdraw or adjust gestational age restrictions to 36 weeks to alleviate some additional capacity of limited Level III services**

OUTCOME - SMH continues to explore this approach but the Department Head has stated as the OBS at SMH are adamant that there are significant patient safety concerns with lack of DOBA coverage and that they do not support increased risk and volume to be introduced. These quality issues have been raised and monitored to evaluate the frequency of patient safety and quality risks. It is important to note that SMH recruitment for Obstetricians is also compromised by lack of DOBA as the reduction risks are considered to be widely known and considered to affect recruitment.

allow the current negotiations between BCMA/BCAS and MOH continue to work toward a longer term sustainable solution for designated sites across BC.

OUTCOME: It is our understanding that [illegible] discussions are not the negotiations around PHS [illegible] particular [illegible] estimated timelines are unknown.

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STRATEGIES & RISKS

As a result of discussions at the Board of Directors in consultation with MOHS and PSBC will consider the following strategies and options, with associated risks and benefits, as summarized below:

Strategy	Barriers	Risks
1 - Remain with current status quo to 2014	➢ Risk losing recruited Nurses to SMH ➢ Status Quo not Option	Public outcry following commitment to complete project by 201
2 - Move all addition & [illegible] to SMH by March 201	➢ Could not [illegible] BA [illegible] risk/safety [illegible] plan [illegible] to [illegible] Issue	Risk losing recruited Nurses to SMH
3 - Continue with original plan to transition [illegible] to SMH by [illegible]	➢ Could not [illegible] BA [illegible] risk/safety [illegible] recruit [illegible] DCs [illegible] ➢ [illegible] to recruit [illegible] nurses [illegible] 2012	Timelines to complete transition is short and some timelines may compromise as far as recruitment of Nurses and Anesthesia
4 - Operate Level III services on [illegible] 2016	➢ [illegible] credibility [illegible] survey [illegible] raised [illegible] ➢ [illegible] not [illegible] amenities [illegible] including [illegible]	Least favorable option – Risk around credibility – great and [illegible] would compromise status of project

RECOMMENDATION

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Given review of above noted issues and risks, recommended options in order of preference would be:

OPTION 2

To support the MOHS to create an interim solution that allows DOBA in a 'without prejudice' arrangement at SMH for a defined period of time. This would allow for SMH OB to manage Groups 2 weeks and allow for the transfer of additional OB beds to SMH by March 2015 while the remaining beds remain at RCH until tower completed in 2016. Assuming DOBA discussions are resolved by mid-May This demonstration of commitment to the project through graduation implementable staff presentation public confidence and avert significant negative media and public response.

OPTION 1

If there is no consideration for increased DOBA at SMH, then the only feasible remaining option is to consider an extension of the current status quo to SMH. This carries considerable risk to public confidence with MOHS and FHA this will be seen as a failure of Tertiary Perinatal Project despite the completion of plans and deliverables within the MOU and the significant cost investment to date. We will lose considerable momentum with physicians, staff and training investments and the result operational cost pressure of approximately $60M by 2014.

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Background

Provision of [illegible] necessary service at SMH [illegible] order to support both the high volume obstetric and Level III NIC[illegible] programs. This [illegible] continue [illegible] at highest risk to compromise [illegible] completion [illegible] the transition pl[illegible]

In 2007/08, [illegible] an agreement with the De[illegible]rt of Anesthesia to provide de[illegible]ated obstetric anesthesia se[illegible]s at Surrey Memorial Hospital [illegible]ported by Level [illegible] Medical On[illegible]ll Availability Program (M[illegible]AP) funding.

In July 2009 [illegible] agreed to have [illegible]icated [illegible] Obstetrical Anesthesia Program [illegible]e to the reduc[illegible]on of services [illegible] anesthesia [illegible] to a contract dispute around the ongoing agreem[illegible]nt. A withdraw[illegible] of the notice cancelled [illegible] dispu[illegible] for other surgical cases and led the diversion [illegible] acute obstet[illegible] services to RCH.

A series of [illegible] meetings [illegible] ended [illegible] stipulation of a provincial agreem[illegible] that was un[illegible] development [illegible] the British [illegible] Anesthe[illegible]gists' Society (BCAAS), Britis[illegible] Columbia Medi[illegible] Association [illegible] and the MOHS.

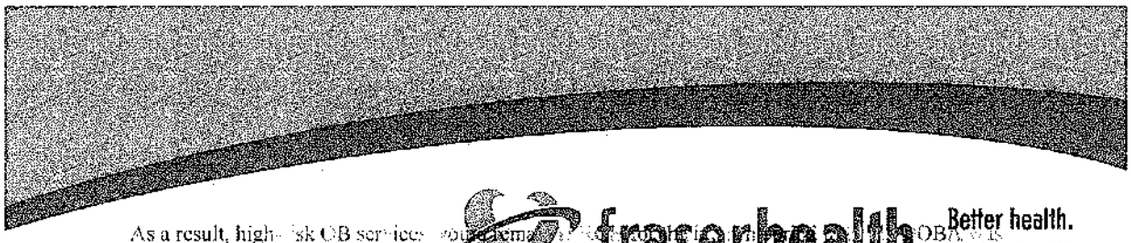
An agreeme[illegible] was reached [illegible] agreed [illegible] which allocated funding for the implementation of the insertion [illegible] epidural [illegible] fee and associated out-of-office hourly claims, new obstetric an[illegible] and surveillance [illegible] all relat[illegible] remuneration increases for the term of the agreement (January 1, [illegible] March 31, 2012).

It should also [illegible] that [illegible] does [illegible] provide an addition[illegible] to be made [illegible] the funding for most [illegible] of the [illegible] grant [illegible] provide[illegible] into a DOBA service contract.

The decision [illegible] made at that time to delay the [illegible] for as planned and to introduce [illegible] Level III NICU [illegible] treatments [illegible] the issue [illegible] not resolved. There remained [illegible] opinion that the DOBA issue [illegible] could be [illegible] through [illegible] constructive discussions with [illegible] RCH Anesthesiology and [illegible] Association.

While SMH [illegible] was prepared [illegible] to Level [illegible] babies of less than 28 weeks [illegible] gestational age, the Department [illegible] of the Vice [illegible] stated [illegible] from that they would not accept referrals for laboring [illegible] babies [illegible] gestational [illegible] age which compromised SMH's ability to provide full Level III ser[illegible]

[illegible] researcher [illegible] respe[illegible] [illegible] 3758



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As a result, high-risk OB services [illegible] OB [illegible] reinstated at SMH and the Department of Obstetrics [illegible] 2010, 4 (four) Level 3 beds opened at SMH while Level 3 beds closed at RCH as [illegible] transitioning the program.

DRAFT INFORMATION BRIEFING NOTE
ANAESTHESIA DOBA IDEA

BACKGROUND

- December 11, 2009 MoHS and BCMA and BCAS sign agreement and allocates funding to institute a new epidural supervision fee for anesthetists

  - Article 4.4 states that there be no withdrawl of services during the term of the agreement (to Mar 31, 2012);
    - A dispute arose with Anaesthetists at Victoria General Hospita in Sept 2010 that included obstetrical care to Inland patients under 30 weeks gestation. VIHA reported it has resolved this matter.

  - Article 4.5 states that an adjustment will be made to the funding amount, if any Anesthetists decide to enter into a Dedicated Obstetrical Anaesthesia service contract (DOBA) during the term of the agreement.

- November 9, 2010 Dr. James Boswell forwarded an email to S. Taylor, ADM, MoHS outlining ideas for a DOBA service contract and suggesting that significant improvements to the efficient delivery of health care services can be realized.

DISCUSSION

- Dr. Boswell's unsolicited approach to MoHS ADM indicates a lack of interest in BCMA representation.

- Reluctance to engage with anaesthetists in a discussion on how to improve the efficient delivery of healthcare services might lead to frustration and anaesthetists acting out in a way that may jeopardize services to the public (eg. Victoria General Hospital in Sept).

- Engaging anaesthetists in a discussion on how to improve efficiency in the delivery of health care services may:
  - Mitigate the risk of anaesthetists acting out while such discussions are under way;
  - Lengthen the period of time during which MoHS staff can evaluate the value added component of the epidural supervision fee agreed to in Dec 2009;
  - Lead to real genuine improvements in the efficiency of the delivery of in hospital health care services (eg. More productive use of surgeons and other surgical team members).

- MoH has already demonstrated willingness to expand and to provide extra funding to pursue healthcare system efficiencies with other physician groups (eg. Planning Division – P4P)

Nov 16-10

- Funding required for any new initiatives should be obtained from money that has already been allocated to anaesthesia for the new epidural fee.

RECOMMENDATIONS

s.13

Murray, Heather HLTH:EX

From: Webb, Andrew <Andrew.Webb@fraserhealth.ca>
Sent: Wednesday, March 12, 2014 12:32 PM
To: Patterson, Ted HLTH:EX
Subject: FW: DOBA - MOH/BCMA/FHA
Attachments: Seckel-Lake-Murray DOBA.pdf

Below is what I sent to Nigel an response to the attached from the BCAS.

Andy

Dr AR Webb MD FRCP MFMLM
VP Medicine, Fraser Health Authority
Clinical Professor, UBC Faculty of Medicine

Suite 400, Central City Tower
13450-102 Avenue
Surrey, BC V3T 0H1, Canada

Telephone (604) 587 4659
Mobile (604) 897 3432

From: Webb, Andrew
Sent: March 12, 2014 12:31 PM
To: Murray, Nigel; Giglio, Vivian
Cc: Schroeder, Tracey
Subject: RE: DOBA - MOH/BCMA/FHA

I am not aware we offered mediation. We did offer to sit down and discuss the contract. Money was fixed so there was not much to negotiate.

The Minister will wish to respond so we should ensure our response is coordinated. In so doing he can be briefed. I have just spoken to ted Patterson about this.

The 'offer' from BCAS does not appear to contain new principles. Their desire to fix this within existing health system funds might include their desire to access the mythical $2.4 million savings they refer to in addition to funds already committed. They refer to two commitments from Government since the 2009 epidural fees but I am only aware of one (the DOBA proposal).

It is also worth noting the Ministry's letter regarding SMH tower funds yesterday proposed clawing back the DOBA commitment to fund neonatal and perinatal physicians!

It is important the role of BCMA negotiating with Government is maintained and we don't start negotiating with individual societies.

Andy

Dr AR Webb MD FRCP MFMLM
VP Medicine, Fraser Health Authority
Clinical Professor, UBC Faculty of Medicine

Suite 400, Central City Tower
13450-102 Avenue

Surrey, BC V3T 0H1, Canada

Telephone (604) 587 4659
Mobile (604) 897 3432

From: Schroeder, Tracey On Behalf Of Murray, Nigel
Sent: March 12, 2014 12:07 PM
To: Webb, Andrew; Giglio, Vivian
Cc: Schroeder, Tracey
Subject: FW: DOBA - MOH/BCMA/FHA

Your advice, please, on how we should respond.
Regards,
Nigel

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From: Teresa Sullivan [mailto:bcanesthesiologists@gmail.com]
Sent: March 11, 2014 2:17 PM
To: aseckel@doctorsofbc.ca; Murray, Nigel; terry.lake.mla@leg.bc.ca
Cc: mario.miniaci@gov.bc.ca
Subject: DOBA - MOH/BCMA/FHA

Good afternoon,

Please see the attached letter from our President, Dr. Kallic Honcywood. I look forward to your response.

Sincerely,

Teresa

--

Teresa Sullivan, MBA
Chief Advocate
BCAS | British Columbia Anesthesiologists' Society
#100 – 556 Herald Street, Victoria, BC. V8W 1S6
Tel: (778) 265-6605 | **Cell:** (250) 516-9664 | **Fax:** (250) 590-8521

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British Columbia
ANESTHESIOLOGISTS' SOCIETY

326 - 555 Sixth Street
New Westminster BC • V3L 5H1
P: 604-553-0040 • F: 604-553-0063

March 8, 2014

Honourable Dr. Terry Lake
Minister of Health
Room 337
Parliament Buildings
Victoria, BC V8V 1X4

VIA E-mail: terry.lake.mla@leg.bc.ca

Allan Seckel, QC
Chief Executive Officer
Doctors of BC
British Columbia Medical Association
115 – 1665 West Broadway
Vancouver, BC V6J 5A4

VIA E-mail: aseckel@doctorsofbc.ca

Dr. Nigel Murray
President and CEO
Fraser Health Authority
Suite 400, Central City Tower
13450 – 102nd Avenue
Surrey, BC V3T 0H1

VIA E-mail: nigel.murray@fraserhealth.ca

Subject: Protecting Women and Improving Care during Childbirth

Dear Honourable Terry Lake, Allan Seckel, and Nigel Murray:

We have recently learned that in November of last year the Fraser Health Authority offered a legally-mediated process to arrive at an agreement for a Dedicated Obstetrical Anesthesia (DOBA) program at Surrey Memorial Hospital (SMH). It is our understanding that the SMH Anesthesiology group responded in support, with a recommendation that a mediator be appointed no later than the end of calendar year 2013.

While no mediator appointment has been made, the BCAS would like to support such a collaborative process to deliver improved maternity care not just in Surrey, but throughout British Columbia. We bring forward the following proposal – which is based on **existing** health system funds - for your respective considerations and response.

In December 2009, the Government of BC committed significant funds to support enhanced access and availability to obstetrical pain relief services for women throughout British Columbia. By consolidating the ongoing and residual funds from that 2009 commitment, as well as two subsequent government commitments which also provided new funds to our specialty, we propose to work in collaboration with the Ministry of Health and the Doctors of BC to:

- Ensure timely access to the safest and most effective pain relief possible for laboring women throughout British Columbia.

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P: 604-553-0040 • F: 604-553-0063

- Implement an on-site DOBA program at each of the province's tertiary maternity centres (e.g. Surrey Memorial) to eliminate access and safety issues for higher-risk pregnant women and their unborn children.
- Implement an off-site DOBA program for communities across BC with medium-sized maternity centres (e.g. Kelowna, Langley, Richmond).
- Implement an innovative, hybrid DOBA program in communities with large non-tertiary maternity centres (e.g. Abbotsford).

Not only would this plan improve maternal and neonatal patient care, it would also deliver critical efficiencies to the province's surgical programs, freeing up existing resources to shorten waitlists and reduce expenses. (By our conservative calculations, each tertiary DOBA program creates $2.4 Million in cost savings by allowing the surgical operating rooms to run more efficiently.)

In the spirit of cooperation, and with the funds outlined above, we propose a jointly-selected mediator be appointed, and that the parties begin discussions immediately thereafter with a common goal of reaching agreement in time to adequately staff the opening of Surrey Memorial Hospital's new Neonatal Unit in June of this year.

The BCAS believes that it is in the interests of our patients and of BC taxpayers that the parties arrive at an agreement on this proposal as soon as possible - not only for Surrey Memorial Hospital - but for all sites across British Columbia. We would like to collaborate with your respective organizations to find an innovative solution that not only improves patient care but creates efficiencies in how public funds are spent.

We look forward to meeting with you soon.

Sincerely,

Kallie Honeywood, MD, FRCPC
President
British Columbia Anesthesiologists' Society

British Columbia
ANESTHESIOLOGISTS' SOCIETY

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New Westminster BC ● V3L 5H1
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April 4, 2014

Honourable Dr. Terry Lake
Minister of Health
Room 337
Parliament Buildings
Victoria, BC V8V 1X4

VIA E-mail: terry.lake.mla@leg.bc.ca

Allan Seckel, QC
Chief Executive Officer
Doctors of BC
British Columbia Medical Association
115 – 1665 West Broadway
Vancouver, BC V6J 5A4

VIA E-mail: aseckel@doctorsofbc.ca

Dr. Nigel Murray
President and CEO
Fraser Health Authority
Suite 400, Central City Tower
13450 – 102nd Avenue
Surrey, BC V3T 0H1

VIA E-mail: nigel.murray@fraserhealth.ca

Subject: Protecting Women and Improving Care During Childbirth

Dear Honourable Terry Lake, Allan Seckel, and Nigel Murray:

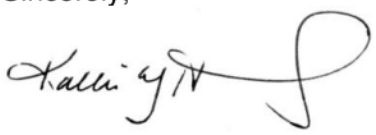
We would like to follow up with you regarding our letter dated March 8, 2014, wherein we propose a jointly-selected mediator be appointed as soon as possible to begin discussions to reach an agreement to improve maternal and neonatal patient care throughout British Columbia.

With existing health system funds, we can implement on-site DOBA programs at tertiary obstetrical sites including Surrey Memorial and Royal Columbian Hospitals; off-site programs in communities such as Kelowna, Langley and Richmond; and an innovative hybrid program in large non-tertiary centres such as Abbotsford.

We believe our organizations can work together to reach an agreement that is in the best interests of patients, while creating efficiencies in surgical care.

We look forward to hearing from you soon.

Sincerely,



Kallie Honeywood, MD, FRCPC
President
British Columbia Anesthesiologists' Society

Murray, Heather HLTH:EX

From: Schroeder, Tracey <Tracey.Schroeder@fraserhealth.ca> on behalf of Murray, Nigel <Nigel.Murray@fraserhealth.ca>
Sent: Friday, March 14, 2014 3:19 PM
To: XT:HLTH Webb, Andrew; Patterson, Ted HLTH:EX; McKnight, Elaine L HLTH:EX
Subject: FW: DOBA - MOH/BCMA/FHA
Attachments: Seckel-Lake-Murray DOBA.pdf

Can we please discuss our collective response to this proposal? I suggest a conference call to lay down a strategy. This once again appears not to be going very far towards a resolution.
Regards,
Nigel

Dr. Nigel Murray
President and Chief Executive Officer
Fraser Health

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From: Teresa Sullivan [mailto:bcanesthesiologists@gmail.com]
Sent: March 11, 2014 2:17 PM
To: aseckel@doctorsofbc.ca; Murray, Nigel; terry.lake.mla@leg.bc.ca
Cc: mario.miniaci@gov.bc.ca
Subject: DOBA - MOH/BCMA/FHA

Good afternoon,

Please see the attached letter from our President, Dr. Kallie Honeywood. I look forward to your response.

Sincerely,

Teresa

--
Teresa Sullivan, MBA
Chief Advocate
BCAS | British Columbia Anesthesiologists' Society
#100 - 556 Herald Street, Victoria, BC. V8W 1S6
Tel: (778) 265-6605 | **Cell:** (250) 516-9664 | **Fax:** (250) 590-8521

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Murray, Heather HLTH:EX

From: Miniaci, Mario HLTH:EX
Sent: Thursday, April 17, 2014 9:37 AM
To: Patterson, Ted HLTH:EX
Subject: Fwd: BCAS - Proposed Mediator - Improved Maternity Health
Attachments: BCAS DOBA Proposed Mediator 2014.pdf; ATT00001.htm

Follow Up Flag: Follow up
Flag Status: Flagged

FYI.

Sent from my iPhone

Begin forwarded message:

> **From:** Teresa Sullivan <bcanesthesiologists@gmail.com>
> **Date:** April 17, 2014 at 9:24:02 AM PDT
> **To:** "Lake.MLA, Terry LASS:EX" <Terry.Lake.MLA@leg.bc.ca>, "XT:HLTH Murray, Nigel" <nigel.murray@fraserhealth.ca>, "Seckel, Allan" <aseckel@doctorsofbc.ca>
> **Cc:** "Miniaci, Mario HLTH:EX" <Mario.Miniaci@gov.bc.ca>
> **Subject: BCAS - Proposed Mediator - Improved Maternity Health**
>
> Gentlemen,
>
> Please see attached letter from our President, Dr. Kallie Honeywood.
>
> Sincerely,
>
> Teresa
>
> --
> **Teresa Sullivan**, MBA
> Chief Advocate
> BCAS | British Columbia Anesthesiologists' Society
> #100 – 556 Herald Street, Victoria, BC. V8W 1S6
> Tel: (778) 265-6605 | Cell: (250) 516-9664 | Fax: (250) 590-8521
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ANESTHESIOLOGISTS' SOCIETY

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April 17, 2014

Honourable Dr. Terry Lake
Minister of Health
Room 337
Parliament Buildings
Victoria, BC V8V 1X4

VIA E-mail: terry.lake.mla@leg.bc.ca

Allan Seckel, QC
Chief Executive Officer
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115 – 1665 West Broadway
Vancouver, BC V6J 5A4

VIA E-mail: aseckel@doctorsofbc.ca

Dr. Nigel Murray
President and CEO
Fraser Health Authority
Suite 400, Central City Tower
13450 – 102nd Avenue
Surrey, BC V3T 0H1

VIA E-mail: nigel.murray@fraserhealth.ca

Subject: Independent Mediator, Maternal and Neonatal Patient Care

Dear Honourable Terry Lake, Allan Seckel, and Nigel Murray:

We would like to suggest we retain the services of the Honourable Frank Iacobucci, CC, QC, LLD, LSM, retired Supreme Court of Canada judge, who was appointed by the Ministry of Health in February 2012 to act as a conciliator to resolve various issues raised by physicians in British Columbia.

Mr. Iacobucci has had a distinguished career in private practice, academia, government and the judiciary. The BCAS agrees Mr. Iacobucci is well positioned to act as an independent mediator - especially given his earlier appointment to act as conciliator by the Ministry of Health.

We would like to get your concurrence on Mr. Iacobucci's involvement in helping us reach an agreement, as we believe it is in the best interests of improved patient care for some of our most vulnerable mothers and babies in British Columbia.

We look forward to hearing from you soon.

Kallie Honeywood, MD, FRCPC
President
British Columbia Anesthesiologists' Society

Murray, Heather HLTH:EX

From: Webb, Andrew <Andrew.Webb@fraserhealth.ca>
Sent: Thursday, April 17, 2014 10:55 AM
To: Patterson, Ted HLTH:EX
Cc: Frechette, Rod HLTH:EX; XT:HLTH Russell, Mike
Subject: FW: BCAS - Proposed Mediator - Improved Maternity Health
Attachments: BCAS DOBA Proposed Mediator 2014.pdf

See below and attached. Interesting development. Not clear what they want to mediate or whether it is the FH DOBA or something broader across the province. Our recent discussions with SMH anaesthetists on DOBA posed the question - what would it take to get this done. Answer was a guarantee on the epidural fees and inclusion of the on site MOCAP within the DOBA contract. This did not seem to be a huge problem.

Also interesting is the call for a mediator from BCAS without attempting to use the dispute mechanism in the PMA.

Andy

Dr AR Webb MD FRCP MFMLM
VP Medicine, Fraser Health Authority
Clinical Professor, UBC Faculty of Medicine

Suite 400, Central City Tower
13450-102 Avenue
Surrey, BC V3T 0H1, Canada

Telephone (604) 587 4659
Mobile (604) 897 3432

From: Schroeder, Tracey
Sent: April 17, 2014 9:47 AM
To: Webb, Andrew
Subject: FW: BCAS - Proposed Mediator - Improved Maternity Health

Fyi. The Ministry is meant to be arranging a teleconference on this topic next week, but nothing confirmed yet.

Tracey L. Schroeder
Executive Assistant to the President and CEO
Fraser Health
phone: 604-587-4624

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From: Teresa Sullivan [mailto:bcanesthesiologists@gmail.com]
Sent: April 17, 2014 9:24 AM
To: terry.lake.mla@leg.bc.ca; Murray, Nigel; Seckel, Allan
Cc: mario.miniaci@gov.bc.ca
Subject: BCAS - Proposed Mediator - Improved Maternity Health

Gentlemen,

Please see attached letter from our President, Dr. Kallie Honeywood.

Sincerely,

Teresa

--

Teresa Sullivan, MBA
Chief Advocate
BCAS | British Columbia Anesthesiologists' Society
#100 - 556 Herald Street, Victoria, BC. V8W 1S6
Tel: (778) 265-6605 | **Cell:** (250) 516-9664 | **Fax:** (250) 590-8521

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Page 301

Withheld pursuant to/removed as

DUPLICATE

Murray, Heather HLTH:EX

From: Brown, Stephen R HLTH:EX
Sent: Thursday, May 8, 2014 7:25 AM
To: McKnight, Elaine L HLTH:EX; Patterson, Ted HLTH:EX
Subject: FW: BCAS - Proposed Mediator - Improved Maternity Health
Attachments: BCAS DOBA Proposed Mediator 2014.pdf

Assuming this is on your radar

From: Seckel, Allan [mailto:aseckel@doctorsofbc.ca]
Sent: April-17-14 12:47 PM
To: Brown, Stephen R HLTH:EX
Subject: FW: BCAS - Proposed Mediator - Improved Maternity Health

As you did not get the first letter, I suspect that his letter either will not get to you or will be a long time coming.

Allan

From: Teresa Sullivan [mailto:bcanesthesiologists@gmail.com]
Sent: Thursday, April 17, 2014 9:24 AM
To: terry.lake.mla@leg.bc.ca; nigel.murray@fraserhealth.ca; Seckel, Allan
Cc: mario.miniaci@gov.bc.ca
Subject: BCAS - Proposed Mediator - Improved Maternity Health

Gentlemen,

Please see attached letter from our President, Dr. Kallie Honeywood.

Sincerely,

Teresa

--
Teresa Sullivan, MBA
Chief Advocate

BCAS | British Columbia Anesthesiologists' Society
#100 – 556 Herald Street, Victoria, BC. V8W 1S6
Tel: (778) 265-6605 | **Cell:** (250) 516-9664 | **Fax:** (250) 590-8521

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Murray, Heather HLTH:EX

From: McKnight, Elaine L HLTH:EX
Sent: Wednesday, June 4, 2014 9:17 AM
To: Patterson, Ted HLTH:EX
Subject: Re: Anesthesia in Surrey

Was it addressed to the minister?

From: Patterson, Ted HLTH:EX
Sent: Wednesday, June 4, 2014 9:15 AM
To: McKnight, Elaine L HLTH:EX
Subject: Re: Anesthesia in Surrey

It's for the minister's signature - but if there is an urgency then we can revise our approach

Sent from my iPad

On Jun 4, 2014, at 8:57 AM, "McKnight, Elaine L HLTH:EX" <Elaine.McKnight@gov.bc.ca> wrote:

> Is it being mailed today or is it going to Stephen for signature.
>
> Elaine McKnight
> Associate Deputy Minister
> Ministry of Health
>
> elaine.mcknight@gov.bc.ca
> 250 952 1764
> s.17
>
> On Jun 4, 2014, at 7:36 AM, "Patterson, Ted HLTH:EX" <Ted.Patterson@gov.bc.ca> wrote:
>
> > I signed off on the letter in eapprovals and it will be out this week
> >
> > ---
> >
> > **From:** McKnight, Elaine L HLTH:EX
> > **Sent:** Tuesday, June 03, 2014 07:45 PM
> > **To:** Patterson, Ted HLTH:EX
> > **Cc:** Andrachuk, Andrea HLTH:EX
> > **Subject:** Fwd: Anesthesia in Surrey
> >
> > Ted did a letter get sent.
> >
> > Elaine McKnight
> > Associate Deputy Minister
> > Ministry of Health

elaine.mcknight@gov.bc.ca
250 952 1764
s.17

Begin forwarded message:

From: "Seckel, Allan" <aseckel@doctorsofbc.ca>
Date: June 3, 2014 at 4:29:43 PM PDT
To: "McKnight, Elaine L HLTH:EX" <Elaine.McKnight@gov.bc.ca>
Subject: Anesthesia in Surrey

Hi Elaine

You may remember our telephone conference several weeks ago concerning the BC Anesthesiologist Society suggestion of mediated process to arrive at a DOBA contract in Surrey. I think that the MoH was going to write back to the BCAS. Has such a letter been sent?

Allan

*** Note: Our email domain has changed to @doctorsofbc.ca. Please update your address book. ***
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Murray, Heather HLTH:EX

From: Murray, Heather HLTH:EX
Sent: Thursday, June 19, 2014 1:50 PM
To: Patterson, Ted HLTH:EX
Subject: RUSH/URGENT: 1011453 - MLA Virk Meeting Advice and Bullets: DOBA Program at Surrey Memorial Hospital and across BC
Attachments: DOBA Briefing Note - June 2014.pdf; 1011453 - MLA Virk Mtg Advice.docx

Importance: High

Hi Ted – attached for your review/approval is background/suggested response for MLA Virk re: DOBA. This has been approved by Rod.

The MO has requested this information be sent to them today. Thanks, Heather.

From: Kline, Victoria HLTH:EX
Sent: Monday, June 9, 2014 10:41 AM
To: Docs Processing HLTH:EX
Subject: 1011453 - MLA Virk Meeting Advice and Bullets: DOBA Program at Surrey Memorial Hospital and across BC

Good morning,

May I please have meeting advice and bullets for the attached request for MLA Virk?

Thank you,

Victoria

Victoria Kline | Administrative Assistant
Office of the Honourable Terry Lake
Minister of Health, Province of BC
D: 250.953.3547 | F: 250.356.9587

From: Lee, Chantal [mailto:Chantal.Lee@leg.bc.ca]
Sent: Monday, June 9, 2014 10:10 AM
To: Kline, Victoria HLTH:EX
Subject: FW: Request from Dr. Sukh Brar for help in implementing a DOBA Program at Surrey Memorial Hospital and across BC

Hi Victoria,

Dr. Sukh Brar and Minister Virk met a couple of weeks ago. He is now writing to Minister Virk seeking help on their Dedicated Obstetrical Anesthesiology ("DOBA") program (please see the following email and the attachment). It would be greatly appreciated if Ministry of Health could provide some background/advice on this issue and meeting request.

Thank you for your help,

Chantal

Chantal Lee
Constituency Assistant to
Hon. Amrik Virk, MLA
Surrey-Tynehead
201-15135 101 Ave., Surrey, BC V3R 7Z1
Tel: 604.586.3747 | Fax: 604.584.4741
www.amrikvirkmla.ca

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From: Sukh Brar [mailto:s.22]
Sent: June 7, 2014 7:33 PM
To: Virk.MLA, Amrik
Subject: Request from Dr. Sukh Brar for help in implementing a DOBA Program at Surrey Memorial Hospital and across BC

Honorable Minister Virk,

I hope this message finds you well. This is Sukh Brar here from the BC Anesthesiologists Society. We met a few short weeks ago at the annual BC Liberal Party convention in Kelowna and chatted briefly at that time on a few occasions. I want to thank you kindly for inviting myself to represent the BC Anesthesiologists Society at said convention and for taking the time out of your busy schedule to chat with me both during your private hospitality suite reception as well as during the sidelines of the convention. I was inspired enough to join the '300' Club as a new BC Liberal Party member!

Minister Virk, I also want to thank you for your inspired leadership during the fundraising and redevelopment of Surrey Memorial Hospital over the last several years. The South Asian community and my anesthesiologist colleagues are equally proud of this beautiful state-of-the-art facility! As you know, the 33 room Family Birthing Unit (FBU) is the largest single-room maternity care facility in BC, and SMH is the second largest hospital in BC with the second most births of any BC hospital at 4,200 births a year. I am also proud of our South Asian community for their successful fundraising campaign to support a FBU that counts 45% of its births from our South Asian families.

Reflecting on having many young women in my own extended family, much like your three daughters you spoke to me about, I want them to receive the RIGHT care at the RIGHT time by the RIGHT medical professionals to ensure we have healthy new mothers and newborn babies. With this in mind, I refer you to the briefing note below which describes an innovative program for providing 24/7/365 anesthesiologist coverage at Surrey Memorial Hospital (along with all major centres carrying out obstetrical anesthesia care across BC) to ensure that expectant mothers receive timely access to epidural anesthesia for pain management and emergency cesarean section care. Currently, when I am working in the main operating room area taking care of complicated emergency patients, I often have to call in a second anesthesiologist from home to provide this very same expertise care on an emergency basis for expectant mothers and their newborns. Or, I must put the main operating room on hold to provide this care to our obstetrical patients creating a backlog of patients requiring emergency surgery and unnecessary costs in this regard.

Funds have already been committed through an extensive consultation process between the Ministry of Health, BCMA/Doctors of BC and the BC Anesthesiologists Society and Health Authorities (as outlined in the briefing note). We have attempted to free up those vital existing funds to provide this urgent obstetrical anaesthesia care

at Surrey Memorial Hospital amongst other facilities with no success. At this stage, I humbly ask you for your assistance and advice as to how we can work collaboratively to free up these existing funds to make sure our Family Birthing Unit at Surrey Memorial Hospital can provide the most timely state-of-the art care to the expectant mothers of Surrey.

Thank you in advance for your attention to this matter. I look forward to your advice and consultation moving forward! Do not hesitate to contact me for clarification of any questions you or your staff may have.

Regards,

Sukh Brar MD FRCPC
Clinical Assistant Professor, University of British Columbia
Department of Anesthesiology, Pharmacology & Therapeutics
Consultant Anesthesiologist & Cardiac Surgical Intensive Care Physician
Royal Columbian Hospital, New Westminster, BC
BC Anesthesiologists Society Vice-President of External Engagement

Murray, Heather HLTH:EX

From: Sandhu, Jag <Jag.Sandhu@fraserhealth.ca>
Sent: Friday, July 4, 2014 1:26 PM
To: Frechette, Rod HLTH:EX; Patterson, Ted HLTH:EX
Cc: XT:HLTH Ward, Tom; Pittman, Abigail HLTH:EX; Watt, Rebecca HLTH:EX
Subject: FW: DOBA

Dear Rod/Ted,

On behalf of FHA, Dr. Peter Blair, Program Medical Director, Surgery Program has been leading the FHA DOBA negotiations over the last several years. It seems the physicians require a fundamentally modified DOBA contract and rates of pay (see note below). FHA understands the current negotiation is mandated for DoBC and the Ministry.

s.17

Appreciate if you could provide direction or advise next steps....? Thanks, Jag

---

From: Blair, Peter
Sent: Friday, July 04, 2014 7:28 AM
To: Giglio, Vivian; Hockney, Judith
Cc: Sandhu, Jag
Subject: DOBA

Just to update you. There will not be any local resolution based on my conversations with the BCAS. We need a province wide discussion including BCMA and MoH. The solution will likely involve more money in the DOBA perhaps 2 mill at each site (MoH) plus increasing the MSP fees for anesthesia (BCMA). The BCAS want all there concerns addressed around manpower and income. I am going to meet with BCAS and go from there. In the meantime we need to prepare the ministry and the BCMA.

Peter Blair
Program Medical Director Surgery
Fraser Health Authority
Clinical Professor Surgery UBC
mobile: 604 417 4232

'How rarely do we link our ability to imagine with our ability to act. Perhaps that is because we confuse simply doing our job, managing situations or focusing on the short-term with the concept of action. Perhaps this is because so many of us are somehow employed or feel employed rather than feel we are free to act. And that atmosphere of order impinges on our real desire as individuals, as citizens, to get things done.'

John Ralston Saul, A Fair Country

Murray, Heather HLTH:EX

From: McKnight, Elaine L HLTH:EX
Sent: Saturday, July 5, 2014 10:57 AM
To: Patterson, Ted HLTH:EX
Subject: Re: DOBA

Thanks Ted can you link Marchbank in on this. Would really to discuss with you how we develop a strategy for the various contract negotiations.

Elaine McKnight
Associate Deputy Minister
Ministry of Health

elaine.mcknight@gov.bc.ca
250 952 1764
s.17

On Jul 4, 2014, at 3:38 PM, "Patterson, Ted HLTH:EX" <Ted.Patterson@gov.bc.ca> wrote:

> FYI - relevant to our discussion to try and address a few physician groups provincially.
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** "XT:HLTH Sandhu, Jag" <Jag.Sandhu@fraserhealth.ca>
> > **Date:** July 4, 2014 at 1:26:23 PM PDT
> > **To:** "Frechette, Rod HLTH:EX" <Rod.Frechette@gov.bc.ca>, "Patterson, Ted HLTH:EX" <Ted.Patterson@gov.bc.ca>
> > **Cc:** "XT:HLTH Ward, Tom" <tom.ward@fraserhealth.ca>, "Pittman, Abigail HLTH:EX" <Abigail.Pittman@gov.bc.ca>, "Watt, Rebecca HLTH:EX" <Rebecca.Watt@gov.bc.ca>
> > **Subject: FW: DOBA**
> >
> > Dear Rod/Ted,
> >
> > On behalf of FHA, Dr. Peter Blair, Program Medical Director, Surgery Program has been leading the FHA DOBA negotiations over the last several years. It seems the physicians require a fundamentally modified DOBA contract and rates of pay (see note below). FHA understands the current negotiation is mandated for DoBC and the Ministry.
>
> s.17
>
> Appreciate if you could provide direction or advise next steps....? Thanks, Jag

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Cc: Sandhu, Jag
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Program Medical Director Surgery
Fraser Health Authority
Clinical Professor Surgery UBC
mobile: 604 417 4232

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John Ralston Saul, A Fair Country

Murray, Heather HLTH:EX

From: Frechette, Rod HLTH:EX
Sent: Monday, July 28, 2014 4:53 PM
To: Patterson, Ted HLTH:EX
Cc: Obee, Sarah F HLTH:EX
Subject: FW: DOBA

We should discuss BC Anesthesia Society positions and FHA approach. The BCAS and the anesthetists at Surrey Memorial and Royal Columbian are almost synonymous.

-----Original Message-----
From: Pittman, Abigail HLTH:EX
Sent: Thursday, July 24, 2014 10:22 AM
To: Frechette, Rod HLTH:EX
Subject: FW: DOBA

Hi Rod,
I was on a call with FHA this morning and they inquired if the Ministry had any direction for them regarding this DOBA situation. Have you and Ted had an opportunity to discuss?
Thanks
Abbi

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health 3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca

-----Original Message-----
From: Ward, Tom [mailto:Tom.Ward@fraserhealth.ca]
Sent: Monday, July 7, 2014 2:39 PM
To: Pittman, Abigail HLTH:EX; XT:HLTH Sandhu, Jag
Cc: English, John HLTH:EX; Watt, Rebecca HLTH:EX; Frechette, Rod HLTH:EX; Stewart, Sharon A HLTH:EX
Subject: RE: DOBA

Hi Abigail. Our request is whether the MOHS is comfortable with FHA containing discussions with the anaesthesia groups at SMH and RCH. You can see from the email string their requests relate to issues that are provincial in nature and will need to involve the DOBC. Our email had two purposes. First, to make you aware of their requests re: money fees, and manpower. Secondly, to request some advice as to whether it is worth us carrying on with the discussions. To our mind they need to deal directly with the Ministry and DOBC. We have a Role in manpower discussions, but none in breaking new ground re: base funding or new fees. Do we have a role as an interlocutor? My incline is decline further meetings and direct them to DOBC.[s.17]
s.17
s.17 Anyone from the Ministry can connect with me at 604 897-1866 thanks.

From: Pittman, Abigail HLTH:EX [Abigail.Pittman@gov.bc.ca]
Sent: July 7, 2014 2:00 PM
To: Sandhu, Jag

Cc: English, John HLTH:EX; Watt, Rebecca HLTH:EX; Frechette, Rod HLTH:EX; Stewart, Sharon A HLTH:EX; Ward, Tom
Subject: RE: DOBA

Hi Jag,
In order to consider of your request for Ministry agreement to terminate further DOBA negotiations could FHA please describe:

1. How the patients are being serviced currently and what service delivery risks may arise related to canceling the negotiations?

2. The strategy that FH will employ to deal with any sudden service interruptions?

3. The planned response to potential near miss events?

Thanks
Abbi

Abbi Pittman BA, MBA
Senior Manager
Health Sector Workforce Division | Ministry of Health 3-2, 1515 Blanshard St | Victoria, BC | V8W 3C8
Ph: 250 952-1968 | Cell: 250 508-1473
Email: Abigail.Pittman@gov.bc.ca<mailto:Abigail.Pittman@gov.bc.ca>

From: Sandhu, Jag [mailto:Jag.Sandhu@fraserhealth.ca]
Sent: Friday, July 4, 2014 1:26 PM
To: Frechette, Rod HLTH:EX; Patterson, Ted HLTH:EX
Cc: XT:HLTH Ward, Tom; Pittman, Abigail HLTH:EX; Watt, Rebecca HLTH:EX
Subject: FW: DOBA

Dear Rod/Ted,

On behalf of FHA, Dr. Peter Blair, Program Medical Director, Surgery Program has been leading the FHA DOBA negotiations over the last several years. It seems the physicians require a fundamentally modified DOBA contract and rates of pay (see note below). FHA understands the current negotiation is mandated for DoBC and the Ministry.

s.17

Appreciate if you could provide direction or advise next steps....? Thanks, Jag

From: Blair, Peter
Sent: Friday, July 04, 2014 7:28 AM
To: Giglio, Vivian; Hockney, Judith
Cc: Sandhu, Jag
Subject: DOBA

Just to update you. There will not be any local resolution based on my conversations with the BCAS. We need a province wide discussion including BCMA and MoH. The solution will likely involve more money in the DOBA perhaps 2 mill at each site (MoH) plus increasing the MSP fees for anesthesia (BCMA). The BCAS want all there concerns addressed around manpower and income. I am going to meet with BCAS and go from there. In the meantime we need to prepare the ministry and the BCMA.

Peter Blair
Program Medical Director Surgery
Fraser Health Authority
Clinical Professor Surgery UBC
mobile: 604 417 4232
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John Ralston Saul, A Fair Country

Murray, Heather HLTH:EX

From: Webb, Andrew <Andrew.Webb@fraserhealth.ca>
Sent: Friday, September 12, 2014 11:02 AM
To: Patterson, Ted HLTH:EX; Frechette, Rod HLTH:EX
Cc: Blair, Peter
Subject: FW: Briefing Note on DOBA
Attachments: Briefing Note Draft on DOBA.doc

Ted, Rod

Following our teleconference on DOBA last month we were asked to provide you with a briefing note outlining the situation. Dr Blair has drafted the attached based on his interactions with the anaesthetists. We have reached an impasse that leaves patients without access to timely and effective care. Our recommendation is to try and get the Doctors of BC engaged (again) through the PMA quality of care dispute process.

Andy

Dr A R Webb MD FRCP MFMLM
VP Medicine, Fraser Health
Clinical Professor, UBC Faculty of Medicine
Professor, SFU, Faculty of Health Sciences

Suite 400, Central City Tower
13450 – 102 Avenue
Surrey, BC V3T 0H1

Tel (604) 587-4659
Mobile (604) 897-3432

Murray, Heather HLTH:EX

From: May, Stephen GCPE:EX
Sent: Tuesday, December 16, 2014 8:04 AM
To: Patterson, Ted HLTH:EX; Frechette, Rod HLTH:EX
Cc: Anderson, Kristy GCPE:EX
Subject: FW: Dedicated Obstetrical Anesthesia
Attachments: IN_DOBA_12Dec2014.doc

Follow Up Flag: Follow up
Flag Status: Flagged

FYI on this note from Fraser Health on DOBA.

From: Donohue, Kenneth [mailto:Kenneth.Donohue@fraserhealth.ca]
Sent: Monday, December 15, 2014 5:09 PM
To: Anderson, Kristy GCPE:EX; MacDougall, Cindy GCPE:EX; May, Stephen GCPE:EX
Cc: XT:Nuraney, Naseem GCPE:IN
Subject: Dedicated Obstetrical Anesthesia

Hi Kristy,

Further to our discussion about wanting some more information on Dedicated Obstetrical Anesthesia at Surrey Memorial, I have attached an issues note. Should your ministry colleagues require more information, let me know. Likewise, Dr. Peter Blair said he is happy to answer any questions directly.

Ken

CONFIDENTIAL BRIEFING NOTE

December 12, 2014 – **DOBA (Dedicated Obstetrical Anesthesia)**

Key Messages:

- The care and safety of patient is our top priority. Fraser Health supports the need for Dedicated Obstetrical Anesthesia (DOBA) services at high volume maternity sites including Surrey Memorial and Royal Columbian Hospitals.
- These sites currently have full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required; however, this resource is shared with emergency and trauma programs meaning that timely access to anaesthesiology when there happens to be competing emergency procedures can be a challenge.
- Fraser Health's obstetrical program is working with surgical, emergency and trauma programs and anaesthesiology to ensure that obstetrical program has access to anesthesiologists (at Surrey Memorial, Royal Columbian and Abbotsford Regional Hospitals) when needed and Fraser Health will continue to pursue DOBA services for the high-volume birth sites (Surrey and Royal Columbian).
- The shortage of anaesthesiologists is an ongoing challenge for hospitals across British Columbia and Fraser Health is actively recruiting anaesthesiologists for both current and future needs.
- Fraser Health has successfully recruited for anaesthesiologists in recent years and we now have 145 anaesthesiologists in the Regional Department of Anesthesia.

Background:

- Fraser Health completed a Service Review of Obstetrics in 2009 and identified a need for DOBA (Dedicated Obstetrical Anesthesia) at two high-volume maternity sites – Surrey Memorial (4,200 plus births per year), Royal Columbian (3,000).
- Fraser Health made an offer to the SMH anesthesiologists group in 2009 for DOBA under the Alternate Payment Plan rate, the maximum payment under the provincially negotiated agreement between the province and the BCMA, but the offer was rejected.
- Fraser Health has recruited and advertised for DOBA and has not received a single applicant, although the health authority has had some success in recruiting for general anaesthesiology.
- Fraser Health currently has 145 anesthesiologists working across the health authority.
- Currently, there is 24/7 anesthesiology at these three high-volume sites (Surrey, Royal Columbian and Abbotsford) and these sites have access to on-call anesthesiologists when needed.
- Fraser Health is continuing to work with the surgical and obstetrical programs and anesthesiologists to support timely access to anaesthesiology services. This includes developing models and criteria that can be used to anticipate and minimize risk through early identification of obstetrical cases that have the potential to require anaesthesiology services.
- $1.2 million are on the table for Surrey Memorial and Royal Columbian hospitals for DOBA.
- Anesthesiologists claim this is not enough and have tied DOBA to other general fee increase demands and manpower issues in the province.
- The BC Anesthesia Society (a faction of Doctors of BC) is under new leadership who have indicated a desire to move forward in a collaborative manner. Fraser Health is optimistic this can be achieved.

Contact information			
Contact	**Name**	**Title**	**Phone**
Program	Dr. Peter Blair	PMD Surgery	(604) 417 – 4232
Communications	Tasleem Juma	Public Affairs	(604) 613 - 1162

Murray, Heather HLTH:EX

From: Brown, Stephen R HLTH:EX
Sent: Monday, February 16, 2015 11:32 AM
To: Patterson, Ted HLTH:EX
Subject: FW: Hospitalist and DOBA issues
Attachments: Physician Care Model Changes v2.pdf; Draft Incentive Funding Nov 5 14.pdf; Hospitalist Contract Appendices - Draft for discussion - 5Feb15.pdf; Physician Service Contract Template - Hospitalist Group - amended per 2014 PMA.pdf; IN_DOBA (Feb 5 2015).pdf; BN to CEO re Hospitalist Contract Negotiation Update 6Feb15.pdf

---

From: Schroeder, Tracey [mailto:Tracey.Schroeder@fraserhealth.ca] **On Behalf Of** Marchbank, Michael
Sent: Friday, February 6, 2015 1:10 PM
To: Brown, Stephen R HLTH:EX
Subject: Hospitalist and DOBA issues

Hi Stephen,

Attached please find documents around the hospitalist and DOBA issues.

A Briefing Note is attached regarding DOBA.

Regarding hospitalists, please find attached the following:

- Hospitalist Negotiations – Confidential Briefing Note
- Service Contract for Physician Services – 2014
- Contract Appendix 1 Service Deliverables – 2015
- Incentive Funding for Performance Measures – 2014
- Inpatient Physician Models of Care planning & updates – 2015

Once you have had a chance to review, would like to have a discussion with you regarding moving these agendas forward.

Happy reading,

Michael Marchbank
President and Chief Executive Officer
Fraser Health

Suite 400, Central City Tower
13450 102nd Avenue
Surrey, BC V3T 0H1
phone: 604-587-4625

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CONFIDENTIAL ISSUES NOTE

February 5, 2015 – Dedicated Obstetrical Anesthesia (DOBA) Services

ISSUE:

After several years of unsuccessful negotiation there remains urgency in reaching an agreement on DOBA to provide a basic level of care within our high volume sites. Without the guaranteed immediate availability of anesthesia services for obstetrics there are delays in placing epidurals to relieve pain in women in labour and delays in arranging urgent and emergent Caesarean sections. Numerous near misses have been reported by anesthesiologists, obstetricians and staff because of lack of availability of anesthesia services.

In addition, DOBA is central to a tertiary level obstetrics and Neonatal Intensive Care Unit (NICU) at Surrey Memorial Hospital (SMH). Without DOBA at SMH, SMH Obstetrical Services currently accept women with a pregnancy greater than 30 weeks. A decision to transfer is made for those women under 30 weeks pregnant at the time of arrival in triage.

DISCUSSION:

Background:

In 2012, monies were made available through an agreement between the Ministry of Health (MoH) and Doctors of BC (DoBC), at that time the BC Medical Association, to establish separate obstetrical anesthesia services at hospitals with large volume obstetrical units. At that time Royal Jubilee Hospital in Victoria, Royal Columbian Hospital (RCH) in New Westminster, and Surrey Memorial Hospital in Surrey qualified for the dedicated obstetrical anesthesia agreement funds with $1.2 million for each site ($900,000 plus existing on-site on-call MOCAP arrangements). For the past 3 years there have been numerous attempts to encourage the anesthesiologists at the two Fraser Health sites to sign the agreement, without success. This lack of a dedicated obstetrical anesthesiologist has made the implementation of the tertiary perinatal program at SMH more difficult as it impacts the care of tertiary and high risk patients including moms and infants.

In 2010 Fraser Health, MoH and Perinatal Services BC entered into a Memorandum of Understanding to collectively ensure that the transition of twelve Level 3 NICU Beds to SMH would occur on or before March 31, 2012. Due to lack of a DOBA contract in place, the transition has not been completed and a "plan B" was developed in which RCH continues to play the primary tertiary obstetrics role.

Over the past 2 years, numerous discussions have taken place to ensure key stakeholders were aware of the status of DOBA in Fraser Health (and in particular SMH). These included phone conversations and briefing notes with MoH and Perinatal Services BC starting April 2013. In addition, the Executive Director and Program Medical Director of the Surgical program met with the anesthesiologists at SMH on several occasions, without success.

In 2014, discussions continued with little effect.

2014/15 Timeline:

March 8, April 4, April 17, 2014

BC Anesthesiologists' Society (BCAS) directed three letters to MoH requesting mediation to reach an agreement on DOBA.

May 2014

Anesthesiologists at SMH approached the leadership of the Surgical program to express their concern over quality of obstetrical anesthesia services at their site and indicate their interest in negotiating a new DOBA contract. A contract was drafted between Fraser Health and SMH DOBA Physician Group for the term May 1, 2014 to March 31, 2017 to provide DOBA services at SMH.

June 12, 2014
Fraser Health reviewed the drafted DOBA contract with the SMH DOBA Physician Group. The SMH DOBA Physician Group did not agree to the contract as drafted and requested specific changes, including the inclusion of MOCAP and the expansion of the unit to eight beds for 1South at SMH. A number of meetings, telephone conferences and email exchanges ensued to try and find common ground. Contract language was felt to be a barrier to signing and changes were suggested to the wording through discussion with the anesthesia group. However, further negotiations revealed the major barrier to signing was the value of the contract at $1.2 million. The anesthesia group were reticent about quoting a value to make the contract acceptable but $2-3 million has been noted. This number is based on the recognition that the anesthesia group would have to hire more staff to provide the added coverage, thus reducing the earnings of the department, and the general feeling among BC anesthesiologists that their income lag behind practitioners in other provinces.

June 16, 2014
MoH directed a letter to BCAS President (Dr. Kallie Honeywood) in response to 3 letters received earlier in 2014 wherein proposed mediation between BCAS, DoBC, Fraser Health and the MoH was recommended to reach an agreement to improve patient care. Due to the MoH negotiations with DoBC to renew the Physician Master Agreement, mediation was declined and, instead, the BCAS was encouraged to work through DoBC to determine a way forward with DOBA.

November 2014
With new leadership within BCAS, a meeting between Dr. Andy Webb, Dr. Peter Blair and MoH officials took place wherein Fraser Health again advised of the DOBA situation and the issues around perinatal/maternal anesthesia.

January 2015
BCAS leadership met with Dr. Andy Webb and Dr. Peter Blair to strategize around perinatal/maternal anesthetic issues. At this meeting, Fraser Health agreed to approach the MoH and request a meeting.

SUMMARY:
The current status of the SMH and RCH DOBA issue is such that the MoH has agreed to meet with Fraser Health and BCAS leadership for information sharing purposes (as per January 2015 request). The meeting is arranged for March 3, 2015.

In order to move towards a safe, patient focused, high quality anesthesia system for mothers delivering babies in BC, a model to ensure appropriate anesthesia availability must be in place. We believe we need to design a system in which all anesthesia services are bundled and delivered through a salary arrangement.

In addition, other models for provision of anesthesia services should be explored to support best use of resources and expertise of clinicians. This may involve utilization of nurse anesthetists and/or anesthesia assistants to support care of patients between induction and recovery. This will be a longer term process.

Given that this issue has dragged on for several years, we need to design a solution that deals with this issue as quickly as possible while implementing the longer term strategy.

Page 321 to/à Page 346

Withheld pursuant to/removed as

NR

Murray, Heather HLTH:EX

From: Loiacono, Sabrina HLTH:EX
Sent: Tuesday, March 10, 2015 1:36 PM
To: Patterson, Ted HLTH:EX
Cc: Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX
Subject: FW: Important Updates for Minister Lake
Attachments: DOBA Briefing Note - June 2014.pdf; ATT00001.htm

Hi Ted,

Do you know anything about this?

S.

From: Sukhpal Brar [mailto: s.22]
Sent: Tuesday, March 10, 2015 12:22 PM
To: Loiacono, Sabrina HLTH:EX
Subject: Important Updates for Minister Lake

Dear Terry,

I hope this message finds you well. I am writing to you as a bit of a "heads up" on a matter at Surrey Memorial Hospital (SMH) that has come to my attention, and which I believe we can jointly reference as a reflection of the collaborative work that is being done to improve surgical waitlists and wait times for patients.

s.22 a general surgeon and s.22 n FHA, contacted me last week with concerns that a small subset of SMH surgeons may go public with complaints about the impact of the local anesthesiologist shortage.

As background, I'm sure that you are aware that the anesthesiologist shortage in Surrey has been deeper and much longer lasting than what is being experienced in Kamloops, with frequent OR closures as a result. For much of 2014, during weekday "business hours" an anesthesiologist was scheduled to be available for the high-risk maternity (obstetrics) program. For a variety of reasons, this resource was significantly under-utilized. Frankly, it didn't make much sense to continue scheduling an anesthesiologist in that way, at the expense of an additional OR being used.

After consultation with SMH surgical colleagues and FHA Admin, in January the anesthesiology department re-assigned that resource to the Main OR, to maximize the availability of anesthesiologists for elective surgery, in an effort to reduce waitlists. Of course, some surgeons benefited more than others, which means that some surgeons feel unfairly treated; but the bottom line is that far more patients are getting their surgeries now than if the old arrangement had continued.

If contacted by local decision-makers and/or the media, it is the latter information that I will convey to them.

(As an aside, re-opening of an OR and completing more surgeries does mean additional costs to FHA. It is not clear to us whether this change was truly welcomed by FHA, but that is a separate issue.)

Of course, I am also keen to see truly collaborative progress in providing the support needed to establish Dedicated Obstetric Anesthesia ("DOBA") programs in BC, including at Surrey Memorial. DOBA would help deliver "gold standard" care for thousands of labouring mothers each year, while also creating hospital efficiencies that will allow greater surgical throughput and a further reduction of surgical wait times. Attached is a Briefing Note on DOBA which provides more background on this win-win-win proposal.

The BCAS continues to be involved in constructive and meaningful work alongside your ministry officials, both at the Provincial Surgical Executive Committee and elsewhere. I would welcome an opportunity to meet with you personally to review progress made, and to discuss the health care achievements that are possible.

Best regards,
Sukh

Sukh Brar, MD, FRCPC
President
BC Anesthesiologists' Society
Cell s.22

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To: Patterson, Ted HLTH:EX
Cc: Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; Martin, Rhiannon HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; Andrachuk, Andrea HLTH:EX
Subject: RE: Important Updates for Minister Lake

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Is there anything specific you would like me to follow up on with this one?

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Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division

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Sukh Brar, MD, FRCPC
President
BC Anesthesiologists' Society
Cell s.22

Murray, Heather HLTH:EX

From: Frechette, Rod HLTH:EX
Sent: Tuesday, March 17, 2015 5:06 PM
To: Patterson, Ted HLTH:EX
Subject: FW: Cliff# 1030872 - BCAS incoming BN
Attachments: Scan_20150317.pdf; 1011453 (v-3) - MO Request For Update on BCAS SMH DOBA Mar 17-15.docx

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

You should be aware of this prior to tomorrow's meeting. It is dated June 2014 so things may have changed but because the Minister is interested I assume he received it recently.

From: English, John HLTH:EX
Sent: Tuesday, March 17, 2015 4:46 PM
To: Frechette, Rod HLTH:EX
Cc: Pittman, Abigail HLTH:EX; Hume, Christine HLTH:EX
Subject: Cliff# 1030872 - BCAS incoming BN
Importance: High

Hi Rod

We received an e approval request saying the Minister is looking for bullets in connection with a Briefing Note sent by the BC Anaesthesiologists Society and is planning to meet with Dr. Brar.

Attached is the BCAS - BN

Questions I would have on the BC Anaesthesiologists Briefing Note:

- They refer to ***"more than $8 million in annual funding exists, some of which has yet to be allocated. In addition, in excess of $7 million in one time funding has accumulated under those agreements."*** I don't know what they are basing these statements on. We (MoH –APP) don't have any such funding available. So the BCAS plans to invest ***"existing funds"*** to roll out new province wide initiatives are not linked to our reality.
- I do not recall ever seeing a proposed plan and sound justification for 19 new FTEs to implement DOBA plans across the province.
- I do recall BCAS making similar claims of ***"savings"*** to the BC health care system associated with their earlier proposals but do not recall ever seeing any valid justification for such claims.

My concern is that the BCAS - and possibly the Minister as well - may believe there are amounts of money available when there are not.

Attached is an updated version of the BN that we had previously prepared for the Minister last Sept on this topic. Based upon our understanding, the only thing that has changed is that FHA has since re-allocated funding previously being held for DOBA services to other physician services in support of their Surrey Hospital operational plans.

Please advise if there is anything further I could do to assist.

John

John English, MBA, BA
Director, Physician Compensation Branch
Ministry of Health, British Columbia
Health Sector Work Force Division
PO Box 9649, Victoria BC V8W9P4
Telephone: 250 952-3674
Facsimile: 250 952-3486
Email: John.English@gov.bc.ca

From: Hume, Christine HLTH:EX
Sent: Tuesday, March 17, 2015 1:49 PM
To: English, John HLTH:EX
Subject: 1030872 - Scanned incoming BN

Chris

Murray, Heather HLTH:EX

From: MacDougall, Cindy GCPE:EX
Sent: Friday, March 27, 2015 4:04 PM
To: Patterson, Ted HLTH:EX
Cc: Heinze, Laura R GCPE:EX; Murray, Heather HLTH:EX; English, John HLTH:EX
Subject: For ADM approval please: IN on DOBA
Attachments: IN_DOBA_march 13 2015_DRAFT.docx

Approved by John English, acting for Rod.

For you approval by Monday noon, please.

Thank you!

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

ADVICE TO MINISTER

CONFIDENTIAL ISSUES NOTE Ministry: Health Date: March 27, 2015 Minister Responsible: Terry Lake	**Dedicated Obstetrical Anaesthesia Services**

BACKGROUND REGARDING THE ISSUE:

- The B.C. Anesthesiologists' Society has made a proposal to the Ministry of Health regarding a provincewide Dedicated Obstetrical Anaesthesia Services (DOBA) program.
- The president of the society, Dr. Sukhpal Brar (an anaesthetist at Royal Columbian Hospital) has also requested a meeting with the health minister to discuss the ideas the society has for introducing DOBA.
- A DOBA program creates a separate group of anesthesiologists who provide services to obstetrical patients only: epidurals for labouring mothers, and epidural, spinal and general anaesthesia services for surgical birth
- The society proposes the ministry spend $15 million from previously allocated funding for anesthesia services from previous agreements with the Doctors of B.C. to create the program.
- The proposed provincewide DOBA program would include:
    - an on-site program at each of the province's tertiary maternity centres (e.g. Royal Columbian Hospital, Surrey Memorial Hospital, and Victoria General Hospital);
    - an off-site DOBA program for communities with medium-sized maternity centres (e.g. Kelowna, Langley, Richmond);
    - a hybrid DOBA program in communities with large non-tertiary maternity centres (e.g. Abbotsford).
- The proposal states health authorities would have to s.17
s.17

Comment [MCG1]: What is a hybrid program?

- The society says it estimates each on-site DOBA program will save health authorities $2.4 million a year in overtime surgical (operating room) resources, freeing the equivalent of $2.4 million worth of operating room time to increase surgical capacity.
- The numbers used by the society in their proposal are not verified by the ministry, and there is some confusion as to the society's math at this point.
- The funding on the table for Surrey and Royal Columbian is $900,000 each, or $1.2 million with the addition of the existing on-site, on-call programs.
- Discussions began in 2008 between the ministry, the society and the Doctors of BC about bringing dedicated obstetrical anesthesia in hospitals where there are high volumes of deliveries (3,000 or more per year): Surrey Memorial Hospital (SMH), and Royal Columbian Hospital (RCH) and Victoria General Hospital (VGH).
- The ministry proposed a number of potential solutions for DOBA services, ranging from

an on-site/on-call contract to a service contract with a specific number of full time equivalents; however, the anesthesiologists rejected all proposals and expressed preference for a fee-based solution.

- In 2009 the ministry entered into two agreements to address the demands of the anesthetists and to stabilize obstetrical anesthesia services in the province:
    - The ministry, the society and Doctors of BC agreed to direct $5.5 million in the Physician Master Agreement (PMA) to establish new epidural supervision fees. This was a 5% funding increase over the 2009/10 billings for this type of services, with total funding of $1.8 million over three years (January 1, 2010 – March 31, 2012.)
    - In December 2011, the parties agreed to apply a further $2.5 million of unspent funds to provide patients with DOBA in the three tertiary care maternity hospitals. The total additional funding amount was increased to $2.7 million, to enable each site to offer anesthetists $900,000 in annual funding for stable DOBA services.
- In January 2012, Island Health reached an agreement with the anesthesiologists at Victoria General Hospital to provide round-the-clock DOBA services. This service costs about $900,000/year (this amount is in addition to physicians' fee-for-service billings).
- To date, despite many attempts to negotiate a DOBA agreement with the anesthesiologists at Surrey Memorial Hospital and Royal Columbian Hospital, Fraser Health has been unable to conclude an agreement for these locations.
- The lack of progress on obtaining agreement with anesthetists to provide DOBA services in Fraser has obstructed the implementation of provincial plans to strengthen perinatal services in the lower mainland.
- For example, plans to transfer 12 Level 3 neonatal intensive care unit beds from Royal Columbian to Surrey Memorial are stalled; only 4 beds have been transferred.

DISCUSSION/ADVICE:

- The anesthesiologist's society has in the past been unhappy with the Doctors of BC representation. Many BCAS members withdrew from Doctors of BC, and BCAS attempted to negotiate directly with the ministry, independently from Doctors of BC and other physician groups.
- Fraser Health says all past attempts to conclude an agreement with anesthesiologists for DOBA services at Surrey Memorial and Royal Columbian have broken down over money.
- Fraser Health says it is optimistic that due to new leadership within the BCAS, there is now an opportunity to make progress on negotiating DOBA services for these two large hospitals.
- Ministry officials have also met with the BCAS leadership recently and have noticed a renewed willingness to collaborate on system issues.
- The ministry has requested the society consider preparing a document about changing the way in which anesthesiologists are compensated overall.
- The ministry has also encouraged the BCAS to participate in the $55 million Specialist Disparity Fund process of the Physician Master Agreement.

ADVICE TO MINISTER

ADVICE AND RECOMMENDED RESPONSE:

- **Women giving birth, babies and families deserve the very best care and support during such an important time in their lives. British Columbia is proud to offer various options for mothers, including medical pain management during birth.**
- **The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital, Royal Columbian Hospital and Victoria General.**
- **These hospitals already have full-time anaesthesiologists on site 24/7 and access to on-call anaesthesiology when required.**
- **However, at Surrey Memorial and Royal Columbian, this resource is shared with emergency and trauma programs, which means sometimes birthing mothers need to wait.**
- **Victoria General has had a dedicated obstetrical anesthesia model since 2012, and we'd like to see that service expand to the other high-volume sites.**
- **The ministry and health authorities are discussing this with the province's anesthesiologists, through the B.C. Anesthesiologists Society and Doctors of BC.**
- **We are also discussing new and thoughtful ways of providing improved anesthesiology services to women birthing in hospitals throughout B.C.**
- **We are hopeful we will soon be able to find common ground and innovative solutions.**

Communications Contact:	Cindy MacDougall	Reviewer:
Program Area Contact:	Rod Frechette	
File Created:	March 27, 2015	
File Updated:		

Minister's Office	Program Area	Deputy	HLTH Communications

Murray, Heather HLTH:EX

From: Murray, Heather HLTH:EX
Sent: Thursday, July 2, 2015 12:57 PM
To: Patterson, Ted HLTH:EX
Subject: FW: Dr Brar Updates for Minister Lake
Attachments: FW: 1030872 - MO Request for Bullets - Update for Minister Lake - FHA and Anesthesiology Issues

Hi Ted – I'm sure I have confirmed this already to the DMO, however, to double check with you, no meeting is required with the Minister on this front, correct? And ok to advise that you and the DM have been and continue to work with Dr. Brar on anesthesiology issues. Thx, H.

From: Andrachuk, Andrea HLTH:EX
Sent: Thursday, July 2, 2015 12:36 PM
To: Murray, Heather HLTH:EX
Cc: Foran, Grace E HLTH:EX
Subject: Dr Brar Updates for Minister Lake

Hi Heather,
I would like to ask your assistance in responding to the MO. I believe we are able to close this off by indicating that Ted has followed up with Dr. Brar and has dealt with his immediate concerns and the Dr. Brar is completing more work on this and no longer requests a meeting with the Minister. Can you please confirm?

Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 |C: 250.217.3655 |**email:** andrea.andrachuk@gov.bc.ca

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From: Jukes, Shaina HLTH:EX
Sent: Thursday, July 2, 2015 12:28 PM
To: Andrachuk, Andrea HLTH:EX
Subject: FW: Important Updates for Minister Lake

Hi Andrea, I have this one in my waiting on staff advice folder, it was something that Sabrina was dealing with and I don't know what ever happened with it.

Can you follow up and see if we ever got advice back please.

Thank you,
Shaina

Shaina Jukes
Administrative Coordinator to the Honourable Terry Lake

Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2
Phone: 250-953-3547| Fax: 250-356-9587| Hlth.Health@gov.bc.ca

From: Loiacono, Sabrina HLTH:EX
Sent: Thursday, March 12, 2015 3:28 PM
To: Patterson, Ted HLTH:EX
Cc: Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; Martin, Rhiannon HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; Andrachuk, Andrea HLTH:EX
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Assistant Deputy Minister
Health Sector Workforce Division

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Sukh Brar, MD, FRCPC
President
BC Anesthesiologists' Society
Cell s.22

Murray, Heather HLTH:EX

From: Andrachuk, Andrea HLTH:EX
Sent: Monday, April 13, 2015 1:24 PM
To: Murray, Heather HLTH:EX
Cc: Stearn, Anne HLTH:EX
Subject: FW: 1030872 - MO Request for Bullets - Update for Minister Lake - FHA and Anesthesiology Issues
Attachments: 1030872 - MO Info Bullets re FHA and Anesthesiology Issues.docx; 1030872 - Attachment to Info Bullets.doc

Hi Heather,
This came up at A&P on Friday. The DM would like Ted to follow up with Dr. Brar.
Thanks,

Andrea Andrachuk | Acting Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 |C: 250.217.3655 |email: andrea.andrachuk @gov.bc.ca

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From: Docs Processing HLTH:EX
Sent: Friday, April 10, 2015 3:32 PM
To: Loiacono, Sabrina HLTH:EX
Cc: Docs Processing HLTH:EX; Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Andrachuk, Andrea HLTH:EX; Martin, Rhiannon HLTH:EX
Subject: 1030872 - MO Request for Bullets - Update for Minister Lake - FHA and Anesthesiology Issues

Hi Sabrina,

Attached are information bullets, as well as an attachment document which were prepared by HSWD and approved by Ted Patterson, ADM and reviewed by Grace Foran.

Thanks,

Alex Iacob
Program Assistant
Documents Processing Unit | Deputy Minister's Office | Ministry of Health
Phone 250 952 -2636 Email alex.iacob@gov.bc.ca

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Hi Sabrina,

I am in fairly regular communication with Dr. Brar about doing some provincial level work on anaesthesia, but I have not discussed the specific FHA issue he raises below. Stephen and I will be arranging to meet with him over the next few weeks.

Is there anything specific you would like me to follow up on with this one?

T

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division

From: Loiacono, Sabrina HLTH:EX
Sent: Tuesday, March 10, 2015 1:36 PM
To: Patterson, Ted HLTH:EX
Cc: Jabs, Ryan GCPE:EX; Marsh, Kyle HLTH:EX; Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX
Subject: FW: Important Updates for Minister Lake

Hi Ted,

Do you know anything about this?

S.

From: Sukhpal Brar [mailto:s.22]
Sent: Tuesday, March 10, 2015 12:22 PM
To: Loiacono, Sabrina HLTH:EX
Subject: Important Updates for Minister Lake

Dear Terry,

I hope this message finds you well. I am writing to you as a bit of a "heads up" on a matter at Surrey Memorial Hospital (SMH) that has come to my attention, and which I believe we can jointly reference as a reflection of the collaborative work that is being done to improve surgical waitlists and wait times for patients.

s.22 a general surgeon and s.22 in FHA, contacted me last week with concerns that a small subset of SMH surgeons may go public with complaints about the impact of the local anesthesiologist shortage.

As background, I'm sure that you are aware that the anesthesiologist shortage in Surrey has been deeper and much longer lasting than what is being experienced in Kamloops, with frequent OR closures as a result. For much of 2014, during weekday "business hours" an anesthesiologist was scheduled to be available for the high-risk maternity (obstetrics) program. For a variety of reasons, this resource was significantly under-utilized. Frankly, it didn't make much sense to continue scheduling an anesthesiologist in that way, at the expense of an

additional OR being used.

After consultation with SMH surgical colleagues and FHA Admin, in January the anesthesiology department re-assigned that resource to the Main OR, to maximize the availability of anesthesiologists for elective surgery, in an effort to reduce waitlists. Of course, some surgeons benefited more than others, which means that some surgeons feel unfairly treated; but the bottom line is that far more patients are getting their surgeries now than if the old arrangement had continued.

If contacted by local decision-makers and/or the media, it is the latter information that I will convey to them.

(As an aside, re-opening of an OR and completing more surgeries does mean additional costs to FHA. It is not clear to us whether this change was truly welcomed by FHA, but that is a separate issue.)

Of course, I am also keen to see truly collaborative progress in providing the support needed to establish Dedicated Obstetric Anesthesia ("DOBA") programs in BC, including at Surrey Memorial. DOBA would help deliver "gold standard" care for thousands of labouring mothers each year, while also creating hospital efficiencies that will allow greater surgical throughput and a further reduction of surgical wait times. Attached is a Briefing Note on DOBA which provides more background on this win-win-win proposal.

The BCAS continues to be involved in constructive and meaningful work alongside your ministry officials, both at the Provincial Surgical Executive Committee and elsewhere. I would welcome an opportunity to meet with you personally to review progress made, and to discuss the health care achievements that are possible.

Best regards,
Sukh

Sukh Brar, MD, FRCPC
President
BC Anesthesiologists' Society
Cell s.22

INFORMATION BULLETS

Cliff #: 1030872

Subject:
Dr. Sukhpal Brar, an anesthetist at Royal Columbian Hospital, has requested a meeting with Honourable Terry Lake, Minister of Health, to discuss ideas that the BC Anesthesiologists Society have for introducing Dedicated Obstetrical Anesthesia Services at Surrey Memorial Hospital.

Bullets:

- Beginning in 2008, the Ministry of Health (the Ministry) participated in discussions with the British Columbia Anesthesiologists' Society (BCAS) and the Doctors of BC (DoBC), (formerly the British Columbia Medical Association), to address the need to ensure timely access to dedicated obstetrical anesthesia (DOBA) services in hospitals where there are high volumes of deliveries (3,000 or more per year): Surrey Memorial Hospital (SMH), and Royal Columbian Hospital (RCH) and Victoria General Hospital (VGH).
- The Ministry has proposed a number of potential solutions for DOBA services, ranging from an on-site/on-call contract to a service contract with a specific number of full time equivalents; however, the anesthesiologists rejected all proposals and expressed preference for a fee based solution.
- Commencing in 2009, the Government entered into two agreements to address the demands of the anesthetists and to stabilize obstetrical anesthesia services in the province:
  - In December 2009, Government, BCAS and DoBC agreed to direct $5.5 million of funding in the Physician Master Agreement (PMA) to establish new epidural supervision fees – a 5 percent funding increase over the 2009/10 billings for this type of service. The total contract funding was $1.8 million over three years (January 1, 2010-March 31, 2012). The purpose of the agreement was ***"to support enhanced access and availability to obstetrical analgesia services for women throughout the province."***
  - In December 2011, agreement was reached to apply a further $2.5 million to create contracts that would provide patients with DOBA services in three tertiary care maternity hospitals - SMH, RCH, VGH. The total additional funding amount was increased to $2.7 million, to enable each site to offer anesthetists $900,000 in annual funding for stable DOBA services.
- In January 2012, Vancouver Island Health Authority (VIHA) reached an agreement with the anesthesiologists at VGH to provide 24/7/365 DOBA services. Since February 2012, through successive letters of agreement between the Ministry and VIHA, DOBA services at VGH have been secured with the additional $900,000/year (this amount is in addition to physicians' fee-for-service billings).

- To date, despite many attempts to negotiate a DOBA agreement with the anesthesiologists at SMH and RCH, Fraser Health Authority (FHA) has been unable to conclude an agreement for these locations. The lack of progress on obtaining agreement with anesthetists to provide DOBA services at these sites has obstructed the implementation of provincial plans to strengthen perinatal services in the lower mainland.
  - Initiated in 2010, the FHA Perinatal Services Transition Plan contemplates the transfer of 12 Level 3 neonatal intensive care unit beds from RCH to SMH. To date, only 4 neonatal intensive care beds have been transferred to SMH (in February 2010).
- The BCAS has in the past been unhappy with the DoBC representation. Many BCAS members withdrew from DoBC, and BCAS attempted to negotiate directly with the Ministry - independently from DoBC and other physician groups.
- FHA have advised the Ministry that all past attempts to conclude an agreement with anesthetists for DOBA services at SMH and at RCH have broken down over money. FHA advises that, due to new leadership within the BCAS, they are optimistic that there is now an improved opportunity to make progress on negotiating DOBA services for these two large hospitals.
- Ministry officials have also met with the BCAS leadership recently, and have noticed a renewed willingness to collaborate on system issues.
- The Ministry has requested the BCAS consider preparing a bold document about changing the way in which anesthesiologists are compensated. The Ministry has also encouraged the BCAS to participate in the $55-million Specialist Disparity Fund process of the Physician Master Agreement.

Attachment: FHA Confidential Briefing Note regarding DOBA

Program ED/Branch/Division:
Rod Frechette, Negotiations & Physician Compensation Branch, HSWD
Date: April 8, 2015

Murray, Heather HLTH:EX

From: Morton, Roy Dr. <Roy.Morton@fraserhealth.ca>
Sent: Monday, November 9, 2015 11:21 AM
To: Patterson, Ted HLTH:EX
Subject: RE: Surgical POlicy Paper - Information Required

Follow Up Flag: Follow up
Flag Status: Flagged

Thanks Ted. Looks clear to me.

As you know, the 'provisional' status of the Epidural fee remains a stumbling block. Any progress there ? I met with Surrey Obstetricians Friday and advised a change in the model of care at SMH effective March 2016 which will include two on-site obstetricians to deal with the 4200 annual deliveries. Hope we can get DOBA / COBA in place as well !!

Roy

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs
Fraser Health
604-587-4659
Roy.morton@fraserhealth.ca

Executive Assistant
Joan Williamson
Joan.williamson@fraserhealth.ca

From: Patterson, Ted HLTH:EX [mailto:Ted.Patterson@gov.bc.ca]
Sent: Monday, November 09, 2015 7:51 AM
To: [VCH-PHC] O'Connor, Patrick [Dr.] [VA]; Morton, Roy Dr.
Cc: South, Nancy HLTH:EX; Frechette, Rod HLTH:EX; Copes, Marilyn HLTH:EX
Subject: Surgical POlicy Paper - Information Required
Importance: High

Patrick, Roy, Andy,

We put together the note below to request info from HAs regarding surgical and obstetrical volumes – want to make sure this request makes sense and is asking for what we need to have a good discussion on the 19th.

Thoughts?

T

****

Colleagues,

In support of the Ministry priority on surgical services, we will be addressing two HHR priorities in the immediate near term – (1) specialty nursing, and (2) anaesthesiologists. Work is underway with AVED, VPs HR, CNOs and BCNU to address specialty nursing challenges, and as you are aware, we have initiated meetings with BCAS to address anaesthesiology supply challenges.

In order to assess the full extent of the challenge with respect to anaesthesiology, we require the following more detailed information regarding forecasts for surgical and obstetrical services on a site by site basis for the next three years. We also require your insight as to what proportion of the increased capacity is an increase in base capacity, and what is incremental to address current wait time issues.

- Projected incremental OR hours by site split into day surgery and inpatient surgery for each of 2016/17 and 2017/18 (and exclusive of obstetrical demand)
- Projected demand for obstetrical services requiring anaesthesiology support, over the same period, broken out by base and incremental activity
- An analysis of types of anesthesiology support that will be required for projected surgical and obstetrical activity, and
- The level of support required for the same over the past three years.

Unfortunately, we are at a point in the planning cycle where we need this information quickly. Please forward your information as requested to Marilyn Copes and Nancy South by mid-day, Monday, November 16th. Please contact Marilyn Copes (Marilyn.Copes@gov.bc.ca) or Nancy South (Nancy.South@gov.bc.ca) if you have questions regarding the information sought.

Thank you

Ted Patterson,

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465
s.17

Murray, Heather HLTH:EX

From: Morton, Roy Dr. <Roy.Morton@fraserhealth.ca>
Sent: Tuesday, November 17, 2015 6:27 PM
To: Patterson, Ted HLTH:EX
Cc: XT:Morton, Roy HLTH:IN
Subject: FW: COBA & Epidural fees

Hi Ted,

As you are aware, an epidural monitoring fee (1047, 1048, 1049) was introduced about 5 years ago. It is time-based from insertion to delivery to a maximum of four hours. It is very lucrative ! The anesthesiologists are convinced that the fee will be cancelled if there is a DOBA (aka COBA) agreement. As pointed out in an email to me by Roland Orfaly (see below) the fee codes are still shown as 'provisional'. This reinforces their belief that the fee is temporary and, if cancelled, will have a significant impact of income.

I met with Roland Orfaly and Sukh Brar a few months ago to discuss the Surrey DOBA needs. The 'provisional' status of these fee codes was seen as the only major hurdle. These fee codes are not something that the Health Authority has any ability to change.

How do we get the 'provisional' status removed from these fee guide items ? It would move us a lot closer to an actual agreement for Dedicated Obstetrical Anesthesia Services. See below:

>Hi Roy,

>In follow-up to the issue of epidural fees, here is the relevant background.
>
>Our MSC Payment Schedule is available online at:
>http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-servic
>es-plan/8-anesthesia.pdf
>
>You will note that the Supervision of Labour Epidural Analgesia fee
>items (01047, 01048, and 01049) have the prefixes "P" and "G"
>attached to them. For the meaning of these prefixes, here is the
>General Preamble to the MSC Payment Schedule:
>http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-servic
>es-plan/1-preamble.pdf
>
>At page 4:
>P designates fee items approved on a provisional basis and awaiting
>further review.
>G designates listings which are administered through the Claims payment
>system but are not funded through the medical practitioners?
>Available Amount.
>
>We look forward to further discussions, and to reaching a sustainable
>solution for obstetrical anesthesiology services, with an initial focus
>on SMH.
>

>Cheers,
>Roland

Regards, Roy Morton

Murray, Heather HLTH:EX

From: Morton, Roy Dr. <Roy.Morton@fraserhealth.ca>
Sent: Tuesday, February 2, 2016 12:53 PM
To: Patterson, Ted HLTH:EX
Subject: Anesthesia Dept Letter SMH
Attachments: Anesthesia Dept Letter SMH.doc

FYI – going out to Surrey Anesthesia group tomorrow.

Roy Morton

fraserhealth Better health. Best in health care.

July 7, 2016

Dr. Marshall Cheng
Local Head Department of Anesthesia
Surrey Memorial Hospital

Dear Dr. Cheng and all members of the SMH Department of Anesthesia

Fraser Health Authority recognizes that the members of the Surrey Memorial Hospital Department of Anesthesia share our goal of providing high quality, safe, and compassionate patient-centred care. This objective aligns with the tertiary care transition plan for the SMH Department of Obstetrics and Gynecology, and with priorities laid out by the BC Anesthesiologists Society and the Ministry of Health.

In order to fulfil this mandate, system level care gaps related to the provision of anaesthesia services for obstetrical patients need to be addressed. These gaps, identified during the 2014 external Tertiary Perinatal Review and the FBU Patient Safety Culture Survey, include delays in managing emergency obstetrical situations when all anaesthesia resources are occupied, delays or lack of availability of epidural anesthesia, elective caesarian sections impacting the elective and emergency OR slates, and limited gynecology OR time that results in unacceptable wait times for elective surgery.

You are aware of two Fraser Health PSLS reports in the past week citing significant harm related to lack of anesthesia services. Fraser Health cannot accept unsafe patient care and we will conduct full patient safety reviews of these cases.

By way of this letter, Fraser Health is formally offering the Surrey Memorial Hospital Anesthesiology group a contract to provide Dedicated (Consultant) Obstetrical Anesthesia service. Any agreement must be consistent with the contract in place in Vancouver Island Health Authority. As you are aware, their contract includes deliverables including 24/7 anesthesia presence for the exclusive provision of DOBA services as well as ante-partum, intra-partum and post-partum obstetrical analgesia requirements including the provision of labour epidurals.

The current precedent for obstetrical anesthesia services in British Columbia provides for a contracted service at $900,000 annually and an in-house MOCAP allocation of $325,000 per year. In addition, Fraser Health anticipates a significant increase in your members' fee-for-service billings associated with an increased labour epidural rate due to much needed increased availability.

I understand many of the barriers which previously held up an agreement have been removed. In particular, the 'provisional' status of the MSP epidural monitoring fee. I am assured by the Ministry of Health that the 'p' status of this fee guide item has been removed and it will permanently remain as an anesthesia fee guide item.

... 2

Fraser Health Authority
Office of Vice President, Medicine and Regional Programs
Central City Tower
Suite 400, 13450 – 102 Avenue
Surrey, BC V3T 0H1 Canada
Tel (604) 587-4600
www.frasherhealth.ca

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Fraser Health considers safe obstetrical anesthesia care a priority that requires urgent attention to ensure patient safety at Surrey Memorial Hospital which currently manages 4300 births per year.

Fraser Health is committed to increasing obstetrical anesthesia services at SMH. As such, we ask that each individual department member (Active Staff) give this careful thought as Fraser Health wishes to offer current medical staff members the opportunity to move forward with this model of care.

Fraser Health and SMH/Program leadership has a meeting scheduled with Dr. Cheng on February 18th. We request individual, written responses to this financial offer from all SMH Anesthesiologists within fourteen calendar days so we can begin discussions with Dr. Cheng on Feb 18th, 2016 to finalize go-forward details.

I am available to discuss further details at your convenience.

Yours sincerely,

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs

c – Dr. Dean Jones, RMD, Anesthesia
Dr. Peter Beresford, PMD, Maternal/Infant
Dr. Rob McDermid, Site Medical Director, SMH
Dr. Peter Blair, EMD, Medical Affairs
Mr. Michael Marchbank, President and CEO

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Surrey, BC V3T 0H1 Canada

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Murray, Heather HLTH:EX

From: Morton, Roy Dr. <Roy.Morton@fraserhealth.ca>
Sent: Friday, February 12, 2016 8:44 AM
To: XT:Marchbank, Michael HLTH:IN; Patterson, Ted HLTH:EX
Subject: RE: Providing World Class Maternity Care in Surrey BC

I agree. FHA is meeting with the Surrey Department Head on February 18th. I don't think Ministry involvement would add value to local issues ....

Roy

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs Fraser Health Associate Professor, UBC Faculty of Medicine
604-587-4659
Roy.morton@fraserhealth.ca

Executive Assistant
Joan Williamson
Joan.williamson@fraserhealth.ca

-----Original Message-----
From: Marchbank, Michael
Sent: Friday, February 12, 2016 6:53 AM
To: Patterson, Ted HLTH:EX
Cc: Morton, Roy Dr.
Subject: Re: Providing World Class Maternity Care in Surrey BC

My fear is that this is a stall tactic. I would suggest that you tell them the following:

s.13

I would ask that the Ministry stay out of it for now and let the next 2 weeks happen other than sending the message outlined above. After that we can then assess.

Can chat anytime you want. Roy feel free to add anything.

Michael

Sent from my iPhone

> On Feb 12, 2016, at 5:46 AM, Patterson, Ted HLTH:EX <Ted.Patterson@gov.bc.ca> wrote:
>
> Roy, Michael,
>
> I would appreciate your advice on what, if any, role you think the
> Ministry should have and whether a meeting would be productive
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> -----Original Message-----
> From: Roland Orfaly [mailto:s.22]
> Sent: Friday, February 12, 2016 12:05 AM
> To: Patterson, Ted HLTH:EX
> Cc: XT:Morton, Roy HLTH:IN; Marshall Cheng; Sukhpal Brar
> Subject: Providing World Class Maternity Care in Surrey BC
>
> Hi Ted,
>
> Sukh and I are both now back in town and fully committed to working with you to bring to fruition all of the work to date of the Provincial Anesthesiology Services Working Group.
>
> After reviewing the population and patient needs for anesthesiology human resources with respect to both surgical and obstetrical services, the working group has been tasked with the "development of a new provincial compensation model that supports recruitment and retention and incentivizes quality and efficiency."
>
> A key component of the human resource framework - and therefore the compensation model - is undoubtedly the need for specialized obstetrical anesthesiology staffing at the province's large, tertiary maternity centres (such as Surrey Memorial Hospital).
>
> We believe that there is significant alignment of the various stakeholders, which positions us ideally to reach successful and durable solutions for these health human resource needs.
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> In March and April of 2014, the BCAS invited key stakeholders (including the Ministry and Fraser Health) to join us in addressing these obstetrical anesthesiology needs. The first of the three BCAS letters is attached here for reference. While they did not respond with any interest at the time, we understand that Fraser Health is now supportive of the need to meet these additional anesthesiology human resource needs in Surrey and elsewhere.
>
> We would invite you, Ted, to indicate upcoming dates that you are available to meet with FHA, the BCAS, and the SMH department head. While FHA's recent approach to this issue has been ineffective in moving us closer to a solution, we firmly believe that a collaborative discussion of the aforementioned stakeholders will be successful in identifying a new framework for obstetrical anesthesiology services that will support recruitment and retention, and ultimately result in the safest care possible for expectant mothers.
>
> We look forward to meeting with you in the near future.
>
> Best regards,
> Roland
>
> CC: Dr. Roy Morton, Vice-President (Medicine), Fraser Health
> Dr. Marshall Cheng, Local Department Head, Anesthesiology, Surrey Memorial Hospital
> Dr. Sukh Brar, President, BC Anesthesiologists' Society

> <Seckel-Lake-Murray DOBA March 8 2014.pdf>

Murray, Heather HLTH:EX

From: Morton, Roy Dr. <Roy.Morton@fraserhealth.ca>
Sent: Monday, February 15, 2016 12:54 PM
To: Patterson, Ted HLTH:EX
Cc: XT:Nuraney, Naseem GCPE:IN
Subject: RE: Providing World Class Maternity Care in Surrey BC

Will get it to you ASAP..... Naseem developing detail. Will aim for 2 oclock....

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs Fraser Health Associate Professor, UBC Faculty of Medicine
604-587-4659
Roy.morton@fraserhealth.ca

Executive Assistant
Joan Williamson
Joan.williamson@fraserhealth.ca

-----Original Message-----
From: Patterson, Ted HLTH:EX [mailto:Ted.Patterson@gov.bc.ca]
Sent: Monday, February 15, 2016 10:57 AM
To: Morton, Roy Dr.
Subject: RE: Providing World Class Maternity Care in Surrey BC

Hi Roy - how are we doing with the briefing note? I am discussing with Stephen this afternoon at 3:30, so would be good to have something over the next couple hours

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From: Morton, Roy Dr. [mailto:Roy.Morton@fraserhealth.ca]
Sent: Friday, February 12, 2016 4:42 PM
To: Patterson, Ted HLTH:EX
Cc: XT:Marchbank, Michael HLTH:IN; XT:Nuraney, Naseem GCPE:IN
Subject: RE: Providing World Class Maternity Care in Surrey BC

Ted, Michael and Naseem are doing some edits..... will get Briefing Note to you Monday. Regards Roy

Roy Morton, MD, FRCPC
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From: Morton, Roy Dr.
Sent: Friday, February 12, 2016 2:23 PM
To: 'Patterson, Ted HLTH:EX'
Cc: Marchbank, Michael
Subject: RE: Providing World Class Maternity Care in Surrey BC

Putting together a Briefing Note for you now. Have it to you in 30 - 60 mins

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs Fraser Health Associate Professor, UBC Faculty of Medicine
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Joan.williamson@fraserhealth.ca

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From: Patterson, Ted HLTH:EX [mailto:Ted.Patterson@gov.bc.ca]
Sent: Friday, February 12, 2016 2:00 PM
To: Morton, Roy Dr.; Marchbank, Michael
Subject: RE: Providing World Class Maternity Care in Surrey BC

Okay - thanks. Agree with approach is a good one.

The sooner you can get me some background info the better Roy - Stephen and I will need to be prepared to give the Minister a heads up if things get heated

T

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> <Seckel-Lake-Murray DOBA March 8 2014.pdf>

Murray, Heather HLTH:EX

From: Nuraney, Naseem <Naseem.Nuraney@fraserhealth.ca>
Sent: Monday, February 15, 2016 2:11 PM
To: Patterson, Ted HLTH:EX
Cc: XT:Morton, Roy HLTH:IN; XT:Marchbank, Michael HLTH:IN
Subject: RE: Providing World Class Maternity Care in Surrey BC
Attachments: IN_DOBA_Obstetrics_15Feb2016(dl edits v3).doc

Hi Ted - please find attached issues note..

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Cc: Nuraney, Naseem
Subject: RE: Providing World Class Maternity Care in Surrey BC

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Roy Morton, MD, FRCPC
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Joan.williamson@fraserhealth.ca

-----Original Message-----
From: Patterson, Ted HLTH:EX [mailto:Ted.Patterson@gov.bc.ca]
Sent: Friday, February 12, 2016 2:00 PM
To: Morton, Roy Dr.; Marchbank, Michael
Subject: RE: Providing World Class Maternity Care in Surrey BC

Okay - thanks. Agree with approach is a good one.

The sooner you can get me some background info the better Roy - Stephen and I will need to be prepared to give the Minister a heads up if things get heated

T

-----Original Message-----
From: Morton, Roy Dr. [mailto:Roy.Morton@fraserhealth.ca]
Sent: Friday, February 12, 2016 8:44 AM
To: XT:Marchbank, Michael HLTH:IN; Patterson, Ted HLTH:EX
Subject: RE: Providing World Class Maternity Care in Surrey BC

I agree. FHA is meeting with the Surrey Department Head on February 18th. I don't think Ministry involvement would add value to local issues ....

Roy

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs Fraser Health Associate Professor, UBC Faculty of Medicine
604-587-4659
Roy.morton@fraserhealth.ca

Executive Assistant
Joan Williamson
Joan.williamson@fraserhealth.ca

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From: Marchbank, Michael
Sent: Friday, February 12, 2016 6:53 AM
To: Patterson, Ted HLTH:EX
Cc: Morton, Roy Dr.
Subject: Re: Providing World Class Maternity Care in Surrey BC

My fear is that this is a stall tactic. I would suggest that you tell them the following:

s.13

I would ask that the Ministry stay out of it for now and let the next 2 weeks happen other than sending the message outlined above. After that we can then assess.

Can chat anytime you want. Roy feel free to add anything.

Michael

Sent from my iPhone

> On Feb 12, 2016, at 5:46 AM, Patterson, Ted HLTH:EX <Ted.Patterson@gov.bc.ca> wrote:
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> Roy, Michael,
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> I would appreciate your advice on what, if any, role you think the
> Ministry should have and whether a meeting would be productive
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> -----Original Message-----
> From: Roland Orfaly [mailto:s.22]
> Sent: Friday, February 12, 2016 12:05 AM
> To: Patterson, Ted HLTH:EX

> Cc: XT:Morton, Roy HLTH:IN; Marshall Cheng; Sukhpal Brar
> Subject: Providing World Class Maternity Care in Surrey BC
>
> Hi Ted,
>
> Sukh and I are both now back in town and fully committed to working with you to bring to fruition all of the work to date of the Provincial Anesthesiology Services Working Group.
>
> After reviewing the population and patient needs for anesthesiology human resources with respect to both surgical and obstetrical services, the working group has been tasked with the "development of a new provincial compensation model that supports recruitment and retention and incentivizes quality and efficiency."
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> A key component of the human resource framework - and therefore the compensation model - is undoubtedly the need for specialized obstetrical anesthesiology staffing at the province's large, tertiary maternity centres (such as Surrey Memorial Hospital).
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> We believe that there is significant alignment of the various stakeholders, which positions us ideally to reach successful and durable solutions for these health human resource needs.
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> In March and April of 2014, the BCAS invited key stakeholders (including the Ministry and Fraser Health) to join us in addressing these obstetrical anesthesiology needs. The first of the three BCAS letters is attached here for reference. While they did not respond with any interest at the time, we understand that Fraser Health is now supportive of the need to meet these additional anesthesiology human resource needs in Surrey and elsewhere.
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> We would invite you, Ted, to indicate upcoming dates that you are available to meet with FHA, the BCAS, and the SMH department head. While FHA's recent approach to this issue has been ineffective in moving us closer to a solution, we firmly believe that a collaborative discussion of the aforementioned stakeholders will be successful in identifying a new framework for obstetrical anesthesiology services that will support recruitment and retention, and ultimately result in the safest care possible for expectant mothers.
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> We look forward to meeting with you in the near future.
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> Best regards,
> Roland
>
> CC: Dr. Roy Morton, Vice-President (Medicine), Fraser Health
> Dr. Marshall Cheng, Local Department Head, Anesthesiology, Surrey Memorial Hospital
> Dr. Sukh Brar, President, BC Anesthesiologists' Society
> <Seckel-Lake-Murray DOBA March 8 2014.pdf>

Murray, Heather HLTH:EX

From: Frechette, Rod HLTH:EX
Sent: Monday, February 15, 2016 4:35 PM
To: Plank, Sarah GCPE:EX
Cc: Patterson, Ted HLTH:EX
Subject: FW: Providing World Class Maternity Care in Surrey BC
Attachments: IN_DOBA_Obstetrics_15Feb2016(dl edits v3).doc

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Sarah,

This has been a long standing issue in FHA with both the anesthetists and obstetricians. FHA has decided to take action and subject to no progress being made this week, will be giving the physicians 12 months notice of termination of privileges next Monday. Ted will be briefing the Minister this week. Key messages should likely focus on concerns for patient safety, an understanding there was an offer that was rejected, support for the Health Authority in moving forward to create a high quality, perinatal service for expectant mothers.

Thanks
Rod

-----Original Message-----
From: Patterson, Ted HLTH:EX
Sent: Monday, February 15, 2016 2:35 PM
To: Ty, Marie HLTH:EX; Frechette, Rod HLTH:EX
Subject: FW: Providing World Class Maternity Care in Surrey BC

At this point, FYI. I will be discussing this with Stephen and Sabine at 3:30 this afternoon.

-----Original Message-----
From: Nuraney, Naseem [mailto:Naseem.Nuraney@fraserhealth.ca]
Sent: Monday, February 15, 2016 2:11 PM
To: Patterson, Ted HLTH:EX
Cc: XT:Morton, Roy HLTH:IN; XT:Marchbank, Michael HLTH:IN
Subject: RE: Providing World Class Maternity Care in Surrey BC

Hi Ted - please find attached issues note..

-----Original Message-----
From: Morton, Roy Dr.
Sent: Monday, February 15, 2016 12:54 PM
To: 'Patterson, Ted HLTH:EX'
Cc: Nuraney, Naseem
Subject: RE: Providing World Class Maternity Care in Surrey BC

Will get it to you ASAP..... Naseem developing detail. Will aim for 2 oclock....

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs Fraser Health Associate Professor, UBC Faculty of Medicine
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Executive Assistant
Joan Williamson
Joan.williamson@fraserhealth.ca

-----Original Message-----
From: Patterson, Ted HLTH:EX [mailto:Ted.Patterson@gov.bc.ca]
Sent: Monday, February 15, 2016 10:57 AM
To: Morton, Roy Dr.
Subject: RE: Providing World Class Maternity Care in Surrey BC

Hi Roy - how are we doing with the briefing note? I am discussing with Stephen this afternoon at 3:30, so would be good to have something over the next couple hours

-----Original Message-----
From: Morton, Roy Dr. [mailto:Roy.Morton@fraserhealth.ca]
Sent: Friday, February 12, 2016 4:42 PM
To: Patterson, Ted HLTH:EX
Cc: XT:Marchbank, Michael HLTH:IN; XT:Nuraney, Naseem GCPE:IN
Subject: RE: Providing World Class Maternity Care in Surrey BC

Ted, Michael and Naseem are doing some edits..... will get Briefing Note to you Monday. Regards Roy

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Vice President Medicine and Regional Programs Fraser Health Associate Professor, UBC Faculty of Medicine
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Executive Assistant
Joan Williamson
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-----Original Message-----
From: Morton, Roy Dr.
Sent: Friday, February 12, 2016 2:23 PM
To: 'Patterson, Ted HLTH:EX'
Cc: Marchbank, Michael
Subject: RE: Providing World Class Maternity Care in Surrey BC

Putting together a Briefing Note for you now. Have it to you in 30 - 60 mins

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs Fraser Health Associate Professor, UBC Faculty of Medicine
604-587-4659

Roy.morton@fraserhealth.ca

Executive Assistant
Joan Williamson
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> Best regards,
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> CC: Dr. Roy Morton, Vice-President (Medicine), Fraser Health
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> <Seckel-Lake-Murray DOBA March 8 2014.pdf>

Murray, Heather HLTH:EX

From: MacDougall, Cindy GCPE:EX
Sent: Tuesday, February 16, 2016 1:17 PM
To: Frechette, Rod HLTH:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide
Attachments: KM_contract ended_Surrey Memorial dedicated obstetrical anesthesia services_DOBA_Feb 16 2016_DRAFT.docx; IN_dedicated obstetrical anesthesiology services_DOBA_Feb 16 2016_DRAFT.docx

Hi, Rod:

I am working on creating and updating GCPE materials re: DOBA at both Surrey Memorial and provincewide.

First: I've reviewed the briefing note from FH regarding SMH DOBA, and have created some key messages for MTL on the issue. Please find them attached, the first attachment to this email, for your fact-check and review. Deadline: tomorrow, please.

Second: please find attached, the second attachment, an IN I did last March regarding provincewide DOBA. I need an update on where that proposal stands at this time, and next steps for this effort. Please see attached comments – any information or feedback you can share is much appreciated. Deadline: later this week, please.

Many thanks!

Cindy

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

Page 389 to/à Page 392

Withheld pursuant to/removed as

DUPLICATE

Murray, Heather HLTH:EX

From: Dr. Cheng < s.22 >
Sent: Wednesday, February 17, 2016 9:39 AM
To: XT:Morton, Roy HLTH:IN
Cc: Patterson, Ted HLTH:EX; s.22
Subject: DOBA

Hi Roy
I have discussed aspects of our discussion with my department. The contract has many complexities that are not within FHA's jurisdiction to change or alter. In order to move ahead quickly, we would need direct involvement with the ministry to affect these changes. We need direct dialogue with Ted Patterson and the BCAS. A meeting should be arranged involving you, Ted, the BCAS and SMH Anesthesia.
Many major principles still need to be worked out in the contract before we discuss the model of care. We should postpone the meeting on the 18th since it involves members who are primarily interested in the model of care. However, we can reconvene that meeting once we have a firm idea what the contract will look like.

Thank you.
Marshall

Murray, Heather HLTH:EX

From: Murray, Heather HLTH:EX
Sent: Wednesday, February 17, 2016 10:12 AM
To: Patterson, Ted HLTH:EX; Frechette, Rod HLTH:EX
Subject: FW: IN_DOBA_Obstetrics_15Feb2016
Attachments: IN_DOBA_Obstetrics_15Feb2016.doc

Fyi and will send to Andrea as background for the briefing tomorrow.

From: Heinze, Laura R GCPE:EX
Sent: Wednesday, February 17, 2016 10:12 AM
To: Murray, Heather HLTH:EX
Cc: MacDougall, Cindy GCPE:EX
Subject: IN_DOBA_Obstetrics_15Feb2016

Hi Heather,

Here you go. As mentioned, we're working on our own messages as well, but this is FH's note.

Thx
Laura

Murray, Heather HLTH:EX

From: Frechette, Rod HLTH:EX
Sent: Wednesday, February 17, 2016 10:50 AM
To: MacDougall, Cindy GCPE:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide
Attachments: KM_contract ended_Surrey Memorial dedicated obstetrical anesthesia servi....docx

Hi Cindy,
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Rod

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Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
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Key Messages – Surrey Memorial Hospital dedicated obstetrics and anaesthesiology

Feb. 16, 2016

Fraser Health is ~~cancelling its contract~~providing the anesthesiologists one year's notice of termination of privileges ~~with a group of anaesthesiologists who provided anaesthesiology services for birthing mothers at Surrey Memorial Hospital~~, after lengthy negotiations failed to create a dedicated obstetrical anaesthesiology service at SMH.

- Women giving birth, babies and families deserve the very best care and support during such an important time. British Columbia offers various forms of medical pain management during birth.
- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
- Surrey Memorial already has one full-time anaesthesiologists on site 24/7 and access to on-call anaesthesiology when required.
- However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
- Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.
- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
- Fraser Health has therefore told the anesthesiology group it will be ~~ending its contract~~looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year~~by the time the contract ends in February 2017~~.

Murray, Heather HLTH:EX

From: Frechette, Rod HLTH:EX
Sent: Wednesday, February 17, 2016 10:49 AM
To: Patterson, Ted HLTH:EX
Subject: RE: DOBA

s.17

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See below – thoughts?

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To:	MacDougall, Cindy GCPE:EX
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Subject:	RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

Cindy,
I am looking at the other document now but I notice the key messages I just commented on are silent with respect to the Obstetrician situation which is a second problem at SMH.
Rod

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To: Frechette, Rod HLTH:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

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Subject:	RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

In order to provide a safe service for the high volume of births performed at SMH (approx. 4300 annually) FHA believes they need an on-site 24/7 anesthetist dedicated to obstetrics and a second on-site 24/7 obstetrician. They currently have one anesthetist on-site 24/7, but not dedicated to obstetrics, and I believe they also have one on-site 24/7 obstetrician. Both the anesthesiology group and the obstetrician group are not prepared to commit to provide a second individual 24/7 unless their price demands are met. FHA has determined that the price demands are excessive, that neither group seems willing to be more reasonable and that in order to obtain the required, safe service they will need to work with new groups.

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Sent: Wednesday, February 17, 2016 10:50 AM
To: MacDougall, Cindy GCPE:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

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Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide
Attachments: KM_contract ended_Surrey Memorial dedicated obstetrical anesthesia servi....docx

I just sent you an update on the situation and therefore I would go back to the original messages (as I edited them) which I have attached for your convenience.

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Oops, missed your other email with edits – found it!

How about this?

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Page 411

Withheld pursuant to/removed as

DUPLICATE

Murray, Heather HLTH:EX

From:	MacDougall, Cindy GCPE:EX
Sent:	Wednesday, February 17, 2016 1:23 PM
To:	Patterson, Ted HLTH:EX
Cc:	Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Frechette, Rod HLTH:EX
Subject:	For ADM approval ASAP: key messages, Surrey Memorial dedicated obstetrical anesthesia services
Attachments:	IN_DOBA_Obstetrics_15Feb2016.doc; KM_contract ended_Surrey Memorial dedicated obstetrical anesthesia services_DOBA_Feb 16 2016_DRAFT.docx
Importance:	High

Hi, Ted – I've put together the attached key message document on the Surrey DOBA issue, for your approval ASAP today, please. Rod has reviewed and approved.

The KMs dovetail with the Issue note from Fraser Health on this, which I've also attached for your reference.

Thanks very much, Cindy

February 15, 2016 – **Surrey Memorial Hospital Obstetrical Care**

Key Messages:

- Ensuring patient safety is our priority and caring for mothers and babies is something we take seriously.
- For more than five years, we have been trying to work with our anaesthesiologists and obstetricians at Surrey Memorial Hospital to put patients first and implement dedicated obstetrical anesthesia services as well a model that would see two in-house obstetricians per day.
- It is very regrettable that compensation negotiations seem to be delaying improvements to patient care.
- We know that dedicated obstetrical anesthesia and having two in-house obstetricians is in the best interest of our patients. As a result, we have no choice but to revoke privileges to all members of both physician groups and replenish the members of both groups.

Background:

- Two independent external reviews (2014) of the Department of Obstetrics at Surrey Memorial Hospital have highlighted the need for dedicated obstetrical anesthesia (DOBA) services, as well as two in-house obstetricians per day to manage the large volume of patients and an increasing number of high risk obstetrical patients.
- If a contract is refused, Fraser health must move forward to protect quality and patient safety and will restructure those services to provide for improved in-house obstetrical and anesthesia services. A change in Program Services requires 12 months' notice to physicians
- Due to the lengthy time period for negotiations thus far, Fraser Health set a deadline for responses to the contract offers of February 18, 2016. If the contracts are refused we will issue letters of termination of privileges (effective 12 months or February 2017) to all members of both groups. We are confident that we can recruit a full complement of anesthesiologists and obstetricians to the new model.

Anesthesiologists

- Fraser Health completed a Service Review of Obstetrics in 2009 and identified a need for DOBA at Surrey Memorial Hospital.
- Patient safety issues were identified internally in a Patient Safety Culture Survey.
- The survey outlined the following:
    - Delays in managing emergency obstetrical cases when the lone, in-house anesthesiologist is occupied in the main operating room;
    - Delays or lack of epidural anesthesia;
    - Elective c-sections impacting both the elective and emergency main operating room slates;
    - Limited gynecology operating room time resulting in unacceptable wait times for elective surgery.
- To address this, Fraser Health has been attempting to negotiate dedicated obstetrical anesthesia services with the Surrey anesthesia group for more than five years. All attempts have been unsuccessful because the anesthesiologists have rejected Fraser Health's compensation offers.

- The Surrey Anesthesia group received a letter on February 2, 2016 formally offering a contract for DOBA. The contract is identical to the contract currently in place in Vancouver Island Health Authority (VIHA). The department was given two weeks to respond to the offer.
- The offer includes a $1.2 million dollar contract (in addition to fee-for-service) consistent with the VIHA contract.

Obstetricians

- We have advised the obstetrics group that they need to provide two in-house obstetricians beginning April 1, 2016 to meet patient needs.
- The group has been given two weeks to respond to this request. Early indications show they will not support this new model.
- The obstetrics group previously advised Fraser Health that they would provide the service and improve patient safety if the health authority would provide a per diem stipend of $ 8,000 ($2.9 M/year) in addition to fee-for-service billings.
- Ongoing discussion will take place with this group to see if are other considerations that are agreeable.

Advice & Discussion:

- Throughout these negotiations with the anesthesiologists, we have seen a request for 2 – 3 times the amount ($1.2 million) plus fee for service billings.
- Under the current $ 1.2 million offer, we estimate income for five full time (1750 hrs/year) obstetrical anesthesiologists to be $ 500,000 per annum. This is based on $ 1.2 M / 5 = $240,000, plus fee for service billings for epidurals and cesarean sections. The current epidural rate at Surrey is 31 per cent. National standards suggest it should be double that. If the Surrey rate climbs to even 50 per cent the income generated they will exceed the estimate noted above. The epidural rates are expected to increase based simply on availability and expected National standards. At present, rates are low simply because no anesthesiologist is available to do them.
- Surrey delivers approximately 4,300 babies a year, of which 1,700 are by cesarean section. The income generated by anesthesia services for 1,700 cesarean sections and approximately 2,100 labour epidurals will exceed the income target above.
- We believe that the group will reject the offer because it will potentially impact the income of the lone night anesthesiologist who currently manages services for both the main operating room and the obstetrical anesthesia / analgesia patient needs. One anesthesiologist at Surrey Memorial Hospital shows 'blue book' billings of approximately $1.1 million. Any dedicated obstetrical service will reduce their personal income.
- The Program Medical Director for MICY and Regional Medical Director of Anesthesia are confident that approximately 50 % of current physicians will be invited to stay as part of the new model. Both have already started informally recruiting with significant interest. The clear message to the public relates to patient safety

Contact Information			
Contact	Name	Title	Phone

Program	Dr. Roy Morton	Vice President, Medicine and Regional Programs	604.587.4659
Communications	Nafisa Abdulla	Senior Consultant, Public Affairs	**604.587.4636**

Drafted by:

Reviewed by:

Murray, Heather HLTH:EX

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Also – are the two programs you mention both OB programs, or hospital-wide?

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OK, having re-read that – what's the next step re: provincewide DOBA? Are you meeting with BCAS and Docs of BC anytime soon? Doing a study or anything?

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From:	Morton, Roy Dr. <Roy.Morton@fraserhealth.ca>
Sent:	Wednesday, February 17, 2016 1:25 PM
To:	Patterson, Ted HLTH:EX
Cc:	Dr. Cheng; s.22 ; Jones, Dean Dr.; McDermid, Robert Dr.; Blair, Peter; XT:Marchbank, Michael HLTH:IN
Subject:	Re: DOBA

Thanks Ted. We will carry on. Roy

Sent from my iPhone

On Feb 17, 2016, at 12:56 PM, Patterson, Ted HLTH:EX <Ted.Patterson@gov.bc.ca> wrote:

> Hi everyone,
>
> The Ministry has discussed this matter previously with both FHA and BCAS. We view this as a matter for local resolution.
>
> Kindest regards,
>
> T
>
> Ted Patterson
> Assistant Deputy Minister
> Health Sector Workforce Division
> Ministry of Health
> (250) 952-3465
> s.17
>
> **From:** Dr. Cheng [mailto: s.22]
> **Sent:** Wednesday, February 17, 2016 9:39 AM
> **To:** XT:Morton, Roy HLTH:IN
> **Cc:** Patterson, Ted HLTH:EX; s.22
> **Subject:** DOBA
>
> Hi Roy
> I have discussed aspects of our discussion with my department. The contract has many complexities that are not within FHA's jurisdiction to change or alter. In order to move ahead quickly, we would need direct involvement with the ministry to affect these changes. We need direct dialogue with Ted Patterson and the BCAS. A meeting should be arranged involving you, Ted, the BCAS and SMH Anesthesia.
> Many major principles still need to be worked out in the contract before we discuss the model of care. We should postpone the meeting on the 18th since it involves members who are primarily interested in the model of care. However, we can reconvene that meeting once we have a firm idea what the contract will look like.
>
> Thank you.
> Marshall

Murray, Heather HLTH:EX

From: Murray, Heather HLTH:EX
Sent: Wednesday, February 17, 2016 1:59 PM
To: Patterson, Ted HLTH:EX; Frechette, Rod HLTH:EX
Cc: Jickling, Belinda HLTH:EX; Anderson, Karen HLTH:EX
Subject: FW: Minister/FHA call re: DOBA Obstetrics
Attachments: IN_DOBA_Obstetrics_15Feb2016.doc

FYI.

Andrea has confirmed with Michael's office on his attendance and both Michael and Sabine will be dialing in from Vancouver. Thx, H.

From: Murray, Heather HLTH:EX
Sent: Wednesday, February 17, 2016 1:56 PM
To: Andrachuk, Andrea HLTH:EX
Cc: Michell, Jennifer HLTH:EX; Anderson, Karen HLTH:EX; Walsh, Sara M HLTH:EX; Leake, Greg HLTH:EX; Docs Processing HLTH:EX
Subject: RE: Minister/FHA call re: DOBA Obstetrics

Thanks Andrea and as discussed, Rod Frechette will also be attending this in person with Ted. Heather.

From: Andrachuk, Andrea HLTH:EX
Sent: Wednesday, February 17, 2016 1:43 PM
To: Murray, Heather HLTH:EX
Cc: Michell, Jennifer HLTH:EX; Anderson, Karen HLTH:EX; Walsh, Sara M HLTH:EX; Leake, Greg HLTH:EX; Docs Processing HLTH:EX
Subject: Minister/FHA call re: DOBA Obstetrics

Hi Heather,
The Minister's office has confirmed the time tomorrow for our call with Michael Marchbank on Surrey Memorial Hospital Obstetrics. Details are below:

Participants:
Minister Lake
Sabine Feulgen via T/C
Ted Patterson in person
Michael Marchbank via T/C
Date:
Thursday, February 18th
Time:
3:30pm – 4:00pm
Location:
s.15
Or T/C s.15 Participant ID: s.15 Minister Lake is the Moderator

I will send calendar invitations to Sabine Feulgen and Ted Patterson. I will reach out to Michael Marchbank's office to confirm his attendance.

Many thanks,

Andrea Andrachuk | Manager/Executive Operations
Office of the Deputy Minister
Ministry of Health

P: 250.952.1908 | C: 250.217.3655 | email: andrea.andrachuk @gov.bc.ca

Murray, Heather HLTH:EX

From: Frechette, Rod HLTH:EX
Sent: Wednesday, February 17, 2016 2:03 PM
To: MacDougall, Cindy GCPE:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

The perioperative home is a program related to surgery not OB specific. Anesthesiology assistant curriculum is so that "assistants" coming out of the training program at Trois Riveirs are better prepared to provide the type of assistance required (not specific to OB). Fee schedule changes are not OB specific.

The Ministry's primary concern with DOBA relates to the high volume sites of which there are 4 – BC Women's hospital, Victoria General, Surrey Memorial and Royal Columbian. The first two sites are adequately covered. The two Fraser sites are still felt to need dedicated coverage. The BCAS has tried to leverage the Ministry's interest in ensuring proper coverage at the high volume site into some type of additional payment for anesthetists at every site where deliveries occur.

Meetings with BCAS continue.

From: MacDougall, Cindy GCPE:EX
Sent: Wednesday, February 17, 2016 1:29 PM
To: Frechette, Rod HLTH:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

Also – are the two programs you mention both OB programs, or hospital-wide?

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

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From: MacDougall, Cindy GCPE:EX
Sent: Wednesday, February 17, 2016 1:27 PM
To: Frechette, Rod HLTH:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

OK, having re-read that – what's the next step re: provincewide DOBA? Are you meeting with BCAS and Docs of BC anytime soon? Doing a study or anything?

Thanks.

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

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From: Frechette, Rod HLTH:EX
Sent: Wednesday, February 17, 2016 11:27 AM
To: MacDougall, Cindy GCPE:EX

Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

Your other document is a more fulsome account of the history with the BC Anesthesiology Society and DOBA. Unfortunately most of the questions you have made in the document still don't have clear answers. s.17
s.17

There is of course no mention of the obstetrical problem at SMH in that document.

From: MacDougall, Cindy GCPE:EX
Sent: Wednesday, February 17, 2016 11:16 AM
To: Frechette, Rod HLTH:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

Ah, so I have messed it up. Thanks for correcting my mistake. ☺

OK, I will have to revise the messaging to reflect reality – would you like to send my your other edits now, or wait to see the revised?

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

From: Frechette, Rod HLTH:EX
Sent: Wednesday, February 17, 2016 11:12 AM
To: MacDougall, Cindy GCPE:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

In order to provide a safe service for the high volume of births performed at SMH (approx. 4300 annually) FHA believes they need an on-site 24/7 anesthetist dedicated to obstetrics and a second on-site 24/7 obstetrician. They currently have one anesthetist on-site 24/7, but not dedicated to obstetrics, and I believe they also have one on-site 24/7 obstetrician. Both the anesthesiology group and the obstetrician group are not prepared to commit to provide a second individual 24/7 unless their price demands are met. FHA has determined that the price demands are excessive, that neither group seems willing to be more reasonable and that in order to obtain the required, safe service they will need to work with new groups.

From: MacDougall, Cindy GCPE:EX
Sent: Wednesday, February 17, 2016 10:56 AM
To: Frechette, Rod HLTH:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

I found the BN from FH quite confusing when it comes to that – can you explain what's up? The BN sounds like the anaesthesiology group and the OB group are one group – I am sure I am misunderstanding, though.

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

From: Frechette, Rod HLTH:EX
Sent: Wednesday, February 17, 2016 10:55 AM

To: MacDougall, Cindy GCPE:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

Cindy,
I am looking at the other document now but I notice the key messages I just commented on are silent with respect to the Obstetrician situation which is a second problem at SMH.
Rod

From: Frechette, Rod HLTH:EX
Sent: Wednesday, February 17, 2016 10:50 AM
To: MacDougall, Cindy GCPE:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

Hi Cindy,
A few changes tracked
Rod

From: MacDougall, Cindy GCPE:EX
Sent: Wednesday, February 17, 2016 10:14 AM
To: Frechette, Rod HLTH:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

HI, Rod – sorry, just wondering if we have an ETA on the first document? Thanks.

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

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From: MacDougall, Cindy GCPE:EX
Sent: Tuesday, February 16, 2016 1:17 PM
To: Frechette, Rod HLTH:EX
Cc: Murray, Heather HLTH:EX; Anderson, Karen HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: Key messages to review and need info for Issue Note: DOBA at SMH and provincewide

Hi, Rod:

I am working on creating and updating GCPE materials re: DOBA at both Surrey Memorial and provincewide.

First: I've reviewed the briefing note from FH regarding SMH DOBA, and have created some key messages for MTL on the issue. Please find them attached, the first attachment to this email, for your fact-check and review. Deadline: tomorrow, please.

Second: please find attached, the second attachment, an IN I did last March regarding provincewide DOBA. I need an update on where that proposal stands at this time, and next steps for this effort. Please see attached comments – any information or feedback you can share is much appreciated. Deadline: later this week, please.

Many thanks!

Cindy

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

Murray, Heather HLTH:EX

From: Morton, Roy Dr. <Roy.Morton@fraserhealth.ca>
Sent: Wednesday, February 17, 2016 3:50 PM
To: Patterson, Ted HLTH:EX
Cc: XT:Marchbank, Michael HLTH:IN
Subject: SMH OBS CARE February 2016 (2)
Attachments: SMH OBS CARE February 2016 (2).doc

Update re: Surrey Obstetrics / anesthesia. Currently looks like terminating the anesthesia group but likely able to negotiate a deal to cover the obstetricians.

Roy

February 17, 2016 – **Update Surrey Memorial Hospital Obstetrical Care**

Key Messages:

- Ensuring patient safety is our priority and caring for mothers and babies is something we take seriously.
- For more than five years, we have been trying to work with our anaesthesiologists and obstetricians at Surrey Memorial Hospital to put patients first and implement dedicated obstetrical anesthesia services as well a model that would see two in-house obstetricians per day.
- It is very regrettable that compensation negotiations seem to be delaying improvements to patient care.
- We know that dedicated obstetrical anesthesia and having two in-house obstetricians is in the best interest of our patients. As a result, we have no choice but to revoke privileges to all members of the anaesthesia group. We are hopeful we can come to a satisfactory conclusion with the obstetrician group and avoid any privileges being terminated.
- A change in program services requires 12 months' notice to physicians, which will provide ample time to recruit physicians to the program. Patient care will not be impacted.

Background:

- Two independent external reviews (2012 & 2014) of the Department of Obstetrics at Surrey Memorial Hospital have highlighted the need for dedicated obstetrical anesthesia (DOBA) services, as well as two in-house obstetricians per day to manage the large volume of patients and an increasing number of high risk obstetrical patients.
- If a contract is refused, Fraser health must move forward to protect quality and patient safety and will restructure those services to provide for improved in-house obstetrical and anesthesia services. A change in Program Services requires 12 months' notice to physicians
- Due to the lengthy time period for negotiations thus far, Fraser Health set a deadline for responses to the contract offers of February 18, 2016. If the contracts are refused we will issue letters of termination of privileges (effective in 12 months or February 2017) to all members of both groups. We are confident that we can recruit a full complement of anesthesiologists and obstetricians to the new increased service availability model during that time period.

Anesthesiologists

- Fraser Health completed an Internal Service Review of Obstetrics in 2009 and identified a need for DOBA at Surrey Memorial Hospital.
- Patient safety issues were identified internally in a Patient Safety Culture Survey.
- The survey outlined the following:
    - Delays in managing emergency obstetrical cases when the lone, in-house anesthesiologist is occupied in the main operating room;
    - Delays or lack of epidural anesthesia;
    - Elective C-sections impacting both the elective and emergency main operating room slates;
    - Limited gynecology operating room time resulting in unacceptable wait times for elective surgery.

- To address this, Fraser Health has been attempting to negotiate dedicated obstetrical anesthesia services with the Surrey anesthesia group for seven years. All attempts have been unsuccessful because the anesthesiologists have rejected Fraser Health's compensation offers.
- The Surrey Anesthesia group received a letter on February 2, 2016 formally offering a contract for DOBA. The contract is identical to the contract currently in place in Vancouver Island Health Authority (VIHA). The department was given two weeks to respond to the offer.
- The offer includes a $1.2 million dollar contract (in addition to fee-for-service) consistent with the VIHA contract. The Surrey group previously rejected an identical dollar value offer.
- Dr. Morton is meeting with the Surrey Anesthesiologists February 18th to advise that, for patient safety reasons, we have to move ahead and further negotiation is unlikely to be of any benefit given the history of negotiated efforts dating back to 2009.
- Fraser Health anticipates the Anesthesia group will reject the $ 1.2 M dollar offer.
- Fraser Health's next step is to issue termination notice to all members of the group.

Obstetricians

- We have advised the obstetrics group that they need to provide two in-house obstetricians beginning April 1, 2016 to meet patient needs.
- The group has also been given two weeks to respond to this request which is a simple 'fee-for-service' based model.
- The obstetrics group previously advised Fraser Health that they would provide the service and improve patient safety if the health authority would provide a per diem stipend of $ 8,000 ($2.9 M/year) in addition to fee-for-service billings.
- Dr. Morton had an hour long meeting with the Obstetrician Leadership on February 15th and there is optimism that a negotiated settlement may be possible with this group if we are able to provide necessary anesthesia coverage. The obstetricians have proposed two alternate models which could, with minor adjustments, meet the requirements necessary to provide required patient safety and care. The obstetricians have backed-off somewhat to see the outcome of the discussion with anesthesia to ongoing discussion will take place with this group to see if there are other considerations that are agreeable.

Advice & Discussion:

- Throughout these negotiations with the anesthesiologists, we have seen a request for 2 – 3 times the amount ($1.2 million) plus fee for service billings.
- Under the current $ 1.2 million offer, we estimate income for five full time (1750 hrs/year) obstetrical anesthesiologists to be $ 500,000 per annum per physician.
    - This is based on $ 1.2 M / 5 = $240,000, plus fee for service billings for epidurals and cesarean sections.
    - The current epidural rate at Surrey is 31 per cent. National standards suggest it should be double that.
    - If the Surrey rate climbs to even 50 per cent the income generated will exceed the estimate noted above (i.e. $500,000).
    - The epidural rates are expected to increase based simply on anesthesiologist availability and expected National standards. At present, rates are low simply because no anesthesiologist is available to do them.
- Surrey delivers approximately 4,300 babies a year, of which 1,700 are by cesarean section. The income generated by anesthesia services for 1,700 cesarean sections and approximately 2,100 labour epidurals will exceed the income target above.

- We believe that the group will reject the offer because it will potentially impact the income of the lone night anesthesiologist who currently manages services for both the main operating room and the obstetrical anesthesia / analgesia patient needs. One anesthesiologist at Surrey Memorial Hospital shows 'blue book' billings of approximately $1.1 million. Any dedicated obstetrical service will reduce their personal income.
- The Program Medical Director for Maternal Infant Child and Youth (MICY) and Regional Medical Director of Anesthesia are confident that approximately 50 per cent of current physicians will be invited to stay as part of the new mode. Both have already started informally recruiting with significant interest.
- The clear message to the public relates to patient safety.

Contact information			
Contact	**Name**	**Title**	**Phone**
Program	Dr. Roy Morton	Vice President, Medicine and Regional Programs	604.587.4659
Communications	Nafisa Abdulla	Senior Consultant, Public Affairs	**604.587.4636**

Drafted by:

Reviewed by:

Murray, Heather HLTH:EX

From:	MacDougall, Cindy GCPE:EX
Sent:	Wednesday, February 17, 2016 5:04 PM
To:	Patterson, Ted HLTH:EX
Cc:	Anderson, Karen HLTH:EX; Murray, Heather HLTH:EX; Frechette, Rod HLTH:EX; Heinze, Laura R GCPE:EX
Subject:	For ADM approval: overall IN on DOBA
Attachments:	IN_dedicated obstetrical anesthesiology services_DOBA_Feb 17 2016_DRAFT .docx

Hi, Ted:

Regarding DOBA – I've now updated our overall DOBA IN as well, with a lot of help and patience from Rod Frechette (thanks, Rod!)

For your review and approval please – before 9 a.m. tomorrow would be ideal so we have the whole comms package ready here well before the briefing.

Thanks, Cindy

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

ADVICE TO MINISTER

CONFIDENTIAL ISSUES NOTE **Ministry: Health** **Date: Feb. 17, 2016** **Minister Responsible: Terry Lake**	**Dedicated Obstetrical Anaesthesia Services**

BACKGROUND REGARDING THE ISSUE:

- The Ministry of Health and the affected health authorities are working to provide Dedicated Obstetrical Anaesthesia Services (DOBA) at all four of the province's high volume birthing hospitals (BC Women's Hospital, Victoria General, Surrey Memorial and Royal Columbian).
- DOBA programs allow for an anesthesiologist 24/7 who is dedicated to obstetrical patients only, to provide epidurals for labouring mothers, and epidural, spinal and general anaesthesia services for surgical birth.
- Both Victoria General Hospital and BC Women's have 24/7 already have dedicated anesthesiology for women giving birth. However, Royal Columbian and Surrey Memorial, both in Fraser Health, do not.
- The BC Anesthesiologists' Society is trying to negotiate a provincewide DOBA agreement, which would cover hospitals with high, medium high and medium volumes of births. The society made a proposal to the ministry in March 2015, outlining the program and proposing the ministry spend $15 million.
- The proposal claims each on-site DOBA program will save health authorities $2.4 million a year in overtime surgical (operating room) resources. It also states health authorities would have to s.17
- The Ministry of Health is not interested in this proposal of provincewide DOBA services at this time, and is skeptical such a proposal would save money.
- The ministry supports DOBA at the provinces' four high volume birth sites.
- Fraser Health, despite ongoing negotiations, has been unable to arrange DOBA at its two high volume birth sites, Surrey Memorial and Royal Columbian. These sites have at least one anesthesiologist on-site 24/7, but not dedicated to obstetrics.
- Anesthesiologists at the two sites claim the services could be established if compensation for the anesthesiology group is high. They are negotiating for about two to three times the $1.2 million offer Fraser Health has offered per hospital.
- Fraser is prepared to give one year's notice to the group of anesthesiologists at Surrey Memorial Hospital on Feb. 22, 2016, due to the breakdown in negotiations for a DOBA service at that hospital (please see issue note from Fraser Health and key messages for more details.)

History of DOBA negotiations:

- The ministry has been working with the society and the Doctors of BC since 2008 to expand access to obstetrical anesthesia.
- In 2009, the parties agreed to direct $5.5 million in the Physician Master Agreement to establish new epidural supervision fees. This was a 5% funding increase over the 2009/10 billings for this type of services, with total funding of $1.8 million over three years (January 1, 2010 – March 31, 2012.)

- In December 2011, the parties agreed to apply a further $2.5 million of unspent money to provide DOBA in the three tertiary care maternity hospitals.
- Island Health DOBA services at Victoria General Hospital costs about $900,000/year (this amount is in addition to physicians' fee-for-service billings and on call payments under MOCAP).

ADVICE AND RECOMMENDED RESPONSE:

- **Women giving birth, babies and families deserve the very best care and support during such an important time in their lives. British Columbia is proud to offer various options for mothers, including medical pain management during birth.**
- **The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at the provinces four high-volume maternity sites, including Surrey Memorial Hospital and Royal Columbian Hospital.**
- **These hospitals already have full-time anaesthesiologists on site 24/7 and access to on-call anaesthesiology when required.**
- **However, this resource is shared with emergency and trauma programs, which means sometimes birthing mothers need to wait or sometimes go without service.**
- **BC Women's has its own anesthesiology services for birth, of course, and Victoria General has had a dedicated obstetrical anesthesia model since 2012. We'd like to see that service expand to the other two high-volume sites.**
- **Fraser Health has been working hard to achieve deals with anesthesiologists at Surrey Memorial and Royal Columbian hospitals.**
- **The effort to establish dedicated anesthesiology for birthing women is part of the overall work the health care system doing in connection with improving surgical delivery in B.C.**

Communications Contact:	Cindy MacDougall	Reviewer:
Program Area Contact:	Rod Frechette	
File Created:	March 31, 2015	
File Updated:		

Minister's Office	Program Area	Deputy	HLTH Communications

Murray, Heather HLTH:EX

From:	Heinze, Laura R GCPE:EX
Sent:	Thursday, February 25, 2016 10:06 AM
To:	HLTH HAD Issues HLTH:EX; Patterson, Ted HLTH:EX
Cc:	Plank, Sarah GCPE:EX; MacDougall, Cindy GCPE:EX; May, Stephen GCPE:EX; Lindstein, Sarah GCPE:EX
Subject:	FW: IN - FOI & DOBA
Attachments:	IN_DOBA_Obstetrics_24Feb2016 (final for ministry).doc; IN_FOI_CEO complaint correspondence_24Feb2016_ministry_final.doc

FYI on these two notes from FH...

From: Lefebvre, Dave [mailto:dave.lefebvre@fraserhealth.ca]
Sent: Wednesday, February 24, 2016 6:22 PM
To: Plank, Sarah GCPE:EX; Thistle-Walker, Carlene GCPE:EX
Cc: XT:Nuraney, Naseem GCPE:IN
Subject: IN - FOI & DOBA

Hi Sarah and Carlene,

Attached you'll find two issues notes. The first is related to an FOI of physician correspondence to our CEO. The second is related to the dedicated obstetrical anaesthesia issue. Please let me know if you have any questions.

Dave

Dave Lefebvre
Director of Public Affairs | Fraser Health
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Media Pager: 604-450-7881
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Follow us: http://twitter.com/Fraserhealth

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February 24, 2016 – **Surrey Memorial Hospital Obstetrical Care**

Key Messages:

- Ensuring patient safety is our priority and caring for mothers and babies is something we take seriously.
- For more than five years, we have been trying to work with our anaesthesiologists and obstetricians at Surrey Memorial Hospital to put patients first and implement dedicated obstetrical anesthesia services as well a model that would see two in-house obstetricians per day.
- It is very regrettable that compensation negotiations seem to be delaying improvements to patient care.
- The contract offered is identical to the contract currently in place in Vancouver Island Health Authority (VIHA).
- We know that dedicated obstetrical anesthesia is in the best interest of our patients. As a result, we have no choice but to revoke privileges to all members of this physician group and replenish the members.
- For our patients, we want them to know that this change will not take effect for 12 months, and this will provide ample time to recruit physicians to the program. Patient care is our top priority and we will not only ensure continuity of service but the changes we are making will improve patient care.

Update:

- **On February 18, anesthesiologists did not show up for a meeting to accept the offer. As a result, a notice of termination of appointment to the Fraser Health medical staff will be sent on Thursday, February 25.**

Background:

- Two independent external reviews (2009 & 2014) of the Department of Obstetrics at Surrey Memorial Hospital have highlighted the need for dedicated obstetrical anesthesia (DOBA) services, as well as two in-house obstetricians per day to manage the large volume of patients and an increasing number of high risk obstetrical patients.
- If a contract is refused, Fraser health must move forward to protect quality and patient safety and will restructure those services to provide for improved in-house obstetrical and anesthesia services. A change in Program Services requires 12 months' notice to physicians
- Due to the lengthy time period for negotiations thus far, Fraser Health set a deadline for responses to the contract offers of February 18, 2016. If the contracts are refused we will issue letters of termination of privileges (effective in 12 months or February 2017) to all members of both groups. We are confident that we can recruit a full complement of anesthesiologists and obstetricians to the new care model during that time period.

Anesthesiologists

- Fraser Health completed a Service Review of Obstetrics in 2009 and identified a need for DOBA at Surrey Memorial Hospital.

- Patient safety issues were identified internally in a Patient Safety Culture Survey.
- The survey outlined the following:
    - Delays in managing emergency obstetrical cases when the lone, in-house anesthesiologist is occupied in the main operating room;
    - Delays or lack of epidural anesthesia;
    - Elective C-sections impacting both the elective and emergency main operating room slates;
    - Limited gynecology operating room time resulting in unacceptable wait times for elective surgery.
- To address this, Fraser Health has been attempting to negotiate dedicated obstetrical anesthesia services with the Surrey anesthesia group for more than five years. All attempts have been unsuccessful because the anesthesiologists have rejected Fraser Health's compensation offers.
- The Surrey Anesthesia group received a letter on February 2, 2016 formally offering a contract for DOBA. The contract is identical to the contract currently in place in Vancouver Island Health Authority (VIHA). The department was given two weeks to respond to the offer.
- The offer includes a $1.2 million dollar contract (in addition to fee-for-service) consistent with the VIHA contract.

Obstetricians

- We have advised the obstetrics group that they need to provide two in-house obstetricians beginning April 1, 2016 to meet patient needs.
- In a letter dated February 22, 2016, the Surrey Memorial Hospital Obstetrics group supports and recognizes the importance of a two OBGYN on call system as it relates to patient care and safety.
- In order to establish this, they are willing to enter into negotiations regarding compensation.
- The group is prepared to provide a two OBGYN on call model consistent with that of the service in practice at BC Women's Hospital, Royal Columbian Hospital and Victoria General Hospital.
- This offer is contingent on Fraser Health instituting a dedicated obstetrical anesthesia service at Surrey Memorial Hospital.

Advice & Discussion:

- Throughout these negotiations with the anesthesiologists, we have seen a request for 2 – 3 times the amount ($1.2 million) plus fee for service billings.
- Under the current $ 1.2 million offer, we estimate income for five full time (1750 hrs/year) obstetrical anesthesiologists to be $ 500,000 per annum per physician.
    - This is based on $ 1.2 M / 5 = $240,000, plus fee for service billings for epidurals and cesarean sections.
    - The current epidural rate at Surrey is 31 per cent. National standards suggest it should be double that.
    - If the Surrey rate climbs to even 50 per cent the income generated will exceed the estimate noted above (i.e. $500,000).

- The epidural rates are expected to increase based simply on anesthesiologist availability and expected National standards. At present, rates are low simply because no anesthesiologist is available to do them.

- Surrey delivers approximately 4,300 babies a year, of which 1,700 are by cesarean section. The income generated by anesthesia services for 1,700 cesarean sections and approximately 2,100 labour epidurals will exceed the income target above.
- We believe that the group will reject the offer because it will potentially impact the income of the lone night anesthesiologist who currently manages services for both the main operating room and the obstetrical anesthesia / analgesia patient needs. One anesthesiologist at Surrey Memorial Hospital shows 'blue book' billings of approximately $1.1 million. Any dedicated obstetrical service will reduce their personal income.
- The Program Medical Director for Maternal Infant Child and Youth (MICY) and Regional Medical Director of Anesthesia are confident that approximately 50 per cent of current physicians will be invited to stay as part of the new model. Both have already started informally recruiting with significant interest.
- The clear message to the public relates to patient safety.

Contact Information			
Contact	**Name**	**Title**	**Phone**
Program	Dr. Roy Morton	Vice President, Medicine and Regional Programs	604.587.4659
Communications	Nafisa Abdulla	Senior Consultant, Public Affairs	**604.587.4636**

Drafted by:

Reviewed by:

February 23, 2016 – **FOI request – Complaint correspondence to president and CEO**

Fraser Health received an FOI request for information regarding any and all correspondence sent from an individual doctor or group of doctors employed or contracted by Fraser Health to the CEO of Fraser Health.

Key Messages:

- Ensuring safe patient care is our top priority, and we know all of our physicians share this priority.
- We take all complaints seriously and work with our physicians and employees to address these concerns.

Infection control at RCH

- Infection control across all our hospitals and units is a priority for us and has been for a number of years.
- We are currently reviewing the utilization of the pediatric unit at Royal Columbian Hospital to see if any remedies can be put in place
- If we are aware the child has an infection like MRSA, we would isolate them in the treatment room. Once the child is finished treatment, we would then thoroughly clean the room.

Anaesthesiologists

- For more than five years, we have been trying to work with our anaesthesiologists at Surrey Memorial Hospital to put patients first and implement dedicated obstetrical anesthesia services.
- It is very regrettable that compensation negotiations seem to be delaying improvements to patient care.
- We know that dedicated obstetrical anesthesia is in the best interest of our patients. As a result, we have recently served notice that we will be revoking privileges to all members this physician group at Surrey Memorial Hospital and are replenishing the members of the group with physicians who are agreeable with Dedicated Obstetrical Anesthesiology (DOBA) and the contract presented.

Hospitalists

- At hospitals where community GPs do not provide in-hospital physician care, hospitalists are generally responsible for admissions, discharges and on-going, day-to-day care of patients in our hospitals.
- They provide an important service to our patients and health care teams, and as such are paid the highest rate possible within the Physician Master Agreement.
- A new model of hours, developed with input from hospitalists, was introduced and provides an increase to the number of regular hospitalist hours at most sites.
- Since this physician email was sent, improvements have been made, particularly in evening coverage.
- Surrey Memorial Hospital has seen a decrease in the time it takes for hospitalists to assess and assume care of patients.
- Discussion still remains about an additional night time hospitalist shift and is currently being reviewed.

Background:

- Fraser Health received an FOI request for information regarding any and all correspondence sent from an individual doctor or group of doctors employed or contracted by Fraser Health to the CEO of Fraser Health, Michael Marchbank, in which complaints are raised about standards of care or other matters. The time frame of the request is January 1, 2015 to present.
- In the records being released, three issues have been raised.

Infection Control at Royal Columbian Hospital Paediatric Department – email dated November 25, 2015

- Physician s.22 would like an independent assessment done by BC Children's Hospital infection control team for the safety and well-being of the paediatric patients admitted to Royal Columbian Hospital peds.
- The concern is that RCH has a paediatric ward that uses the same inpatient treatment room for outpatients which, according to the physician, is "unheard of in any other paediatric ward in North America or the world."
- The other concern is that RCH sees around 600 outpatients a year, many of whom are MRSA positive. When the treatment room is being occupied, these children are waiting in the play area. The play area becomes a room where MRSA and non-MRSA patients are waiting and playing. This is an infection control risk.
- The physician provides the following solution:
    - Designate room 13 (which is the first room when you enter peds) for outpatient treatment and IV antibiotics. Room 13 is a big room that can accommodate four patients. This room can also be divided into half where high risk patients can use a separate washroom from non-high risk patients.
- We are currently reviewing the utilization of the pediatric unit at Royal Columbian Hospital to see if any remedies can be put in place
- If we are aware the child has an infection like MRSA, we would isolate them in the treatment room. Once the child is finished treatment, we would then do a terminal clean of the room.

Anesthesia at Surrey Memorial Hospital – emails sent July 9, 2015 and September 10, 2015

- A surgeon s.22 has raised an ongoing issue at Surrey Memorial Hospital in regards to anesthesiologists.
- In the email, the surgeon mentions that the pattern of practice of anesthesia continues to cause severe disruption to patient care and utilization of the OR resources on a daily basis.
- The surgeon mentions that recently, anesthesia withdrew their services from the general surgery slate in order to attend a C-section in the Family Birthing Unit during the middle of the day, which resulted in the cancellation of a colon cancer surgical case.
- In a subsequent email, the surgeon presented a number of concerns:
    - Currently, operating room (OR) scheduling is based on anaesthetists. The suggestion is that the OR nursing and surgeons lay out a six month schedule with the OR slates and it is the anaesthetist obligation to provide service.
    - DOBA should be operational.
    - Surgeons, nurses and anaesthetists need to work as a team and not in isolation. When a decision is made regarding emergency cases, it is done as a team approach and not by one service alone.
- The surgeon notes that the aim of these objectives is to improve utilization of the OR, improve surgical care and schedule patients at least six months in advance to assist in tackling our waitlist.
- The surgeon asks the CEO to take scheduling out of the hands of the anaesthetists so that we can plan the OR properly.

Hospitalists at Surrey Memorial Hospital – email sent March 26, 2015

- Fraser Health has been in negotiations with hospitalists for some time.
- A physician s.22 has raised this as a concern at Surrey Memorial Hospital.
- The physician notes that patient care is compromised due to the lack of response from hospitalists.
- The physician has noted that they have invited the local head of the hospitalist group to attend a meeting with the College of Physicians. The recommendation is that if the group cannot see patients in timely manner due to workload, they should hand their scheduling over to Fraser Health. The BCMA has also advised the physician to elevate the issue to the Physician Advisory Committee on which the Ministry participates, as no solution has been found within the framework of Fraser Health.
- Since this email was sent, improvements have been made, particularly in evening coverage.
- The site has seen a decrease in the time it takes for hospitalists to assess and assume care of patients.
- Though there are still many cases that wait overnight and into the next day, in general, the site is seeing less of the 12-24 hour waits for hospitalists care.
- Discussion still remains about an additional night time hospitalist shift and is currently being reviewed.

Contact Information			
Contact	**Name**	**Title**	**Phone**
Program	Joanne Shum	Director, MICY	
Communications	Nafisa Abdulla	Senior Consultant, Public Affairs	604.587.4636

Murray, Heather HLTH:EX

From: Morton, Roy Dr. <Roy.Morton@fraserhealth.ca>
Sent: Thursday, February 25, 2016 12:11 PM
To: Patterson, Ted HLTH:EX; Frechette, Rod HLTH:EX
Cc: XT:Nuraney, Naseem GCPE:IN; Blair, Peter; McDermid, Robert Dr.; Jones, Dean Dr.
Subject: FW: SMH Anesthesia Letter
Attachments: SMH Anesthesia Termination Letters.Feb 2016.pdf; SMH Anesthesia Addresses.Feb 2016.pdf

Ted, FYI letters went out today by Registered Mail. I suspect they will receive them on Monday. Next step is to disband the local department and place the Department leadership in the hands of the Regional Department Head, Dr. Dean Jones. I will keep you posted.

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs
Fraser Health
Associate Professor, UBC Faculty of Medicine
604-587-4659
Roy.morton@fraserhealth.ca

Executive Assistant
Joan Williamson
Joan.williamson@fraserhealth.ca

From: Williamson, Joan
Sent: Thursday, February 25, 2016 11:00 AM
To: Jones, Dean Dr.; Morton, Roy Dr.; Blair, Peter; McDermid, Robert Dr.
Cc: Marchbank, Michael
Subject: SMH Anesthesia Letter

The attached letter to the SMH Anesthetists (names on 2nd attachment) have been sent out this morning.

Thanks! Joan

Joan Williamson
Executive Assistant to
Vice President Medicine and Regional Programs
Fraser Health
Phone #: 604-587-4659

fraserhealth Better health. Best in health care.

25 February 2016

Dr.

Delivered via Registered Mail

Dear Dr. :

On behalf of the Board of the Fraser Health Authority (the "Board"), I am writing to provide you with the required formal twelve (12) months' notice that your appointment to the Fraser Health Medical Staff will terminate effective **March 1, 2017**.

This Notice of Termination is being delivered to you pursuant to Bylaw 3.1.6 of the Medical Staff Bylaws of Fraser Health dated January 2, 2013.

Bylaw 3.1.6 provides as follows:

> 3.1.6 The Board of Directors must, except in response to disciplinary procedure, patient safety issue or quality of medical care issue, give a member of the medical staff twelve months' notice of termination of that member's appointment.

During the twelve month notice period, it is Fraser Health's expectation – and your obligation – to continue providing clinical services to Fraser Health patients in the normal course.

Pursuant to Bylaw 11.2.4.1, you have the right, on application in writing to the Board, to request to appear before the Board in person or by legal counsel in order to make representations to the Board and request that it reconsider this decision.

I understand you may have questions about this notice and the reasons for its delivery. Should you wish to have a discussion with Fraser Health medical administration about this decision, I invite you to contact Dr. Roy Morton, Vice President Medicine and Regional Programs.

Sincerely,

Michael Marchbank
President and Chief Executive Officer

Cc: Dean Jones, MD, FRCPC, Regional Department Head/Medical Director, Anesthesiology
Roy Morton, MD, FRCPC, Vice President Medicine and Regional Programs
Peter Blair, MD, FRCSC, Executive Medical Director, Medical Affairs and Physician Development
Rob McDermid, MD, FRCPC, Site Medical Director, Surrey Memorial Hospital

Fraser Health Authority
Office of the President and CEO

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Fax (604) 587-4666
www.fraserhealth.ca

Page 442

Withheld pursuant to/removed as

s.22

Murray, Heather HLTH:EX

From: Morton, Roy Dr. <Roy.Morton@fraserhealth.ca>
Sent: Thursday, March 10, 2016 2:55 PM
To: XT:Marchbank, Michael HLTH:IN
Cc: Jones, Dean Dr.; Blair, Peter; McDermid, Robert Dr.; Kerr, Alexis; Parsons, Hugh Dr.; Patterson, Ted HLTH:EX
Subject: Fw: BCAS President Addresses Recent Developments at Surrey Memorial Hospital

FYI - from President of BC Anesthesiologists Society re: SMH

From: Roy Morton <roymorton@telus.net>
Sent: March 10, 2016 2:49 PM
To: Morton, Roy Dr.
Subject: Fw: BCAS President Addresses Recent Developments at Surrey Memorial Hospital

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Teresa Mohamedali, Director of Society Operations <operations@bcanesthesiologists.ca>
Sent: Thursday, March 10, 2016 2:45 PM
To: Dr. Roy Morton
Reply To: Teresa Mohamedali, Director of Society Operations
Subject: BCAS President Addresses Recent Developments at Surrey Memorial Hospital

Important Message from our BCAS President

View this email in your browser

Fellow BC Anesthesiologists,

I am writing to share with you the facts surrounding an unprecedented move by the Fraser Health Authority, and to express the absolute resolve of the BCAS and its provincial membership to stand unified in support of our colleagues at Surrey Memorial Hospital (SMH). The BCAS Board has been methodically collecting relevant information from key stakeholders over the past two weeks to help inform this message to you.

Near the end of February, each individual Anesthesiologist practicing at SMH was sent a letter

signed by the CEO of Fraser Health providing 12 months notice of the termination of their privileges.

The letter indicated that the termination was not related to any disciplinary, quality of medical care, or patient safety issue. However, it did follow a series of aggressive attempts by FHA to have the physician group approve a service contract that was felt not to meet the needs of obstetrical and surgical patients, nor of the SMH department.

I have met personally with the entire SMH Anesthesiology group earlier this week and can unequivocally confirm their solidarity and unity both within their group and with the BCAS. The BCAS will stand firmly in support of their interests and their rights. I am also heartened by the number of Anesthesiologists from across BC who have contacted us expressing their concern and their support for our Surrey colleagues.

The SMH anesthesiologists are in the process of obtaining appropriate legal advice, which will help inform their options in responding to FHA.

Shortly after the termination letters became known, I spoke directly and at length with BC Health Minister Terry Lake, highlighting the potential negative effects that this FHA decision may have on recruitment and retention of Anesthesiologists, in Surrey and throughout British Columbia.

I have also taken the opportunity to contact key decision-makers in Fraser Health and the Ministry of Health; sharing not only my principled views and concerns, but also offering a collaborative path forward towards a more productive relationship in the future. The actions of FHA are categorically inconsistent with the collaborative and constructive work that continues to take place between the BCAS and the Ministry of Health at the Provincial Anesthesiology Services Working Group.

While myself and the entire BCAS Board are troubled by the extraordinary decisions by FHA, we remain committed to building a new provincial framework that will benefit our members, the health care system, and most importantly the patients who depend on our care. Personally, having a mother extensively access the medical and surgical care system, I know she and

hundreds of thousands of British Columbians deserve the best relationship possible between doctors, their health authorities and our Ministry of Health. I will work as hard as I can to continue advocating for collaboration at all levels while being true to and firm with our principles.

Considering the implications these developments might have for Anesthesiology care throughout the province, the BCAS will certainly keep you updated over the coming weeks.

I welcome your thoughts and opinions; and look forward to a principled and unified response from our provincial Anesthesiology community.

Sincerely,

Sukh Brar, MD, FRCPC
BCAS President

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You are receiving this email because you provide anesthesia services in British Columbia.

Our mailing address is:
British Columbia Anesthesiologists' Society
326 - 555 Sixth Street
New Westminster, BC V3L 5H1
Canada

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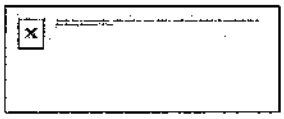

Murray, Heather HLTH:EX

From:	Heinze, Laura R GCPE:EX
Sent:	Wednesday, March 16, 2016 12:31 PM
To:	Patterson, Ted HLTH:EX
Cc:	Murray, Heather HLTH:EX; Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX
Subject:	RE: Fraser Health
Attachments:	IN_DOBA_Obstetrics_3Mar2016.doc

FYI – here is their most recent note.

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 11:11 AM
To: Heinze, Laura R GCPE:EX
Cc: Murray, Heather HLTH:EX; Plank, Sarah GCPE:EX; HLTH HAD Issues HLTH:EX; MacDougall, Cindy GCPE:EX
Subject: Re: Fraser Health

Nothing more to add - though I would recommend we make sure we know what FHA are going to be saying

Sent from my iPhone

On Mar 16, 2016, at 11:01 AM, Heinze, Laura R GCPE:EX <Laura.Heinze@gov.bc.ca> wrote:

> FYI – Pam Fayerman has picked up the Surrey anaesthsiologists story and is doing a piece on it today.
>
> Assume we don't have anything more recent to add to this messaging?

- The Ministry of Health supports the idea of having dedicated obstetrical anesthesia services at high volume maternity sites such as Surrey Memorial Hospital. Such a model has existed at Victoria General Hospital since 2012.
- Surrey Memorial already has one full-time anaesthesiologist on site 24/7 and access to on-call anaesthesiology when required.
- However, this resource is shared with other parts of the hospital, which means sometimes birthing mothers need to wait.
- Two reviews over the last seven years have pointed to the need for dedicated obstetric anasthesia service.

- Epideral alagesia is an important service for many women given birth.
- Surrey Memorial Hospital epidural rates are significantly below provincial and national averages.This can leave birthing mothers in unnecessary discomfort. That is why we believe a dedicated obstetric anasthesia service will address this concern.

Secondary:

- Fraser Health has been negotiating with a group of anesthesiologists at Surrey Memorial Hospital for some time to try to establish dedicated obstetrical anesthesia services.
- However, those negotiations have stalled, despite the health authority's best efforts, over issues of compensation. Frankly, the doctors are asking for far too much money.
- Fraser Health has therefore told the anesthesiology group it will be looking for another group to take on the service, and has given the current group a full year's notice as required.
- I'm confident Fraser Health can have a dedicated obstetrical anesthesia service in place, with a new group of doctors, within the year.

February 24, 2016 – **Surrey Memorial Hospital Obstetrical Care**

Key Messages:

- Ensuring patient safety is our priority and caring for mothers and babies is something we take seriously.
- For more than five years, we have been trying to work with our anaesthesiologists and obstetricians at Surrey Memorial Hospital to put patients first and implement dedicated obstetrical anesthesia services as well a model that would see two in-house obstetricians per day.
- It is very regrettable that compensation negotiations seem to be delaying improvements to patient care. The contract offered to the anaesthesiologists is identical to the contract currently in place in Vancouver Island Health Authority (VIHA).
- We know that dedicated obstetrical anesthesia is in the best interest of our patients. As a result, we have no choice but to revoke privileges to all members of this physician group and replenish the members.
- For our patients, we want them to know that this change will not take effect for 12 months, and this will provide ample time to recruit physicians to the program. Patient care is our top priority and we will not only ensure continuity of service but the changes we are making will improve patient care.

Update:

- On February 18, anesthesiologists did not show up for a meeting to accept the offer. As a result, a notice of termination of appointment to the Fraser Health medical staff will be sent to 28 anesthesiologists on Thursday, February 25.
- The anesthesiologists have suggested that by terminating their appointment, we are in breach of labour laws.
- However, this group is not covered by the labour code. They abide by the bylaws which allow us to give 12 months notice.
- The College of Physicians and Surgeons has an expectation that they will provide care and not abandon their patients.
- We are providing notice of termination to the entire group, since care is not provided by a single individual.
- We are confident that we will be able to find physicians who want to provide services in Surrey.

Background:

- Two independent external reviews (2009 & 2014) of the Department of Obstetrics at Surrey Memorial Hospital have highlighted the need for dedicated obstetrical anesthesia (DOBA) services, as well as two in-house obstetricians per day to manage the large volume of patients and an increasing number of high risk obstetrical patients.
- If a contract is refused, Fraser health must move forward to protect quality and patient safety and will restructure those services to provide for improved in-house obstetrical and anesthesia services. A change in Program Services requires 12 months' notice to physicians
- Due to the lengthy time period for negotiations thus far, Fraser Health set a deadline for responses to the contract offers of February 18, 2016. If the contracts are refused we will issue letters of termination of privileges (effective in 12 months or February 2017) to all

members of both groups. We are confident that we can recruit a full complement of anesthesiologists and obstetricians to the new care model during that time period.

Anesthesiologists

- Fraser Health completed a Service Review of Obstetrics in 2009 and identified a need for DOBA at Surrey Memorial Hospital.
- Patient safety issues were identified internally in a Patient Safety Culture Survey.
- The survey outlined the following:
    - Delays in managing emergency obstetrical cases when the lone, in-house anesthesiologist is occupied in the main operating room;
    - Delays or lack of epidural anesthesia;
    - Elective C-sections impacting both the elective and emergency main operating room slates;
    - Limited gynecology operating room time resulting in unacceptable wait times for elective surgery.
- To address this, Fraser Health has been attempting to negotiate dedicated obstetrical anesthesia services with the Surrey anesthesia group for more than five years. All attempts have been unsuccessful because the anesthesiologists have rejected Fraser Health's compensation offers.
- The Surrey Anesthesia group received a letter on February 2, 2016 formally offering a contract for DOBA. The contract is identical to the contract currently in place in Vancouver Island Health Authority (VIHA). The department was given two weeks to respond to the offer.
- The offer includes a $1.2 million dollar contract (in addition to fee-for-service) consistent with the VIHA contract.

Obstetricians

- We have advised the obstetrics group that they need to provide two in-house obstetricians beginning April 1, 2016 to meet patient needs.
- In a letter dated February 22, 2016, the Surrey Memorial Hospital Obstetrics group supports and recognizes the importance of a two OBGYN on call system as it relates to patient care and safety.
- In order to establish this, they are willing to enter into negotiations regarding compensation.
- The group is prepared to provide a two OBGYN on call model consistent with that of the service in practice at BC Women's Hospital, Royal Columbian Hospital and Victoria General Hospital.
- This offer is contingent on Fraser Health instituting a dedicated obstetrical anesthesia service at Surrey Memorial Hospital.

Advice & Discussion:

- Throughout these negotiations with the anesthesiologists, we have seen a request for 2 – 3 times the amount ($1.2 million) plus fee for service billings.
- Under the current $ 1.2 million offer, we estimate income for five full time (1750 hrs/year) obstetrical anesthesiologists to be $ 500,000 per annum per physician.

- This is based on $ 1.2 M / 5 = $240,000, plus fee for service billings for epidurals and cesarean sections.
- The current epidural rate at Surrey is 31 per cent. National standards suggest it should be double that.
- If the Surrey rate climbs to even 50 per cent the income generated will exceed the estimate noted above (i.e. $500,000).
- The epidural rates are expected to increase based simply on anesthesiologist availability and expected National standards. At present, rates are low simply because no anesthesiologist is available to do them.

- Surrey delivers approximately 4,300 babies a year, of which 1,700 are by cesarean section. The income generated by anesthesia services for 1,700 cesarean sections and approximately 2,100 labour epidurals will exceed the income target above.
- We believe that the group will reject the offer because it will potentially impact the income of the lone night anesthesiologist who currently manages services for both the main operating room and the obstetrical anesthesia / analgesia patient needs. One anesthesiologist at Surrey Memorial Hospital shows 'blue book' billings of approximately $1.1 million. Any dedicated obstetrical service will reduce their personal income.
- The Program Medical Director for Maternal Infant Child and Youth (MICY) and Regional Medical Director of Anesthesia are confident that approximately 50 per cent of current physicians will be invited to stay as part of the new model. Both have already started informally recruiting with significant interest.
- The clear message to the public relates to patient safety.

Contact information			
Contact	**Name**	**Title**	**Phone**
Program	Dr. Roy Morton	Vice President, Medicine and Regional Programs	604.587.4659
Communications	Nafisa Abdulla	Senior Consultant, Public Affairs	**604.587.4636**

Drafted by:

Reviewed by:

Murray, Heather HLTH:EX

From: Morton, Roy Dr. <Roy.Morton@fraserhealth.ca>
Sent: Wednesday, March 16, 2016 4:02 PM
To: Patterson, Ted HLTH:EX
Subject: RE: RE:

Thanks

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs Fraser Health Associate Professor, UBC Faculty of Medicine
604-587-4659
Roy.morton@fraserhealth.ca

Executive Assistant
Joan Williamson
Joan.williamson@fraserhealth.ca

-----Original Message-----
From: Patterson, Ted HLTH:EX [mailto:Ted.Patterson@gov.bc.ca]
Sent: Wednesday, March 16, 2016 3:40 PM
To: Morton, Roy Dr.
Subject: Fwd: RE:

Hi Roy,

Just a heads up in what the reporter is asking us for

T

Sent from my iPhone

Begin forwarded message:

From: "Heinze, Laura R GCPE:EX" <Laura.Heinze@gov.bc.ca<mailto:Laura.Heinze@gov.bc.ca>>
Date: March 16, 2016 at 3:02:32 PM PDT
To: "Patterson, Ted HLTH:EX" <Ted.Patterson@gov.bc.ca<mailto:Ted.Patterson@gov.bc.ca>>
Cc: "Murray, Heather HLTH:EX" <Heather.Murray@gov.bc.ca<mailto:Heather.Murray@gov.bc.ca>>, "Plank, Sarah GCPE:EX" <Sarah.Plank@gov.bc.ca<mailto:Sarah.Plank@gov.bc.ca>>
Subject: RE:

Thx, will have a look.

For info, she was asking for the epidural rates breakdown and I gave her the one for SMH provided by FH - 31%. Nationally it's double that. She's also asking for provincial rate, and I am going to point her to CIHI, which indicates that BC's overall provincial rate is 36.2%... so not all that much higher than SMH. Just wanted to flag... several regions of the province have rates much lower.

From: Patterson, Ted HLTH:EX
Sent: Wednesday, March 16, 2016 2:54 PM

To: Heinze, Laura R GCPE:EX
Cc: Murray, Heather HLTH:EX; Plank, Sarah GCPE:EX
Subject:

Hi Laura,

Attached are some BNs from our files dating back to 2012 - might be useful as background. Basically, the Ministry did some analysis re: RN Anesthetists and NP Anesthetists but did not proceed with pursuing the work. My guess is that the imperative slowed as the anesthetists conflict resolved itself and the election was approaching

Murray, Heather HLTH:EX

From: MacDougall, Cindy GCPE:EX
Sent: Thursday, March 17, 2016 2:13 PM
To: Murray, Ryan HLTH:EX
Cc: Frechette, Rod HLTH:EX; Jickling, Belinda HLTH:EX; Murray, Heather HLTH:EX; Copes, Marilyn HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
Subject: RE: Media request re: DOBA anesthesiology working group?

Ryan, Marilyn et al., would this be an accurate, high-level and plain language explanation of the working group and its focuses? (Remembering the audience is the general public here...)

The Ministry of Health, the health authorities and the BC Anesthesiologists Society agreed in the fall of 2015 to form a working group to examine and address, issues related to anaesthesiology services in the province.

The working group's focus is on issues which can be addressed in the short to medium term, with an emphasis on achieving results that support the improvement of surgical and obstetrical services for British Columbians.

The working group is looking at:

- Provincial, regional and local patient and population health needs with respect to surgery and obstetrics;
- How to plan service delivery to meet those needs;
- What human resources are required in anaesthesiology to meet those needs;
- A provincial recruitment and retention strategy for anaesthesiology service providers;
- Education and training needs;
- Improvements to anaesthesiology supports for rural communities; and
- Identifying leadership development opportunities for anaesthesiologists.

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

---

From: Murray, Ryan HLTH:EX
Sent: Thursday, March 17, 2016 1:59 PM
To: MacDougall, Cindy GCPE:EX
Cc: Frechette, Rod HLTH:EX; Jickling, Belinda HLTH:EX; Murray, Heather HLTH:EX; Copes, Marilyn HLTH:EX; Patterson, Ted HLTH:EX
Subject: RE: Media request re: DOBA anesthesiology working group?

It's anesthesia in general.

It could be a forum to have a discussion about the issue identified in the news article. So Dr. Orfaly isn't wrong on that. It wouldn't be the main focus of this WG though.

There is plan for the WG to get together again. They met a number of times up until end of last year.

Ted is now on this email, so may have some further points.

Ryan

From: MacDougall, Cindy GCPE:EX
Sent: Thursday, March 17, 2016 1:50 PM
To: Murray, Ryan HLTH:EX
Cc: Frechette, Rod HLTH:EX; Jickling, Belinda HLTH:EX; Murray, Heather HLTH:EX; Copes, Marilyn HLTH:EX
Subject: RE: Media request re: DOBA anesthesiology working group?

Thanks – so this is a general working group, then, not OB specific?

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

---

From: Murray, Ryan HLTH:EX
Sent: Thursday, March 17, 2016 1:47 PM
To: MacDougall, Cindy GCPE:EX
Cc: Frechette, Rod HLTH:EX; Jickling, Belinda HLTH:EX; Murray, Heather HLTH:EX; Copes, Marilyn HLTH:EX
Subject: RE: Media request re: DOBA anesthesiology working group?

Hi Cindy,

Rod's at a meeting in Vancouver. Attached is a draft TOR for the working group.

The membership of the WG is:

- Dr. Sukh Briar and Dr. Roland Orfaly, BCAS
- Ted Patterson and Rod Frechette, Ministry of Health
- Dr. Roy Morton, Fraser Health Authority
- Dr. Patrick O'Connor, Vancouver Coastal
- Dr. Andy Hamilton, Marilyn Copes, Provincial Surgical Executive Committee

Key issues for this WG to address:

1) Provincial, regional and local patient and population health needs with respect to surgery and obstetrics.
2) Service delivery planning to meet patient and population health needs identified in 1).
3) Provincial, regional and local human resource requirements specifically with respect to anaesthesiology services based on the analyses undertaken in 1) and 2), including identifying an appropriate supply of anaesthesiologists, general practice anaesthesiologists and anaesthesia assistants,.
4) A provincial recruitment and retention strategy for acquiring the appropriate supply of anaesthesiology service providers identified in 3), including:
    - Development of a new provincial compensation model that supports recruitment and retention and incentivizes quality and efficiency;
    - Education and training considerations, including but not limited to residency allocations, bridging opportunities, and development of a new curriculum for anaesthesia assistants;
    - Improvements to current rural locum supports for rural communities; and,
    - Identifying leadership development opportunities for anaesthesiologists.

Ignore the part about a report being completed by December 2015. That is still being worked on to my knowledge.

I've cc'd Marilyn Copes as she might have some further detail (I believe she is on the WG). Sorry, I'm not on the WG, so not sure where it is at in terms of the key issues identified above.

Thanks
Ryan

Ryan Murray BA, MBA
Director, Agreements and Negotiations
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From: MacDougall, Cindy GCPE:EX
Sent: Thursday, March 17, 2016 1:35 PM
To: Frechette, Rod HLTH:EX
Cc: Murray, Heather HLTH:EX; Jickling, Belinda HLTH:EX
Subject: Media request re: DOBA anesthesiology working group?
Importance: High

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Thanks! Cindy

Cindy MacDougall ~ Senior Public Affairs Officer ~ Government Communications and Public Engagement, Ministry of Health ~ 250 952-3552 ~ cell 250 920-8534 ~ Cindy.MacDougall@gov.bc.ca

From: SAMANTHA GARVEY [mailto:samantha.garvey@cbc.ca]
Sent: Thursday, March 17, 2016 12:59 PM
To: Heinze, Laura R GCPE:EX
Subject: Anesthesiology working group?

Hey Laura,

I wonder if you could help me with something else. Roland Orfaly (CEO of BC Anesthesiology Society) says there is a working group formed in the fall between themselves, the health authorities and the ministry. What information do you have on this? Could you forward me anything about it?

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Associate Producer-CBC Vancouver
250-571-6174-cell
samantha.garvey@cbc.ca

PROUD2B

Murray, Heather HLTH:EX

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Sent: Thursday, March 17, 2016 3:21 PM
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Cc: Frechette, Rod HLTH:EX; Jickling, Belinda HLTH:EX; Murray, Heather HLTH:EX; Copes, Marilyn HLTH:EX; Patterson, Ted HLTH:EX; Heinze, Laura R GCPE:EX
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Thanks
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Ryan Murray BA, MBA
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Health Sector Workforce Division | Ministry of Health
PO Box 9649 STN PROV GOVT |Victoria BC V8W 9P4
Ph: 250 952-1262 |Email: ryan.murray@gov.bc.ca |

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Reasonable wording.

Appropriate doesn't necessarily mean more.

Thanks
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PROUD2B

Murray, Heather HLTH:EX

From: Frechette, Rod HLTH:EX
Sent: Thursday, April 7, 2016 4:31 PM
To: Patterson, Ted HLTH:EX
Subject: RE: Anesthesia Update

An interesting situation. It appears that FHA may not be interested in any 3rd party assistance, as may be true for the Surrey anesthetists too.

From: Patterson, Ted HLTH:EX
Sent: Thursday, April 7, 2016 10:49 AM
To: Frechette, Rod HLTH:EX
Subject: FW: Anesthesia Update

Ted Patterson
Assistant Deputy Minister
Health Sector Workforce Division
Ministry of Health
(250) 952-3465
s.17

From: Morton, Roy Dr. [mailto:Roy.Morton@fraserhealth.ca]
Sent: Wednesday, April 6, 2016 11:17 AM
To: Patterson, Ted HLTH:EX
Cc: XT:Marchbank, Michael HLTH:IN; Jones, Dean Dr.
Subject: Anesthesia Update

s.17

Our Regional Medical Director, Dean Jones, met with the Surrey group last week..... they are of the opinion that the BCAS has a direct link with the MoH and that BCAS will deal with this on a provincial level.

Thanks for allowing us the independence to manage this !!

Roy

Roy Morton, MD, FRCPC
Vice President Medicine and Regional Programs
Fraser Health
Associate Professor, UBC Faculty of Medicine
604-587-4659
Roy.morton@fraserhealth.ca

Executive Assistant
Joan Williamson
Joan.williamson@fraserhealth.ca

Murray, Heather HLTH:EX

From: Morton, Roy Dr. <Roy.Morton@fraserhealth.ca>
Sent: Friday, April 29, 2016 4:42 PM
To: Frechette, Rod HLTH:EX
Cc: Patterson, Ted HLTH:EX; Jones, Dean Dr.
Subject: Re: s.22 - Privileges

Thanks Rod,

s.22 has already been advised by Regional Medical Director Dean Jones that s.22 notice of cancellation' will be rescinded by the Board at their next meeting...based on s.22 s.22 and does not do any OR anesthesia.

I will ask Dr. Jones to follow-up to ensure s.22 is clear on this.

As an aside, I spoke to s.22 about 4 weeks ago and asked s.22 if s.22 had any interest in applying for a position as SMH Divisional Lead for pain management. s.22

From: Frechette, Rod HLTH:EX <Rod.Frechette@gov.bc.ca>
Sent: April 29, 2016 4:31 PM
To: Morton, Roy Dr.
Cc: Patterson, Ted HLTH:EX
Subject: FW: s.22 - Privileges

Roy,

Fyi - assume you are already aware of this situation and have plans to manage the communications that may ensue.

Rod

From: Straszak, Paul [mailto:pstraszak@doctorsofbc.ca]
Sent: Friday, April 29, 2016 10:33 AM
To: Patterson, Ted HLTH:EX
Cc: Frechette, Rod HLTH:EX
Subject: s.22 - Privileges

Ted,

I am writing to give you a heads up on an issue related to the notice of cancellation of privileges for anesthesiologists at Surrey Memorial. Among the notices issued was one that was sent to s.22 s.22 was told that, as s.22 practices with anesthesiologists who also provide pain management services, s.22 privileges will also be terminated. The FHA Board of Directors reviewed this issue and have decided not to withdraw s.22 notice of termination s.22 has contacted the College of Physicians and Surgeons who have advised s.22 that, due to the nature of services s.22 provides s.22 is now required to immediately issue a notice

to s.22 patients and those on s.22 waitlist that they will be required to seek pain management services elsewhere as of March 1, 2017.

s.22 advises that this means sending out over 10,000 notices to patients of the s.22 and s.22 expects that this will have a very high public profile.

We have advised s.22 to provide a week's notice to the CEO and Medical Director at FHA of his obligation to send out the notices so that they are prepared in advance. I am sending this email so that the Ministry has a heads up as well.

Paul

Paul Straszak
Chief Negotiator & Executive Director of Negotiations

T 604 638 2837 C 604 239 1404 TF 1 800 665 2262
doctorsofbc.ca

doctors of [redacted]

115 – 1665 W Broadway
Vancouver BC V6J 5A4

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Murray, Heather HLTH:EX

From: Frechette, Rod HLTH:EX
Sent: Tuesday, May 3, 2016 11:21 AM
To: Plank, Sarah GCPE:EX; Patterson, Ted HLTH:EX
Cc: Anderson, Kristy GCPE:EX
Subject: RE: s.22 - Privileges

Agreed. I assume there are also anesthesiologists in the pain clinic who might receive similar instruction from the College of Physicians and Surgeons about notifying patients and may follow through with this at some point. FHA presumably has messaging prepared if/when this occurs.

From: Plank, Sarah GCPE:EX
Sent: Tuesday, May 3, 2016 10:57 AM
To: Patterson, Ted HLTH:EX; Frechette, Rod HLTH:EX
Cc: Anderson, Kristy GCPE:EX
Subject: FW: s.22 - Privileges

FYI – seems that this particular facet of the issue has been resolved...

From: Nuraney, Naseem [mailto:Naseem.Nuraney@fraserhealth.ca]
Sent: Tuesday, May 3, 2016 10:11 AM
To: Plank, Sarah GCPE:EX
Cc: Anderson, Kristy GCPE:EX; Lindstein, Sarah GCPE:EX; May, Stephen GCPE:EX; Beneteau, Nicole GCPE:EX; XT:Lefebvre, Dave HLTH:IN
Subject: Fwd: s.22 - Privileges

Sorry for the delay on this one... Here is the info we have..

The decision to terminate members of the Department of Anesthesia included all members of the Department who had Surrey Hospital as their 'primary site'. Drs. s.22 and s.22 s.22 notified Fraser Health that their practice is restricted to the s.22 and that they do not do any OR or obstetrical anesthesia. Thay asked to be excluded from the Board decision. The request has gone to the Board with a recommendation to rescind. Our VP Medicine has reassured the phsyicians that their termination notices will be rescinded.

From: Plank, Sarah GCPE:EX <Sarah.Plank@gov.bc.ca>

Sent: Saturday, April 30, 2016 10:43 AM

To: Nuraney, Naseem; Lefebvre, Dave

Cc: Anderson, Kristy GCPE:EX; Lindstein, Sarah GCPE:EX; May, Stephen GCPE:EX; Beneteau, Nicole GCPE:EX

Subject: FW: s.22 - Privileges

Hi Naseem and Dave,

Just flagging that this is something we'll need to get some issues materials together on next week... Are you aware of the issue?

Thanks,

Sarah.

Sarah Plank

Communications Director | Ministry of Health
Government Communications & Public Engagement
Office: 250.952.1889 | Mobile: 250.208.9621 | Email: sarah.plank@gov.bc.ca

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Chief Negotiator & Executive Director of Negotiations

T 604 638 2837 C 604 839 1404 TF 1 800 665 2262

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Murray, Heather HLTH:EX

From: Frechette, Rod HLTH:EX
Sent: Tuesday, May 3, 2016 11:28 AM
To: 'Straszak, Paul'
Cc: Patterson, Ted HLTH:EX
Subject: RE: s.22 - Privileges

Hi Paul,

Thanks for the head's up. I understand from FHA that they are aware of this situation and have or will be withdrawing the notice of termination and have reassured s.22 on this point.

Rod

From: Straszak, Paul [mailto:pstraszak@doctorsofbc.ca]
Sent: Friday, April 29, 2016 10:33 AM
To: Patterson, Ted HLTH:EX
Cc: Frechette, Rod HLTH:EX
Subject: s.22 - Privileges

Ted,

I am writing to give you a heads up on an issue related to the notice of cancellation of privileges for anesthesiologists at Surrey Memorial. Among the notices issued was one that was sent to s.22
s.22

was told that, as s.22 practices with anesthesiologists who also provide pain management services, s.22 privileges will also be terminated. The FHA Board of Directors reviewed this issue and have decided not to withdraw s.22 notice of termination s.22 has contacted the College of Physicians and Surgeons who have advised s.22 that, due to the nature of services s.22 provides s.22 is now required to immediately issue a notice to s.22 patients and those on his waitlist that they will be required to seek pain management services elsewhere as of March 1, 2017.

s.22 advises that this means sending out over 10,000 notices to patients of the s.22 and s.22 expects that this will have a very high public profile.

We have advised s.22 to provide a week's notice to the CEO and Medical Director at FHA of s.22 obligation to send out the notices so that they are prepared in advance. I am sending this email so that the Ministry has a heads up as well.

Paul

Paul Straszak
Chief Negotiator & Executive Director of Negotiations

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Murray, Heather HLTH:EX

From: Anderson, Kristy GCPE:EX
Sent: Thursday, May 12, 2016 12:59 PM
To: Patterson, Ted HLTH:EX; Frechette, Rod HLTH:EX; HLTH HAD Issues HLTH:EX
Cc: Plank, Sarah GCPE:EX; May, Stephen GCPE:EX
Subject: FW: IN - Pain/Anesthesiology
Attachments: IN_SMH_Non-ObstetricalAnesthesiology_12_May2016(1205pm).docx

FYI on the attached – anesthesiologists at SMH

Kristy Anderson
Manager Media Relations
Ministry of Health
250-952-3387 (office) 778-678-5200 (cell)
Kristy.Anderson@gov.bc.ca

May 12, 2016 – Jim Pattison Outpatient Care and Surgery Centre - Pain

An anesthesiologist who works at the pain clinic and in the operating room at Surrey Memorial Hospital has begun circulating information to patients calling into question the future of pain services due to privileges being revoked for the hospital's anesthesiologist group.

Key Messages:

- Patient safety and quality care is always our greatest priority. The services of the pain clinic will not be impacted by the decision to revoke the privileges of anesthesiologists working in the operating rooms at Surrey Memorial Hospital. Physicians that work solely in providing pain management care at this clinic will continue to provide their service.

- We are confident we will be able to recruit a full complement of anesthesiologists by 2017. A contingency plan has been developed to ensure anesthesiology service is not interrupted.

Background:

- On February 25, Fraser Health sent a notice of termination of appointment (revoked privileges) to the Surrey Memorial Hospital Anesthesiology group.
- The revocation of privileges followed two independent external reviews (2009 and 2014) of the Department of Obstetrics at Surrey Memorial Hospital which highlighted the need for dedicated obstetrical anesthesia (DOBA) services, as well as two in-house obstetricians per day to manage the large volume of patients and an increasing number of high risk obstetrical patients.
- Negotiations with the anesthesiologist group at the hospital to provide DOBA had been on-going and, finally, Fraser Health set February 18, 2016 as a deadline for responses to the latest contract offers.
- On February 18, anesthesiologists did not show up for a meeting to accept the offer. As a result, a notice revoking their privileges was sent. There are 28 physicians included in this group.
- Within the group there are four anesthesiologists that provide pain treatments through the pain clinic as well as one orthopedic surgeon. Of those four anesthesiologists, one does not provide surgical/obstetrical support at Surrey Memorial. This individual and the orthopedic surgeon work only at the pain clinic.
- Fraser Health has already been in contact with the two physicians who only provide only pain treatments and do not work in the operating room to advise that a recommendation has been sent to the Board to rescind the notice of termination for them, as they do not perform surgical/obstetrical services.
- Another anesthesiologist from the pain clinic, who also works in the operating room at Surrey Memorial, has begun circulating a letter to clients advising of a potential disruption to services at the pain clinic in 2017 as a result of Fraser Health's actions against the wider anesthesiologist group.
- Fraser Health has reached out to the anesthesiologists in the pain clinic asking them to ensure that any communications with patients reflect the fact that pain services will still be available at Surrey Memorial Hospital after the termination deadline in 2017. In addition, Fraser Health is reaching out to each patient seen by the physician who was distributing the letter to ensure they are properly apprised of the situation.
- A lawyer for the anesthesiologists who work in the operating rooms has filed an appeal on behalf of the group.

- The anesthesiologists have suggested that by revoking their privileges, Fraser Health is in breach of labour laws.
- However, this group is not covered by the labour code. They abide by the bylaws which allow us to give 12 months notice.
- The College of Physicians and Surgeons has an expectation that they will provide care and not abandon their patients.
- Fraser Health provided the notice of termination to the entire group, since care is not provided by a single individual.
- Physician leadership at Fraser Health will continue to discuss this matter with the physicians, and are seeking their cooperation in reassuring patients that services will not be lost.

Contact information			
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ALLIANCE TO TRANSFORM AND REINFORCE ANESTHESIOLOGY CARE AND TRAINING FOR BC

ATTRACT - BC

British Columbia Anesthesiologists' Society
June 3rd, 2015

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DRAFT

Part I - Executive Summary

The MOH and its Provincial Surgical Executive Committee have identified three priority objectives for the surgical system in BC, namely access, quality of care, and value. Within the latter context, the BC Anesthesiologists' Society has been invited to prepare this discussion paper to outline a vision for a re-designed system of Anesthesiology care for British Columbians (Alliance To Transform and Reinforce Anesthesiology Care and Training for BC – ATTRACT BC).

Anesthesiologists provide 24/7/365 acute medical assessment of patients

undergoing all forms of surgical, therapeutic, and invasive diagnostic procedures; as well as for pregnant women experiencing both surgical and non-surgical methods of childbirth. Anesthesiologists plan treatment, deliver highly specialized care, and are responsible for the comfort and overall safety of patients under their care; they provide medical supervision for many of the province's sickest (intensive care) patients; and they diagnose and treat the most complex cases of chronic pain, arising from a variety of causes.

On a systems level, anesthesiologists have shown extensive leadership in advancing substantial improvements in patient safety, in implementing innovative technologies and therapies, and in designing various facets of our current health care system. They are well positioned to meet the mandates of the Triple Aim Initiative for the Ministry of Health and share its' vision for high quality, patient centered surgical care within a sustainable health system for residents of British Columbia

The Ministry of Health created the case for change through a 2008 – 2012 sector-wide strategy developed for B.C. called the *Innovation and Change Agenda.* After a wide ranging consultation process, the B.C. Ministry of Health (MOH) produced: (1) *Setting Priorities for the BC Health System,* (2) *Developing a Patient-Centered, High Performing and Sustainable Health System in B.C.: A Call to Build Consensus and Take Action,* (3) *B.C. Health System Strategy Implementation: A Collaborative and Focused Approach* and (4)*The British Columbia Patient-Centered Care Framework.* For the balance of 2015/16 through 2016/17 it is proposed that there will be three cross sector health sector strategic service priorities including significantly improving timely access to appropriate surgical treatments and procedures. □

With this strategic context in mind, the Provincial Surgical Executive Committee (PSEC) was tasked by the Ministry of Health in 2014 with developing a collaborative linked cross sector Surgical Services Policy Paper, work that was completed in early 2015 with the publication of *Future Directions for Surgical Services in British Columbia.* PSEC has been given the mandate and authority to drive a common vision and a comprehensive policy framework, inclusive of the entire surgical care continuum. This PSEC Policy Paper specifically identified lack of Anesthesiology health human resources as a key contributor to unstaffed ORs and proposed the development of a comprehensive plan to address Anesthesiologist shortages as an immediate short term action item to be addressed between Health Human Resources and Surgical Policy Papers by the end of June, 2015.

Over the past many years, the BCAS has consistently collaborated with anesthesiologists, the Ministry of Health, SSC, Health Authorities and more recently PSEC leadership on a regional and provincial level to achieve consensus and align interests broadly. Anesthesiologists desire both the mandate and the accountability to lead change, and to deliver in the areas of:

- Safety and quality of patient care
- Timely access to necessary care
- System re-design & coordination of resources to improve efficiencies

This Anesthesiology White Paper aims to collaboratively build on the ideal alignment of interests in timely, high quality, patient-centered surgical care delivery between the Ministry of Health, Provincial Surgical Executive Committee and B.C. Anesthesiologists' Society.

The intent of this paper is to define a bold new collaborative vision for the delivery of high quality anesthesiology care within an efficient health care system. While British Columbia has dedicated additional resources to improve access to "priority" surgeries, overall access to surgical care (both elective or planned procedures, and non-elective emergency cases) face growing challenges. Staffing constraints affecting access to surgery include a gap in the supply of anesthesiologists and in some facilities also the supply of specialty Operating Room (OR) and Post-Anesthetic Care Unit (PACU) nurses. Surgery is arguably the part of the health system with the highest unit cost of care. Even a conservative estimate is that BC's public health system spends in the area of **$1.5 billion annually on surgical resources**.

Guidelines produced in May 2000 by the Society of Obstetricians and Gynecologists of Canada (SOGC) requires that all Level III (tertiary) maternity facilities have continuous 24/7/365 on-site presence of an anesthesiologist dedicated to the needs of laboring mothers. A May 2009 Joint Statement from the BC Perinatal Health Program and BC Women's Hospital reinforced this standard, indicating that four BC hospitals (BC Women's, Surrey Memorial, Royal Columbian, and Victoria General) "**need continuous, dedicated 24/7 in-house anesthesia coverage to assure safe delivery of obstetrical care for both mothers and babies.**" Without a surgical team (obstetrician, anesthesiologist, pediatrician, and nurses) available on-site, the likelihood of prompt Caesarian delivery and favourable patient outcomes is reduced.

While several pilot programs in BC and elsewhere have shown promise, overall resourcing of chronic pain services is also a challenge, including (but not limited to) the availability of anesthesiologists as part of a multi-disciplinary pain management team.

Fatigue and late work hours have been shown to result in reduced performance of anesthesiologists and safety of patients. Stress symptoms, burnout and exhaustion of anesthesiologists have also been shown to correlate with on-call workload. In fact, both Ministry and Doctors of BC data demonstrate that BC's anesthesiologists have the highest proportion of after-hours work of any physician group. Almost 30% of the average anesthesiologist's income is earned outside of regular business hours.

Anesthesiology human resource snapshots reflecting the three fiscal years 1998/99, 2002/03, and 2007/08 have been produced. Over the intervening decade, the entire anesthesiology workforce shifted towards older age groups. Over the next 5 years, we anticipate the need for **20 to 30 new full-time anesthesiologists per year** to replace those who will be retiring. Numerous workforce studies, within and outside medicine, have also documented a recent trend in the younger generations toward more family-friendly work-life balances, amongst both male and female workers.

Supporting the provincial academic deliverables of both teaching and quality improvement research, an additional **12 full-time anesthesiologists** would be required to even meet half of the gap identified in the 2009 UBC external review.

A 2014 PSAC analysis identifies 53 Main ORs in the province that are not "regularly staffed", in addition to 14 Minor ORs and Procedure Rooms. Combined with a conservative estimate of unpaid holiday and professional development time, fully staffing these ORs would require **between 74 and 94 new full-time anesthesiologists**. The addition of 24/7/365 anesthesiologist staffing dedicated to the needs of maternity patients at large / tertiary sites in BC would require an additional **19 full-time anesthesiologists**.
Combining all of the considerations above, it is a reasonable estimate that BC's health care system could accommodate the immediate recruitment of at least **100 more full-time anesthesiologists**, with **another 100 new full-time anesthesiologists required over the next 3 to 5 years.**

Although there are over one hundred GPs who bill for at least some anesthetic services each year in BC, it is unclear how many of these are formally trained in anesthetic practice. GPAs report to the BCAS that they face many of the same recruitment and retention challenges faced by their specialist anesthesiologist colleagues.

Anesthesia Assistants (AAs) are non-physician health care professionals who assist anesthesiologists in managing the care of patients before, during, and after surgery. They work in parallel and under the supervision of anesthesiologists to ensure the highest quality perioperative care of patients, while also facilitating significant efficiencies in patient flow through the OR. There are currently about **60 AAs** employed at hospitals within five BC health authorities. The BCAS and its members have strongly supported efforts to increase the availability and integration of AAs into our Anesthesia Care Teams (ACT).

While BC's anesthesiologists are proud of their shared tradition of safety, they are continually looking for ways to make further improvements. This paper will describe profound involvement in a variety of local, regional, provincial, and even national / international processes designed to advance the quality agenda. In

BC, these include ERAS, the BC Quality and Patient Safety Council, and the Fraser Health Physician Quality and Regional Safety Team. The deficit of funded academic anesthesiology positions in BC is a barrier, reducing the availability of anesthesiologists to perform quality-related outcome analyses.

Starting in the 1990's, anesthesiologists led a "revolution" whereby most surgical patients are now assessed as outpatients before surgery. This one change alone has spared BC hospitals the need for **hundreds of thousands** of patient-nights in hospital, saving the taxpayer **hundreds of millions of dollars annually**.

Over 80% of patients today are ready to go home within hours of their anesthetic. Anesthesiologists at St. Paul's Hospital in Vancouver have pioneered a system whereby many patients could undergo surgery awake (but perfectly comfortable), bypassing the anesthetic "recovery room" and going home minutes after surgery. Patient satisfaction increased, with an associated **33% lower cost per surgery**. Using **LEAN methodology** exercises that improve the efficiency of systems before surgery, there was a **26-33% increase in productivity** at the Pre-Admission Clinic at St. Paul's Hospital.

It is widely recognized that a fee-for-service compensation structure incentivizes efficiency in the delivery of care; while potentially also encouraging added demand. Currently, most surgeons in BC are compensated on a fee-for-service basis. The BCAS and its members are keen to see an anesthesiology compensation structure that aligns with the provincial objective of maximizing value and minimizing the overall cost per patient. While most BC anesthesiologists are currently "fee-for-service" in the sense that they submit billings and are compensated via the Medical Services Plan (MSP), the reality is that the current MSP payment structure for anesthesia care is predominantly time-based, and arguably creates a fiscal disincentive to OR efficiency. This structure is worthy of change. Eight other provinces have some combination of a time-base payment and a per-case or "loading" fee, with inter-provincial variation in the ways that each of those components might reflect various factors. Learning from these other models, one is led to observe that the compensation structure, especially as it relates to intra-operative anesthetic care, should provide a proportional incentive for efficiency that applies as much as possible to every case, on every OR slate, in every surgical facility in BC. As a matter of "fairness" and to avoid imbalanced support for recruitment and access, the compensation structure should also include a robust payment based on time duration, to which the efficiency incentive is then added.

A concerted effort to ensure that the entire surgical journey is resourced in a coordinated manner will help reduce delays, surgical cancellations, and avoidable costs. In particular, several sites in BC would benefit from dedicated postoperative patient space (PACU, step-down unit, surgical ward) that are protected from other unplanned utilization.

Providing patient-centered care is the first of eight priorities for the B.C. health system as articulated the Ministry of Health's strategic plan, *Setting Priorities for the B.C. Health System* (February 2014). Patient-centered care puts patients at the forefront of their health and care, ensures they retain control over their own choices, helps them make informed decisions and supports a partnership between individuals, families, and health care services providers.

In a truly patient-centered vision of perioperative care, patients would have a seamless journey from the pre-operative period, through their surgical intervention into the post-operative period and into long term recovery. One model gaining significant traction in the United States is the concept of **Perioperative Surgical Home (PSH)**. PSH strives to achieve the triple aim of better health, better health care, and reduced expenditures through continuous improvement for all patients undergoing surgical procedures. The PSH is a patient-centered, physician-led multidisciplinary, and team-based system of coordinated care. It guides the patient through the entire surgical experience from decision for the need for surgery to discharge from a medical facility and beyond. The goal is to create a better patient experience and make surgical care safer; promoting a better medical outcome at a lower cost (ASA PSH Brief, 2013).

Broadly speaking, appropriateness refers to the "right care in the right place at the right time for the right patient". Phrased differently, it speaks to "nothing about me without me" and no gaps along the continuum. Through the work of PSEC and other key stakeholders, an increasing emphasis has been placed on Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs). PROMs and PREMs are measurements of the patients' voice and should work together.

Anesthesiologists in British Columbia are fully committed to providing truly patient-centered perioperative care through collaboration with MOH, PSEC, patients and other stakeholders.

Ensuring an adequate supply of anesthesiologists improves access to timely surgical, maternity, and pain services. Aligning anesthesiologist supply with other resources also maximizes the productivity of overall system investments, reducing the unit cost of care.

In June 2009, the MOH, Doctors of BC (then the BC Medical Association), and the BCAS agreed as follows:

> ***The overall compensation of anesthesiologists in BC should, at least in part, be based upon the need to be competitive with other provinces (using Alberta and Ontario as key reference points) for the recruitment and retention of anesthesiologists by BC.***

National analyses and direct fee comparisons demonstrate that the

compensation of BC anesthesiologists currently stands as the lowest of all ten provinces, with Alberta compensation exceeding BC's by at least 100%, and other competing provinces (e.g. Quebec, Ontario, Saskatchewan) exceeding BC by about 70%. In order to assist with anesthesiologist recruitment and retention, a number of BC facilities have implemented targeted arrangements with funding that far exceeds BC MSP rates. Securing the anesthesiologist resources needed by BC patients will be facilitated by a standardized adjustment to overall compensation for all anesthesiology services across the province.

The University of British Columbia is the only medical school in the province, albeit through an expanded and distributed model. The UBC Department of Anesthesiology also hosts the province's only post-graduate (residency) training program, graduating between 10 and 12 new anesthesiologists each year. As described in Part IV, this training output will not replace anticipated retirements, nor address the current gap in supply. Further examination should take place in consultation with UBC regarding the capacity for program expansion, recognizing that it requires a minimum of 5 years from medical school graduation to produce a fully trained anesthesiologist. Consideration should be given to increasing the allocation of "re-entry" positions, where demand amongst GPAs typically far exceeds the supply of positions, and which require fewer years of training to complete.

There exists an opportunity to dramatically improve the timely and efficient flow of thousands of preoperative patients through the Pre-Admission Clinic (PAC) process by restructuring the design of the systems involved. As the PAC becomes redesigned as mentioned above, more appropriate patient-centered terminology to reflect the full spectrum of services provided in these clinics would be **Preoperative Optimization Clinics (POCs)**.

Preoperatively it is imperative to implement **Anesthesia Information Management Systems (AIMS)** into the Preoperative Optimization Clinics (POCs) widely across British Columbia. With the input of the BCAS and anesthesiology leaders across B.C., appropriate **standardized anesthesiology optimization times** for various procedures can be determined, taking into account the patients' co-morbidities.

The development of a province wide **Peri-operative Smoking Cessation Program** as a collaborative between the BCAS and MoH and coordinated with the POCs, AIMS, surgical enterprise architecture would allow timely (8-12 weeks preoperatively) focused intervention with patients to reduce postoperative complications, breathing problems after anesthetics, heart attacks and post-surgical wound infections.

Developing a province wide **Patient Blood Management** program should be a high priority for the MoH to help conserve a precious resource (blood), while improving patient outcomes (reduced pulmonary, renal and infectious

complications), reducing exposure to blood-borne pathogens, and ultimately providing savings for the MoH.

Postoperatively, the principals of **Enhanced Recovery After Surgery (ERAS)** summarize the optimal evidence based methods to reduce postoperative patient complications, reduce length of stay, lower readmission rates, and reduce time for return to baseline level of health (enhancedrecoverybc.ca).

Many sites have initiated a **Perioperative Anesthesiology Service (POA)** to help coordinate the in-hospital preoperative, intraoperative and postoperative care of complex patients. These services typically include an anesthesiologist working in concert with a nurse practitioner(s) (NP), anesthesia assistants (AA) and registered peri-anesthetic nurses (RN). This model represents the basic structure of the **Anesthesia Care Team** model (ACT).

Anesthesia assistants (AAs) are mentioned above as a key component of the ACT model. Expanding the use of AAs can maximize operating room efficiency, patient safety and potentially help reduce B.C.'s surgical waitlists. Many stakeholders beyond the BCAS have suggested that perhaps the ideal ratio of AAs to Anesthesiologists is 1:2 or 1:3. Multiple jurisdictions in Canada have ratios similar to this, versus B.C. where the ratio is 1:8.

Improving **perioperative efficiency** using the principles of LEAN Six Sigma design is a complex process requiring the input of all key stakeholders including patients. The BCAS would provide leadership and insights into this process in collaboration with MOH and PSEC.

There exists an opportunity for the BCAS to collaborate with MOH and PSEC to strategically increase the capacity for step down unit beds across B.C. as our patient population demographics change over time towards sicker, frailer, more elderly and medically complex patients. This may reduce unexpected admissions to ICU from the post-surgical wards and reduce overall length of stay.

The implementation of a ***Consultant OBstetrical Anesthesiology ("COBA") Program*** is an innovative solution that improves patient care, while creating immediate savings in costs and resources. s.17

s.17

s.17 We also estimate that each on-site COBA program will save health authorities $2.4 Million annually in overtime surgical (operating room) resources.

Aligning with the priorities identified by PSEC and the MOH, the BCAS proposes to boldly and collaboratively re-examine the workload distribution and flexibility in deployment of health human resources for anesthesiology to meet pre-defined surge capacity needs, along with unpredictable emergency surge capacity.

The BCAS commits to working closely with MOH, Perinatal Services BC, PSEC, HAs, DOBC in a collaborative to address access issues in rural communities, including the vital areas of obstetrical and neonatal care.

BC has shown significant leadership in terms of hospital and health authority uptake of the American College of Surgeons' **National Surgical Quality Improvement Program (NSQIP)** over the last 2.5 years with implementation by 24 sites across BC as the key measurement tool to improve surgical quality. The BCAS commits to supporting anesthesiologist physician "champions" across BC to broaden the number of hospitals involved in rigorous data collection through the above mentioned databases to measure pre-operative risk factors, intra-operative variables and post-operative outcomes.

In order to make demonstrable improvements in the dimensions of quality defined by the BCPSQC, the BCAS proposes to collaborate with key stakeholders including MoH and PSEC to drive quality improvement through the creation of demonstration hospitals as "test kitchens" for innovation, provincial collaboratives to accelerate broad scaling up of effective quality improvement, improved physician engagement through innovative programs such as PQRST in Fraser Health. As well, there is an urgent need to improve access to leadership training for anesthesiologists and build appropriate infrastructure to facilitate overall quality improvement in anesthesiology care delivery. At a provincial level, the following anesthesiologist quality improvement initiatives would benefit from innovation acceleration through focused funding: warfarin reversal toolkit, POCs, AIMs, PBM, hypertension & glycemic control, ERAS, OSA management, surgical site infection control and enhanced postoperative follow up.

We propose that oversight and overall accountability be designated to a novel **Anesthesiology Services Committee (ASC)**, with joint representation of the BC Ministry of Health and the BC Anesthesiologists' Society. This ASC would need to have strong and clear bilateral linkages to BC's health authorities, the Provincial Surgical Executive Committee, Perinatal Services BC, the BC Patient Safety and Quality Council, and the emerging provincial leadership in pain management.

We propose that an **Innovation Support Program (ISP)** be resourced under the auspices of the ASC, to ensure provider-level support and to facilitate two-way communication between the ASC and frontline providers.

Consistent with government's current focus on increasing surgical capacity throughout the province, **near term solutions** focus primarily on strategies which are amenable to immediate implementation and facilitate improved patient access to care. We propose that the current payment structure be eliminated and replaced with a blended model that includes two separate components: a simplified time base payment, and an efficiency incentive. Together, the time base payment and the efficiency incentive would combine to effectively compete

with compensation in other provinces, helping not only to support needed recruitment of anesthesiologists, but also to target providers who will maximize the efficiency of surgical resource utilization in BC.

Implementing a standardized on-site consultant obstetrical anesthesiology program (**COBA**) at all of BC's large and tertiary maternity facilities (Surrey Memorial, Royal Columbian, Victoria General, Abbotsford Regional) will ensure that obstetrical patients receive timely access to the highest level of care, maximizing safety for both mothers and babies.

Two forms of surge capacity would combine to increase surgical throughput in a patient-centred manner. Local **"slate-completion" surge capacity** would allow the operating team (surgeon, anesthesiologist, and nurse) to complete all slated procedures, even where unexpected events lead to scheduling delays. **Regional surge capacity** would allow flexibility to responsively address temporary waitlist pressures, by aligning additional surgical capacity either at the local or regional level.

To promote continued service delivery amongst our aging anesthesiologist workforce, as well as retention of anesthesiologists within BC, we propose an annual **retention incentive** for those who remain in practice.
Written, video, and online resources in multiple languages should be developed to provide a provincially standardized base of information that would be applicable to a broad segment of surgical, maternity, and pain patients.

Our goal is to update and maintain one provincial world-class training program that will graduate anesthesia assistants who are able to facilitate the vision of anesthesiology care defined in this paper. We propose that academic development funding be secured to support the needed course design and content renewal work, to ensure the alignment of training with actual and future practice of AAs.

In the **medium term**, with an established ASC and ISP, anesthesiology departments that opt-in to the **ASC Patient Safety & Quality Improvement (PSQI)** initiative will be resourced to invest the time and energy to assess and improve the care delivered, including objectives such as appropriateness of care, effectiveness (meeting treatment goals), safety (complication rates), patient satisfaction, timeliness and efficiency of care.

Opted-in departments would then also be eligible for pilot project and potentially ongoing funding support for ***Innovation Accelerator*** initiatives targeting local priorities in perioperative or perinatal care.

A coordinated strategy would be developed to hire and deploy AAs throughout BC, with consideration of ways to incentivize AA deliverables related to access, quality, and value.

A provincial review of existing after-hours anesthesiology coverage will be undertaken by the ASC, ensuring that availability is standardized and aligned with the needs of obstetrical, surgical, and other patients.

The ASC would make funding available for exchange locums between rural GPAs (clinical skills upgrading experience) and visiting specialist anesthesiologists (locum coverage and local CPD). The ASC would identify and/or host relevant physician leadership skills learning opportunities, to broadly develop and strengthen the leadership capacity across BC.

In the **long term**, with the latter initiatives implemented, the ASC will facilitate provincial expansion of the most promising pilot programs, while still welcoming ongoing perioperative ***Innovation Accelerator*** projects. Beyond this, the ASC Pain Management working group would present its comprehensive White Paper describing its vision for a coordinated, provincial, tiered, multi-disciplinary system of care. Finally, using LEAN Six Sigma and other methodologies, a comprehensive review of the entire surgical pathway will be undertaken to deliver a high-quality, efficient, patient-centred surgical experience.

Part II - Introduction

More than half a century since British Columbia and other Canadian jurisdictions created the foundations for a universal public health care system, an opportunity exists to strategically transform the system we have today into the patient centered system that we want for future.

This transformation is not meant to dismantle the principles espoused by Tommy Douglas; but rather, to re-design the public health care system to fully reflect the objectives that were originally intended, while accommodating the significant changes in medical technology, system culture, provider training, and patient expectations that have evolved over the past several decades.

Under the leadership of BC Minister of Health Honorable Dr. Terry Lake and his government colleagues, there is ongoing and strengthened focus at the Ministry of Health on current service design and delivery systems. In the longer term, these current systems are unlikely to be sustainable for the taxpaying public, and add support for efforts to seek optimal means of delivering medically necessary services in a caring, efficient, timely and patient centered manner.

The MOH and its Provincial Surgical Executive Committee have identified three priority objectives for the surgical system in BC, namely access, quality of care, and value. Within the latter context, the BC Anesthesiologists' Society has been invited to prepare this discussion paper to outline a vision for a re-designed system of Anesthesiology care for British Columbians.

The anesthesiologists of BC look forward to working collaboratively with the Ministry of Health and other key stakeholders to deliver transformative change in the design, funding, and delivery of patient-centered anesthesiology care throughout British Columbia.

Part III - Context

This paper strives to lay out a comprehensive and transformative vision for the future delivery of anesthesiology care throughout British Columbia. This proposed "blueprint" is founded on the principles of collaboration, innovation, and trust.

The delivery of anesthesiology care is influenced by multiple key stakeholders, including (but certainly not limited to):

- Patients
- Families
- Anesthesiologists
- Anesthesia Care Team members (nurses & allied health)
- Surgeons
- Family Physicians and Other Specialists
- Government, Ministry of Health, and Health Authorities
- Taxpayers
- Academic Institutions
- Regulatory authorities

It is beyond the scope of this document to provide an in-depth analysis of the role of each stakeholder group. However, the obvious goal would be to establish and/or strengthen existing relationships, and to maximize those synergies which have the potential to deliver on the shared interests and objectives described below.

A) Anesthesiologists & Their Role in Health Care

Anesthesiologists represent the second largest group of specialist medical doctors in British Columbia. While their skills and expertise are essential to the safe delivery of anesthetics, the specialty is dedicated to a much broader contribution within BC's health facilities and beyond.

On an individual level, anesthesiologists provide 24/7/365 acute medical assessment of patients undergoing all forms of surgical, therapeutic, and invasive diagnostic procedures; as well as for pregnant women experiencing both surgical and non-surgical methods of childbirth. Anesthesiologists plan treatment, deliver highly specialized care, and are responsible for the comfort and overall safety of patients under their care; they provide medical supervision for many of the province's sickest (intensive care) patients; and they diagnose and treat the most complex cases of chronic pain, arising from a variety of causes.

On a systems level, anesthesiologists have shown extensive leadership in advancing substantial improvements in patient safety, in implementing innovative technologies and therapies, and in designing various facets of our current health care system.

i) Perioperative Care

Anesthesiologists have long played a key role in the perioperative care of surgical patients in British Columbia. Every year, anesthesiologists provide roughly 500,000 British Columbians with expert care before, during and after surgical procedures. These procedures include the full spectrum of surgical services (cardiac surgery, neurosurgery, vascular surgery, orthopedics, general surgery, etc.), for patients ranging from tiny neonates through to the frail elderly. As well, anesthesiologists are integrally involved with all solid organ transplant procedures, as well as providing anesthetic care for cancer patients through the BC Cancer Agency. This care includes significant and growing involvement in palliative care at the end of life.

A general anesthetic is in reality a tightly-controlled state of unconsciousness. Safely rendering a patient into this state of coma requires in-depth understanding and management of cardiovascular (heart and blood vessels), respiratory (lungs and control of breathing), neurologic (brain and spinal cord), and hepato-renal (liver and kidney) systems, and commonly requires the anesthesiologist to stabilize or artificially replace these functions. It was early anesthesiologists in the first half of the twentieth century who innovatively applied these same skills to save the lives of many polio victims with "iron-lung" machines. Building on this success, anesthesiologists were also instrumental in developing artificial ventilators that form the backbone for all anesthetic machines today, as well as the creation of Intensive Care Units (ICUs) which provide life support to all of

British Columbia's sickest patients.

With the advent of cardiac surgery, it was anesthesiologists who invented - and indeed built - the first generations of cardiopulmonary (heart-lung) bypass machines, thereby allowing the surgeon to operate more safely and efficiently on a heart that was not in constant motion.

Today, anesthesiologists work across the full spectrum of perioperative patient care, guiding the surgical patient through their journey from the pre-hospital (assessment) period, ensuring their optimization before surgery, vigilantly providing intensive management throughout the surgical treatment, and continuing this treatment into their postoperative stay in the Post Anesthetic Care Unit, High Acuity Unit, ICU, or Surgical Ward, and even beyond discharge from hospital.

This care occurs 24 hours a day, 7 days a week, 365 days a year. Smaller and rural facilities depend on 24/7/365 on-call availability of anesthesiologists to maintain the community's access to surgical, obstetrical, emergency, and critical care services. Meanwhile, larger tertiary sites depend on 24/7/365 on-site presence of an anesthesiologist to protect the safety of their most acute patients.

Increasingly, anesthesiology groups across North America are designing comprehensive patient-centered models such as the Perioperative Surgical Home (https://www.asahq.org/psh) to coordinate this spectrum of care, creating improved access, value and quality. Pre-operatively, these systems feature patient education and medical optimization organized through outpatient Preoperative Optimization Clinics (POC). Some specialized POCs also serve as Blood Conservation Clinics, including the one at our own Vancouver General Hospital, helping to wisely manage the use of a valuable resource, while improving patient outcomes. Post-operatively, these systems increasingly leverage a coordinated approach to care to achieve better patient experiences, shorter hospital stays, and fewer complications. The Enhanced Recovery After Surgery (ERAS) program for complex colon surgery is one example where anesthesiologists have shown significant leadership in BC and elsewhere, working with surgical and internal medicine colleagues and a multi-disciplinary team.

Even in the Operating Room (OR), the increasing complexity of both patients and procedures has necessitated an expanded use of the Anesthesia Care Team (ACT) model, with specially-trained Anesthesia Assistants (AAs) who provide skilled support in the delivery of anesthesiology care.

ii) Maternity Care

Every year in BC, more than 25,000 pregnant mothers depend on the timely

involvement of anesthesiologists to provide effective pain relief (e.g. labour epidurals), as well as to facilitate safe deliveries during extremely time-sensitive and unpredictable circumstances (e.g. forceps and emergency C-section deliveries). This highly specialized work depends on the timely availability of anesthesiologists 24/7/365, whether at large tertiary hospitals or at small community facilities.

iii) Chronic Pain Management

Chronic pain is itself debilitating to a patient, impairing the ability to work, and straining family and social relationships. Pain is the most common presenting symptom in the emergency department; and chronic pain (often associated with addictions and/or mental health issues) is a common modifiable cause of emergency visits and hospitalizations.

Anesthesiologists are the largest group of specialist physicians working in collaborative outpatient Chronic Pain Management clinics in BC. In these settings, anesthesiologists apply their expertise in pain management modalities include bio-psychosocial care, medical therapy, and interventional pain procedures. In this capacity, anesthesiologists help thousands of British Columbians with their complex chronic pain management, allowing many to lead more fulfilling personal and professional lives, and avoiding more costly and less effective interactions with the acute care system. Many novel multi-disciplinary pain clinics are led by anesthesiologists (e.g. CHANGEpain led by Dr. Brenda Lau). The Ministry has also provided significant project funding to the Pain BC Society, whose Board Chair is Dr. Michael Negraeff, an anesthesiologist & pain specialist at Vancouver General Hospital.

iv) Care in the Community

Anesthesiologists also work extensively in dental surgical facilities in conjunction with dental surgeons and with oral and maxillo-facial surgeons. Similarly, anesthesiologists are intimately involved with the setup, administration, and day-to-day clinical care at private surgical facilities across BC. In fact, anesthesiologists represent a majority of medical directors at these multi-disciplinary facilities, ensuring the overall quality of care while designing efficient care pathways. Anesthesiologists are well positioned to provide vital input into a formative discussion on improving access to surgical care through optimal use of existing operating room capacity in BC.

Anesthesiologists have also become increasingly involved with the management of trauma patients as part of emergency department trauma teams, and in many jurisdictions in Europe are even involved with pre-hospital emergency patient care. Many of these trauma patients, along with those receiving hip, knee,

shoulder and peripheral limb surgery, receive "regional" (nerve block) anesthetics from skilled anesthesiologists. In some cases, continuous infusion nerve block catheters are inserted for use both in the hospital and in the post-discharge setting for effective management of acute pain.

v) International Perspective

Leveraging their specialized skills in managing critically ill and injured patients, anesthesiologists have become a core specialty physician group serving in the Canadian Armed Forces across the globe. In addition, anesthesiologists from BC and the rest of Canada are heavily involved with providing mentorship and training to specialist colleagues in second & third world countries. The Canadian Anesthesiologists' Society has been heavily invested in many third world initiatives aimed at improving patient safety and access to surgical and obstetrical care.

Dr. Angela Enright, Clinical Professor of Anesthesiology at UBC and a retired BCAS member in Victoria, has been widely recognized for her significant humanitarian efforts and contributions to the profession worldwide. After serving as international president of the World Federation of Societies of Anesthesiology, she was inducted as an Officer of the Order of Canada in 2010, and was awarded the Queen's Diamond Jubilee Medal in 2012. She has led CAS involvement in the global LifeBox project of the World Health Organization to purchase and deliver oxygen monitors (and training) to thousands of operating theaters around the world, helping to reduce catastrophic complications from anesthetic care.

More recently, in early 2015, the Governor General of Canada inducted Dr. Joanne Douglas, Clinical Professor Emeritus with UBC Anesthesiology, as an Officer of the Order of Canada, recognizing her for contributions to the profession of obstetrical anesthesia, making childbirth safer for women and newborns worldwide.

vi) Research & Patient Safety

Working in association with the UBC Department of Anesthesiology, Pharmacology & Therapeutics, and under the leadership of Department Chair Dr. Roanne Preston (a member of the Provincial Surgical Executive Committee), anesthesiologists are producing world-class and impactful research that will improve how we care for our patients into the future.

As just one example, Dr. Mark Ansermino, a Senior Associate Clinician Scientist at BC's Child & Family Research Institute, is applying his wide research interests on the use of new technology and informatics to reduce patient risk in anesthesia

and intensive care. He aims to provide decision-making support to clinicians and to monitor the quality of health care delivery.

Anesthesiologists are committed to both basic science "bench" research as well as clinical "bedside" research, and finding linkages between the two through translational research that could transform patient care.

In addition to academic research, Anesthesiologists have for decades been at the forefront of patient safety initiatives. Beginning in the early 1980's, Anesthesiologists led the medical profession's efforts to improve patient safety by creating the Anesthesia Patient Safety Foundation (APSF). The APSF has successfully led efforts to reduce perioperative morbidity and mortality substantially over the past thirty years, using lessons learned through collaboration with many partners, including the airline industry.

More locally, Dr. Curt Smecher, Anesthesiology Department Head at Abbotsford Regional Hospital & Cancer Center, has been appointed Chair of the Physician Quality and Regional Safety Team in Fraser Health (FH). As well, Dr. Patrick O'Connor, an anesthesiologist in Vancouver Coastal Health (VCH), currently serves as the VCH Vice President of Medicine, Quality and Safety. Dr. Ron Collins, Regional Department Head for Anesthesiology in Interior Health (IH), has recently been promoted to the position of IH Executive Medical Director of Quality and Patient Safety. Drs. Smecher and Collins have worked collaboratively with the BC Quality and Patient Safety Council (BCQPSC) on the ERAS project for colon surgery; and Drs. Smecher and Pieter Swart (Vancouver General Hospital) have led a provincial BCAS collaborative to develop province-wide guidelines for the perioperative management of obstructive sleep apnea. Dr. Trina Montemurro, an anesthesiologist at St. Paul's Hospital and also a member of PSEC, is heavily involved with the BCQPSC as well.

On the national front, Dr. Richard Merchant, Clinical Professor of Anesthesiology at UBC and a practicing anesthesiologist at the Royal Columbian Hospital, is Chair of the Standards Committee of the Canadian Anesthesiologists' Society.

vii) Regional & Provincial Leadership

In addition to those anesthesiologists who serve in leadership roles as health authority VPs of Medicine (Dr. Roy Morton in FH and Dr. Patrick O'Connor in VCH), Dr. Andy Hamilton is currently the Medical Director of the Surgery program within Interior Health. Provincially, Dr. Hamilton also co-chairs the Provincial Surgical Executive Committee, along with Ms. Marilyn Copes from the Ministry of Health. Amongst other stakeholders, the following anesthesiologists are all actively involved in the important work of PSEC:

- Dr. Andy Hamilton, PSEC Co-Chair, IH Medical Director of Surgery Program

- Dr. Sukh Brar, President, B.C. Anesthesiologists Society
- Dr. Roanne Preston, Chair, UBC Department of Anesthesiology, Pharmacology & Therapeutics
- Dr. Trina Montemurro, BC Patient Safety & Quality Council
- Dr. Ian Courtice, member of Specialist Services Committee, and former President of the BC Medical Association

On PSEC as elsewhere, anesthesiologists work collaboratively with surgeons, patient representatives, Ministry of Health officials, health authority representatives, and Doctors of BC representatives.

viii) Summary

Through their broad clinical, research, safety, quality improvement, and administrative leadership experience and expertise, anesthesiologists are well positioned to meet the mandates of the Triple Aim Initiative for the Ministry of Health, namely: to improve the patient experience of care (including quality and satisfaction); improve the health of populations; and reduce or at least maintain the per capita cost of health care by focusing on quality (especially effectiveness and appropriateness) and efficiency of health care delivery. Anesthesiologists share the Ministry of Health vision for high quality, patient centered surgical care within a sustainable health system for the residents of British Columbia. BC's anesthesiologists help more than half-a-million British Columbians in *Getting Better* every year.

B) Ministry of Health: Planning & Policy Papers

i) Policy Background ("Case for Change")

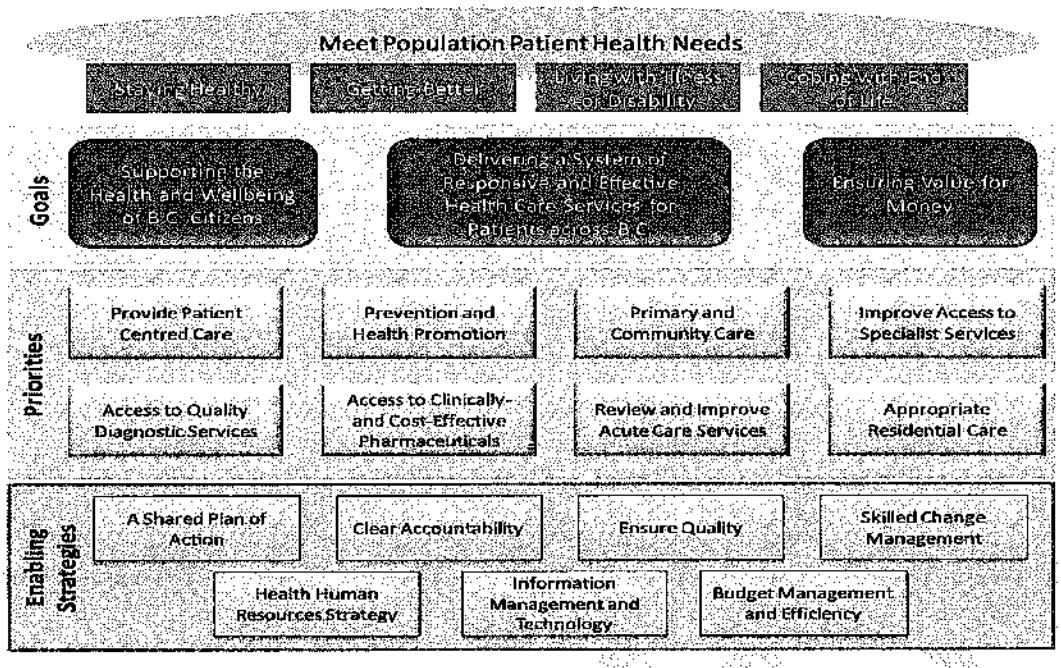
While British Columbians enjoy some of the very best health care outcomes in the world, the B.C. Ministry of Health, guided by the Hon. Minister of Health Terry Lake, felt a case for change was present, predicated on the concept that the current service design and delivery system in British Columbia was neither optimal in meeting the needs of several key patient populations, nor sustainable when looking forward over the next ten to fifteen years. These concepts were built on the 2008 – 2012 sector-wide strategy developed for B.C. called the *Innovation and Change Agenda* to try to drive meaningful change across the health system. The key strength of that agenda was that it established an overarching system-wide strategic framework for coordinated action for the first time. After a wide ranging consultation process, the B.C. Ministry of Health (MOH) produced *Setting Priorities for the BC Health System* in February 2014 to focus efforts on the health care needs of today and tomorrow, rather than continuing to work in an antiquated system designed in the 1960's (*Developing a*

Patient-Centered, High Performing and Sustainable Health System in B.C.: A Call to Build Consensus and Take Action, MOH 2015). The eight service delivery priorities addressed in *Setting Priorities for the BC Health System* were:

1. Provide patient centered care
2. Implement targeted and effective primary prevention and health promotion through a co-ordinated delivery system
3. Implement a provincial system of primary and community care built around inter-professional teams and functions
4. Strengthen the interface between primary and specialist care and treatment
5. Provide timely access to quality diagnostics
6. Drive evidence-informed access to clinically effective and cost-effective pharmaceuticals
7. Examine the role and functioning of the acute care system, focused on driving inter-professional teams and functions with better linkages to community health care
8. Increase access to an appropriate continuum of residential care services

Strategies to make the priorities actionable included the following:

1. A Shared Plan of Action
2. Accountability to Deliver the Three-Year Plan
3. Enable effective quality improvement caPOCity across the system
4. Skill Change Management
5. Health Human Resource Strategy – An Engaged, Skilled, Well-Led and Healthy Workforce
6. Information Management and Technology
7. Budget Management and Efficiency



ii) Collaborative Cross Sector Focus

A key idea put forward in *B.C. Health System Strategy Implementation: A Collaborative and Focused Approach* is that successful change requires that we (whether those working directly with patients or those of us working in support roles) work collaboratively together to shape and then implement improvement. The ultimate goal is to build a truly integrative patient-centered system of care (*The British Columbia Patient-Centered Care Framework*). The *B.C. Health System Strategy Implementation: A Collaborative and Focused Approach* calls for us to collectively take action in three areas:

1. Enable and deliver population and patient-centered services and care
2. Identify, prioritize and engage in action at the practice, organizational, and provincial levels to continuously improve outcomes and health services for the citizens of BC and the ability of providers and support staff to deliver those services
3. Engage in the prioritized cross sector actions identified to realize an overall improvement in the quality and sustainability of the B.C. health system.

The Ministry of Health has identified that the first two priority areas are where we are going in the right direction with opportunities present for continuous improvement. The third area of action is narrower and focused on those areas where we are not going in the right direction. More than continuous improvement is required. These are areas that require significant rethinking, redesign and repositioning of our delivery system to sustainably meet changing health needs

of the population and/or patients. A focused and sustained cross sector effort is required to successfully realize needed change. These priorities will be a significant focus for the Provincial, five Regional and First Nations health authorities but will require the full engagement and collaboration of other major system partners in the form of physicians, nurses, NPs, allied health providers as well as major institutional players such as professional colleges, associations, unions and post-secondary teaching institutions.

These priorities further refine and focus the cross sector areas identified in *B.C. Health System Strategy Implementation: A Collaborative and Focused Approach* (improved community care for several medical conditions linked to living with illness; timely access to appropriate medical and surgical care; radically rethinking hospital care; access to an appropriate continuum of residential care) that are linked back to the priorities set out in *Setting Priorities for the B.C. Health System.*

iii) Cross Sector Priorities

For the balance of 2015/16 through 2016/17 it is proposed that there will be three cross sector health sector strategic service priorities that will result in substantive first steps to a repositioning of the BC health system over the coming five years to better position it to meet both increasing and changing patterns of demand:

1. Improving the effectiveness of primary, community (including residential) care, medical specialist and diagnostic and pharmacy services for patients with moderate to high complex chronic conditions, patients with cancer, patients with moderate to severe mental illness and substance use such as to significantly reduce demand on emergency departments, medical in patient bed utilization, and residential care.

2. Establishing a coherent and sustainable approach to delivering rural health services.

3. **Significantly improving timely access to appropriate surgical treatments and procedures.**

Access to timely and appropriate surgical services is a key issue for patients and a key indicator of performance for any health system. While B.C. has made steady progress in increasing the number of priority-area surgeries provided, its over-all performance in timeliness is less than optimal. Access is driven by a number of factors that include human resources and enabling IM/IT surgical booking and case management capacity; but access is fundamentally driven by access to Operating Room time and the adequacy of surgical inpatient and/or day patient beds, which are in turn linked to the hospital's overall bed capacity and funding levels. B.C. has significant opportunity to improve outcomes, the

quality of the patient experience, and per capita cost.

Taking action on chronic disease management through primary and community care should provide more fiscal and physical capacity for improving surgical services, as could increased utilization of publicly contracted community based surgical service facilities for a number of high volume, low risk procedures.

In line with the logic set out under continuous improvement, it is recognized that these three service strategies will require significant cross sector work and collaboration in the enabling areas of health human resource management, IM/IT and Technology Infrastructure; and approaches to funding.

iv) Cross Sector Policy Discussion Papers & Action Planning

In order to bring about changes that address these priorities, a series of linked Cross Sector Policy Papers were developed. Following subsequent feedback and dialogue surrounding the Cross Sector Policy Papers from major stakeholder groups identified above and review with Leadership Council (a committee comprised of Ministry of Health Deputy and Associate Deputy Ministers, and the seven health authority CEOs) over the spring of 2015, the Ministry of Health will move into phase two of the process by establishing clear levels of accountability, thorough action planning and communication before commencing action over the summer months.

C) Provincial Surgical Executive Committee

i) PSEC Background

With this strategic context in mind, the Provincial Surgical Executive Committee (PSEC) was tasked a year ago with developing a collaborative linked cross sector Surgical Services Policy Paper, work that was completed in early 2015 with the publication of *Future Directions for Surgical Services in British Columbia.*

As background, PSEC was created in May, 2014 (formerly Provincial Surgical Advisory Council – PSAC) to provide strategic oversight for the planning of Surgical Services across the continuum of care in order to meet the needs of the B.C. population. The key objectives and functions of PSEC are:

- Strategic oversight of surgical service delivery in B.C.
- Coordinated focused planning for the Ministry of Health
- Communication with key stakeholders including patients and families
- Accountability Framework and Performance Monitoring

PSEC membership consists of co-chairs Dr. Andy Hamilton (IHA) and Ms. Marilyn Copes (MOH), five anesthesiologists, nine surgeons, Health Authority representatives, Ministry of Health officials, as well as Specialist Services Committee, Doctors of BC, and patient representatives. The committee will align its work with the Ministry of Health strategies and priorities outlined in *Setting Priorities for the BC Health System* – February 2014. Using a patient centered approach, the committee provides advice and recommendations to and receives strategic direction from the Ministry of Health, with the goal of improving surgical care in accordance with the dimensions of quality.

ii) Mandate

PSEC has been given the mandate and authority to drive a common vision and a comprehensive policy framework, inclusive of the entire surgical care continuum, that gives priority to improving the quality of surgical services and embed the philosophy of patient centered care into strategic and operational procedures (*Future Directions for Surgical Services in British Columbia*, Ministry of Health, Feb. 2015). The Ministry of Health, in collaboration with PSEC, have described **significantly improving timely access to appropriate surgical treatments and procedures** as the number one cross sector health strategic service priority at present.

iii) PSEC Policy Paper

In PSEC's ***Future Directions for Surgical Services in British Columbia*** policy paper, it is mentioned that approximately 540,000 publically funded surgical procedures were performed in British Columbia in 2013/14, with a reported 5,500 publically funded day care procedures being performed in private facilities. A variety of factors driving increased demand for surgery are identified. BC, with a relatively small population spread over a very large geography, experiences challenges with the distribution of surgical services needing to balance demand, volume, access, and quality of care. The lack of a comprehensive health human resources strategy creates a range of issues on the surgical services front. Factors include an aging workforce, pending retirements, examples of both oversupply (orthopedic surgeons) and undersupply (anesthesiologists and specialty nurses), compensation models, and models for care delivery and team composition of nursing and allied health. This discussion paper specifically identified lack of anesthesiology health human resources as a key contributor to unstaffed ORs.

As well, the PSEC policy paper proposed that Health Authorities will work together with surgeons, anesthesiologists, nursing and allied health professionals

at a different level of collaboration than experienced to date, to opportunistically and systematically pursue these options as alternates to the current provider centric model. Tapping into the wisdom of the front line providers to create local solutions is one way to avoid the traditional hierarchical approach to implementing change. True engagement and collaboration is required to bring diverse views together to create a common and shared purpose in order to improve service for patients.

In terms of optimizing surgical infrastructure, eliminating backlogs, ensuring flow based on appropriate timelines, PSEC has identified several priority initiatives:

- Optimizing Wait List Management
- Develop & Implement a Comprehensive Performance Measurement, Reporting, and Accountability Framework for Surgical Services
- Implement a Surgical Health Human Resource Strategy
- Implement a Provincial Surgical IM/IT and Technology Strategy
- Align Funding and Costing Strategies to Support Policy
- Align Legislation, Regulation, and Policy

iv) Immediate (Short Term) Actions to Improve Surgical Wait Times

PSEC was asked by the Minister of Health in March 2015 to identify several short term action items following from the *Future Directions for Surgical Services in British Columbia Cross Sector* policy paper. As part of a collaborative discussion amongst the PSEC committee, including Anesthesiologists, nine immediate (short term) action items were identified (Surgical Actions, April 2015) for review with the Ministry of Health Leadership Council. These included:

- Wait list assessment and management (started April, 2015)
- Identify Surge CaPOCity (April – May, 2015)
- Match demand to surge caPOCity & schedule procedures (June-Sep 2015)
- Complete prioritization code review (On track – in place Sep 2015)
- Surgical Booking and Wait Time Management Solution (May-Dec 2015)
- HAs identify point person for patient/family contact (June 2015)
- Create/identify surgical facilities to address backlogs (June – Sep 2015)
- Confirm quality indicators and targets (Draft May 2015, Final June, 2015)
- **Develop a comprehensive plan to address Anesthesiologist and surgical nursing shortages. An overall cross system plan to address chronic shortages in certain health sector groups. May be one of the large action items coming out of the policy papers between HHR and Surgical (June 2015).**

v) PSEC Collaborative Action Plan

PSEC will lead a consultation process on this paper, and by June 2015, develop through the Standing Committee on Population and Health Services reporting to Leadership Council, an initial two year action plan to make substantive progress on the final set of policy directions, including milestones, targets, objectives and outcomes for the directions set out in the final version of this paper. It will report out on progress in April of the two subsequent years. In March 2017, PSEC will set out a three year action plan on the next steps and targets to continue to improve surgical services in British Columbia. The Ministry of Health will establish a Surgical Services Secretariat to support and facilitate this direction.

D) Anesthesiologist Engagement & Collaboration

i) Background

Starting in 2008, the BCAS began hosting a number of regional and provincial meetings aimed at creating a new vision for a transformed system of anesthesiology patient care. Held annually, these summits and Specialist Quality Improvement Days (SQIDs) have engaged a strong majority of BCAS member anesthesiologists, as well as some surgeons, patients, administrators, and others.

A series of SQIDs in 2009 were funded by the Specialist Services Committee, and included collaborative discussions led by Ministry of Health representatives as part of the Anesthesia Joint Review Committee (AJRC) process.

It is noteworthy that the costs of attendance (including travel expenses, lost income, and registration fees) were borne entirely by the participating anesthesiologists, demonstrating how engaged and committed they were to seeing positive change for their patients.

ii) BCAS Provincial Forum with PSEC

The most recent such meeting was a BCAS Provincial Forum held in Richmond on Sunday, May 3rd, 2015; which attracted representation from virtually all hospital departments of anesthesiology in BC as well as the co-chairs of PSEC, Dr. Andy Hamilton and Ms. Marilyn Copes. This forum provided a venue to update participants on the PSEC policy paper and MOH priorities.

It was openly recognized that key interests amongst many stakeholders are currently aligned and provide a valuable opportunity to implement strategic transformations to the way that care is planned, funded, and delivered in BC. As

with each of the meetings since 2008, there was broad consensus amongst the anesthesiologists that they desire both the mandate and the accountability to lead such changes, and to deliver in the areas of:

- Safety and quality of patient care
- Timely access to necessary care
- System re-design & coordination of resources to improve efficiencies

iii) BCAS Collaboration with MOH and PSEC

Supporting these regional and provincial collaborative meetings, the BC Anesthesiologists' Society executive has engaged in several formative discussions since December 2014 with the leadership teams of the Ministry of Health and of PSEC. Over the next several months, these discussions focused in on the development of a comprehensive strategy for the fulsome redesign of anesthesiology care delivery across BC. This strategy would address the anesthesiology HHR challenges identified within the context of a patient centered anesthesiology re-design framework that aligns with the goals identified both at the Ministry of Health (see above documents & policy papers) and PSEC (*Future Directions for Surgical Services in British Columbia*).

iv) BCAS Anesthesiology Re-Design "White Paper"

During these discussions, the BCAS, in close collaboration with the Deputy Minister of Health Stephen Brown, was tasked with creating a comprehensive framework to address re-design of anesthesiology services across BC in a bold, transformational and patient-centered Anesthesiology "White Paper" format. Over the past two months, the BCAS has collated relevant feedback from stakeholders across BC including patients, anesthesiologists, surgeons, Ministry of Health, PSEC, nurses, allied health professionals (e.g. anesthesia assistants), health authority representatives, and Doctors of BC; which then informed the production of this policy paper.

E) Key Concepts

With the above background on the role of anesthesiologists in health care, along with MOH and PSEC interests and objectives for a patient & family centered surgical care system, the remainder of this document will focus on the MOH and PSEC priorities of access, quality, and value; first highlighting the current state as it relates to anesthesiology care; and then providing a bold new vision that delivers timely, high quality, patient-centered care within a coordinated and

efficient health system.

Part IV - Current State

The intent of this paper is to define a bold new collaborative vision for the delivery of high quality anesthesiology care within an efficient health care system. While this vision is not beholden to past or current precedents, it is instructive to build from proven successes and learn from challenges, while enabling change management by accurately reflecting the practical baseline from which transformation will evolve.

The current state will be examined first from the perspective of access to care, and specifically as it relates to anesthesiologist and anesthesia care team ("ACT") human resources. Examination will then extend to the state of quality and value objectives.

A) Access To Care

Although there is significant overlap and interplay between the delivery of surgical, obstetrical (maternity), and pain management services, metrics differ sufficiently to address each of these separately.

Surgery

Wait lists, wait times, and surgical procedure volumes have led public attention in the health care system for many years, across Canada and internationally. A national First Ministers Meeting took place in 2004, culminating in "The 10-Year Plan to Strengthen Health Care" identifying that access to timely care was a national priority. The First Ministers committed to reducing wait times in five priority areas, four of which related to surgery (hip and knee replacements, cataract surgery, and heart surgery).

While British Columbia has dedicated additional resources to improve access to the latter "priority" surgeries, overall access to surgical care (both elective or planned procedures, and non-elective emergency cases) face growing challenges.

According to the Ministry of Health website (https://swt.hlth.gov.bc.ca/), the total volume of elective (waitlisted) surgeries has grown from 212,346 in 2004/05, to 217,071 in 2012/13. As of April 30, 2015, 71,904 adult surgical patients were

waiting for surgery in BC, with a median wait time of 6.6 weeks after surgical consultation and booking, and a 90th percentile wait of 33 weeks. An additional 4,436 pediatric patients were waiting for surgery, with a median wait of 5 weeks and a 90th percentile wait of 24 weeks.

In March 2014, the Provincial Surgical Advisory Council prepared an analysis of surgical resources in BC. PSAC identified 295 Main ORs, 82% of which were regularly staffed. Additionally, there were 83 Minor ORs and Procedure Rooms, 83% of which were regularly staffed. Not included in the latter data were Cardiac, Interventional Radiology, and Angiography procedure rooms, which were not counted.

Staffing constraints affecting access to surgery include a gap in the supply of anesthesiologists and in some facilities also the supply of specialty Operating Room (OR) and Post-Anesthetic Care Unit (PACU) nurses. These human resource issues will be addressed further below.

Surgery is arguably the part of the health system with the highest unit cost of care. When contracting for surgical capacity in community-based facilities, health authorities commonly spend in the range of $1,500 per hour; and by necessity these are for daytime, elective-only, daycare, lower-acuity procedures on healthier patients. The cost for the average hospital surgical patient (including higher acuity and emergency cases, as well as inpatient stays) is no doubt much higher. Even a conservative estimate is that BC's public health system spends in the area of **$1.5 billion annually on surgical resources**. This estimate excludes the physician costs of surgeons (~$504M), anesthesiologists (~$150M), and surgical assists.

Maternity

Every year in BC, some 44,000 mothers experience childbirth. Most of these deliveries occur in the hospital setting. Approximately 14,000 deliveries occur surgically by Caesarian section, and another 13,000 are assisted by labour epidurals which are performed and then medically supervised by anesthesiologists.

Guidelines produced in May 2000 by the Society of Obstetricians and Gynecologists of Canada (SOGC) requires that all Level III (tertiary) maternity facilities have continuous 24/7/365 on-site presence of an anesthesiologist dedicated to the needs of laboring mothers. A May 2009 Joint Statement from the BC Perinatal Health Program and BC Women's Hospital reinforced this standard, indicating that four BC hospitals (BC Women's, Surrey Memorial, Royal Columbian, and Victoria General) "need continuous, dedicated 24/7 in-house anesthesia coverage to assure safe delivery of obstetrical care for both mothers and babies."

Timely care is critical in childbirth. While labour takes place around the clock, 365 days per year, so do emergency surgeries. When a Caesarian section is mandated due to fetal distress or maternal crisis (e.g. bleeding), the primary objective is to greatly minimize the "decision-to-incision" time, aiming to deliver the fetus within 30 minutes or sooner. Without a surgical team (obstetrician, anesthesiologist, pediatrician, and nurses) available on-site, the likelihood of prompt Caesarian delivery and favourable patient outcomes is reduced.

While emergency Caesarian delivery takes medical priority over the delivery of labour epidural analgesia, the timeliness of this pain relief also significantly impacts on patient care and efficient use of resources. For example, labour augmentation with oxytocin, assistance with forceps, and other labour management are often delayed until the anesthesiologist is available to provide effective pain management. There exists real potential to improve the birthing experience, while also reducing labour duration and resource use, simply by delivering timelier obstetrical anesthesiology services.

Complex Pain Management

Approximately 20% of the general population experiences chronic non-cancer pain, affecting almost one million people in BC. Another 20,000 British Columbians are diagnosed with cancer each year, with many affected by chronic pain resulting from surgery, chemotherapy, or the direct effect of the tumour growth.

Approximately 70% of all Emergency Room visits have pain as one of their presenting reasons for the visit.

Effective assessment, diagnosis, and treatment (including patient education and self-management) improve the patient's ability to maintain work and family responsibilities, while reducing overall health care utilization. Success depends on an integrated, multi-tiered, inter-disciplinary approach.

While several pilot programs in BC and elsewhere have shown promise, overall resourcing of chronic pain services is a challenge, including (but not limited to) the availability of anesthesiologists as part of a multi-disciplinary pain management team.

B) Health Human Resources

Specialist Anesthesiologists

The appropriate number and distribution of anesthesiologists is that which, at any given time, fully meets the health care needs of the population of BC; as well as providing for needed teaching, research, and quality improvement / leadership functions.

Needs for anesthesiology care in BC may differ from other jurisdictions due to age, gender, or health status differences in the population; as well as geographical and health system factors, such as the overall way in which health services have been organized here in BC.

Descriptions of physician supply are often expressed in terms of the number of physicians for a given size population. For example, references are often made to CIHI data on the number of physicians (generally, or within specific specialties) per 100,000-population. There are two serious caveats to the use of this type of data.

The first caution is that population size does not accurately reflect the demand for all types of physician services. For anesthesiology services, demand is better reflected by the volume and type of surgery performed, maternity care needs, and chronic pain services, all of which are significantly impacted by the specific demographic profile of BC's population.

The second caution in using physician-to-population ratios is the lack of any accurate method of statistically reflecting the actual workload of a group of physicians, in BC or elsewhere. In fact, the Canadian Institute for Health Information (CIHI), in its report on Physicians in Canada, warns:

> *The first and simplest methods of defining full-time physicians involved the use of income thresholds. A dollar amount was specified and any practitioner whose income met or exceeded this amount was counted as one full-time physician. Physicians whose total billing was less than this amount were excluded from the count. The resulting estimates of physician supply depended strongly on what threshold was chosen. Furthermore, the supply of medical services by part-time physicians was ignored in the count.* ***Depending on the choice of threshold, statistics could be generated with this algorithm that indicated anything from a serious lack of physician resources to a complete oversupply of all practitioner specialties.*** *[emphasis added]*

Instead of relying on these physician-to-population ratios, this paper will develop a "needs" or "gap" analysis.

In terms of physician demographics, there are three factors which first deserve consideration: age distribution, differences between the genders, and generational attitudes towards work-life balance.

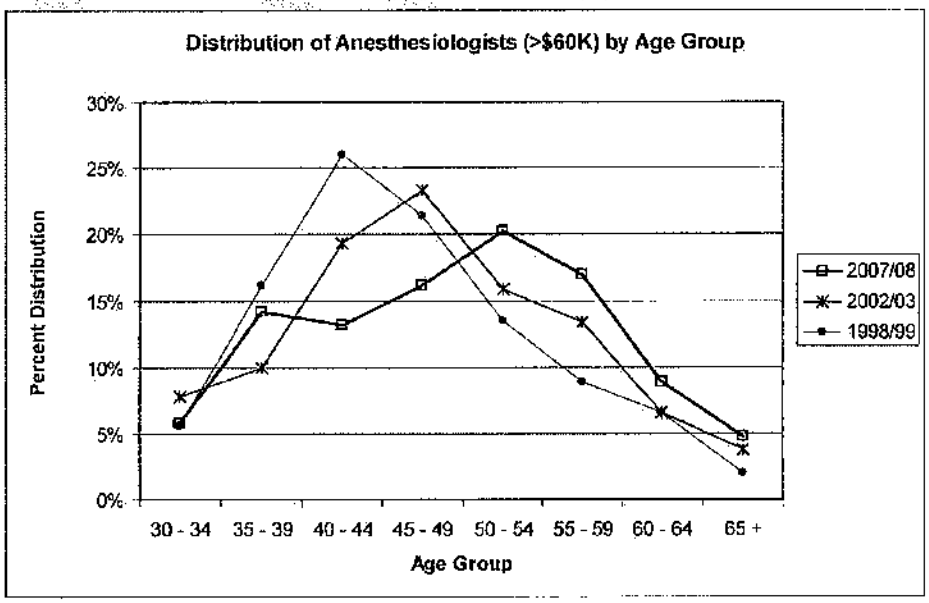
a) Workforce Demographics - Age distribution and after-hours workload

Fatigue and late work hours have been shown to result in reduced performance of anesthesiologists and safety of patients. Stress symptoms, burnout and exhaustion of anesthesiologists have also been shown to correlate with on-call workload.

The age distribution of providers is particularly relevant because the demand for anesthesiology care occurs at all hours (evenings, nights, and weekends). In fact, both Ministry and Doctors of BC data demonstrate that BC's anesthesiologists have the highest proportion of after-hours work of any physician group. Almost 30% of the average anesthesiologist's income is earned outside of regular business hours.

Among recently retired anesthesiologists, night call was identified as the most stressful aspect of anesthetic practice and the most important reason for retirement.

In 2009, the MOH produced several forms of statistical data which help to quantify anesthesiologist supply in the province. The following chart represents the distribution of anesthesiologists in BC with fee-for-service payments greater than $60,000 per annum, by age group. Snapshots reflect the three fiscal years 1998/99, 2002/03, and 2007/08. Over the intervening decade, the entire anesthesiology workforce shifted towards older age groups.



While in 1998/99 there were more than twice as many BC anesthesiologists below age 50 as there were over 50; by 2007/08, the situation had reversed with more BC anesthesiologists over age 50 as there were below 50.

Over the next 5 years, we anticipate the need for **20 to 30 new full-time anesthesiologists per year** to replace those who will be retiring.

b) Workforce Demographics - Gender and generational differences

As with other fields of medicine, the impact of the "feminization" of the anesthesiology workforce also needs to be considered. Ministry data from 2009 show that 19% of BC anesthesiologists were female; and that statistically they worked 15% fewer days per year and were paid for 11% less work per day than the average male anesthesiologist.

Numerous workforce studies, within and outside medicine, have also documented a recent trend in the younger generations toward more family-friendly work-life balances, amongst both male and female workers. At the current time, Ministry data do not suggest that the newest generation of BC anesthesiologists are taking on less demanding workloads than did prior generations; but nonetheless, this trend needs to be considered when planning for future human resource needs.

c) Academic Workforce

In 2007, the University of British Columbia's Faculty of Medicine commissioned an external review of its Department of Anesthesiology, Pharmacology, and Therapeutics. The reviewers highlighted that the Department had been allocated only one-sixth the UBC average rate of full-time academic staff. "The low absolute number of full time faculty members is in the bottom quarter amongst Canadian university anesthesiology departments, but considering its size, the UBC department would actually rank last in relative numbers of full time faculty."

The reviewers recommended that BC should "significantly increase the number of full time faculty in anesthesiology… it is essential if this department is to increase academic activity commensurate with the expectations of the Faculty of Medicine and the teaching hospitals."

BC more than anywhere else in the country relies on clinical anesthesiologists to contribute their time towards meeting the teaching and research needs of the province; including both the necessary training of the next generation of anesthesiologists, and clinical research in perioperative outcomes. This heavy reliance on clinicians to provide academic deliverables is creating an added strain on access to anesthesiology patient care.

Supporting the provincial academic deliverables of both teaching and quality improvement research, an additional **12 full-time anesthesiologists** would be required to even meet half of the gap identified in the 2009 UBC external review.

d) Expanding surgical capacity

The 2014 PSAC analysis described above identifies 53 Main ORs in the province that are not "regularly staffed", in addition to 14 Minor ORs and Procedure Rooms. As the Ministry has demonstrated with its recent announcement, the simplest method of increasing surgical capacity is to increase the number of staffed surgical slates. These additional surgical patients would need proportional increases in preoperative (consultation) and postoperative (e.g. acute pain management) services as well. Combined with a conservative estimate of unpaid holiday and professional development time, fully staffing these ORs would require **between 74 and 94 new full-time anesthesiologists**.

e) Dedicated anesthesiology resources for maternity

The addition of 24/7/365 anesthesiologist staffing dedicated to the needs of maternity patients at large / tertiary sites in BC would require an additional **19 full-time anesthesiologists**.

f) Existing workloads

Many BC anesthesiologists have increased their personal workloads in order to mitigate the impact on patients related to the challenges in recruitment and retention. In some facilities, workloads are reportedly leading to significant fatigue and burnout.

While no precise data is available at the current time, it would be reasonable to consider the need for **a sizeable contingent of new anesthesiologists** simply to allow for safe and sustainable workload arrangements throughout BC.

g) GAP SUMMARY

Combining all of the considerations above, it is a reasonable estimate that BC's health care system could accommodate the immediate recruitment of at least **100 more full-time anesthesiologists**, with **another 100 new full-time anesthesiologists required over the next 3 to 5 years.**

GP Anesthetists

Remote communities often lack the population base and health resources needed to support a full-time specialist anesthetic practice. For these communities, an innovative Canadian solution for care is the presence of

General Practice Anesthetists (GPAs). These family doctors have undertaken an additional year of residency training, focusing on the delivery of lower acuity anesthetic care to healthier patients

Although there are over one hundred GPs who bill for at least some anesthetic services each year in BC, it is unclear how many of these are formally trained in anesthetic practice.

GPAs report to the BCAS that they face many of the same recruitment and retention challenges faced by their specialist anesthesiologist colleagues. In fact, there is some evidence that the average duration of a GPA practice is in the range of 5 years. The current imbalance between British Columbians seeking care in full-service family practice and available GPs is no doubt is putting added pressure on the availability of GPA services.

Other challenges frequently reported by GPAs are a feeling of isolation from colleagues, difficulty in accessing relevant continuing professional development activities related to anesthetic care, and a desire for more interaction with specialist anesthesiologists.

Anesthesia Assistants

Anesthesia Assistants (AAs) are non-physician health care professionals who assist anesthesiologists in managing the care of patients before, during, and after surgery.

AAs work in parallel and under the supervision of anesthesiologists to ensure the highest quality perioperative care of patients, while also facilitating significant efficiencies in patient flow through the OR.

There are currently about 60 AAs employed at hospitals within five BC health authorities. The BCAS and its members have strongly supported efforts to increase the availability and integration of AAs into our Anesthesia Care Teams (ACT). Recruitment of new AAs has been affected by a variety of historical collective bargaining issues between the Health Employers Association of BC (HEABC), the Health Sciences Association (HSA), and the BC Society of Anesthesia Assistants (BCSAA). Some of these issues may have been addressed in a recent arbitration ruling.

The supply of AAs has also been constrained by the training capacity currently in place in the province. Most AAs have a background as respiratory therapists (RTs), while others are registered nurses (RNs) with critical care experience. To

become an AA, qualified RTs and RNs require an additional one-year training program. Thompson Rivers University (TRU) in Kamloops has been the home of BC's only AA training program. TRU has long recognized many concerns about the quality of its educational program. As a result, intake into the TRU training program was suspended in September 2014, threatening the supply of AAs needed to further the objectives noted above.

C) Quality

Patient safety and quality improvement are prominently engrained within the historical and prevailing culture in the anesthesiology field worldwide.

In its ground-breaking November 1999 report "To Err is Human: Building a Safer Health System", the US Institute of Medicine finds, "Anesthesia is an area in which very impressive improvements in safety have been made." As one clear example, the development of rigorous Canadian standards of training and practice has radically reduced the mortality rate associated with general anesthesia. Today, these mortality rates are somewhere between 50-fold and 75-fold less than in the early 1980s.

While BC's anesthesiologists are proud of their shared tradition of safety, they are continually looking for ways to make further improvements. This paper has already described profound involvement in a variety of local, regional, provincial, and even national / international processes designed to advance the quality agenda. In BC, these include ERAS, the BC Quality and Patient Safety and Council, and the Fraser Health Physician Quality and Regional Safety Team.

A common barrier limiting the effectiveness of current quality and patient safety initiatives is the absence of comprehensive, accurate, and accessible patient outcome data. Anesthesia Information Management Systems (AIMS), which currently are expanding in use across BC, do provide a promising source of some empiric perioperative health data; but further attention is needed to ensure that the data collected is complete, comparable, and relevant to QI objectives.

The deficit of funded academic anesthesiology positions in BC is another barrier, reducing the availability of anesthesiologists to perform quality-related outcome analyses.

D) Value

Ensuring best value means that every health system dollar is used to it full potential, which allows more and better patient care to be delivered from a finite supply of resources.

Successes in BC

Working with our partners in health care, anesthesiologists have been responsible for significant efficiency improvements, such as...

1. *Preparing for Surgery - Outside of Hospital:* Traditionally, all surgical patients were admitted to hospital for medical assessments one or more days prior to surgery. Starting in the 1990's, anesthesiologists led a "revolution" whereby most surgical patients are now assessed as outpatients before surgery. This one change alone has spared BC hospitals the need for **hundreds of thousands** of patient-nights in hospital, saving the taxpayer **hundreds of millions of dollars annually**. (This one change alone also reduced the provincial need for inpatient beds by the equivalent of **three additional hospitals** the size of Surrey Memorial.)

2. *Transition to Daycare Surgery:* Instead of requiring up to a week in hospital to recover from the side effects of anesthesia, over 80% of patients today are ready to go home within hours of their anesthetic. Anesthesiologists at St. Paul's Hospital in Vancouver even pioneered a system whereby many patients could undergo surgery awake (but perfectly comfortable), bypassing the anesthetic "recovery room" and going home minutes after surgery. Patient satisfaction increased, with an associated **33% lower cost per surgery**.

3. *Ongoing Innovations:* Throughout BC, anesthesiologists are at the forefront of efforts to bring modern solutions that achieve benefit for both patients and taxpayers. From LEAN methodology exercises that improve the efficiency of systems before surgery (26-33% increase in productivity at the Pre-Admission Clinic, St. Paul's Hospital) and the design of the new BC Children's Hospital, to improving the recovery of patients after surgery, to re-thinking the entire design of the surgical system, anesthesiologists are the partners that can delivery system-wide improvements and efficiencies.

Compensation Structures & Perioperative Value

It is widely recognized that a fee-for-service compensation structure incentivizes efficiency in the delivery of care; while potentially also encouraging added demand.

Conversely, "block funding" (such as the traditional method of health region funding, and the use of salaries and fixed-sum provider service contracts), lacks both a stimulus for efficiency and the incentive to receive more service demand.

Currently, most surgeons in BC are compensated on a fee-for-service basis.

Anesthesiologists, nurses, and health authorities each play a complementary role in delivering surgical care. Like surgeons, they offer great potential to effect improvements in patient flow throughout the perioperative journey. However (unlike surgeons), anesthesiologists, nurses, and health authorities do not "book" patients for surgery and are not responsible for the "demand" for surgical services.

In recent years, the BC Government has increasingly used activity-based health authority funding approaches (instead of purely block funding) to directly produce increases in surgical capacity. It is not clear whether future funding agreements with BC's nurses will reflect a similar financial incentive to promote patient flow, but this is certainly a concept worth examination.

Likewise, the BCAS and its members are keen to see an anesthesiology compensation structure that aligns with the provincial objective of maximizing value and minimizing the overall cost per patient.

While most BC anesthesiologists are currently "fee-for-service" in the sense that they submit billings and are compensated via the Medical Services Plan (MSP), the reality is that the current MSP payment structure for anesthesia care is predominantly time-based, and arguably creates a fiscal disincentive to OR efficiency. This structure is worthy of change.

Analysis of the anesthesiology fee structures in each of the other provinces and their impacts provides some useful lessons.

In Alberta, each anesthetic procedure is paid as the greater of a time-based amount ("time-release clause") or a per-case fee (akin to a surgeon's fee per service). Since many factors can affect the duration of a surgery (including surgical technique, patient and operative complexities), the time-release clause appropriately limits the extent to which the anesthesiologist is financially impacted by caring for a more complex patient or a slower procedure. Meanwhile the per-case fee provides a significant incentive to improve patient flow.

Data supplied to the BCAS shows that a majority of anesthetic work in Alberta is in fact paid on the per-case basis; however, anesthesia care for certain surgeries is predominantly paid under the time-release clause. As a result, some OR slates can predictably lead to compensation solely under the time-release clause, which provides no productivity incentive.

Each of the other eight provinces have some combination of a time-base payment and a per-case or "loading" fee, with inter-provincial variation in the ways that each of those components might reflect various factors. In Ontario, for example, there are a large number of loading and one-time fees that might apply to a single anesthetic. As with Alberta, the Ontario structure provides a spectrum from virtually no efficiency incentive, to a great incentive, depending on the procedure being performed.

Learning from these other models, one is led to observe that the compensation structure, especially as it relates to intra-operative anesthetic care, should provide a proportional incentive for efficiency that applies as much as possible to every case, on every OR slate, in every surgical facility in BC. As a matter of "fairness" and to avoid imbalanced support for recruitment and access, the compensation structure should also include a robust payment based on time duration, to which the efficiency incentive is then added.

Our specific proposal will be further defined in Part V of this paper.

Perioperative Resources

Effectively completing a surgical procedure requires the coordinated work and availability of numerous resources including human (e.g. surgeon, anesthesiologist, nurses, porters, housekeepers, etc.), physical plant, equipment, and consumables (e.g. medications, implants, sutures). It also requires the sequential availability of physical space and care providers, starting in the admitting area, through the operating room, the Post-Anesthetic Care Unit (PACU), and onto the ward, ICU, or discharge (daycare) unit.

Inefficiencies and wasted resources result when even one component of the surgical journey is not available, or its availability is delayed.

A concerted effort to ensure that the entire surgical journey is resourced in a coordinated manner will help reduce delays, surgical cancellations, and avoidable costs. In particular, several sites in BC would benefit from dedicated postoperative patient space (PACU, step-down unit, surgical ward) that are protected from other unplanned utilization.

Part V – Transformative Vision

Having reviewed the current state of the patient access, quality, and value as it relates to anesthesiology care in BC, this paper now turns to a comprehensive, bold new vision for patient care.

(A) Patient-Centred

Providing patient-centered care is the first of eight priorities for the B.C. health system as articulated the Ministry of Health's strategic plan, *Setting Priorities for the B.C. Health System* (February 2014). The B.C. Health Quality Matrix, developed in 2008, describes seven dimensions of quality for health care: acceptability, appropriateness, accessibility, safety, effectiveness, equity and efficiency. These dimensions are patient-centered and have already started to drive B.C. towards a patient-centered care approach.

Patient-centered care puts patients at the forefront of their health and care, ensures they retain control over their own choices, helps them make informed decisions and supports a partnership between individuals, families, and health care services providers. Patient-centered care incorporates the following key components:

- self-management;
- shared and informed decision-making;
- an enhanced experience of health care;
- improved information and understanding; and,
- the advancement of prevention and health promotion activities.

Patients, families and caregivers are partners in health care, supported and encouraged to participate in:

- their own care;
- decision-making about that care;
- choosing their level of participation in decision-making;
- quality improvement; and,
- health care redesign.

Four core principles for patient-centered care will provide a foundation for the pursuit of patient- centered care in the province (The British Columbia Patient-Centered Care Framework, Feb. 2015):

i) Dignity and Respect

This principle speaks to the need for active listening to patients and families and to honouring their choices and decisions. This is done through incorporating the patients' and families' values, beliefs and cultural norms into care plans and care delivery.

ii) Information Sharing & Engagement

Participative communication of timely, accurate and complete information with patients and families on what decisions are to be made, and validating with the patients and families what they have heard and understood, is the basis of this principle. This leads to supporting an informed decision by the patients and families.

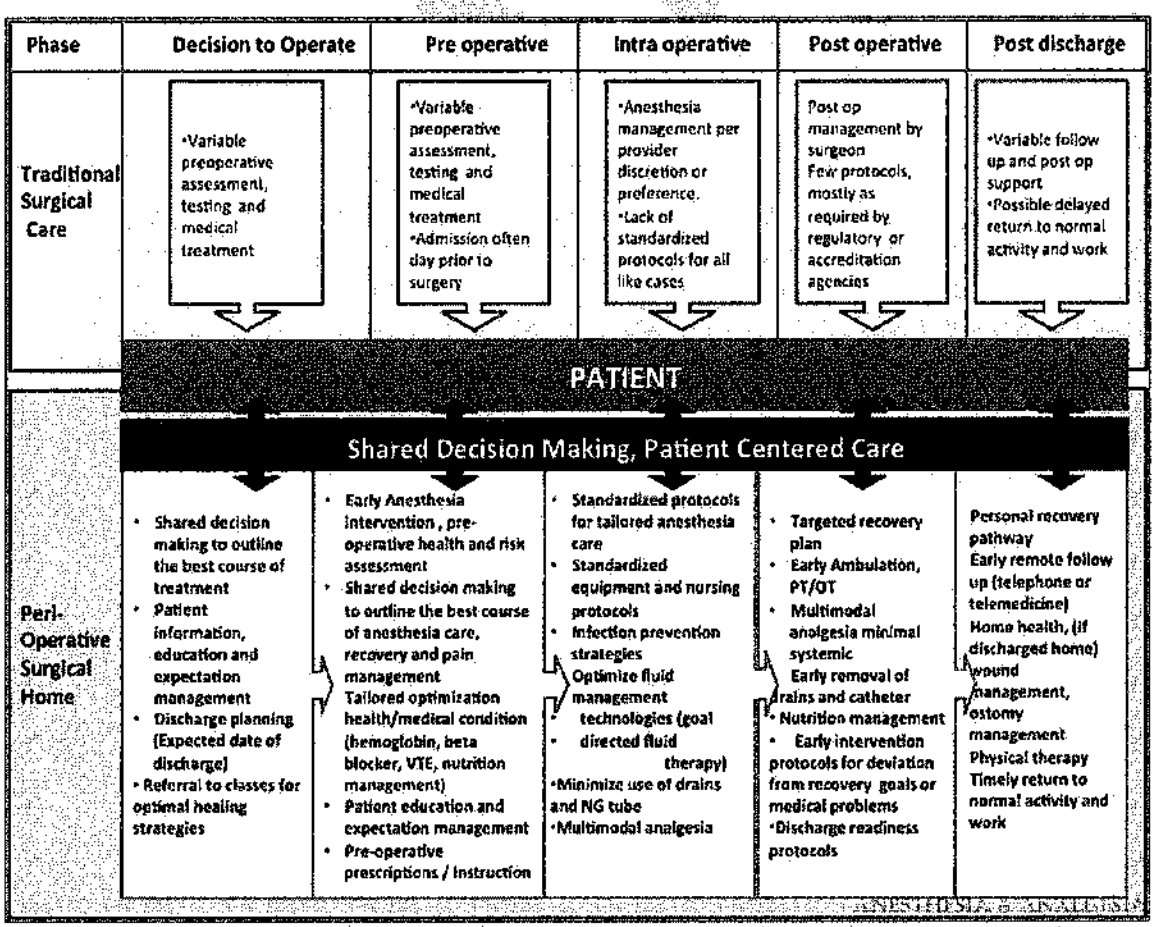
iii) Participation and Collaboration

Patients and families are encouraged and supported in participating in care and informed decision making at the level at which they feel comfortable and of their own choice. Patients and families are provided meaningful opportunities to engage with care providers and leaders in the continuum of quality improvement, policy and program development, implementation and evaluation. This includes the potential for patient/family engagement in health care facility design, health care system redesign, professional education and the delivery of care.

iv) Care Pathways (pre/intra/post op seamless transitions)

In a truly patient-centered vision of perioperative care, patients would have a seamless journey from the pre-operative period, through their surgical intervention into the post-operative period and into long term recovery. One model gaining significant traction in the United States is the concept of **Perioperative Surgical Home (PSH)**. PSH strives to achieve the triple aim of

better health, better health care, and reduced expenditures through continuous improvement for all patients undergoing surgical procedures. The PSH is a patient-centered, physician-led multidisciplinary, and team-based system of coordinated care. It guides the patient through the entire surgical experience from decision for the need for surgery to discharge from a medical facility and beyond. The goal is to create a better patient experience and make surgical care safer; promoting a better medical outcome at a lower cost (ASA PSH Brief, 2013). The PSH allows anesthesiologists to educate patients about behaviors that lead to costly chronic disease conditions, such as smoking, poor nutrition, and lack of exercise. The PSH model provides an opportunity for the BCAS and MOH in BC to test an alternative model of perioperative care that engages and protects patients; disseminates best practice and incorporates innovations in payment to anesthesiologists. A successful pilot of anesthesiologist led PSH in orthopedic surgery patients at University of California Irvine using Lean Six Sigma tools such as process mapping has reduced average length of stay by 50%, reduced OR turnover times to 23 minutes and nearly eliminated OR cancellations (ASA PSH Brief, 2013).



The Perioperative Surgical Home as a Future Perioperative Practice Model Kain, Zeev N.; Vakharia, Shemeen; Garson, Leslie; Engwall, Scott; Schwarzkopf, Ran; Gupta, Ranjan; Cannesson, Maxime Anesthesia & Analgesia. 118(5):1126-1130, May 2014.

v) Appropriateness (procedure, patient, timing)

Broadly speaking, appropriateness refers to the "right care in the right place at the right time for the right patient". Phrased differently, it speaks to "nothing about me without me" and no gaps along the continuum. Through the work of PSEC and other key stakeholders, an increasing emphasis has been placed on Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs). PROMs and PREMs are measurements of the patients' voice and should work together. Work by Dr. Stirling Bryan PhD (Director, Center for Clinical Epidemiology and Evaluation, Vancouver Coastal Health, UBC) centers on implementing a cataract surgery outcome measurement strategy as a routine quality assessment within VCHA. The data being collected includes: patient characteristics, indications for surgery, visual function before and after surgery, and clinical information. This project is funded by the VCHA. In the Fraser Health Authority (FHA), Patient Experience of Arthroplasty of the Knee (PEAK) is being assessed, with the research question: What are the drivers of variation in the patient experience with primary TKA? Looking at the (dis)-satisfaction of patients at the 6 and 12 month intervals postoperatively and comparing to baseline will provide powerful feedback for surgeons, anesthesiologists and administrators to help determine appropriateness for surgery.

vi) Summary

Anesthesiologists in British Columbia are fully committed to providing truly patient-centered perioperative care through collaboration with MOH, PSEC, patients and other stakeholders. The BCAS will work closely with the above groups to develop this vision over the medium to long-term, incorporating best practices from other jurisdictions (ex. PSH in the United States) into a "made in BC" solution that respects the Triple Aim of MOH as well as making demonstrable improvements in the seven dimension of health care for patients.

<u>(B) Access & Value</u>

i) Recruitment & Retention

Ensuring an adequate supply of anesthesiologists improves access to timely surgical, maternity, and pain services. Aligning anesthesiologist supply with other resources also maximizes the productivity of overall system investments, reducing the unit cost of care.

In June 2009, the MOH, Doctors of BC (then the BC Medical Association), and the BCAS agreed as follows:

> ***The overall compensation of anesthesiologists in BC should, at least in part, be based upon the need to be competitive with other***

provinces (using Alberta and Ontario as key reference points) for the recruitment and retention of anesthesiologists by BC.

National analyses and direct fee comparisons demonstrate that the compensation of BC anesthesiologists currently stands as the lowest of all ten provinces, with Alberta compensation exceeding BC's by at least 100%, and other competing provinces (e.g. Quebec, Ontario, Saskatchewan) exceeding BC by about 70%.

An analysis of anesthesiologist compensation in Ontario and Alberta commissioned by the MOH in 2009 showed that the average payment between those two competing jurisdiction was $253/hour, despite methodology that significantly over-represented services with the lowest compensation rates.

In order to assist with anesthesiologist recruitment and retention, a number of BC facilities have implemented targeted arrangements with funding that far exceeds BC MSP rates:

- a surge capacity arrangement in Interior Health valued at approximately $300 per hour
- a longstanding weekend arrangement at Royal Columbian Hospital and a newer arrangement at Lions Gate Hospital, both valued at approximately $375 per hour
- Low acuity daytime elective work at the BC Cancer Agency in Kelowna, Abbotsford, Vancouver, and Victoria valued at $130 by MSP, but compensated at $250 per hour (92% higher) by the Provincial Health Services Authority
- Multiple arrangements at Vancouver academic sites valued within the range of the preceding examples

These enhanced rates are also comparable to rates commonly payable to other specialists within BC, with common surgical fees set at $300 per hour (e.g. fee item 70650), and the most common pediatric fees set from a minimum of $237 (fee item 00550) to $275 (fee item 00511) per hour.

Securing the anesthesiologist resources needed by BC patients will be facilitated by a standardized adjustment to overall compensation for all anesthesiology services across the province.

ii) Training Future Anesthesiologists

The University of British Columbia is the only medical school in the province, albeit through an expanded and distributed model. The UBC Department of Anesthesiology also hosts the province's only post-graduate (residency) training program, graduating between 10 and 12 new anesthesiologists each year. As described under Part IV above, this training output will not replace anticipated

retirements, nor address the current gap in supply.

Further examination should take place in consultation with UBC regarding the capacity for program expansion, recognizing that it requires a minimum of 5 years from medical school graduation to produce a fully trained anesthesiologist. Consideration should be given to increasing the allocation of "re-entry" positions, where demand amongst GPAs typically far exceeds the supply of positions, and which require fewer years of training to complete.

iii) Optimization & Postop Risk Reduction

The BCAS will work with patients and key stakeholders to optimize patients preoperatively and reduce patient risk postoperatively through shared decision making and patient-centered care.

There exists an opportunity to dramatically improve the timely and efficient flow of thousands of preoperative patients through the Pre-Admission Clinic (PAC) process by restructuring the design of the systems involved. This work has been best demonstrated by an innovative project at St. Paul's Hospital in Vancouver, whereby principles of LEAN Six Sigma were applied successfully to PAC redesign. This resulted in a dramatic improvement in the number of patients seen every day, reduced the time they spent in the clinic and improved their overall satisfaction with the experience. This work should be scaled provincially. Furthermore, an opportunity exists to potentially "outsource" the administration of PAC to non-hospital facilities in close proximity to PACs. This may allow improved uptake and efficiency of LEAN redesign pathways. As well, precious physical plant in the hospital will then become available for other high priority hospital based services. An example of such a program is ReBalance MD in Victoria. As the PAC becomes redesigned as mentioned above, more appropriate patient-centered terminology to reflect the full spectrum of services provided in these clinics would be **Preoperative Optimization Clinics (POCs)**. For the remainder of this paper, POC will be used rather than the traditional PAC.

Preoperatively it is imperative to implement **Anesthesia Information Management Systems (AIMS)** into the Preoperative Optimization Clinics (POCs) widely across British Columbia. These AIMS must be linked into the IMIT enterprise architecture currently under development in B.C. through the guidance of MOH and PSEC. This will allow a seamless electronic journey from the GPs office through to surgeons offices, OR booking and POCs. Far too often, anesthesiologists have limited time to assess and optimize patients preoperatively, leading to unexpected delays during Wait Times 2 and 3. With the input of the BCAS and anesthesiology leaders across B.C., appropriate **standardized anesthesiology optimization times** for various procedures can be determined, taking into account the patients' co-morbidities.

With this information, shared decision making can occur with the patient with respect to anesthesiology care, including disseminating patient information, education and managing patient expectations. Early anesthesia intervention through pre-operative risk assessment will help outline the best course of anesthesia care, recovery and pain management. Tailored optimization of health and medical conditions (hemoglobin optimization through blood conservation, beta blocker therapy, anticoagulation management, nutrition, smoking cessation) requires several weeks in the pre-operative phase depending on the type of operation and patient risk factors. Specifically, the development of a province wide **Peri-operative Smoking Cessation Program** as a collaborative between the BCAS and MOH and coordinated with the POCs, AIMS, surgical enterprise architecture would allow timely (8-12 weeks preoperatively) focused intervention with patients to reduce postoperative complications, breathing problems after anesthetics, heart attacks and post-surgical wound infections. An example of such an approach is the **Stop Smoking for Safer Surgery** campaign of the Canadian Anesthesiologists Society (cas.ca) which was incorporated into a province wide program in Ontario coordinated by an Anesthesiologist, Dr. John Oyston (oyston.com).

Developing a province wide **Patient Blood Management** program should be a high priority for the MOH to help conserve a precious resource (blood), while improving patient outcomes (reduced pulmonary, renal and infectious complications), reducing exposure to blood-borne pathogens, and ultimately providing savings for the MOH. This work should involve anesthesiologists, hematologists, hemato-pathologists, internal medicine, surgeons, nurses, blood banks, the BCAS, MOH and Provincial Blood Coordinating Office. Anesthesiologists at VGH coordinate a Blood Conservation Clinic (BCC) that screens patients prior to major cardiac, spine, prostate and orthopedic (hip,knee) surgeries and optimizes their hemoglobin to reduce exposure to blood transfusions. Anesthesiologists at the Royal Columbian Hospital in FHA are attempting to coordinate a similar BCC in their health authority.

An excellent model for this provincial work is provided by the **ONTraC Provincial Blood Conservation Program** founded in 2002. ONTraC is a unique initiative supported by the Ontario Ministry of Health and Long-Term Care Blood Programs Coordinating Office to implement a peri-operative blood conservation program in 25 hospitals throughout Ontario. The institutions, large and small, were chosen on the basis of blood utilization and geographic distribution, and are a combination of teaching and community hospitals and represent approximately 65% of blood used in Ontario. The initial targeted procedures selected were total knee arthroplasty/replacement (TKA), abdominal aortic aneurysm (AAA) surgery, and coronary artery bypass graft (CABG) surgery. Currently, the targeted procedures include TKA, total hip arthroplasty/replacement (THA), CABG, and radical prostatectomy (RP) surgeries (ontracprogram.com). The ONTraC program has dramatically reduced transfusion rates across all 25 participating hospitals throughout Ontario and provided millions of dollars of savings for the

Ontario MOHLTC (Dr. John Freedman, Program Director).

Postoperatively, the principals of **Enhanced Recovery After Surgery (ERAS)** summarize the optimal evidence based methods to reduce postoperative patient complications, reduce length of stay, lower readmission rates, and reduce time for return to baseline level of health (enhancedrecoverybc.ca). The BCAS and anesthesiologists across BC work closely with the BC ERAS Collaborative sponsored by the SSC and partnered with the BC Patient Safety & Quality Council. This multidisciplinary collaborative is Co-Chaired by Dr. Ron Collins, an anesthesiologist from Interior Health and includes many anesthesiology leaders across BC. Currently 10 hospitals across BC are participating, representing a majority of health authorities. The BCAS will work to coordinate ERAS dissemination of best practices across BC hospitals in collaboration with key stakeholders including SSC, BCPSQC, MOH and PSEC. The BCAS will work collaboratively to apply to principals of ERAS to a broad range of surgeries beyond the current scope of colo-rectal surgery, through engagement of 450 anesthesiologists across BC.

iv) Perioperative Patient Flow & Anesthesia Care Teams

Anesthesiologists as a group of specialists are ideally positioned to help optimize the efficient and safe flow of patients through the entire perioperative period. Many sites have initiated a **Perioperative Anesthesiology Service (POA)** to help coordinate the in-hospital preoperative, intraoperative and postoperative care of complex patients. These services typically include an anesthesiologist working in concert with a nurse practitioner(s) (NP), anesthesia assistants (AA) and/or registered peri-anesthetic nurses (RN). This model represents the basic structure of the **Anesthesia Care Team** (ACT) model, whereby a specialist anesthesiologist coordinates all aspects of clinical patient care around the period of surgery with support from NPs, AAs and RNs. The ACT model can be applied in:

- Preoperative Optimization Clinics (increasing throughput of patients)
- Pre-operative optimization of surgical in-patients (ER, Ward, ICU etc)
- Efficient and safe intraoperative management of complex patients (emergency, cardiac, trauma, vascular surgery et cetera)
- Efficient low complexity, high volume procedure turnover (regional anesthesia swing rooms, diagnostic scopes, pacemakers, cataracts etc)
- Postoperatively as part of **Acute Pain Services** that manage complex post-surgical pain for patients.
- Complex patient services that manage all aspects of medical care in complex patients around the time of surgery in collaboration with internal medicine specialists.

Anesthesia Assistants (AAs) are mentioned above as a key component of the ACT model. Expanding the use of AAs can maximize operating room efficiency, patient safety and potentially help reduce B.C.'s surgical waitlists. Many

stakeholders beyond the BCAS have suggested that perhaps the ideal ratio of AAs to Anesthesiologists is 1:2 or 1:3. Multiple jurisdictions in Canada have ratios similar to this, versus B.C. where the ratio is 1:8.

Based on broad member support, the BC Anesthesiologists' Society has long been committed to the expanded use of AAs to improve patient care throughout the province. The BC Society of Anesthesia Assistants is also a key partner willing to coordinate clinical training and mentorship. Developing a contemporary, high-quality training experience requires one-time work to plan, research, and draft educational content. The AA program is estimated to require 17 courses with at least 260 educational "units". Accreditation standards require that each draft educational unit is then reviewed by three independent anesthesiologists. In total, each unit is expected to require 2 full days of physician work, for a total of 520 or more days of development time. The BCAS is committed to securing the involvement of leading B.C. anesthesiologists to develop and review the educational units. Reimbursing this work at the MSP sessional rate would require a one-time investment of $580,391.

Just as the skills, knowledge, and responsibilities of Anesthesiologists are unique and quite distinct from other medical professionals; so too are the skills, knowledge, and responsibilities of Anesthesia Assistants unique and quite distinct from other allied health professionals, including Respiratory Therapists.

The AA scope of practice and professional standards need to reflect the reality of the broad range of delegated responsibilities from the supervising Anesthesiologist. The suggestion that AA's be regulated under the common rubric of Respiratory Therapy fails to recognize the true nature of patient care delivered by AA's. Further to this, such a classification risks creating a regulatory structure that will be ineffective in properly assessing and registering applicants, providing professional oversight, and indeed protecting the safety of the public who are cared for by these registrants.

The medical specialty of Anesthesiology and the field of Peri-operative Medicine are always evolving to meet the specific needs of our patients. Anesthesia Care Teams are rapidly modifying our approach to patient care, incorporating advances in technology and leading changes to the design of health delivery systems. The role and practices of Anesthesia Assistants need to evolve to match those changes.

While a background in Respiratory Therapy is a common and valuable origin for many Anesthesia Assistants, it is not the only background that is acceptable. We would not expect all AA's to be competent to inter-changeably fulfill the scope of practice of a RRT; nor do we believe that RRT's are competent to fulfill the scope of practice expected of an AA in today's (or tomorrow's) health care system.

The BCAS is actively engaged in the ongoing education and curriculum

development for Anesthesia Assistants in BC, to reflect the needs of our patients in the future. This work includes the development of rigorous didactic examinations, clinical evaluations, and competency assessments for Anesthesia Assistants.

For all of these reasons above, regulation of Anesthesia Assistants must be as a distinct Separate Registrant Class, either under the nascent College of Diagnostic and Therapeutic Health Professions, or under another structure. Since AA responsibilities follow from those of the supervising Anesthesiologist, the work of defining AA scope of practice and responsibilities must reflect this collaborative relationship. Work is currently underway to update and further define the AA scope of practice provincially.

Improving **perioperative efficiency** using the principles of LEAN Six Sigma design is a complex process requiring the input of all key stakeholders including patients. The BCAS would provide leadership and insights into this process in collaboration with MOH and PSEC. Local engagement of anesthesiologist "champions" across B.C. in efforts to improve operating room culture via The Productive Operating Theatre (TPOT) and the Comprehensive Unit-based Safety Program (CUSP) is essential. The BCAS can help coordinate the province wide TPOT and CUSP efforts to improve operating room culture by engaging the only specialist group of physicians working in every operating room, each and every day, namely anesthesiologists.

As mentioned earlier, anesthesiologists were among the first group of physicians to create intensive care units post surgically more than a half century ago. Anesthesiologists have subsequently continued to expand their skillset in critical care medicine and in certain hospitals, manage complex postoperative patients in **dedicated high acuity step down units (SDU)** that are closely aligned with the traditional post anesthetic care unit (PACU). These SDUs allow close observation of patients for 24-48 hours who would otherwise not meet criteria for ICU admission, but are too complex in the immediate postoperative period for standard ward management. St. Paul's Hospital, Vancouver General Hospital and Surrey Memorial Hospital are examples where anesthesiologists have shown leadership in SDU care. There exists an opportunity for the BCAS to collaborate with MOH and PSEC to strategically increase the capacity for SDU beds across B.C. as our patient population demographics change over time towards sicker, frailer, more elderly and medically complex patients. This may reduce unexpected admissions to ICU from the post-surgical wards and reduce overall length of stay.

Finally, the **BCAS** has coordinated a province wide effort to create evidence based **Guidelines for the Peri-Operative Management of Obstructive Sleep Apnea (OSA) patients**. The incidence and prevalence of OSA in surgical patients has shown dramatic increases over the last many years. These patients present complex challenges in terms of preoperative identification, risk

stratification and ultimately postoperative management to avoid devastating respiratory complications. Far too often, patients have unnecessarily extended lengths of stay in the PACU (4-6 hours) based on out-dated literature and guidelines. With the dissemination of the new BCAS guidelines, there appears to be an opportunity to coordinate more time efficient flow of patients through the PACU, opening up increased PACU bed capacity and human resources (RNs) for patient management. These guidelines will also aid management of such patients on the surgical wards and with the addition of sophisticated postoperative respiratory monitors, should reduce the incidence of unrecognized catastrophic respiratory compromise in OSA patients. The Department of Anesthesiology at Kelowna General Hospital has pioneered such an approach, one that can be scaled provincially.

v) Consultant Obstetrical Anesthesiology Programs

As mentioned in Part IV (Current State – Access to Care – Maternity Care), every year in BC, more than 25,000 pregnant mothers depend on the timely involvement of anesthesiologists to provide effective pain relief (e.g. labour epidurals), as well as to facilitate safe deliveries during extremely time-sensitive and unpredictable circumstances (e.g. forceps and emergency C-section deliveries).

At each hospital that offers surgical and maternity services, an anesthesiologist must be on-call 24/7/365. In the traditional staffing model, the anesthesiologist-on-call must divide his/her attention between laboring mothers, and patients requiring emergency surgery. This means that while the anesthesiologist is providing care to a labouring woman, the OR (its' staff, resources, and surgeons) remain idle; and while the anesthesiologist is looking after an emergency surgical patient, labouring moms are often waiting for help. Throughout the health care system, there is increasing attention being placed both on patient safety, as well as the efficient use of overall health care resources. The implementation of a ***Consultant OBstetrical Anesthesiology ("COBA") Program*** is an innovative solution that improves patient care, while creating immediate savings in costs and resources.

The BCAS is proposing to collaborate with the Ministry of Health, PSEC and other key stakeholders to implement a province wide initiative that will:

- Implement an on-site COBA program at each of the province's tertiary maternity centres (e.g. Surrey Memorial) to eliminate access and safety issues for higher-risk pregnant women and their unborn children.
- Implement an innovative, hybrid COBA program in communities with large non-tertiary maternity centres (e.g. Abbotsford).
- Ensure timely access to the safest and most effective pain relief possible for laboring women throughout British Columbia.

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We also estimate that each on-site COBA program will save health authorities $2.4 Million annually in overtime surgical (operating room) resources. Looked at another way, each COBA program would free up the equivalent of $2.4 Million worth of OR time to increase surgical capacity, without any additional budgetary allocation to the surgical program.

vi) Surge Capacity

Aligning with the priorities identified by PSEC and the MOH, the BCAS proposes to boldly and collaboratively re-examine the workload distribution and flexibility in deployment of health human resources for anesthesiology to meet pre-defined surge capacity needs, along with unpredictable emergency surge capacity. This work would necessitate restructuring at a local hospital department level, health authority level as well as provincial level. The BCAS will work with the MOH to improve real time accurate assessment of distribution of FRCP and GPA anesthesiology resources across the province in order to align with a patient-centered focus on addressing surgical waitlists and backlogs. This will also require collaboration and open communication with HAs to allow redeployment of anesthesiologists across HAs to meet the needs of patients. To recognize increased workload and potential effects on provider work-life balance (from an HHR point of view) during defined surge capacity periods, the BCAS will work with the MOH to appropriately incentivize this work and encourage efficiency in provision of anesthesia services during both daytime and out of office time periods. This will require close collaboration between the BCAS, MOH and MSP.

vii) Rural Communities

Anesthesiologists are vital to the daily clinical functioning of many rural and remote medical facilities across BC, forming one of the core specialist groups in such hospitals. The geographic diversity of the province creates challenges in providing timely access to high quality anesthesia and surgical services across B.C., especially during the winter period. Creating a coherent and sustainable approach to delivery of rural health services is one of the three defined priority areas for the MOH for 2015/2016. The BCAS commits to working closely with MOH, Perinatal Services BC, PSEC, HAs, and DOBC in a collaborative manner to address access issues, including the vital areas of obstetrical and neonatal care.

As discussed in Part IV - Current State – Health Human Resources – GPAs, anesthesiology services in rural and remote settings are provided by a combination of specialist FRCP anesthesiologists as well as GPAs. The BCAS facilitates collaborative communication between these two groups through a robust listserv as well as supporting bi-annual GPA continuing medical education conferences held in Prince George through providing clinical experts to lead

discussions centering on best practices. The BCAS proposes the creation of novel **rural exchange locums**, whereby GPAs would have the opportunity to carry out skills enhancement in urban centers working alongside FRCP anesthesiologists, while FRCP anesthesiologists would carry out locums in rural communities to provide locum coverage and deliver professional development locally for GPAs. Beyond this, the BCAS proposes improved access to retraining positions for GPAs into the FRCP Anesthesiology residency at UBC with potential return of service contracts with rural communities. Thirdly, increasing exposure of Anesthesiology residents at UBC to high quality rural rotations may increase the ability of rural sites to recruit anesthesiologists once graduated from the training program. Fourth, there is the potential to create a robust rural locum recruitment and retention fund to incentivize anesthesiologists from urban centers providing service to these locations. As well, a centralized registry of anesthesia human resources in rural communities would help coordinate provision of anesthesia care through collaboration of the BCAS, HAs and MOH.

viii) Health System Savings

While there are multiple references throughout this paper to creating value through efficiencies and better patient flow, it bears repetition that the overall transformation of anesthesiology care described in this report will result in significant savings that can then be reinvested into more and better patient care across BC.

From the shift to outpatient preoperative (and postoperative) processes that save literally hundreds of millions of dollars each year, to the St. Paul's Swing Room that reduced the per patient cost by some 33%, prior successes will be built upon through this new provincial re-design.

The COBA programs alone would noticeably improve the timeliness of care for laboring mothers, while freeing up $2.4 million worth of surgical resources at each site, which can then be used to further reduce surgery waitlists.

Provincially, even a 5 to 10% improvement in surgical efficiency would conservatively yield a $75 million to $150 million dividend annually, funding that would then achieve even greater benefits to British Columbia patients.

(C) Quality

i) Dimension of Quality

Within BC, there are 2 similar definitions for evaluation of quality under the "Dimensions of Quality" (IOM and BCPSQC), with the latter including: safe,

effective, appropriate, efficient, accessible and equitable. This view of the Dimensions of Quality is often combined with the IHI Triple Aim:

1. Improving the patient experience of care (including quality & satisfaction)
2. Improving the health of populations; and
3. Reducing the per capita costs of health care

ii) Systems View

Deming's Production as a System, 1950, provides a basic framework for describing any complex system, divided into 3 components:

1. Driver Processes
2. Mainstay Processes
3. Support Processes

Any significant, sustainable change to the system will need to consider the elements of this model. This has been very successfully applied in Sweden (Smecher, VP Quality and Patient Safety BCAS, March, 2015). The mainstay processes, for Surgery, are defined through the Perioperative Surgical Home (PSH) model discussed earlier in this paper.

Driver Processes	Mainstay Processes	Support Processes
1. Government 2. Ministry of Health 3. PSEC 4. Health Authorities 5. Physician Bodies (eg. BCAS) 6. Funding Models 7. Etc..	1. Pre-operative 2. Intra-operative 3. Post-operative	1. Pharmacy 2. Diagnostic Imaging 3. Pathology 4. The Lab 5. Cardiology 6. Internal Medicine 7. Physiotherapy 8. Home care Nursing 9. Many, many others

iii) Specific Recommendations

1. Driver Processes – (a) Outcome Databanks – MPOG, NACOR, NSQIP

Work has been proposed to collect data in a central, provincial, repository to aid in 2 areas of Improvement: Outcomes Research and provider Improvement. **MPOG** is a multinational Anesthesia/Surgical Outcomes Research repository. It currently holds over 2 million Surgical cases. Involvement in MPOG could be

done at a local, regional or provincial level, however, the maximum benefit would be at a provincial level. The Provincial repository would allow outcomes research within BC, and participation in the larger, multinational database would give us access to the entire 2 Million cases. **NACOR** is a database that gives feedback to Anesthesiology providers on their outcomes and practice relative to other providers in North America. NACOR currently has over 25 Million cases in its' database. The Provincial implementation of this database provides an easy way to accumulate surgical data in a vendor independent format, to compare and aggregate data between Health Authorities.

BC has shown significant leadership in terms of hospital and health authority uptake of the American College of Surgeons' **National Surgical Quality Improvement Program (NSQIP)** over the last 2.5 years with implementation by 24 sites across BC as the key measurement tool to improve surgical quality. This work is coordinated by the BC Patient Safety and Quality Council (BCPSQC), with regular feedback to build on early successes while addressing new focus areas for improvement.

The BCAS commits to supporting anesthesiologist physician "champions" across BC to broaden the number of hospitals involved in rigorous data collection through the above mentioned databases to measure pre-operative risk factors, intra-operative variables and post-operative outcomes. This work will link in with an expanded provincial scope for Anesthesia Information Management Systems (AIMS) over the next several years.

1. Driver Processes – (b) Demonstration Hospitals

The BCAS supports one or more "Demonstration Hospitals" being defined where operational changes can be tried and tested, and then demonstrated to other hospitals and spread throughout the system. Through additional resources to support broad, systemic change at said hospitals, the change would be rapid and risks would be reduced. These hospitals would act as "test kitchens" so to speak. The ideal hospital would have the following characteristics:

1. Moderate sized (not too large or small)
2. Community hospital with feeder sites and feeding into tertiary care
3. Geographically distinct catchment: a clean population base
4. Urban/Rural mix
5. Strong Anesthesiology leadership, with the ability to transform the entire surgical pathway, given adequate resources and authority
6. Strong quality improvement skills amongst the physician champions

1. Driver Processes – (c) Provincial Initiatives and Collaboratives

The gap between Science and the Practice of Medicine has been well documented. The success of collaboratives to spread change has also been well

documented (such as the IHI BTS). A major obstacle to running such collaboratives is acceptance by practitioners of the change and change process. The BCAS is well positioned to coordinate collaboratives with funding and assistance from the MoH, greatly accelerating the success of introducing proven change concepts within BC.

1. Driver Processes – (d) Physician Engagement – PQRST

Dr. Smecher, BCAS VP Quality and Patient Safety, is currently running a physician engagement project within FHA that uses quality improvement as the common ground between physicians and the health authority to improve both physician engagement, quality of care and value received. This year long program uses Dr. Smecher's experience and contacts obtained while working with IHI in Boston to bring QI skills to the Physician Leaders in FHA. This type of innovative physician engagement project has the ability to be scaled provincially with the support of the BCAS and MoH.

1. Driver Processes – (e) Physician Engagement – Leadership Training

In order to meet the goals of improving the surgical care system in BC, physicians will need to receive extensive leadership training. This training is currently offered by the UBC Sauder School of Business, Physician Management Intitute (PMI) and FHA's PQRST Project. The BCAS would propose creating a partnership with MoH to organize and extend this work to enable a new generation of anesthesiologists to become leaders in perioperative care in BC.

1. Driver Processes – (f) Infrastructure for Driving Change

Inherent in the above discussions is the implicit requirement of appropriate infrastructure to drive change at a large scale, in a sustainable manner. The BCAS proposes working collaboratively with MoH to ensure the following needed resources are supported:

1. Access to Data
2. IT Support
3. Improvement Advisors
4. Administrative Support
5. Software Support
6. Training

2. Mainstay Processes – (a) Preoperative Innovation Accelerators

Currently, anesthesiologists across B.C. are involved in a variety of innovative projects that require timely infusion of resources through collaboration between the BCAS, MoH and PSEC, in order to be scaled provincially. In effect, this

collaborative project funding would become a strategic **Innovation Accelerator** for important projects throughout the perioperative period, reducing the time required for broad implementation and risks therein.

Preoperatively, anesthesiologists are intimately involved with multiple projects that would strategically benefit from **Innovation Acceleration**, including:

- **Warfarin Reversal Anticoagulation Toolkit** – Dr. Andy Meikle and colleagues at VGH have been actively developing and promoting protocols to address timely access to the OR for hip fracture patients on anticoagulation.

- **Preoperative Assessment and Optimization** - The current processes for optimizing patients prior to surgery through traditional PACs are poorly thought out and implemented, causing day of surgery cancellations, and patients who are not optimized prior to surgery. This project attempts to better define the processes and system requirements to better address patient needs and optimize the flow within the Pre-operative processes through the creation of true Preoperative Optimization Clinics (POCs). Recognizing the limited availability of physical space at many hospitals, opportunities should be considered where a nearby community-based location might appropriately accommodate these outpatient POCs.

- **Anesthesia Information Management Systems (AIMS)** have been implemented in FHA, are currently being implemented in VIHA, and have been looked at in the other Health Authorities. This project is attempting to develop a common definition of the Data Requirements for such systems, to be used Provincially. The benefits are a shared effort, ready access to the definitions by the Health Authorities for implementation, and common definitions to allow data sharing and comparisons.

- **Patient Risk Stratification** - Higher risk patients require a longer time for both investigation and optimization prior to surgery. This project attempts to use validated tools, where possible, to identify these patients in order to:
    1. Initiate Consults, investigations and optimizations earlier
    2. Improve the awareness by both providers and patients of the predictable risks in Surgery
    3. Mitigate those risks, where possible
    4. Improve the process of Informed Consent for Surgery

- **Patient Blood Management** - As discussed earlier in this paper, optimization of pre-operative Hemoglobin can have a major effect on patient outcomes, Blood Bank utilization, healing and overall cost. Anemia Management requires: 1) recognition and 2) management. Most anemia

will be managed by Iron supplementation. This is a very inexpensive intervention, with a potentially large benefit, but it does require that the intervention be started at lease 28 days pre- surgery, and that follow up be arranged.

- **Hypertension Management** – Hypertension is a risk factor for perioperative complications. Many patients arrive at the OR with suboptimal management, leaving a decision between 2 bad choices: 1) carry on with the surgery in an un-optimized patient, or 2) cancel the operation and waste the booked OR resource.

2. ***Mainstay Processes – (b) Intraoperative Innovation Accelerators***

- **Blood Management** - A comprehensive blood management program has a number of components, including Pre-operative optimization of Hemoglobin (see above), Intraoperative management and post-operative management. Dr. Brar is heading a group at RCH looking at the conservation of Blood during Cardiac Surgery.
- **Glycemic Control** - Glycemic control is a risk factor for post-operative Surgical Site Infections. Multiple projects have looked at this, but there is no comprehensive approach in BC.
- **Enhanced Recovery after Surgery (ERAS)** - There are numerous implementations of ERAS underway around BC. Anesthesiologists are key players in many of these initiatives.

2. ***Mainstay Processes – (c) Postoperative Innovation Accelerators***

- **OSA (underway)** - Both FHA and VGH have Obstructive Sleep Apnea (OSA) protocols in place. The BCAS is coordinating efforts to merge these, and obtain consensus in BC for a provincial OSA Guideline accepted by all Stakeholders.
- **Co-ordinating Post-Operative Wound Care** - Post-Operative wound care varies greatly throughout the province. Surgeons are often reluctant to refer patients to existing clinics, because their orders are countermanded. The realignment of these resources will reduce duplicated effort, and improve patient care, with each provider operating within their area of expertise.
- **Enhanced Follow-up of Surgical Site Infections** - Recognition and follow up of Surgical Site Infection can be somewhat haphazard, with multiple providers getting involved but not coordinating with the Surgeon

involved in that patient's care. Surgical Site Infections are often referred back to the Surgeon late, and therefore sub-optimally managed. Use of the Provincial Pharmanet database could alert Surgeons of any of their patients receiving Antibiotics within 30 days after Surgery, and allow them to schedule earlier followup.

- **Enhanced Post-Operative Followup** - A coordinated effort to follow up patients after surgery could help to both improve their post-operative care, as well as increase the quality and amount of data available to drive system improvements.

3. ***Support Processes***

- **Optimizing Preoperative Optimization –** Better integration of services, especially the preoperative workup and education of surgical patients with likely demonstrable improvements in meaningful patient outcomes. Rebranding the Pre-Admission Clinic as the Preoperative Optimization Clinic (POC) to more accurately reflect the patient-centred scope of work done in this phase of the surgical pathway.

- **Anesthesia Assistants –** As discussed in length above, the BCAS, as part of a collaborative provincial initiative, is working to establish an up to date provincial system for training and certifying Anesthesia Assistants.

Part VI – Implementing & Managing Change

Having provided the broad outline for a transformative re-design of anesthesiology care in BC, this paper will now address the practical supports, structures, and timelines required to successfully implement the changes needed to achieve this new vision.

A) Oversight & Accountability Framework

Change of this magnitude requires dedicated leadership and oversight at the provincial level to coordinate the various elements of the plan, to continuously track progress, to promptly address inevitable challenges, and to ensure that objectives are achieved.

We propose that oversight and overall accountability be designated to a novel **Anesthesiology Services Committee (ASC)**, with joint representation of the BC

Ministry of Health and the BC Anesthesiologists' Society. This ASC would need to have strong and clear bilateral linkages to BC's health authorities, the Provincial Surgical Executive Committee, Perinatal Services BC, the BC Patient Safety and Quality Council, and the emerging provincial leadership in pain management.

The ASC would report back to the MOH and BCAS, and might consider standing subcommittees or ad hoc working groups in areas such as:

- Surgical access (including surge capacity)
- Quality & safety
- Value (e.g. OR efficiency)
- Perioperative innovation
- Patient & family engagement
- Rural care
- Perinatal care
- Pain management
- IM/IT

B) Frontline Engagement

Essential to the implementation of this strategy is engagement of frontline providers at the local and regional levels. As described earlier in this paper, significant effort has been made over the last several years to engage frontline anesthesiologists and other relevant stakeholders, using their experiences and creativity to define the innovative vision which is presented here.

We propose that an **Innovation Support Program (ISP)** be resourced under the auspices of the ASC, to ensure provider-level support and to facilitate two-way communication between the ASC and frontline providers.

In the early stages, the role of the ISP will primarily focus on supplying information that will allow frontline providers to understand key objectives. This support will facilitate successful implementation of immediate and medium term solutions that benefit local patients and health systems.

Over time, the role of the ISP will expand to provide ongoing support for innovative local solutions that meet the provincial objectives of access, quality, and value; sharing successes and helping to avoid challenges experienced in other sites.

C) Near Term (mid 2015)

Consistent with government's current focus on increasing surgical capacity throughout the province, near term solutions focus primarily on strategies which

are amenable to immediate implementation and facilitate improved patient access to care.

i) Recruitment and Efficiency of Anesthesiology Care

The current structure of MSP payments for anesthesia procedural care is a complex assortment of sixteen different fee items, none of which provide appropriate incentive to promote OR efficiency and surgical throughput.

We propose that the current payment structure be eliminated and replaced with a hybrid model that includes two separate components: a simplified time base payment, and an efficiency incentive.

To remove the "administrative" complexity of the sixteen current MSP intensity/complexity (time based) anesthetic procedural fees, we propose that they be completely replaced with simple, three-tiered "**time base payments**" as follows:

Routine anesthetic care	$36 per 15 minutes
Medium complexity care	$42 per 15 minutes
Higher complexity care	$48 per 15 minutes

The "routine" tier would include a majority of the anesthetic services delivered everyday throughout the province, currently spread across eight different MSP fee codes (01005, 01105, 01106, 01110, 01112, 01172, 01173, 01174).

The medium complexity tier would include a minority subset of procedures with an inherently higher intensity or complexity of care, but which are required throughout the province (current MSP fee items 01175, 01176, 01177).

The higher complexity tier would include the smallest number of anesthetic procedures reflecting primarily subspecialty surgeries which require the greatest anesthetic expertise and vigilance (current MSP fee items 01111, 01178, 01179, 01180, 01181).

In addition to the latter time base payments, we propose that a new **efficiency incentive** payment be implemented to reward providers and systems that achieve improved efficiency in surgical throughput. The structure of this efficiency incentive could be determined and adjusted over time by the ASC, to ensure that there is proportional incentive applied to every procedure and to every surgical facility in the province. The value of the incentive might be based on one or more of the following factors:

- the average anesthesia time base payment for that procedure
- the surgical fee for that procedure
- the time of day of the procedure

- the waitlist priority of the procedure

Together, the time base payment and the efficiency incentive would combine to effectively compete with compensation in other provinces, helping not only to support needed recruitment of anesthesiologists, but also to target providers who will maximize the efficiency of surgical resource utilization in BC.

ii) Consultant Obstetrical Anesthesiology Programs

Implementing a standardized on-site obstetrical anesthesiology program at all of BC's large and tertiary maternity facilities (Surrey Memorial, Royal Columbian, Victoria General, Abbotsford Regional) will ensure that obstetrical patients receive timely access to the highest level of care, maximizing safety for both mothers and babies.

This COBA program will create efficiencies in both the labour ward and in the operating room, since each will function with independent anesthesiologist staffing allowing both to operate smoothly in parallel at all times of the day and night. Surgical capacity will increase, while reducing the overall cost per patient.

To properly staff on a 24/7/365 basis, funding should reflect 5.4 additional full-time anesthesiologists needed at each site, with values that compare at least with current obstetrical anesthesiology payments in BC, if not those in competing jurisdictions.

iii) Surge Capacity

Two forms of surge capacity would combine to increase surgical throughput in a patient-centred manner.

Local **"slate-completion" surge capacity** would allow the operating team (surgeon, anesthesiologist, and nurse) to complete all slated procedures, even where unexpected events lead to scheduling delays. Patients will receive their surgeries on the day that was planned, instead of being "cancelled" and re-booked for another day. OR productivity will increase, as the OR will be idle for less time than where there is a "hard cap" on theatre end times. The slate-completion surge capacity strategy requires that the local surgical program be allowed to extend nursing hours on a contingency basis. It also requires review of MSP payment rules that fund "surge" patients fundamentally differently than other surgical patients being looked after at the same time of day.

Regional surge capacity would allow flexibility to responsively address temporary waitlist pressures, by aligning additional surgical capacity either at the local or regional level. The ASC should consider supporting regional surge

capacity by reimbursing travel and associated costs for participating anesthesiologists.

iv) Retention Incentive

To promote continued service delivery amongst our aging anesthesiologist workforce, as well as retention of anesthesiologists within BC, we propose an annual **retention incentive** for those who remain in practice. One possible model is as follows:

Years of BC Practice	*Annual Retention Incentive*
1 to 5	$5,000
6 to 10	$10,000
11 to 15	$15,000
16 to 20	$20,000

In order to recognize the shared value of anesthesiologists making leadership investments in the health care system, we propose that the retention incentive be increased by a **leadership bonus** of $100 per annum for each ASC-approved unit of leadership skills training completed.

v) Patient Education Materials

Patient-centred care begins with patient education about the services they are receiving, their treatment options, and the benefits of self-management and health optimization.

Written, video, and online resources in multiple languages should be developed to provide a provincially-standardized base of information that would be applicable to a broad segment of surgical, maternity, and pain patients.

These can be made available directly to hundreds of thousands of patients each year through pre-operative optimization (pre-admission) clinics, maternity wards, and elsewhere.

vi) Anesthesia Assistant - Training Program Development

Our goal is to update and maintain one provincial world-class training program that will graduate anesthesia assistants who are able to facilitate the vision of anesthesiology care defined in this paper. We propose that academic development funding be secured to support the needed course design and

content renewal work, to ensure the alignment of training with actual and future practice of AAs.

D) Medium Term (Early 2016)

With the ASC in place and the ISP having assisted frontline providers to implement near term solutions, attention will then extend to broader achievements towards improved access, value, and quality.

i) Patient Safety & Quality Improvement

Anesthesiology departments that opt-in to the ASC Patient Safety & Quality Improvement (PSQI) initiative will be resourced to invest the time and energy to assess and improve the care delivered; including objectives such as appropriateness of care, effectiveness (meeting treatment goals), safety (complication rates), patient satisfaction, timeliness and efficiency of care.

PSQI time might include:

- collection and analysis of patient outcome data at the practitioner or department level
- designing, developing, and implementing PSQI initiatives or changes in practice
- attending PSQI relevant committees and meetings
- involvement in ERAS, CUSP, TPOT, LEAN, or other similar processes

Especially in smaller departments, the establishment of PSQI support would also create some degree of staffing flexibility which could mitigate both surge capacity needs and short-term unanticipated (e.g. health related) staffing deficits.

Opted-in departments would report regularly to ASC regarding:

- participating anesthesiologists, dates/times of PSQI work
- outcome data (before & after PSQI initiatives)
- innovations in care delivery

We propose that PSQI funding be structured as a blended model recognizing both a component of time investment, and a separate lump sum component for reaching deliverables established provincially by the ASC.

Reflecting the significant value this work can achieve for the health care system, we propose that the time investment be funded at the same rate as medium complexity anesthetic care (see above); and that opted-in departments would be allocated funding for one full PSQI day (8 hours) pro-rated for each twenty "daily clinical roles" in the department. Daily clinical roles might include, for example,

OR slates, preoperative optimization clinic, postoperative care, obstetrical anesthesiology, satellite procedure rooms, etc.

An proportional lump-sum payment would also be made quarterly to the opted-in department for reaching an ASC-identified provincial deliverable associated with access, value, and/or quality.

ii) Perioperative Innovation

Opted-in departments would then also be eligible for pilot project and potentially ongoing funding support for ***Innovation Accelerator*** initiatives targeting local priorities in perioperative or perinatal care.

ASC working groups would develop Discussion Papers on areas such as Preoperative Optimization, and Postoperative Risk Reduction. Consideration would be given to rolling out local, regional, and provincial initiatives in 2016.

Funded academic positions would be allocated and filled by anesthesiologists interested in the full range of "bench to bedside" research and quality improvement, with a focus on perioperative innovation and efficiency.

iii) Anesthesia Assistants

Entry positions would open for a world-class provincial training program for Anesthesia Assistants. Work would continue to ensure appropriate structures and processes for certification, licensing, and regulation of AAs in BC.

A coordinated strategy would be developed to hire and deploy AAs throughout BC, with consideration of ways to incentivize AA deliverables related to access, quality, and value.

iv) Obstetrical & After-Hours (Emergency) Coverage

A provincial review of existing after-hours anesthesiology coverage will be undertaken by the ASC, ensuring that availability is standardized and aligned with the needs of obstetrical, surgical, and other patients.

v) Surge Capacity

The BCAS, MOH, and PSEC will examine possible arrangements to facilitate surgical surge capacity.

vi) Rural Exchange Locums

The ASC would make funding available for exchange locums between rural GPAs (clinical skills upgrading experience) and visiting specialist anesthesiologists (locum coverage and local CPD).

vii) Perioperative Innovation

vii) Leadership Skills Development

The ASC would identify and/or host relevant physician leadership skills learning opportunites, to broadly develop and strengthen the leadership capacity across BC.

E) Long Term (2017)

i) ISP Pilot Programs & Innovation Accelerators

With the latter initiatives implemented, the ASC will facilitate provincial expansion of the most promising pilot programs, while still welcoming ongoing perioperative ***Innovation Accelerator*** projects.

ii) Provincial Pain Framework

The ASC Pain Management working group would present its comprehensive White Paper describing its vision for a coordinated, provincial, tiered, multi-disciplinary system of care.

The BCAS and MOH would collaborate with all stakeholders to hold a provincial summit, where the proposed vision would be reviewed and support sought for implementation in BC.

iii) Consolidating the Surgical Pathway

Using LEAN Six Sigma and other methodologies, a comprehensive review of the entire surgical pathway (from initial symptom presentation to eventual return to normal function) will ensure optimal coordination of processes and resources to deliver a high-quality, efficient, patient-centred surgical experience.

Determining demand and supply: Data support workplan

Prepared for a meeting of the
Anaesthesiology Working Group,
November 26 2015

Agenda

- Agenda
- Update from Patrick
- Update from Roland
- Update from Nancy
- Presentation from Kim
- Next steps/timelines

Work Plan

1. Examine projected surgical and obstetrical ***demand*** in each health authority.

- Preliminary data received from VCHA, Island Health and PHSA
- Working with FHA and NHA to complete request
- Surgical data from budget papers now aligned with other sources
- Will pull three back years so 2012/13 to 2017/18 is total span of analysis
- Incorporate data from surgical patient registry.

Confidential Draft November 2015

Work Plan-Demand

- Analyse obstetrical data from Perinatal Services BC.
- Align surgical and obstetrical analyses
- Determine the increased amount of anaesthesiology services required by site.

Workplan-Supply

- Provide basic profile of current complement of anesthetists.
- Analyse UBC Faculty of Medicine data to learn about current retention
- Analyse national sources
- Incorporate results from member survey into fulsome picture of current and projected supply

Workplan—The Gap

- Determine current and projected future size of gap between supply and demand
- Determine best strategies to fill gap; for example:
  - recruit from elsewhere
  - Increase spaces
  - labour substitution (GP anesthistist? Anesthesiology assistants?
- Address role and provision of locums.

Next Steps

- Firm up timelines
- Questions, please contact: nancy.south@gov.bc.ca or 250-952-2961