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MINISTRY OF HEALTH INFORMATION BRIEFING NOTE

Cliff # 1045782

PREPARED FOR: Honourable Terry Lake, Minister - **FOR INFORMATION**

TITLE: Provincial Surgical Executive Committee Report Card 2014/15

PURPOSE: To provide a summary of Provincial Surgical Executive Committee (PSEC) key activities and accomplishments in the 2014/15 fiscal year.

BACKGROUND:

In February 2014, the Ministry of Health published [*Setting Priorities for the B.C. Health System*](#). This guiding document confirms timely access to surgical services using a patient-centered approach as a key area of focus.

In July 2014, the new Provincial Surgical Executive Committee (PSEC) was formed with a strengthened mandate and refreshed membership to provide strategic oversight for the planning of surgical services across the continuum in British Columbia.

PSEC's key activities and accomplishments in its first year are listed below. Please refer to the attached PSEC Report Card 2014/15 for additional detail.

DISCUSSION:

Formation of PSEC

- Disbanded the Provincial Surgical Advisory Committee April 2014.
- Developed Terms of Reference for PSEC, which reflected a stronger mandate to provide strategic oversight for the planning of surgical services across the continuum and aligned with *Setting Priorities*.
- Used an Expression of Interest (EOI) process to select committee members: 38 submissions were received and the panel selected 28 committee members including 2 patient representatives.

Coming Together

- Developed a vision statement - "High quality, patient centered surgical care within a sustainable health system for the residents of British Columbia".
- Developed guiding principles that include a commitment to learn together given this new, large committee with diverse membership.
- Determined priorities for 2014 – 2017 based on patient centered care and a foundation of quality: Completed a SWOT analysis¹ and a survey of priorities.
- Established 5 time-limited Working Groups to advance the priorities and actions established by PSEC:

¹ A SWOT analysis is a structured planning method used to evaluate the strengths, weaknesses, opportunities and threats involved in a project.

- **Vision and Policy** (September – December 2014): Policy paper developed.
- **Prioritization Code Review** (October 2014 – June 2015): Update and implement the revised adult prioritization codes for scheduled surgeries. Revised codes implemented September 2015.
- **Surgical Quality Indicators** (October 2014 – 2016): Determine indicators and targets for each of the quality dimensions relevant to surgical services starting with accessibility and safety.
- **Surgery Booking and Wait Time Management Solution** (October 2014 – 2017): Implement a standardized approach to surgery booking and wait time management using an electronic solution across the province.
- **Clinical Care Management** (October 2014 – 2016): Inform Clinical Care Management initiatives pertinent to surgery.

Working Together

- Developed a background paper on the current status of surgical services in BC.
- Conducted a visioning session on the preferred future state.
- In February 2015 the policy paper *Future Directions for Surgical Services in British Columbia* was published.
- Conducted orientation sessions to the policy paper across the province.
- Drafted the 3 Year Plan for Surgical Services 2015 – 2018.
- Determined short, intermediate and longer term actions to increase surgical capacity and reduce wait times for long waiting patients during the June 2014 – March 2015 time period.

Learning Together

- Develop a common understanding of topics relevant to surgical services.

NEXT STEPS:

- \$10 million announced in June 2015 with a focus on patients who are waiting the longest time for surgery. More than 1,000 additional surgeries were completed between June – August 2015.
- Fully develop the 3 year Plan for Surgical Services 2015 – 2018.
- Identify priorities and determine resources required to complete the activities in the 3 year plan.
- Align the surgery strategy with other Ministry of Health priorities (e.g. rural health) and service delivery performance management framework.
- Communicate the surgical strategy and actions.

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Date: January 5, 2016

INTRODUCTION

A key theme in the Ministry of Health's strategy "Setting Priorities for the BC Health System, February 2014" is to examine current and future demand on surgical services in BC, determine ways to improve timely access to surgical services for the population, and deliver these services in a patient centered manner using quality as the foundation. The new Provincial Surgical Executive Committee (PSEC) was formed in April 2014 with a strengthened mandate and refreshed membership to support the priority to improve surgical services in the province. This report summarizes the activities and accomplishments of PSEC during April 2014 to March 2015 and outlines next steps.

ACTIVITIES	TIMELINES	STATUS (√ = completed)	NOTES
<u>FORMATION OF PROVINCIAL SURGICAL EXECUTIVE COMMITTEE (PSEC)</u> <ul style="list-style-type: none"> Disband Provincial Surgical Advisory Committee Draft the Terms of Reference for PSEC Use an Expression of Interest (EOI) process to select committee members Convene new committee 	<p>April 2014</p> <p>April 2014</p> <p>May - June 2014</p> <p>July - August 2014</p>	<p>√</p> <p>√</p> <p>√</p> <p>√</p>	<ul style="list-style-type: none"> PSEC Terms of Reference reflect a stronger mandate to provide strategic oversight for the planning of surgical services across the continuum Aligns with "Setting Priorities for the BC Health System - February 2014" Call for EOI through Ministry of Health/ Health Authority Committee, Patients as Partners, Doctors of BC, BC Patient Safety & Quality Council, University of BC 38 submissions received; panel selected 28 members including 2 patient representatives Members are expected to primarily represent patients rather than their constituency

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ACTIVITIES	TIMELINES	STATUS (√= complete)	NOTES
<u>COMING TOGETHER</u> <ul style="list-style-type: none"> Develop Vision and Guiding Principles Endorse Terms of Reference Complete SWOT analysis Conduct survey for priorities Determine priorities for 2014 – 2017 Establish Working Groups 	July – September 2014	√ √ √ √ √ √	<ul style="list-style-type: none"> Vision statement - <i>“high quality, patient centered surgical care within a sustainable health system for the residents of British Columbia”</i> Guiding principles include a commitment to learn together given a new, large committee with diverse membership Priorities are based on patient centered care and a foundation of quality 5 Working Groups established (see below)
<u>WORKING TOGETHER</u> <ul style="list-style-type: none"> Background paper on current status of surgical services in BC 	September 2014	√	<ul style="list-style-type: none"> Background paper provided a cross sector assessment of current state (population health, performance data, funding methods, IMIT, health human resources)
<ul style="list-style-type: none"> Conduct a Visioning session on the preferred future state 	October 2014	√	<ul style="list-style-type: none"> Patient journey informed the preferred future state
<ul style="list-style-type: none"> Develop and submit surgery policy paper 	December 2014	√	<ul style="list-style-type: none"> Surgery policy paper - <i>“Future Directions for Surgical Services in British Columbia”</i> – completed on schedule
<ul style="list-style-type: none"> Complete orientation to policy papers 	Jan – May 2015	√	
<ul style="list-style-type: none"> Draft the 3 year plan for surgical services 	June 2015	On schedule	<ul style="list-style-type: none"> Draft plan presented to PSEC June 2015

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ACTIVITIES	TIMELINES	STATUS (√= complete)	NOTES
<ul style="list-style-type: none"> Working Groups: <ol style="list-style-type: none"> Vision and policy Prioritization Code Review Surgery Quality Indicators Surgery Booking and Wait Time Management Solution Clinical Care Management Determine immediate short, intermediate and longer term actions to increase surgical procedures while aligning with the surgery strategy 	<p>Sept – Dec 2014</p> <p>Oct 2014 - Sept 2015</p> <p>Oct 2014 - 2016</p> <p>Oct 2014 - 2017</p> <p>Oct 2014 - 2016</p> <p>March – May 2015</p>	<p>√</p> <p>On schedule</p> <p>On schedule</p> <p>On schedule</p> <p>On schedule</p> <p>√</p>	<ul style="list-style-type: none"> Policy paper developed; group concluded Update and implement the revised prioritization codes for scheduled surgeries Determine indicators and targets for surgical services starting with accessibility and safety Implement a standardized approach to surgery booking and wait time management using an electronic solution across the province Inform Clinical Care Management initiatives pertinent to surgery \$10 million invested for health authorities to increase surgeries in 2015/16, focusing on patients who are waiting the longest Short term: June – August 2015 - up to 1000 additional surgeries to be completed* (see Note below) Intermediate: Sept 2015 – March 2016 Longer term: 2016 – 2017

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ACTIVITIES	TIMELINES	STATUS (√= complete)	NOTES
<u>LEARNING TOGETHER</u> <ul style="list-style-type: none"> Develop a common understanding of topics relevant to surgical services 	Ongoing	√	<ul style="list-style-type: none"> PSEC learned about Patient Reported Outcome Measures, Pay for Performance, Health Technology Assessment, Clinical Care Management Framework PSEC also learned the value of: <ol style="list-style-type: none"> having patient representatives bring their voice and experience to the provincial committee articulating the vision and guiding principles at the outset and using them to guide the work commitment by PSEC members to bring their new thought leadership to drive the strategy closing the loop on communication pathways

NEXT STEPS

- Fully develop the 3 year Plan for Surgical Services 2015 – 2018
- Identify priorities and determine resources required to complete the activities in the 3 year plan
- Align the surgery strategy with other Ministry of Health priorities (e.g. rural health) and service delivery performance management framework
- Communicate the surgical strategy and actions

***Note:** 1625 additional surgeries were completed June – August 2015