

### 3 Year Plan for Surgical Services – updated April 2016

Goal	Strategy	Actions	Lead	2015/16	Apr-June 2016	July-Sept 2016	Oct-Dec 2016	Jan-March 2017	2017/2018
<b>Improve timely access to appropriate surgical procedures</b> <b>Target:</b> <b>No more than 5% of patients wait more than 40 weeks for scheduled surgery in 2016/17</b>	<b>Eliminate surgical backlogs and plan for ongoing growth</b>	1. Develop and implement a plan to eliminate the backlog of longest waiting patients	HAs						
		2. Develop provincial methodology to be used by each HA to model demand to meet established wait time targets	MOH						
		3. Model ongoing surgical growth, develop and implement annual plans to meet ongoing growth	HAs						
		4. Develop and implement a provincial perioperative efficiency plan to optimize existing resources	HAs						
<b>BC uses a patient centered accurate synchronized system for enhanced surgical flow</b>	<b>Provincial surgical IM/IT strategy</b>	5. Information Solutions for Enhanced Surgical Flow: <u>Phase 1:</u> Shared provincial vision and Business Planning <u>Phase 2:</u> IT Planning <u>Phase 3:</u> Solutions - Procure and implement	MOH (HSP, IMIT) and HAs		Phase 1	Phase 1	Phase 2	Phase 2	Phase 3
		6. Implementation plans submitted to expand virtual care including tele health for pre surgical assessment and consultation, post-surgical follow up and patient education	HAs						
<b>BC has the right number and types of surgical health care providers to meet its needs</b>	<b>Surgical HHR strategy</b>	7. Complete a gap analysis and 3 year plan for surgical health human resources focused on: <ul style="list-style-type: none"> <li>Anaesthesiology</li> <li>Specialized surgical nursing</li> <li>GP anaesthesiology</li> <li>GPs with enhanced surgical skills</li> </ul>	MOH (HSW)		Gap analysis		3 year plan		
		8. Change management infrastructure	HAs						

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<b>Surgical wait lists are managed optimally and proactively</b>	<b>Wait list management</b>	9. Implementation of updated adult prioritization codes	HAs/ Surgeons						
		10. Provincial wait list management: <ul style="list-style-type: none"> <li>Standardize analysis, modelling and monitoring of wait times and waitlists across the province</li> <li>Develop an updated, comprehensive provincial waitlist management policy</li> <li>Provide better public access to information on surgical wait times and waitlists</li> </ul>	MOH (HSP)						
		11. Patients have improved information and choice to expedite their access to surgery through pooled referral and first available surgeon models	HAs/ Surgeons						
<b>Improve the patient experience of care</b>	<b>Patient centered choice; reduce unwarranted variation</b>	12. Work with evolving Primary Care Homes, surgical specialists, hospitals and Specialized Care Programs to strengthen the referral and communication processes	HAs						
		13. Standardized care pathways will be incrementally used for selected surgical procedures (ERAS)	MOH (HSP)						
		14. Develop networks of care for rural, remote and urban services applying the Tiers of Service model	HAs						
		15. Work with the BC Cancer Agency and surgeons to appropriately link and integrate surgical oncology with the provincial cancer control strategy	MOH (HSP)						

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Improve the health of populations	Performance monitoring	16. Recommend indicators and targets relevant to surgical services for the quality dimensions: safety, accessibility, appropriateness, effectiveness, acceptability	MOH (HSP)	Access, Safety	Appropriateness, Effectiveness, Acceptability				
		17. Develop and implement a comprehensive performance management reporting framework for surgical services	MOH (HSIAR)						
		18. Establish a proposed policy framework for continuous quality improvement and quality assurance across perioperative services	MOH (HSP)						
Reduce per capita cost for surgical services	Optimal use of resources and focus on quality	19. Establish the funding framework for strategic priorities, including surgical services	MOH (FCS)						
		20. Establish sustainable 2 year funding plans within the global health care budget for strategic priorities including achieving surgical services targets for fiscal years 2017/18 – 2018/19	MOH (FCS)						
		21. Implement standardized costing methodology for surgical services to improve planning and cost management	MOH (FCS)						
		22. Bring forward funding options to better incent performance of HAs and physicians to improve the quality of surgical services	MOH (FCS)						

**Abbreviation Key:**

HAs: Health Authorities

MOH: Ministry of Health

HSW: Health Sector Workforce Division

HSP: Health Services Policy Division

IMIT: Information Management Information Technology Division

HSIAR: Health Sector Information, Analysis and Reporting Division

FCS: Finance and Corporate Services Division

**References:** Future Directions for Surgical Services in British Columbia, February 2015