Ministry of Health

PROJECT CHARTER

Medical Imaging Access and Quality Improvement (MI-AQI)
Phase II

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Approvals

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1.0 Project Purpose

The purpose is to improve both the access to, and quality of, Medical Imaging (MI) services in British Columbia.

1.1 Strategic Alignment

- The Minister of Health has identified wait list reduction as a Ministry priority.
- The Ministry has approved the fulfillment of the 18 recommendations produced by the Advanced Imaging Strategy Project (Phase I).

2.0 Background

The Advanced Imaging Strategy Project, Phase I, was initiated in January 2016 to (i) address wait time and access issues for magnetic resonance imaging (MRI) and (ii) to undertake policy reviews and provide recommendations to support accessible, timely and high quality advanced imaging services. The in-scope imaging services included MRI, computed tomography (CT) and positron emission tomography (PET). The project had two key objectives:

- Realize an increase and sustainment of MRI volumes between fiscals 15/16 and 18/19, and
- Provide recommendations to support accessible, timely and high quality advanced imaging services into the future. The recommendations addressed (i) governance, funding, and service models, (ii) ways to improve quality and appropriateness, and (iii) the IM/IT supports required to help enable service delivery.

An increase in MRI volumes was realized during the project and continues to improve. A series of 18 high-level recommendations were generated relating to access, quality, standardization and long-term sustainability. While the original focus was on advanced imaging, most recommendations pertained to medical imaging in general. These recommendations have received both Ministry and Health Authority (HA) Executive support. Phase II of this work, called the Medical Imaging Access and Quality Improvement (MI-AQI) project, will operationalize these recommendations within the context of four streams of work with a broadened scope which includes all medical imaging. The mapping of Phase II work streams to Phase I recommendations is listed in Appendix A.

3.0 MI-AQI Objectives By Phase

The objectives of the Medical Imaging Access and Quality Improvement (MI-AQI) project are:

- Reduce the wait times and improve geographic access to medical imaging services (all modalities)
- Improve quality and appropriateness of medical imaging services
- Improve business processes for medical imaging services
- Implement a framework for the governance, funding and service delivery models which promotes long-term sustainability

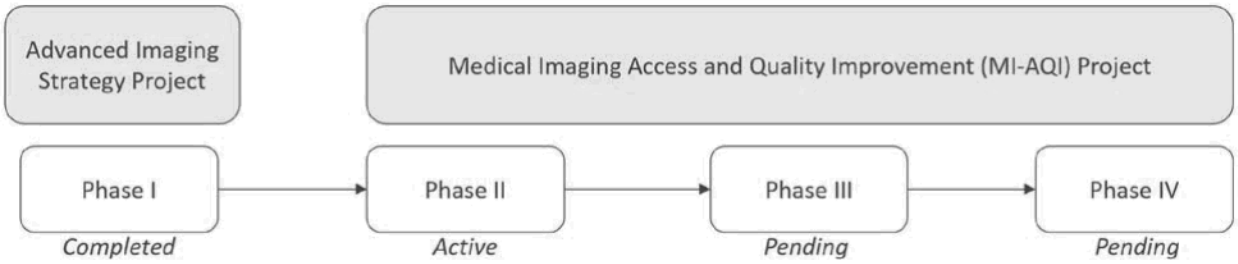


Image 1. Projects and phases

The table below provides a summary of the MI-AQI project phase objectives.

MI-AQI Project Phase	Phase Objectives
Phase II (Sept '17 to Mar '19)	• Realize short-term access improvement • Begin monitoring quality of care and performance • Establish wait-time benchmarks and tracking capabilities • Implement quality and appropriateness interventions • Recommend models (governance, funding and service delivery)
Phase III (Apr '19 - Mar '20)	• Realize long-term access improvement (service volumes and location) • Improve the patient experience • Wait list management (including the completion of the KPI implementation) • Define a plan to realize models (governance, funding and service delivery)
Phase IV (Apr '20 - Mar '21)	• Execute the plan to realize models (governance, funding and service delivery) • Promote continuous improvement and sustainment activities for access and quality improvement

Table 1. Phase objectives

An overview of the outcomes for each phase of the MI-AQI project are listed in Appendix B.
The delivery details for Phase II are listed in section 5.

4.0 MI-AQI Critical Success Factors

The success of the MI-AQI project is dependent upon the following items being in place:

- Executive support from both the Ministry and HAs for the project and what it aims to deliver
- Support, participation and partnership with HAs, practitioners and other key stakeholders
- Availability of key project resources (business leadership, SMEs, PM, HA & working group members)
- Health system resources (people and funding) required to implement the initiatives

For each phase, the project will be successfully completed when the phase objectives are achieved.

5.0 Phase II Scope

5.1 In Scope

The following tables depict the deliverables, artefacts and outcomes for Phase II.

5.1.1 Workstream Delivery Summary

#	Workstream	Delivery Summary
1	Medical Imaging Access and Service Distribution	• Policy definition and implementation (short term access improvement, rapid access to imaging (CT, ultrasound), pooled referrals/first available slot scheduling) • Service configuration framework and roadmap • Pediatric access strategy • Wait time management framework • Prospective reporting implementation (CT, MRI) • Retrospective reporting implementation (all others)
2	Governance, Funding and Service Model	• Development and approval of proposed models
3	Medical Imaging Business Processes	• Study on expanding image exchange (DI-R) • HA commitment for ordering, booking and access results
4	Quality of Care and Performance Monitoring	• Policy definition and implementation (medium stop requisition review process implementation, choosing wisely implementation, key performance indicators, radiology consult service) • Utilization management function implementation

Table 2. Workstream summary

5.1.2 Workstream Delivery Details

Work Stream #1. Medical Imaging Access and Service Distribution

Initiatives	Deliverables and Key Milestones	Target Start	Target Completion
Short Term Access Improvements (a) Set expectations for short term access improvement (b) Define linkages of medical imaging to primary care networks and specialized services (c) Monitor HAs as they continue to increase MRI service volumes as per Phase I	Policy component written and issued	Nov '17	Mar '18
	Policy component implemented	Apr '18	Mar '19
Long Term Access Improvements (d) Develop evidence-based service configuration framework and roadmap (e) Develop a strategy for pediatric access to medical imaging	Service configuration framework Service configuration roadmap	Jun '17	Mar '19
	Pediatric access strategy	Jan '19	Mar '19
Enhance Wait Time Tracking (e) Develop and implement enhanced wait time measurement framework	Wait time measurement framework	Nov '17	Mar '18
	Prospective reporting for CT and MRI implemented	Nov '17	June '18
	Retrospective reporting for all other modalities implemented	Nov '17	Mar '19
Rapid Access to Imaging (CT and ultrasound) (f) Establish rapid access services - access for CT and ultrasound for urgent care patients (to avoid outpatient ED)	Policy component written and issued	Nov '17	Mar '18
	Policy component implemented	Apr '18	Mar '19
Pooled Referrals/First Available Slot Scheduling (g) Establish and implement referrals/scheduling approach (where feasible)	Policy component written and issued	Nov '17	Mar '18
	Policy component implemented	Apr '18	Mar '19

Table 3. Work stream #1.

Work Stream #2. Governance, Funding and Service Model

Initiatives	Deliverables and Key Milestones	Target Start	Target Completion
Governance Model (h) Undertake analytics and policy development to produce the proposed governance model (i) Acquire decision/direction for the proposed governance model	Proposed governance model Approval for governance model	Apr '18	Mar '19
Funding model (j) Define a value-based funding model	Value-based funding model	Apr '18	Mar '19
Capital Acquisition (k) Define a capital planning/funding model for strategic medical imaging equipment purchases	Capital planning funding model	Apr '18	Mar '19

Table 4. Work stream #2.

Work Stream #3. Medical Imaging Business Processes

Initiatives	Deliverables and Key Milestones	Target Start	Target Completion
Expand Image Exchange (DI-R) (l) Acquire funding and complete a feasibility study regarding medical imaging expansion to community imaging providers	Funding received for feasibility study Feasibility study results	Sept '18	Dec '18
Supports for ordering, booking and accessing results (m) Seek HA commitment for business process improvement (through IMITSC)	HA commitment (through IMITSC)	June '18	June '18

Table 5. Work stream #3.

Work Stream #4. Quality of Care and Performance Monitoring

Initiatives	Deliverables and Key Milestones	Target Start	Target Completion
Medium Stop Requisition Review Process Implementation (n) Develop MRI/CT medium-stop approach and scope for implementation	Policy component written and issued	Nov '17	Mar '18
	Policy component implemented	Apr '18	Mar '19
Choosing Wisely Implementation (o) Develop & implement choosing wisely in community-based care (p) Develop & implement choosing wisely in HA facilities	Policy component written and issued	Nov '17	Mar '18
	Policy component implemented	Apr '18	Mar '19
Key Performance Indicators (q) Report and monitor KPIs	Policy component written and issued	Nov '17	Mar '18
	Policy component implemented	Apr '18	Mar '19
Radiology Consult Service (r) Establish Radiology Consult Service to provide input on ordering best first test	Policy component written and issued	Nov '17	Mar '18
	Policy component implemented	Apr '18	Mar '19
Utilization Management Function (s) Define and implement utilization management function	Utilization mgmt function implemented	Apr '18	Mar '19

Table 6. Work stream #4.

5.2 Out of Scope

- Interventional radiology services
- Physician compensation within current funding model (e.g. fee item amounts)
- The management and delivery of MI services

6.0 Phase II Project Timeline

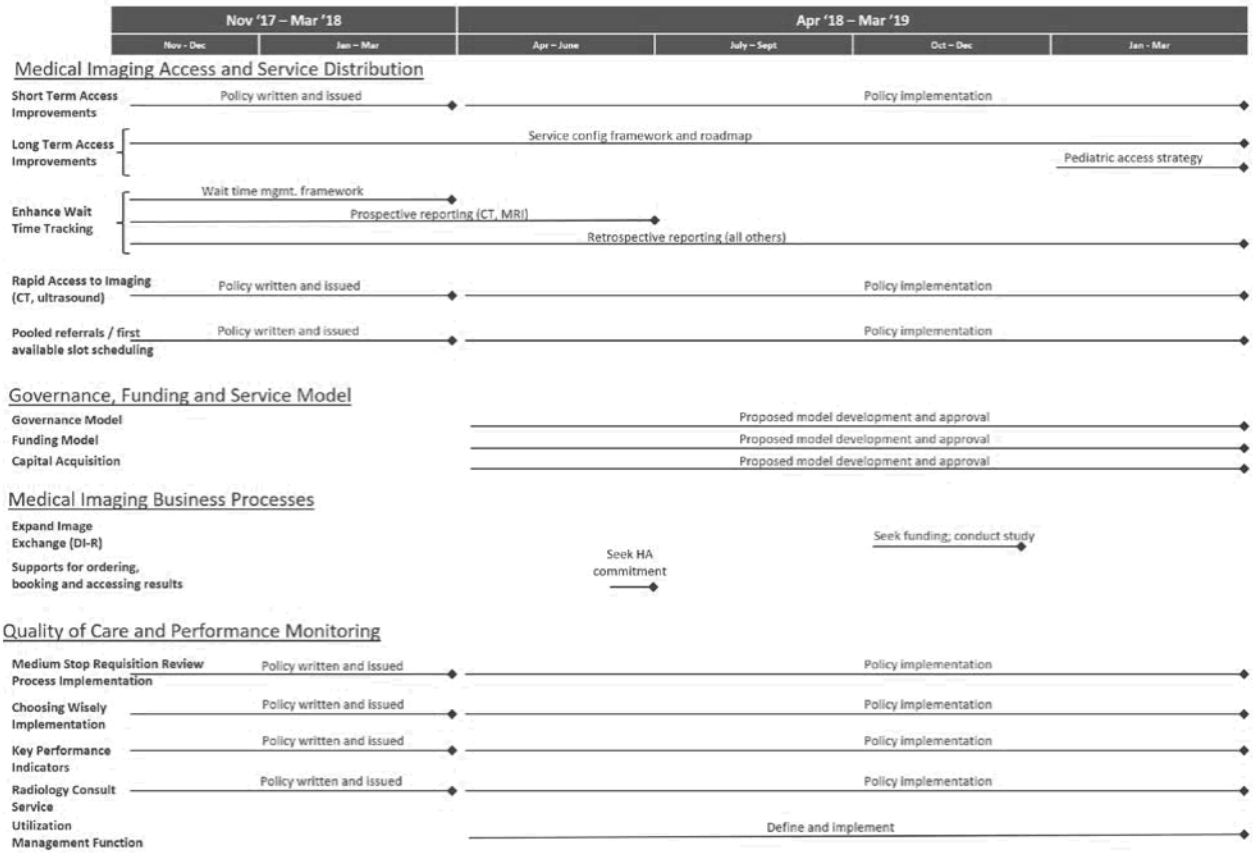


Image 2. Timeline

7.0 Phase II Stakeholders

Interests, Expectations, Concerns	Stakeholder(s)
• Interested in an accessible and effective medical imaging service for referring practitioners and patients	• Patients • Radiologists • Referring practitioners
• Impact of proposed changes to health service delivery system within the current model	• HAs • Radiologists and referring practitioners
• Change to the models for governance, funding and service	• CPSBC (DAP) • DOBC • HAs • MSC • Private clinics • Other colleges • Radiologists and other practitioners that perform MI • Unions
• Impact to medical imaging purchasing and deployment decisions	• Equipment vendors • HAs • HSSBC • Ministry Capital Services
• Impact of implementing new IM/IT tools and processes	• DOBC – technology office • IMITSC • Referring practitioners • Radiology service providers
• Regular information on project status • Project fulfills medical imaging vision • Project delivery on-time and on-budget	• Assistant Deputy Minister • Associate Deputy Minister • Deputy Minister

Table 7. Stakeholders

8.0 Phase II Approach

The MI-AQI project is the next step after the Advanced Imaging Strategy Project which achieved its intended outcomes on time and on budget. A similar approach for staffing will be used in which the project is governed by Ministry executive and staffed with both Ministry FTEs and consultants (for project management and subject matter expertise).

Reporting will be comprised of monthly project status reports to the Project Sponsors and Project Director and reporting to the steering committees and boards as required.

At the conclusion of Phase II, the Project Director will seek approval to perform the detailed planning for Phase III, followed by approval and execution activities. This cycle will then be repeated for Phase IV.

9.0 Phase II Budget

The Phase II budget includes:

- Funding for staff and consulting labour from existing, funded positions from within the Ministry

The Phase II budget does not include:

- Funding for any tools, equipment or people required for the HAs to meet their commitments. Where applicable, FCS is anticipated to provide this funding to the HAs

The budget will be managed by the Project Sponsor, Tricia Braidwood-Looney.

10.0 Phase II Project Resources, Governance

The following diagram depicts the proposed project resource structure.

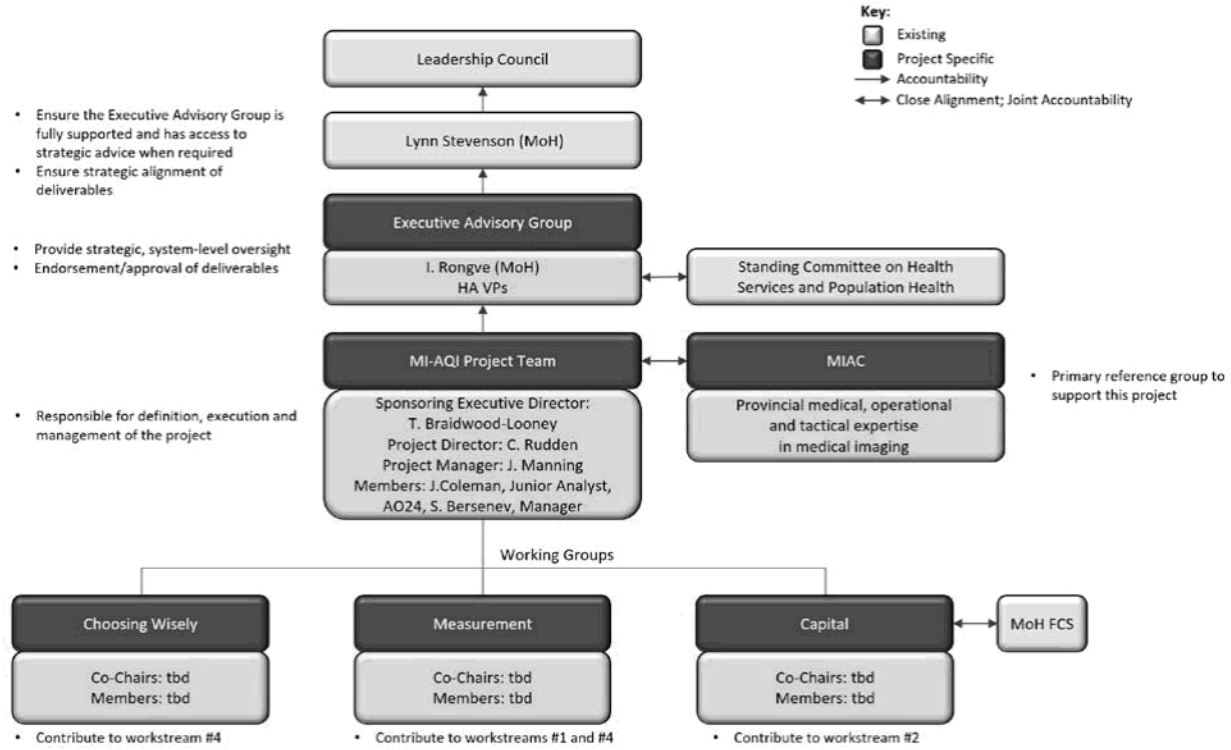


Image 3. Resources

10.1 Role of Governance, Executive and Working Groups

Lynn Stevenson

- Ensure strategic alignment of deliverables
- Endorsement/approval of recommendations

Standing Committee on Health Services and Population Health

- Advise on strategic alignment of deliverables
- Advise on operational feasibility/impact of recommendations

Executive Advisory Group

- Provide strategic, system-level review of products prior to standing committee submission
- Ensure that the project team and working groups are fully supported and have access to strategic advice when required
- Endorsement/approval of recommendations
- Advise on the need for working groups and their membership

MIAC

- Key reference group to support this project
- Nominate working group members
- Lead or participate in quality improvement activities

Working Groups

- Together with the project team, produce artefacts and deliverables

11.0 Phase II Assumptions and Constraints

11.1 Assumptions

- Each HA, stakeholder and the Ministry will be able to contribute representatives to the steering and working committees
- Resources to support the project secretariat function will be available and in place
- Project governance bodies will provide timely decisions to advance the project according to timelines

11.2 Constraints

- Availability of sufficient funding to enable the delivery of the increase in service volumes
- Availability of people and resources in the HAs and Ministry to undertake quality improvement work to implement Choosing Wisely

12.0 Phase II Risks

Project Risks		
#	Description	Impact
1	Timely decision making and approval	The deliverables not be realized in the current project timeframes.
2	Insufficient Ministry and stakeholder commitment of funds and people	Work on many key deliverables cannot proceed.
3	Stakeholders do not accept nor commit to changes	Project goals will not be realized.

Table 8. Risks

13.0 Appendix A. Phase II Work Streams; Phase I Recommendations

The following table maps the workstreams of Phase II of the Medical Imaging Access and Quality Improvement project to the recommendations produced by the Advanced Imaging Strategy Project (Phase I).

Phase II Work Stream	Phase I Recommendations
Medical Imaging Access and Service Distribution	1. Continue to improve MRI access to meet the needs of the population. 2. Continue to improve geographic access to MRI services. 3. Replace existing MRI machines in a timely manner to ensure equipment remains safe, reliable and technologically current
Governance, Funding and Service Model	4. Develop options for a governance model. 5. Develop options to establish provincial oversight for advanced imaging. 6. Develop an operational funding model for advanced imaging using a value-based funding approach. 7. Use a new provincial oversight body to develop a new approach to support effective provincial service planning and prioritization of advanced imaging equipment needs. 8. Determine changes required to the medical imaging service model to support primary / community care and perioperative care.
Medical Imaging Business Processes	9. Improve supports for ordering clinicians to order the most appropriate test. 10. Implement improved patient-centric appointment scheduling and communications. 11. Improve efficiency of ordering with standardized requisition forms and electronic processes 12. Implement standardized electronic care-giver order entry province-wide, with embedded decision support for advanced imaging, using a phased approach.
Quality of Care and Performance Monitoring	13. Develop a comprehensive provincial Quality Framework for medical imaging in B.C. 14. Implement Choosing Wisely for medical imaging in B.C. 15. Implement standard Key Performance Indicators. 16. Adopt the Provincial Service Configuration Guideline for B.C. 17. Provide ongoing support for Medical Quality Initiatives. 18. Develop a communications plan for appropriateness in medical imaging.

Table 9. Mapping

14.0 Appendix B. Overview of Phase II – IV Key Deliverables and Artefacts

Work Stream #1. Medical Imaging Access and Service Distribution

Initiative	Phase in which key deliverables, artefacts or outcomes will be realized		
	Phase II (to Mar '19)	**Phase III (Apr '19 - Mar '20)**	**Phase IV (Apr '20 - Mar '21)**
Short Term Access Improvements • Determine service delivery benchmarks to meet population needs by HA to 2020/21 • Modalities of MRI and CT	(a) Set expectations for short term access improvement (b) Define linkages of medical imaging to primary care networks and specialized services (c) Monitor HAs as they continue to increase MRI service volumes as per Phase I	(t) HAs continue to increase MRI service volumes as per Phase I	
Long Term Access Improvements • Model to forecast service volumes to 2030 • Determine service delivery benchmarks to meet population needs to 2030 • Analytics to predict where new machine are needed • Modalities of MRI, CT and PET	(d) Develop evidence-based service configuration framework and roadmap (e) Develop a strategy for pediatric access to medical imaging	(u) HAs develop plans to meet longer-term volume targets	(kk) HAs include future needs into planning (volumes @ location)
Enhance Wait Time Tracking • Establish retrospective wait time tracking for all MI modalities • Establish prospective wait time reporting for MRI and CT • Promulgate policies on waitlist management expectations	(e) Develop and implement enhanced wait time measurement framework	(v) Develop and promulgate policies on waitlist management & patient communication	
Rapid Access to Imaging (CT and ultrasound) • Define and implement a rapid access model to support primary and community care strategy to avoid Emergency Department (based on urgency criteria)	(f) Establish rapid access services - access for CT and ultrasound for urgent care patients (to avoid outpatient ED)	(w) HAs implement rapid access for all medical imaging modalities for urgent care patients via out-patient to avoid ED	
Pooled Referrals/First Available Slot Scheduling • Mandate and implement where feasible • All modalities	(g) Establish and implement referrals/scheduling approach (where feasible)		

Table 10. Work stream #1.

Work Stream #2. Governance, Funding and Service Model

Initiative	Phase in which key deliverables, artefacts or outcomes will be realized		
	Phase II (to Mar '19)	**Phase III (Apr '19 - Mar '20)**	**Phase IV (Apr '20 - Mar '21)**
Governance model • Establish new governance model for medical imaging	(h) Undertake analytics and policy development to produce the proposed governance model (i) Acquire decision/direction for the proposed governance model	(x) Initiate the plan on how to realize (e.g. new legislation)	(ll) Execute the plan to realize
Funding model • Establish alternate funding models for medical imaging	(j) Define a value-based funding model	(y) Acquire decision on model (z) Initiate the plan on how to realize (e.g. new legislation)	(mm) Execute the plan to realize
Capital Acquisition • Develop alternate approach for capital acquisition and provincial prioritization process	(k) Define a capital planning/funding model for strategic medical imaging equipment purchases	(aa) Acquire decision on model (bb) Initiate the plan on how to realize (e.g. new legislation)	(nn) Execute the plan to realize

Table 11. Work stream #2.

Work Stream #3. Medical Imaging Business Processes

Initiative	Phase in which key deliverables, artefacts or outcomes will be realized		
	Phase II (to Mar '19)	**Phase III (Apr '19 - Mar '20)**	**Phase IV (Apr '20 - Mar '21)**
Expand Image Exchange • Include all medical images from community-providers	(l) Acquire funding and complete a feasibility study regarding medical imaging expansion to community imaging providers	(cc) PHSA expansion of image exchange	
Supports for ordering, booking and accessing results Work with IMITSC to advance business process enhancements including: • Electronic order entry with decision support • Develop tools to support pooled referrals and increased patient choice • Develop tools to support patient communication and patient scheduling • Improved physician and patient access to test results • Implement decision support program	(m) Seek HA commitment for business process improvement (through IMITSC)	(dd) HAs initiate implementation of the policy on ordering /booking/accessing of results (ee) Acquire IMITSC support for the expansion of the decision support pilot	(oo) HAs complete implementation of the policy (pp) Expand decision support program to other HAs (further expansion of pilot) (qq) HAs implement policy on waitlist management and patient communications

Table 12. Work stream #3.

Work Stream #4. Quality of Care and Performance Monitoring

Initiative	Phase in which key deliverables, artefacts or outcomes will be realized		
	Phase II (to Mar '19)	**Phase III (Apr '19 - Mar '20)**	**Phase IV (Apr '20 - Mar '21)**
Medium Stop Requisition Review Process Implementation • Active review of MRI / CT requisitions to ensure appropriate utilization, using "medium stop" approach (allow off-guideline tests only after discussion with referring practitioner)	(n) Develop MRI/CT medium-stop approach and scope for implementation		
Choosing Wisely Implementation • HA integration into practice and change management • Develop and socialize BC Guidelines to support Choosing Wisely medical imaging decision rules • Build Choosing Wisely into "Pathways" to be used as a decision support tool • Develop indicators to monitor physician ordering profiles • Public education on appropriate utilization (Patient guides)	(o) Develop & implement choosing wisely in community-based care (p) Develop & implement choosing wisely in HA facilities	(ff) Begin tracking of ordering patterns and utilization with POP committee (gg) Provide feedback to ordering practitioners	(rr) Monitor implementations
Key Performance Indicators • Implement recommended provincial Key Performance Indicators for medical imaging	(q) Report and monitor KPIs	(hh) Monitor and report KPIs	
Radiology Consult Service • Provide HA-level or local phone consultation on ordering best test first (e.g. RACE model) • Provide feedback to ordering practitioners on ordering appropriateness	(r) Establish Radiology Consult Service to provide input on ordering best first test		
Utilization Management Function • Develop a utilization management function that takes into consideration the medical imaging volumes and	(s) Define and implement utilization management function	(ii) Determine utilization patterns, identifying areas of improvement or issues (jj) Develop approach for utilization management	(ss) Implement

expenditure for cost effectiveness and patient quality. • Review physicians' ordering patterns for medical imaging, with the intent of reducing variability in ordering practices and reducing low-value services.			

Table 13. Work stream #4.

Project Status Report

Overall Status: **At Risk**

Medical Imaging Access and Quality (MI-AQI)

May 9, 2018

II Objectives	Realize short-term access improvement Begin monitoring quality of care and performance Establish wait-time benchmarks and tracking capabilities Implement quality and appropriateness interventions Recommend models (governance, funding and service delivery)

Project Dashboard

		⇨	
Scope/Objectives	5	⇨	No changes to scope/objectives. HA policy expectation development on track. Consultation initiated. Long range policy and capability development on track
Budget		⇨	
People		⇨	
Issue / Response	7		**ects of project requiring data collection and analysis** uests for HSIAR data collection and analysis (initiated summer '17) are outstanding. Project delivery impacted - to perform enhanced wait time tracking (R) Escalated to Ian for resolution. Continue to engage HSIAR.
Risk / Mitigation			

HA Policy Expectations

	Target Start	Target End	% Complete	Comments
Policy – Develop/Implement				
Write Policy	Nov '17	Apr '18	100%	Short term service volume announced.
Consult, Approve and Issue Policy	Apr '18	Jun '18	50%	
Develop/Approve HA Policy Plans	Apr '18	July '18	25%	
HAs Implement Policy Plans	Aug '18	Mar '19	0%	The bulk of the work completed in 18/19; Remainder in 19/20.
Monitor Plans and Report	Aug '18	Mar '19	0%	The bulk of the work completed in 18/19; Remainder in 19/20.
Monitor - Volumes and Wait Times				
Monitor and Report	Apr '18	Mar '19	10%	On-going

HAs to Implement

Central Intake / Pooled Referrals
Establish and implement referrals / scheduling approach.
HAs – to implement

Patient Pathways and Linkages
Define linkages of medical imaging to primary care networks and specialized services.
HAs – to implement

Rapid Access Services
Establish rapid access services to ultrasound and CT for urgent care patients.
HAs – to implement

Medium-stop Requisition Review Process
Develop medium-stop approach and scope for implementation for MRI and the 5 identified low-utility services.
HAs – to develop and implement

Radiology Consultation Services
Establish Radiology Consult Service to provide input on ordering best first test or alternatives.
HAs – to implement

Ministry or Committee to Define; HAs to Implement

Wait Times Reporting
Develop and implement wait time measurement framework to improve standardized wait time reporting.
Ministry – to develop framework
HAs – to submit data

Provincial Medical Imaging Appropriateness Framework
Implement the provincial medical imaging appropriateness framework that targets 5 identified low-utility services.
PSQC + MIAC + Ministry – to develop
MIAC + GPAC – to develop resources
HAs – to implement

Standardized Requisitions
Develop and implement a standardized requisition for MRI and CT.
MIAC + Ministry – to develop
HAs – to implement

Wait List Management
Actively manage wait lists, and implement best practices for wait list management.
Ministry + MIAC – to develop best practices
HAs – to implement

Medical Imaging Volume Targets. 2018/19 + Future years
Meet expectations for short term MRI access improvements. Develop future year targets (separating into pediatric and adult) using that will take into consideration the future needs of the province's population (using modelling).
Ministry – to set targets (18/19 complete; future to do)
HAs – to implement

Key Performance Indicators
Develop and report on medical imaging key performance indicators.
Ministry – to develop
HAs – to submit data

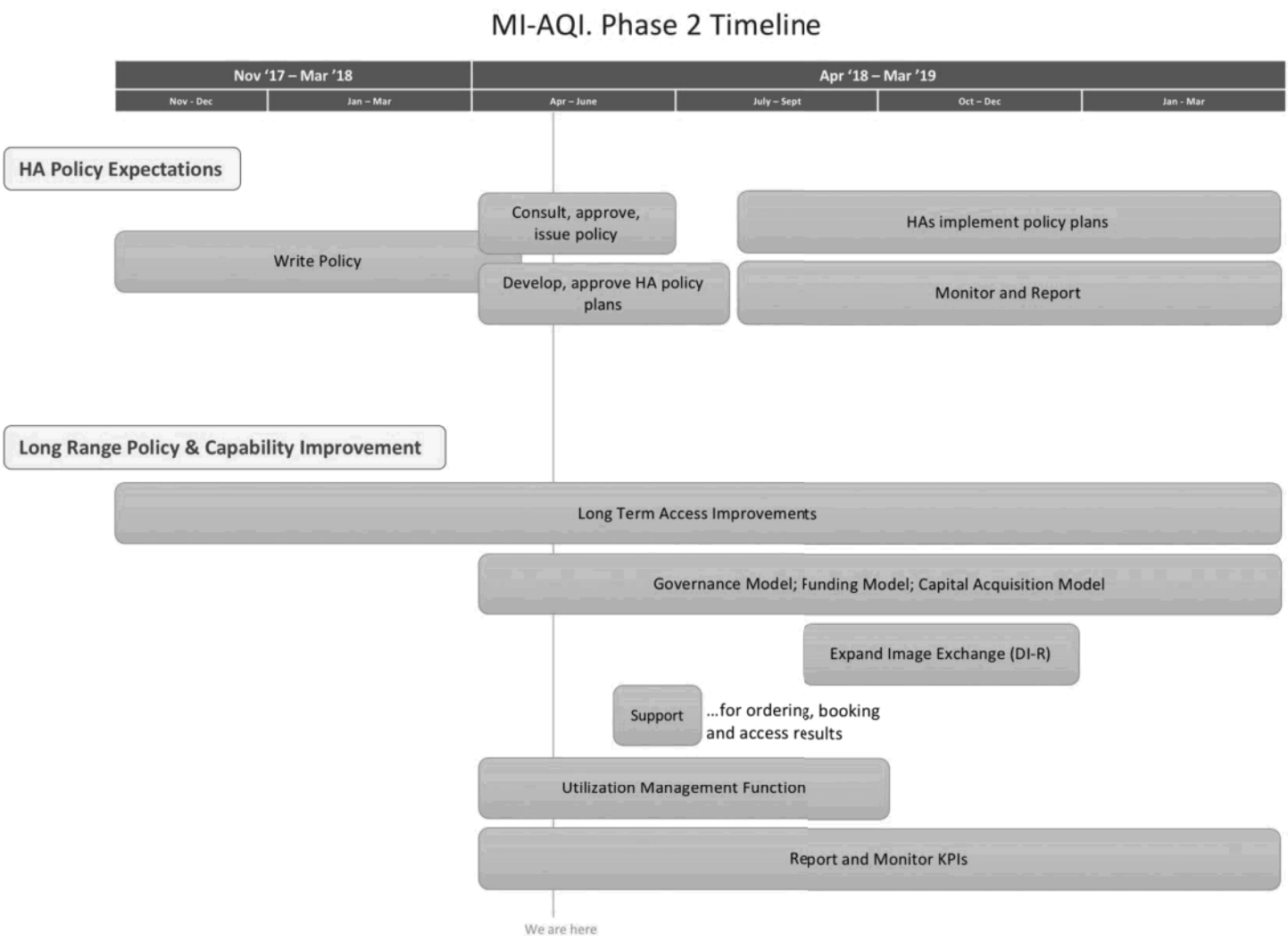
Long-Range Policy and Capability Improvement

	Deliverables and Key Milestones	Target Start	Target End	% Complete	Comments
Initiatives					
Long Term Access Improvements • Develop evidence-based service configuration framework and roadmap • Develop a strategy for pediatric access to medical imaging	Service configuration framework Service configuration roadmap	Jun '17	Mar '19	10%	Require HSIAR leadership / participation / partnership to complete. See issue.
Governance Model • Undertake analytics and policy development to produce the proposed governance model • Acquire decision/direction for the proposed governance model	Proposed governance model Approval for governance model	Apr '18	Mar '19	10%	
Funding Model • Define a value-based funding model	Value-based funding model	Apr '18	Mar '19	10%	
Capital Acquisition Model • Define a capital planning/funding model for strategic medical imaging equipment purchases	Capital planning funding model	Apr '18	Mar '19	25%	
Expand Image Exchange (DI-R) • Acquire funding and complete a feasibility study regarding medical imaging expansion to community imaging providers	Funding received for feasibility study Feasibility study results	Sept '18	Dec '18	50%	
Supports for ordering, booking and accessing results • Seek HA commitment for business process improvement (through IMITSC)	HA commitment (through IMITSC)	June '18	June '18	50%	
Utilization Management Function • Define and implement utilization management function	Utilization mgmt function defined	Apr '18	Sept '19	25%	Require HSIAR leadership / participation / partnership to complete. See issue.
KPIs • Report and monitor KPIs	Address gaps in KPI data collection Monitor and report	Apr '18	Mar '19	10%	Require HSIAR leadership / participation / partnership to complete. See issue.

Responsibility Matrix

Policy Component	Policy and Plans	Data Collection and Interpretation	Report to Stakeholder/Steering	Issues
Meet Medical Imaging Volume Targets • MRI volume targets • Enhanced wait time tracking	Project Team • Deliver approved policy • Guide and approve HA plans HSIAR • Implement new data collection • Develop methodology for enhanced wait time tracking	HSIAR • Collect data and develop draft report • Submit data to Project Team • Submit data questions/issues to Project Team Project Team • Provide intel and interpret data collected • Acquire info from HAs to address HSIAR questions • Submit to HSIAR	HSIAR • Produce report(s) which include Project Team intel Strategic Projects • Consume HSIAR report(s) • Submit report to SCHSPH & LC (tbd)	Enhanced Wait Time Tracking • Wait time measurement framework ○ (Nov '17 – Mar '18): 10% <Past due. No indication that it will be addressed> • Prospective reporting for CT and MRI implemented ○ (Nov '17 – Jun 18): 25% <No indication that it will be addressed by June> • Retrospective reporting for all other modalities implemented ○ (Nov '17 – Mar '19): 10% < At risk > Issue: HSIAR has not met the first target date. Impact/Response: Project will continue with current wait time tracking approach and continue to request HSIAR delivery. Remaining dates at risk.
Rapid Access to Imaging (CT and ultrasound) Pooled Referrals/First Available Slot Scheduling Medium Stop Requisition Review Process Implementation	Project Team • Deliver approved policy • Guide and approve HA plans • Monitor and report HA plan fulfillment HSIAR	Project Team • Collect status updates from HAs • Provide intel and interpret info collected • Submit to Strategic Projects HSIAR • Collect data to measure appropriateness	Strategic Projects • Consume Project Team report(s)	

Imaging Appropriateness Improvement (Choosing Wisely Implementation) Standardized Requisitions Radiology Consult Service Improved Wait List Management and Patient Communication Patient Pathways and Linkages	• Develop and implement framework for measuring appropriateness of ordering			
Long Term Access Improvements Governance Model Funding Model Capital Acquisition Model Expand Image Exchange (DI-R) Supports for ordering, booking and accessing results Utilization Management Function	Project Team • Deliver material • Guide and approve HA plans • Monitor and report HA plan fulfillment HSIAR • Key contributor to the development of the framework and how to collect/monitor • Implement framework	Project Team • Collect status updates • Provide intel and interpret info collected • Submit to Strategic Projects	Strategic Projects Consume Project Team report(s)	Long Term Access Improvements & Utilization Management Function Issue: The contribution of HSIAR is key and there has been little engagement. Action/Response: Requested a statement of readiness/commitment from HSIAR.
KPIs	Project Team • Deliver approved policy HSIAR • Determine data sources and measurement methodology • Work with project team to confirm existing and develop new KPIs • Implement new data collection	HSIAR • Collect data • Submit data to Project Team • Submit data questions/issues to Project Team Project Team • Provide intel and interpret data collected • Acquire info from HAs to address HSIAR questions • Submit to HSIAR	HSIAR • Produce report(s) which include Project Team intel • Submit report(s) to program, SCHSPH & LC	Issue: HSIAR is key to the development of KPIs and there has been little engagement Action/Response: Requested a statement of readiness/commitment from HSIAR


MI-AQI. Phase 2 Timeline
Nov '17 – Mar '18
Apr '18 – Mar '19
Nov - Dec
Jan – Mar
Apr – June
July – Sept
Oct – Dec
Jan - Mar
HA Policy Expectations
Consult, approve, issue policy
HAs implement policy plans
Write Policy
Develop, approve HA policy plans
Monitor and Report
Long Range Policy & Capability Improvement
Long Term Access Improvements
Governance Model; Funding Model; Capital Acquisition Model
Expand Image Exchange (DI-R)
Support
...for ordering, booking and access results
Utilization Management Function
Report and Monitor KPIs
We are here

MRI Volumes and Wait Times – Tracking

Both the volumes and wait times tables below have been updated for the period.

MRI Volumes

	Current Period			Year To Date			
Location	Target Volume	Actual Volume	Variance	YTD Target Volume	YTD Actual Volume	YTD Variance	
	HA Projected Volume F2017/18 Period 13	HAMIS Actual Volume F2017/18 Period 13	HA Projected Volume vs HAMIS Actual Volume F2017/18 Period 13	HA Projected Volume F2017/18 YTD Period 13	HAMIS Actual Volume F2017/18 YTD Period 13	HA Projected Volume vs HAMIS Actual Volume F2017/18 YTD Period 13	Comments
IHA	2,211	2,262	51	22,329	20,726	-1,603	Staffing issues at one site (departures and mat leaves) and problems
FHA	6,711	6,316	-395	58,330	55,723	-2,607	Unexpected down time of 10 yr old scanner Abbotsford Regional
VCHA	7,183	6,613	-570	55,977	57,142	1,165	
VIHA	4,706	4,419	-287	41,731	38,496	-3,235	Staffing shortgages result in lower volumes
NHA	725	1,069	344	7,573	7,536	-37	
PHSA	690	1,100	410	8,974	9,753	779	
BC Total	**22,226**	**21,779**	**-447**	**194,914**	**189,376**	**-5,538**	

	Target Volume	Actual Volume	Variance
BC Total Previous Period (Period 12)	17,181	16,111	-1,070

Wait Times

Location	Previous Wait Time	Previous Wait Time	Current Wait Time	Total YTD	
	90th Percentile Wait Times (in Days) Quarter 1 F2017/18 (All Priorities)	90th Percentile Wait Times (in Days) Quarter 2 F2017/18 (All Priorities)	90th Percentile Wait Times (in Days) Quarter 3 F2017/18 (All Priorities)	90th Percentile YTD F2017/18 (All Priorities)	Comments
IHA	235	240	248	239	Wait times in NHA continue to increase (by 32 days) in Q3, even though the 2 net new MRI units are now operational. Noted delays for the MRI unit in Prince George was reported in Q2, having a negative impact on wait times for NHA. With new Q3 data, the overall YTD went down from 200 to 197 because wait times in Q3 had reduced.
FHA	301	304	268	294	
VCHA	117	103	99	106	
VIHA	153	165	163	160	
NHA	194	318	350	322	
PHSA	n.a.	n.a.	n.a	n.a	
BC	**204**	**196**	**190**	**197**	

Wait times are for completed out-patient cases.

Budget and Projections

The Phase 2 budget includes:

- Funding for staff and consulting labour from existing, funded positions from within the Ministry

The Phase 2 budget does not include:

- Funding for any tools, equipment or people required for the HAs to meet their commitments. Where applicable, FCS is anticipated to provide this funding to the HAs

The budget will be managed by the Project Director and Project Sponsor.

Indicators and Legend

Dashboard Legend	
Number Indicators	# The numbers indicated next to the arrows indicates the number of periods that the status has been at the reported level (colour).
Arrow Indicators	⇨ No change in status from previous period. ⇧ Increase in status level from previous period (e.g. green to yellow); ⇩ Decrease in status level from previous period (e.g. red to yellow) ☑ Decision required; Risk exists. ☒ No decision required; No risk exists

Deliverables Legend	
Approach for Deliverable % Complete	10% - Work is started, initial thinking (initiation) 25% - Work is defined, elements in place (initiation, planning) 50% - Perform the work (execution, monitor & control) 75% - Deliver material for internal review, amend cycle (execution, monitor & control) 90% - Deliver material for external review to executive / steering (execution, monitor & control) 100% - Deliver final version of material, complete (close)

Project Status Report

Overall Status: **On Track**

Medical Imaging Access and Quality (MI-AQI)

January 10, 2018

Project Purpose	Improve both the access to, and quality of, Medical Imaging (MI) services in British Columbia.
Project Phase	Phase II, Sept '17 – Mar '19
Phase II Objectives	• Realize short-term access improvement • Begin monitoring quality of care and performance • Establish wait-time benchmarks and tracking capabilities • Implement quality and appropriateness interventions • Recommend models (governance, funding and service delivery)

Project Code	Phase II Project Stage	Reporting Period	Project Sponsors	Project Director	Project Manager
2017-NN	Initiation / Execution	12/1/2017 - 12/31/2017	Ian Rongve, Lynn Stevenson, Tricia Braidwood-Looney	Carolyn Rudden	Jim Manning

Project Dashboard

Attribute	Status			
Schedule		1	⇩	Schedule refinement now complete.
Scope/Objectives		1	⇨	No changes to scope/objectives.
Budget		3	⇨	No additional resource costs. Funding for staff and consulting labour sourced from existing, funded positions from within the Ministry
People		3	⇨	The need for additional project team resources identified; Hiring process underway.
Issue / Response	☑	3		All aspects of the project requiring data collection and analysis (I) Outstanding requests (requests submitted to HSIAR in summer '17). (R) Raised to Ian; Project team to meet with HSIAR to review prioritize list of outstanding requests and scope of work.
Risk / Mitigation	☑	1		Short Term Access Improvements (R) Any announcements impacting MRI service delivery. (M) Accept (R) Funding request in response to volume increase mandate. (M) Accept.
Decision(s) Required	☑	3		Revised project charter awaiting sponsor approval.

See Appendix A for the status key legend

Project Deliverables and Key Milestones

Workstream #1. Medical Imaging Access and Service Distribution

Initiatives	Deliverables and Key Milestones	Target Start	Target Completion	% Complete	Comments
Short Term Access Improvements (a) Set expectations for short term access improvement (b) Define linkages of medical imaging to primary care networks and specialized services (c) Monitor HAs as they continue to increase MRI service volumes as per Phase I	Policy component written and issued	Nov '17	Mar '18	50%	Component of common policy paper.
	Policy component implemented	Apr '18	Mar '19	0%	
Long Term Access Improvements (d) Develop evidence-based service configuration framework and roadmap (e) Develop a strategy for pediatric access to medical imaging	Service configuration framework Service configuration roadmap	Jun '17	Mar '19	10%	
	Pediatric access strategy	Jan '19	Mar '19	10%	
Enhance Wait Time Tracking (e) Develop and implement enhanced wait time measurement framework	Wait time measurement framework	Nov '17	Mar '18	25%	
	Prospective reporting for CT and MRI implemented	Nov '17	June '18	25%	
	Retrospective reporting for all other modalities implemented	Nov '17	Mar '19	10%	
Rapid Access to Imaging (CT and ultrasound) (f) Establish rapid access services - access for CT and ultrasound for urgent care patients (to avoid outpatient ED)	Policy component written and issued	Nov '17	Mar '18	50%	Component of common policy paper
	Policy component implemented	Apr '18	Mar '19	0%	
Pooled Referrals/First Available Slot Scheduling (g) Establish and implement referrals/scheduling approach (where feasible)	Policy component written and issued	Nov '17	Mar '18	25%	Component of common policy paper
	Policy component implemented	Apr '18	Mar '19	0%	

Workstream #2. Governance, Funding and Service Model

Initiatives	Deliverables and Key Milestones	Target Start	Target Completion	% Complete	Comments
Governance Model (h) Undertake analytics and policy development to produce the proposed governance model (i) Acquire decision/direction for the proposed governance model	Proposed governance model Approval for governance model	Apr '18	Mar '19	10%	
Funding model (j) Define a value-based funding model	Value-based funding model	Apr '18	Mar '19	10%	
Capital Acquisition (k) Define a capital planning/funding model for strategic medical imaging equipment purchases	Capital planning funding model	Apr '18	Mar '19	25%	

Workstream #3. Medical Imaging Business Processes

Initiatives	Deliverables and Key Milestones	Target Start	Target Completion	% Complete	Comments
Expand Image Exchange (DI-R) (l) Acquire funding and complete a feasibility study regarding medical imaging expansion to community imaging providers	Funding received for feasibility study Feasibility study results	Sept '18	Dec '18	25%	
Supports for ordering, booking and accessing results (m) Seek HA commitment for business process improvement (through IMITSC)	HA commitment (through IMITSC)	June '18	June '18	50%	

Workstream #4. Quality of Care and Performance Monitoring

Initiatives	Deliverables and Key Milestones	Target Start	Target Completion	% Complete	Comments
Medium Stop Requisition Review Process Implementation (n) Develop MRI/CT medium-stop approach and scope for implementation	Policy component written and issued	Nov '17	Mar '18	50%	Component of common policy paper.
	Policy component implemented	Apr '18	Mar '19	0%	
Choosing Wisely Implementation (o) Develop & implement choosing wisely in community-based care (p) Develop & implement choosing wisely in HA facilities	Policy component written and issued	Nov '17	Mar '18	50%	Component of common policy paper.
	Policy component implemented	Apr '18	Mar '19	0%	
Key Performance Indicators (q) Report and monitor KPIs	Policy component written and issued	Nov '17	Mar '18	50%	Component of common policy paper.
	Policy component implemented	Apr '18	Mar '19	0%	
Radiology Consult Service (r) Establish Radiology Consult Service to provide input on ordering best first test	Policy component written and issued	Nov '17	Mar '18	50%	Component of common policy paper.
	Policy component implemented	Apr '18	Mar '19	0%	
Utilization Management Function (s) Define and implement utilization management function	Utilization mgmt function implemented	Apr '18	Mar '19	10%	

Deliverables Legend	
Approach for Deliverable % Complete	10% - Work is started, initial thinking (initiation) 25% - Work is defined, elements in place (initiation, planning) 50% - Perform the work (execution, monitor & control) 75% - Deliver material for internal review, amend cycle (execution, monitor & control) 90% - Deliver material for external review to executive / steering (execution, monitor & control) 100% - Deliver final version of material, complete (close)

Workstream Activity Report

Workstream #1. Medical Imaging Access and Service Distribution

Initiatives	Activities started, ongoing or completed this Reporting Period	Activities planned for the next Reporting Period
Short Term Access Improvements (a) Set expectations for short term access improvement (b) Define linkages of medical imaging to primary care networks and specialized services (c) Monitor HAs as they continue to increase MRI service volumes as per Phase I	• ID rates in other jurisdictions. Email other provinces, request per capita rate for MRI & CT and service volumes (this year, and last two) <Complete> • Investigate other sources of info e.g. CIHI & OECD (Org for Economic Cooperation and Development) rates for MRI & CT <Complete> • Provide HA with status of MRI # and expectation for end of fiscal and if off track. If off track, their mitigation strategy. <Ongoing>	Jan 1-15 • Develop options for short term targets for 19/20 (for input into consultation with PIC) • Draft outline (of what is required in policy) • Internal review of draft outline • Provide HA with status of MRI # and expectation for end of fiscal and if off track. If off track, their mitigation strategy. Jan 16 - 31 • Distribute as part of common package (Target Jan 16) • Discuss at PIC (Jan 31)
Long Term Access Improvements (d) Develop evidence-based service configuration framework and roadmap (e) Develop a strategy for pediatric access to medical imaging	• Discuss w/HSIAR ADM <Complete>	• Conduct scoping discussion w/HSIAR
Enhance Wait Time Tracking (e) Develop and implement enhanced wait time measurement framework	• Work to prepare for PIC mtg <Active>	Jan 1 - 15 • HSIAR mtg to complete PIC package (included in common package) Jan 16 - 31 • Consult HA & PIC to address data quality issues related to prospective wait times
Rapid Access to Imaging (CT and ultrasound) (f) Establish rapid access services - access for CT and ultrasound for urgent care patients (to avoid outpatient ED)	• Gather info on VIHA service model <Active> •	Jan 1 - 15 • Gather info on VIHA service model • Develop strategy for how to apply the VIHA model (ID any issues) across all HAs. (2-page document). Present to MIAC on Feb 1. Jan 16 – 31 • Initiate MI-AQI policy consult with HAs
Pooled Referrals/First Available Slot Scheduling (g) Establish and implement referrals/scheduling approach (where feasible)	• Gather info on current state and the gaps identified in the Surgical Strategy <active> • Perform MI-AQI policy consult with HAs <Active>	Jan 1 - 15 • Gather info on current state and the gaps identified in the Surgical Strategy (apply surgical approach for imaging) • Contact Scott McCarten and Sue Avery to retrieve information on Pooled Referrals. • Meet with Luba and discuss retrieve possible methodology or expectations they have in surgical for pooled referrals. Jan 16 – 31 • Initiate MI-AQI policy consult with HAs

Workstream #2. Governance, Funding and Service Model

Initiatives	Activities started, ongoing or completed this Reporting Period	Activities planned for the next Reporting Period
Governance Model (h) Undertake analytics and policy development to produce the proposed governance model (i) Acquire decision/direction for the proposed governance model	• Determine approach for analysis and options paper <ongoing>	• Determine approach for analysis and options paper
Funding model (j) Define a value-based funding model	• Wait for Ministry Project on value-based funding models to begin. < ongoing>	• Wait for Ministry Project on value-based funding models to begin.
Capital Acquisition (k) Define a capital planning/funding model for strategic medical imaging equipment purchases	• Finance and Corporate services representatives identified <Complete> • Setup 1st meeting of the working group services representatives identified <Complete>	• Distribute material (backgrounder) on problems for meeting in Feb.

Workstream #3. Medical Imaging Business Processes

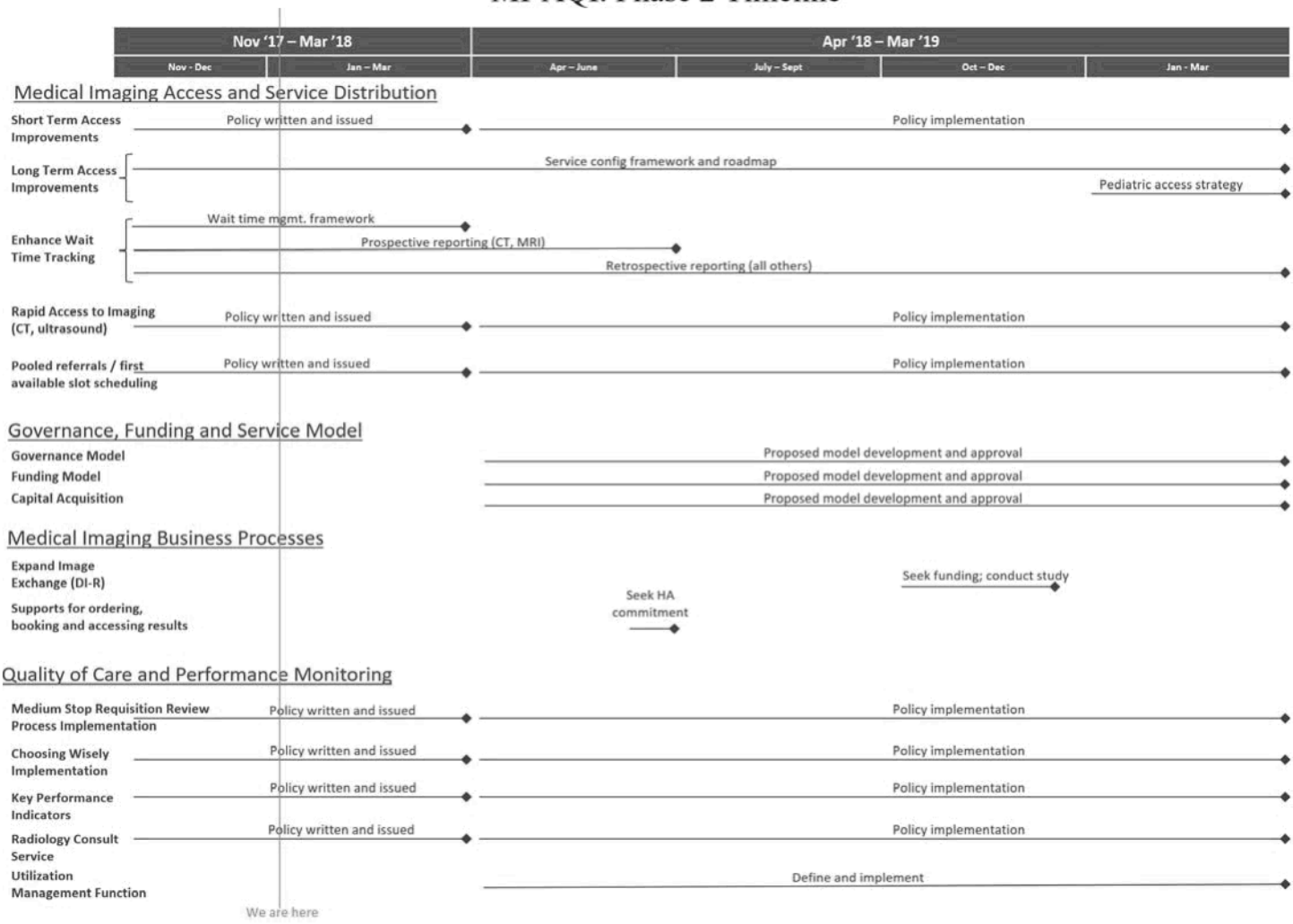
Initiatives	Activities started, ongoing or completed this Reporting Period	Activities planned for the next Reporting Period
Expand Image Exchange (DI-R) (l) Acquire funding and complete a feasibility study regarding medical imaging expansion to community imaging providers	• Target start date Dec 2018	•
Supports for ordering, booking and accessing results (m) Seek HA commitment for business process improvement (through IMITSC)	• Target start date June 2018	•

Workstream #4. Quality of Care and Performance Monitoring

Initiatives	Activities started, ongoing or completed this Reporting Period	Activities planned for the next Reporting Period
Medium Stop Requisition Review Process Implementation (n) Develop MRI/CT medium-stop approach and scope for implementation	• Gather background info – conduct initial learning engagements to understand current state <Ongoing>	Jan 1 - 15 • Consult in Van to develop conceptual model. Included in common package to MIAC Jan 16 – 31 • Conduct MI-AQI policy consult
Choosing Wisely Implementation (o) Develop & implement choosing wisely in community-based care (p) Develop & implement choosing wisely in HA facilities	• Form HA advisory group. <Started>	Jan 1 - 15 • Consult in Van to develop conceptual model. Included in common package to MIAC • Conceptual development for CW, it's measurement and mandate of HA advisory group (estimate 6 months of work to complete) • Start the collaboration MOU with GPAC
Key Performance Indicators (q) Report and monitor KPIs	• To discuss w/HSIAR ADM (Dec 11) <Complete>	Jan 16 - 31 • Conduct scoping meetings with HSIAR
Radiology Consult Service (r) Establish Radiology Consult Service to provide input on ordering best first test	• Gather background info – conduct initial learning engagements to understand current state <Complete>	Jan 1 - 15 • Consult in Van to develop conceptual model. Included in common package to MIAC Jan 16 - 31 • Determine if the Radiology consult could be part of the primary care network • Conduct MI-AQI policy consult
Utilization Management Function (s) Define and implement utilization management function	• To discuss w/HSIAR ADM (Dec 11) <Complete>	Jan 16 - 31 • Conduct scoping meetings with HSIAR

Project Timelines

MI-AQI. Phase 2 Timeline



MRI Volumes and Wait Times – Tracking

MRI Volumes

	Current Period			Year To Date			
Location	Target Volume	Actual Volume	Variance	YTD Target Volume	YTD Actual Volume	YTD Variance	
	HA Projected Volume F2017/18 Period 9	HAMIS Actual Volume F2017/18 Period 9	HA Projected Volume vs HAMIS Actual Volume F2017/18 Period 9	HA Projected Volume F2017/18 YTD Period 9	HAMIS Actual Volume F2017/18 YTD Period 9	HA Projected Volume vs HAMIS Actual Volume F2017/18 YTD Period 9	Comments
IHA	1,818	1,688	-130	14,664	13,589	-1,075	In the current year (up to period 9) the actual volumes for MRI exams is 122,341, which is lower than the projected volume 123,431. Four health authorities (IHA, FHA, VCHA & VIHA) have notable lower actuals than their YTD projected volumes. For Period 9 2017/18, the BC total has a significant variance in -2,486.
FHA	5,250	4,226	-1,024	37,036	36,301	-735	
VCHA	5,038	4,211	-827	34,800	36,692	1,892	
VIHA	3,660	3,094	-566	26,045	25,072	-973	
NHA	724	751	27	4,673	4,287	-386	
PHSA	690	724	34	6,213	6,400	187	
BC Total	**17,180**	**14,694**	**-2,486**	**123,431**	**122,341**	**-1,090**	

	Target Volume	Actual Volume	Variance
BC Total Previous Period (Period 8)	17,235	14,762	-2,473

Wait Times

Location	Previous Wait Time	Current Wait Time	Total YTD	
	90th Percentile Wait Times (in Days) Quarter 1 **F2017/18** (All Priorities)	90th Percentile Wait Times (in Days) Quarter 2 **F2017/18** (All Priorities)	90th Percentile YTD F2017/18 (All Priorities)	Comments
IHA	235	238	236	There has been significant wait time increase in Q2 for NHA. A key event to note for NHA in Q2 was Mills Memorial Hospital in Terrace reporting wait times for the first time.
FHA	301	304	302	
VCHA	117	103	110	
VIHA	153	165	158	
NHA	194	321	275	
PHSA	n.a.	n.a.	n.a	
BC	**204**	**196**	**200**	

Wait times are for completed out-patient cases.

Budget and Projections

The Phase 2 budget includes:

- Funding for staff and consulting labour from existing, funded positions from within the Ministry

The Phase 2 budget does not include:

- Funding for any tools, equipment or people required for the HAs to meet their commitments. Where applicable, FCS is anticipated to provide this funding to the HAs

The budget will be managed by the Project Director and Project Sponsor.

Appendix A – Status Key Legend

Number indicators
The numbers indicated next to the arrows indicates the number of periods that the status has been at the reported level (colour).

Arrow indicators	
⇨	No change in status from previous period.
⇧	Increase in status level from previous period (e.g. green to yellow)
⇩	Decrease in status level from previous period (e.g. red to yellow)
☑	Decision required; Issue or risk exists
☒	No decision required; No issue or risk exists

Project Status Report

Overall Status: **At Risk**

Medical Imaging Access and Quality (MI-AQI)

February 8, 2018

Project Purpose	Improve both the access to, and quality of, Medical Imaging (MI) services in British Columbia.
Project Phase	Phase II, Sept '17 – Mar '19
Phase II Objectives	• Realize short-term access improvement • Begin monitoring quality of care and performance • Establish wait-time benchmarks and tracking capabilities • Implement quality and appropriateness interventions • Recommend models for governance, funding and service delivery

Project Code	Phase II Project Stage	Reporting Period	Project Sponsors	Project Director	Project Manager
2017-NN	Initiation / Execution	1/1/2018 - 1/31/2018	Ian Rongve, Lynn Stevenson, Tricia Braidwood-Looney	Carolyn Rudden	Jim Manning

Project Dashboard

Schedule	🟢	2	⇨	No changes to schedule
Scope/Objectives	🟢	2	⇨	No changes to scope/objectives.
Budget	🟢	4	⇨	No additional resource costs. Funding for staff and consulting labour sourced from existing, funded positions from within the Ministry; Need to develop CIN for contracted resources for next fiscal.
People	🟡	5	⇨	The need for additional project team resources identified; Hiring process underway.
Issue / Response	☒	4		**All aspects of project requiring data collection and analysis** (I) Requests submitted to HSIAR in summer '17. (R) Raised to Ian
Risk / Mitigation	☒	2 1		**Short Term Access Improvements** (R) Any announcements impacting MRI service delivery. (M) Accept (R) Funding request in response to volume increase mandate. (M) Accept. **MRI service volumes** (R) Some HAs not on track to meet current year targets defined in Phase I. (M) Accept. Determine ADM position/response.
Decision(s) Required	☒	4		Revised project charter awaiting sponsor approval.

On Track -> At Risk	The project status is now considered as 'At Risk'. • Assertion: the status can be recovered to 'On Track' within the allocated timeline if the necessary actions are taken HSIAR • Minimal collaboration; Service delivery requests unfulfilled • Propose an escalation (ADM-to-ADM) Choosing Wisely • Consensus from key players on the 'what' and 'how' has not been achieved. • Propose a facilitated workshop to accomplish in early Feb.

Number indicators	
	The numbers indicated next to the arrows indicates the number of periods that the status has been at the reported level (colour).

Arrow indicators	
⇨	No change in status from previous period.
⇧	Increase in status level from previous period (e.g. green to yellow);
⇩	Decrease in status level from previous period (e.g. red to yellow)
☑	Decision required; Risk exists.
☒	No decision required; No risk exists

Project Deliverables and Key Milestones

Workstream #1. Medical Imaging Access and Service Distribution

Initiatives	Deliverables and Key Milestones	Target Start	Target Completion	% Complete	Comments
Short Term Access Improvements (a) Set expectations for short term access improvement ~~(b) Define linkages of medical imaging to primary care networks and specialized services.~~ <moved to radiology consult> (c) Monitor HAs as they continue to increase MRI service volumes as per Phase I	Policy component written and issued	Nov '17	Mar '18	50%	Component of common policy paper. (C) is 'At Risk'. Action: Raised with the ADM.
	Policy component implemented	Apr '18	Mar '19	0%	
Long Term Access Improvements (d) Develop evidence-based service configuration framework and roadmap (e) Develop a strategy for pediatric access to medical imaging	Service configuration framework Service configuration roadmap	Jun '17	Mar '19	10%	
	Pediatric access strategy	Jan '19	Mar '19	10%	
Enhance Wait Time Tracking (e) Develop and implement enhanced wait time measurement framework	Wait time measurement framework	Nov '17	Mar '18	25%	Wait time measurement framework is 'At Risk'. HSAIR has not provided adequate support. Action: Meet w/HSIAR to determine remediation.
	Prospective reporting for CT and MRI implemented	Nov '17	June '18	25%	
	Retrospective reporting for all other modalities implemented	Nov '17	Mar '19	10%	
Rapid Access to Imaging (CT and ultrasound) (f) Establish rapid access services - access for CT and ultrasound for urgent care patients (to avoid outpatient ED)	Policy component written and issued	Nov '17	Mar '18	50%	Policy development is 'At Risk'; Action: Consult with HAs (target Feb). Component of common policy paper
	Policy component implemented	Apr '18	Mar '19	0%	
Pooled Referrals/First Available Slot Scheduling (g) Establish and implement referrals/scheduling approach (where feasible)	Policy component written and issued	Nov '17	Mar '18	25%	Component of common policy paper
	Policy component implemented	Apr '18	Mar '19	~~0%~~ 50%	

Workstream #2. Governance, Funding and Service Model

Initiatives	Deliverables and Key Milestones	Target Start	Target Completion	% Complete	Comments
Governance Model (h) Undertake analytics and policy development to produce the proposed governance model (i) Acquire decision/direction for the proposed governance model	Proposed governance model Approval for governance model	Apr '18	Mar '19	10%	
Funding model (j) Define a value-based funding model	Value-based funding model	Apr '18	Mar '19	10%	
Capital Acquisition (k) Define a capital planning/funding model for strategic medical imaging equipment purchases	Capital planning funding model	Apr '18	Mar '19	25%	

Workstream #3. Medical Imaging Business Processes

Initiatives	Deliverables and Key Milestones	Target Start	Target Completion	% Complete	Comments
Expand Image Exchange (DI-R) (l) Acquire funding and complete a feasibility study regarding medical imaging expansion to community imaging providers	Funding received for feasibility study Feasibility study results	Sept '18	Dec '18	25%	
Supports for ordering, booking and accessing results (m) Seek HA commitment for business process improvement (through IMITSC)	HA commitment (through IMITSC)	June '18	June '18	50%	

Workstream #4. Quality of Care and Performance Monitoring

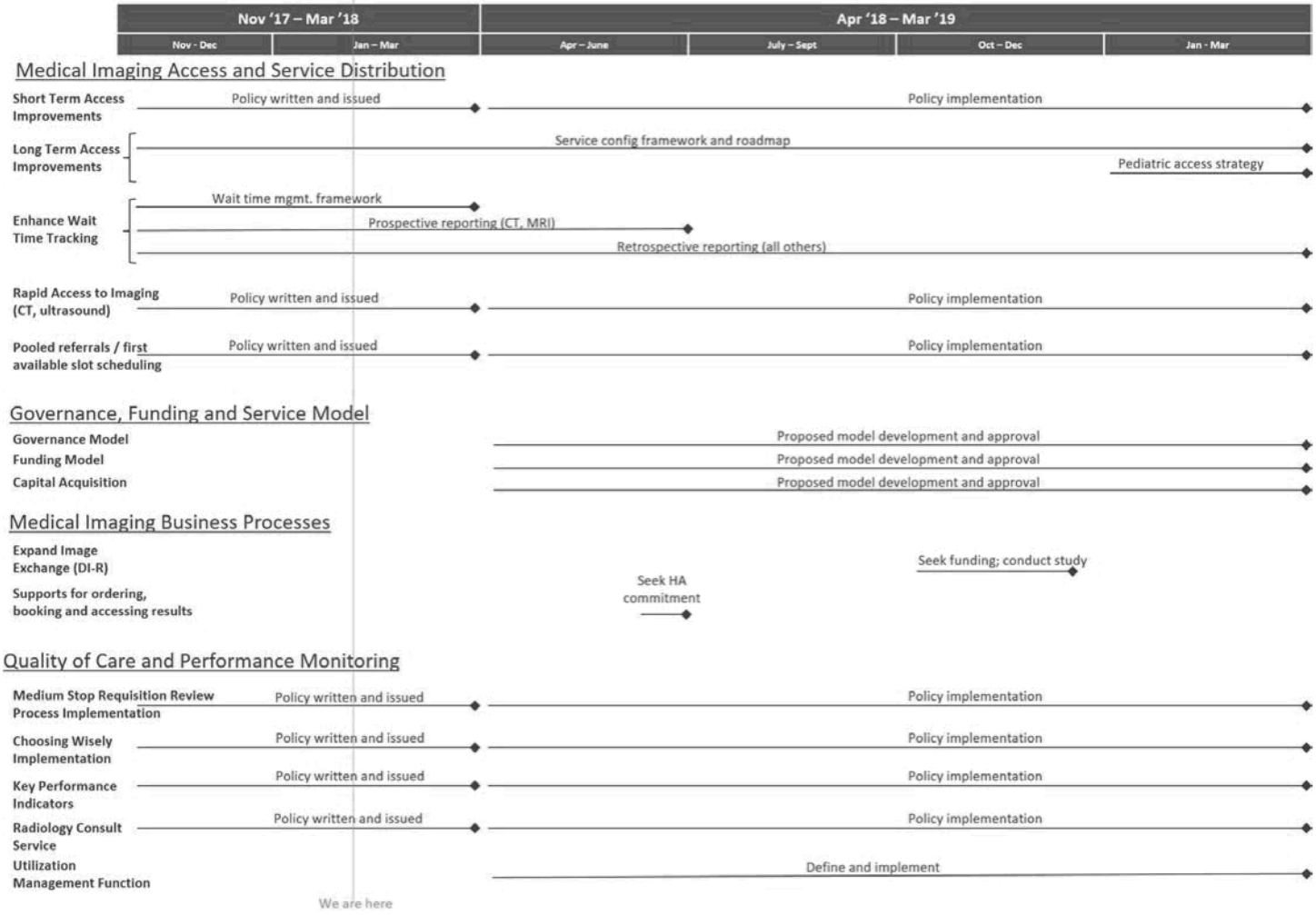
Initiatives	Deliverables and Key Milestones	Target Start	Target	%	Comments

			Completion	Complete	
Medium Stop Requisition Review Process Implementation (n) Develop MRI/CT medium-stop approach and scope for implementation	Policy component written and issued	Nov '17	Mar '18	50%	Policy development is 'At Risk'. Conceptual development still underway – shared understanding w/HA & Docs. Action: To meet w/Dr. Coleman & Dr. Wale to discuss options for conceptual model. Component of common policy paper.
	Policy component implemented	Apr '18	Mar '19	0%	
Choosing Wisely Implementation (o) Develop & implement choosing wisely in community-based care (p) Develop & implement choosing wisely in HA facilities	Policy component written and issued	Nov '17	Mar '18	50%	Policy development is 'At Risk'. Conceptual development still underway – shared understanding w/HA & Docs. Action: To meet w/Dr. Coleman & Dr. Wale to discuss options for conceptual model Component of common policy paper.
	Policy component implemented	Apr '18	Mar '19	0%	
Key Performance Indicators (q) Report and monitor KPIs	Policy component written and issued	Nov '17	Mar '18	50%	Policy development is 'At Risk'. HSIAR not contributing to development of KPIs Action: Waiting for stmt of readiness from HSIAR Component of common policy paper.
	Policy component implemented	Apr '18	Mar '19	0%	
Radiology Consult Service (r) Establish Radiology Consult Service to provide input on ordering best first test (r.1) Define linkages of medical imaging to primary care networks and specialized services	Policy component written and issued	Nov '17	Mar '18	50%	Component of common policy paper.
	Policy component implemented	Apr '18	Mar '19	~~0%~~ 25%	
Utilization Management Function (s) Define and implement utilization management function	Utilization mgmt function implemented	Apr '18	Mar '19	10%	

Deliverables Legend	
Approach for Deliverable % Complete	10% - Work is started, initial thinking (initiation) 25% - Work is defined, elements in place (initiation, planning) 50% - Perform the work (execution, monitor & control) 75% - Deliver material for internal review, amend cycle (execution, monitor & control) 90% - Deliver material for external review to executive / steering (execution, monitor & control) 100% - Deliver final version of material, complete (close)

Project Timelines

MI-AQI. Phase 2 Timeline



MRI Volumes and Wait Times – Tracking

MRI Volumes

	Current Period			Year To Date			
Location	Target Volume	Actual Volume	Variance	YTD Target Volume	YTD Actual Volume	YTD Variance	
	HA Projected Volume F2017/18 Period 10	HAMIS Actual Volume F2017/18 Period 10	HA Projected Volume vs HAMIS Actual Volume F2017/18 Period 10	HA Projected Volume F2017/18 YTD Period 10	HAMIS Actual Volume F2017/18 YTD Period 10	HA Projected Volume vs HAMIS Actual Volume F2017/18 YTD Period 10	Comments
IHA	1,818	1,526	**-292**	16,482	15,115	**-1,367**	In the current year (up to period 10) the actual BC YTD volumes for MRI exams is 136,509, which is lower than the projected volume 138,325. Three health authorities (IHA, FHA, & VIHA) have notable lower actuals than their YTD projected volumes. For Period 10 2017/18, the BC total has a variance of -1,816, which is a decrease from the Period 9 variance of -2,486.
FHA	4,083	4,128	**45**	41,119	40,429	**-690**	
VCHA	3,918	4,304	**386**	38,718	40,996	**2,278**	
VIHA	3,660	2,828	**-832**	29,705	27,900	**-1,805**	
NHA	725	665	**-60**	5,398	4,952	**-446**	
PHSA	690	717	**27**	6,903	7,117	**214**	
BC Total	**14,894**	**14,168**	**-726**	**138,325**	**136,509**	**-1,816**	

	Target Volume	Actual Volume	Variance
BC Total Previous Period (Period 9)	17,180	14,694	-2,486

Wait Times

Location	Previous Wait Time	Current Wait Time	Total YTD	
	90th Percentile Wait Times (in Days) Quarter 1 F2017/18 (All Priorities)	90th Percentile Wait Times (in Days) Quarter 2 F2017/18 (All Priorities)	90th Percentile YTD F2017/18 (All Priorities)	Comments
IHA	235	238	236	There has been significant wait time increase in Q2 for NHA. A key event to note for NHA in Q2 was Mills Memorial Hospital in Terrace reporting wait times for the first time.
FHA	301	304	302	
VCHA	117	103	110	
VIHA	153	165	158	
NHA	194	321	275	
PHSA	n.a.	n.a.	n.a	
BC	**204**	**196**	**200**	

Wait times are for completed out-patient cases.

Budget and Projections

The Phase 2 budget includes:

- Funding for staff and consulting labour from existing, funded positions from within the Ministry

The Phase 2 budget does not include:

- Funding for any tools, equipment or people required for the HAs to meet their commitments. Where applicable, FCS is anticipated to provide this funding to the HAs

The budget will be managed by the Project Director and Project Sponsor.

Project Status Report

Overall Status: **At Risk**

Medical Imaging Access and Quality (MI-AQI)

June 8, 2018

Project Purpose	Improve both the access to, and quality of, Medical Imaging (MI) services in British Columbia.
Project Phase	Phase II, Sept '17 – Mar '19
Phase II Objectives	• Realize short-term access improvement • Begin monitoring quality of care and performance • Establish wait-time benchmarks and tracking capabilities • Implement quality and appropriateness interventions • Recommend models (governance, funding and service delivery)

Project Code	Phase II Project Stage	Reporting Period	Project Sponsors	Project Director	Project Manager
2017-NN	Execute; Monitor/Control	5/1/2018 - 5/31/2018	Ian Rongve, Tricia Braidwood-Looney	Carolyn Rudden	Jim Manning

Project Dashboard

Schedule	○	1	⇧	The following policy development/implementation milestones have started earlier: • HA policy plans and commitments (charters) to be finalized earlier (July->June) • HA implementation of plans to start earlier (Aug->July) • Monitor of plans and reporting to start earlier (Aug -> July) (Result of Issue #1) Enhanced Wait Time Tracking deliverables, which are not under the control of the project, have missed their scheduled due dates.
Scope/Objectives	○	1	⇧	(Result of Issue #1) Enhanced Wait Time Tracking project objectives, which are not under the control of the project, have yet to be achieved.
Budget	●	7	⇨	No additional resource costs. Funding for staff and consulting labour sourced from existing, funded positions from within the Ministry.
People	○	1	⇧	Project team staffing changes. • Tricia Braidwood-Looney, the acting Executive Director for LDBS, who is also a project sponsor, has announced her retirement effective the end of June. • The project team needs to be re-staffed with new people (using existing, funded positions) with a manager (competition underway) and a senior policy analyst.

Issue / Response	☑	8		Issue #1. All aspects of the project requiring data collection and analysis
				• (I) Requests for HSIAR data collection and analysis (initiated summer '17) are outstanding. Project delivery impacted
				  ○ Wait time measurement framework
				  ○ Prospective reporting for CT and MRI
				• (R) Escalated to Ian for resolution. Continue to engage HSIAR.
				
				Issue #2. Internal MoH communication and coordination
				• (I) Information and reports presented by non-project team members to executive without prior program area / project team review and validation
				• (R) Escalated to Ian for resolution. Continue to engage the TPO and HSIAR.
				
				Issue #3. HA engagements
				• (I) Multiple contacts by non-project team members requesting the same information from HAs
				• (I) Engagement results not shared with the project team
				• (R) Escalated to Ian for resolution. Continue to engage the TPO and HSIAR.

Risk / Mitigation	☒	2		None.
Decision(s) Required	☒	4		None.

Project Deliverables and Key Milestones

HA Policy Expectations

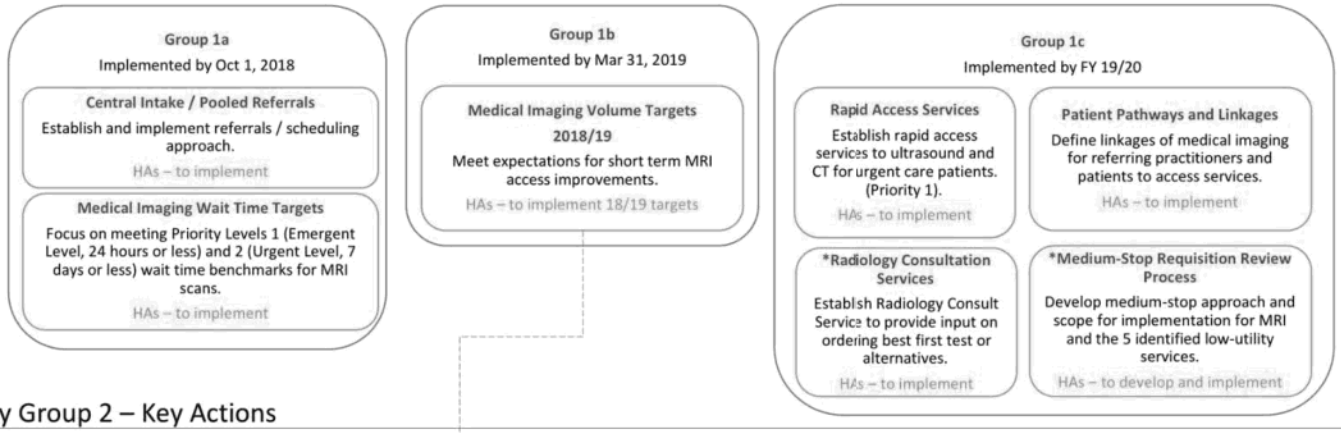
	Target Start	Target End	% Complete	Comments
Policy – Develop/Implement				
Write Policy	Nov '17	Apr '18	100%	
Consult, Approve and Issue Policy	Apr '18	Jun '18	90%	Completed: Draft policy distributed; Kick-off mtg w/HAs conducted May 30th
Develop/Approve HA Policy Plans	Apr '18	Jun '18	50%	Completed: HA Policy Expectations Charter template distributed to HAs May 31. Policy groups 1a+b+c are in scope. Planned: HA response due to project team June 22. MoH review and HA sign-off due June 29.
HAs Implement Policy Plans	Jul '18	Mar '19	50%	Approach: The bulk of the work will be completed in 18/19; Remainder in 19/20.
Monitor Plans and Report	Jul '18	Mar '19	50%	Approach: The bulk of the work will be completed in 18/19; Remainder in 19/20.
Monitor - Volumes and Wait Times				

Monitor and Report	Apr '18	Mar '19	50%	Enhanced Wait Time Tracking
				• Wait time measurement framework. (Request submitted to HSIAR Nov '17)
				  ○ Due: Mar '18: 10% <Past due. HSIAR recently indicated that this will be addressed>
				• Prospective reporting for CT and MRI implemented (Request submitted to HSIAR Nov '17)
				  ○ Due: Jun 18: 10% <Past due. No indication that it will be addressed>
				• Retrospective reporting for all other modalities implemented. (Request submitted to HSIAR Nov '17)
				  ○ Due: Mar '19: 0% <At risk>

The partnership between the Project Team, TPO and HSIAR has evolved. The following table provides a summary of the new arrangement.

Group	Responsibility (as pertains to the HA Policy Expectations)
Project Team	• Deliver approved policy • Guide and approve HA charters & plans • Monitor against the HA plans (review aggregated executive reports provided by the TPO)
Transformation Projects Office	• Collect HA project performance reports (e.g. deliverable and milestone progress) • Incorporate HA project performance information into the aggregated executive reports • Provide the aggregated executive reports to the project team for review/validation • Distribute the reports to executive
HSIAR	• Develop and implement a framework for enhanced wait time tracking • Develop and implement a framework for measuring appropriateness of ordering • Collect data, produce reports and submit the reports to the TPO

Policy Group 1 – Key Actions



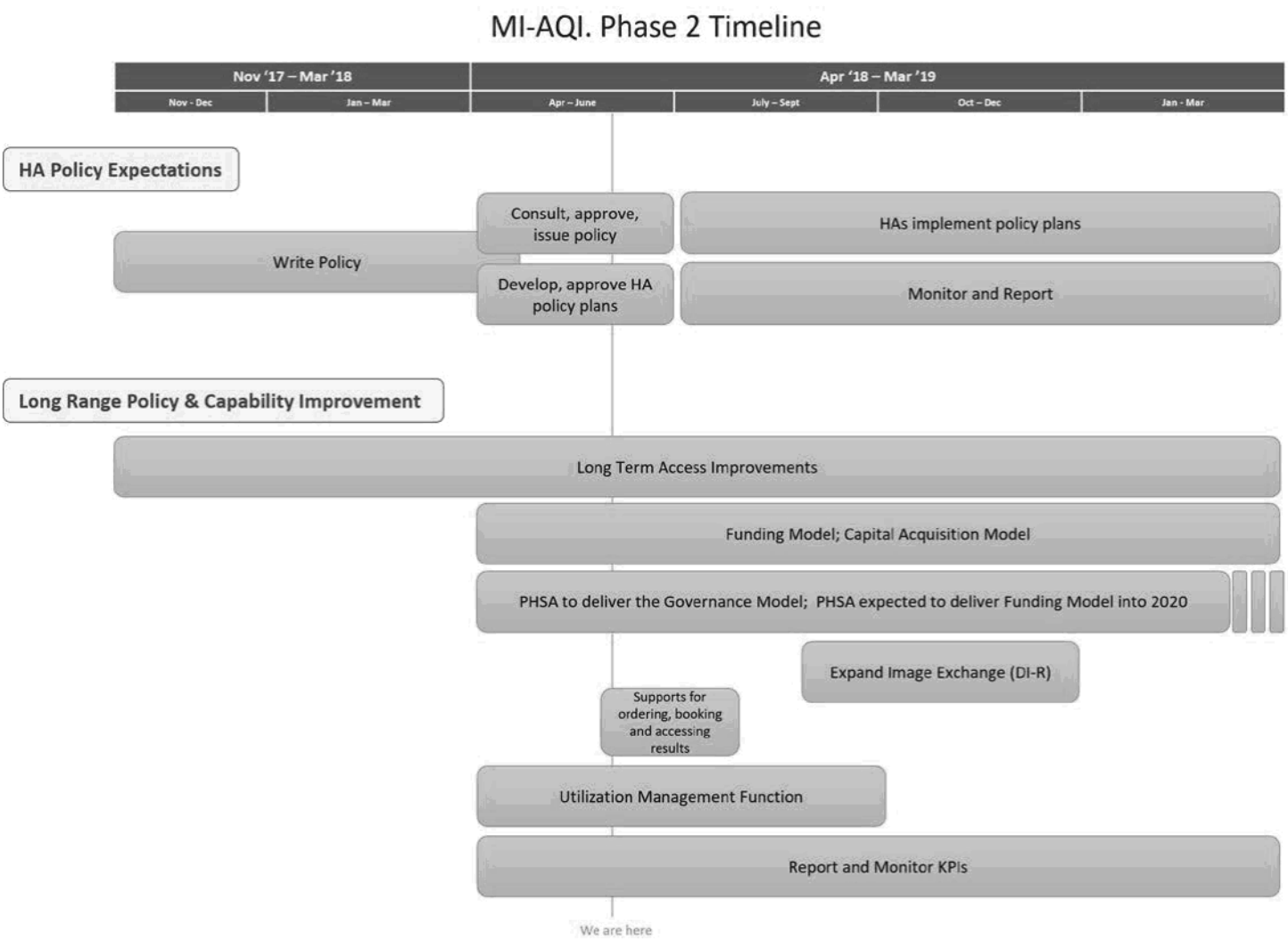
Policy Group 2 – Key Actions

Long-Range Policy and Capability Improvement

	Deliverables and Key Milestones	Target Start	Target End	% Complete	Comments
Initiatives					
Long Term Access Improvements • Develop evidence-based service configuration framework and roadmap • Develop a strategy for pediatric access to medical imaging	Service configuration framework Pediatric access strategy	Jun '17	Mar '19	10%	Status • Pediatric access strategy has been initiated. ChildHealthBC has agreed to develop a tiers of service model for medical imaging and will present plan to MIAC in July. Issue • Service configuration work cannot begin until HSIAR is engaged. Action/Response • Requested a statement of readiness/commitment from HSIAR.
Governance Model • Undertake analytics and policy development to produce the proposed governance model • Acquire decision/direction for the proposed governance model	Proposed governance model Approval governance model	Apr '18	Mar '19	10%	Change in approach • PHSA to develop options for the provincial governance model for Medical Imaging. • The project team will monitor and support PHSA
Funding Model • Define a value-based funding model	Value-based funding model	Apr '18	Mar '20	10%	Key contribution delayed • MoH Physician compensation unable to work with the project team as their focus is primary and community care • The project team is unable to advance this work at this time • Anticipate delivery of the funding model in 2020 Potential change in approach • Like the governance model, the responsibility for delivery may transfer to the PHSA
Capital Acquisition Model • Define a capital planning/funding model for strategic medical	Capital planning funding model	Apr '18	Mar '19	25%	Major activities remaining: • Engage w/Capital services and HSSBC to develop an options paper • Capital to review and approve the

imaging equipment purchases					options paper (aka model) • Project team to help get this on the policy agenda for Capital services • Capital services will seek approval and be responsible for implementation
Expand Image Exchange (DI-R) • Acquire funding and complete a feasibility study regarding medical imaging expansion to community imaging providers	Funding received for feasibility study Feasibility study results	Sept '18	Dec '18	50%	Major activities remaining: • Enterprise Architecture resources to lead the production of the MIAC-endorsed deliverables by Dec • Develop a plan and determine funding
Supports for ordering, booking and accessing results • Seek commitment for business process improvement	MIAC commitment	June '18	July '18	75%	Change in approach • MIAC will provide the support/endorsement. HA commitment (through IMITSC) will not be pursued Major activities remaining • Standard requisitions (the pre-cursor for electronic ordering) for CT & MRI will be presented to MIAC
Utilization Management Function • Define and implement utilization management function	Utilization mgmt function implemented	Apr '18	Sept '19	25%	Issue • The contribution of HSIAR is key and there has been little engagement to develop the framework (i.e. determine what is feasible). Action/Response • Requested, and are awaiting, a statement of readiness/commitment from HSIAR.
KPIs • Report and monitor KPIs	KPI data collection gaps addressed Monitoring and reporting operational	Apr '18	Mar '19	10%	Issue • The contribution of HSIAR is key and there has been little engagement to develop the framework (i.e. determine what is feasible). Action/Response • Requested, and are awaiting, a statement of readiness/commitment from HSIAR.

Project Timelines



MRI Volumes and Wait Times – Tracking

Volumes and wait times will no longer be included in this monthly status report. HSIAR will now publish the information.

Budget and Projections

The Phase 2 budget includes:

- Funding for staff and consulting labour from existing, funded positions from within the Ministry

The Phase 2 budget does not include:

- Funding for any tools, equipment or people required for the HAs to meet their commitments. Where applicable, FCS is anticipated to provide this funding to the HAs

The budget will be managed by the Project Director and Project Sponsor.

Indicators and Legend

Dashboard Legend		
Number Indicators	#	The numbers indicated next to the arrows indicates the number of periods that the status has been at the reported level (colour).
Arrow Indicators	⇨	No change in status from previous period.
	⇧	Increase in status level from previous period (e.g. green to yellow);
	⇩	Decrease in status level from previous period (e.g. red to yellow)
	☑	Decision required; Risk exists.
	☒	No decision required; No risk exists

Deliverables Legend	
Approach for Deliverable % Complete	10% - Work is started, initial thinking (initiation) 25% - Work is defined, elements in place (initiation, planning) 50% - Perform the work (execution, monitor & control) 75% - Deliver material for internal review, amend cycle (execution, monitor & control) 90% - Deliver material for external review to executive / steering (execution, monitor & control) 100% - Deliver final version of material, complete (close)

Project Status Report

Overall Status: **At Risk**

Medical Imaging Access and Quality (MI-AQI)

April 13, 2018

Project Purpose	Improve both the access to, and quality of, Medical Imaging (MI) services in British Columbia.
Project Phase	Phase II, Sept '17 – Mar '19
Phase II Objectives	• Realize short-term access improvement • Begin monitoring quality of care and performance • Establish wait-time benchmarks and tracking capabilities • Implement quality and appropriateness interventions • Recommend models (governance, funding and service delivery)

Project Code	Phase II Project Stage	Reporting Period	Project Sponsors	Project Director	Project Manager
2017-NN	Initiation / Execution	2/1/2018 - 3/30/2018	Ian Rongve, Lynn Stevenson, Tricia Braidwood-Looney	Carolyn Rudden	Jim Manning

Project Dashboard

Schedule		4	⇨	No changes to schedule.
Scope/Objectives		4	⇨	No changes to scope/objectives. HA policy expectation development nearing completion. Consultation soon to be initiated. Long range policy and capability development on track
Budget		6	⇨	No additional resource costs. Funding for staff and consulting labour sourced from existing, funded positions from within the Ministry;
People		7	⇨	The need for additional project team resources identified; Hiring process underway.
Issue / Response	☑	6		**All aspects of project requiring data collection and analysis** (I) Requests for HSIAR data collection and analysis (initiated summer '17) are outstanding. Project delivery impacted - unable to perform enhanced wait time tracking (R) Escalated to Ian for resolution. Continue to engage HSIAR. **Choosing Wisely** (I) Lack consensus from key players on the 'what' and 'how'. (R) Conduct a facilitated workshop to accomplish Apr 19
Risk / Mitigation	☑	1		(R) Support for partner responsibility matrix. (M) Project Team to review w/Ian (seeking approval), then partners (HSIAR, Strategic Projects)
Decision(s) Required	☒	2		None.

Project Reframe

The project originally envisioned the work as being organized into four work streams:

- Medical Imaging Access and Service Distribution
- Governance, Funding and Service Model
- Medical Imaging Business Processes
- Quality of Care and Performance Monitoring

A decision was recently made to reframe the work. The core project attributes (schedule, scope/objectives, etc.) have not fundamentally changed. This reframe better reflects how the project is being executed, managed and communicated. The two work streams are now:

- HA Policy Expectations
- Long-Range Policy and Capability Improvement

A contributing factor to the need to reframe the work was the evolution of the policy. As a part of this policy evolution, two additional components are now considered:

- Improved Waitlist Management and Patient Communications (added to the HA Policy Expectations)
- Pediatric Access Strategy (added to the Long-Range Policy and Capability Improvement, Long Term Access Improvements)

Project Deliverables and Key Milestones

HA Policy Expectations

	Target Start	Target End	% Complete	Comments
Policy – Develop/Implement				
Write Policy	Nov '17	Apr '18	90%	Short term service volume announced.
Consult, Approve and Issue Policy	Apr '18	Jun '18	10%	
Develop/Approve HA Policy Plans	Apr '18	July '18	10%	
HAs Implement Policy Plans	Aug '18	Mar '19	0%	The bulk of the work completed in 18/19; Remainder in 19/20.
Monitor Plans and Report	Aug '18	Mar '19	0%	The bulk of the work completed in 18/19; Remainder in 19/20.
Monitor - Volumes and Wait Times				
Monitor and Report	Apr '18	Mar '19	10%	On-going

Policy Component	Description
Meet Medical Imaging Volume Targets	• Set expectations for short term access improvement
Rapid Access to Imaging (CT and ultrasound)	• Establish rapid access services - access for CT and ultrasound for urgent care patients (to avoid ED)
Pooled Referrals/First Available Slot Scheduling	• Establish and implement referrals/scheduling approach (where feasible)
Medium Stop Requisition Review Process Implementation	• Develop medium-stop approach and scope for implementation for MRI/CT and 5 low utility services
Imaging Appropriateness Improvement (Choosing Wisely Implementation)	• Develop & implement choosing wisely in community-based care • Develop & implement choosing wisely in HA facilities
Standardized Requisitions	• Develop and implement a standardized requisition for MRI and CT scans
Radiology Consult Service	• Establish Radiology Consult Service to provide input on ordering best first test
Improved Reporting of Wait Times	• Develop and implement enhanced wait time measurement framework
Patient Pathways and Linkages	• Define linkages of medical imaging to primary care networks and specialized services
Monitor and Report	• Monitor HAs as they continue to increase MRI service volumes as per Phase I

Long-Range Policy and Capability Improvement

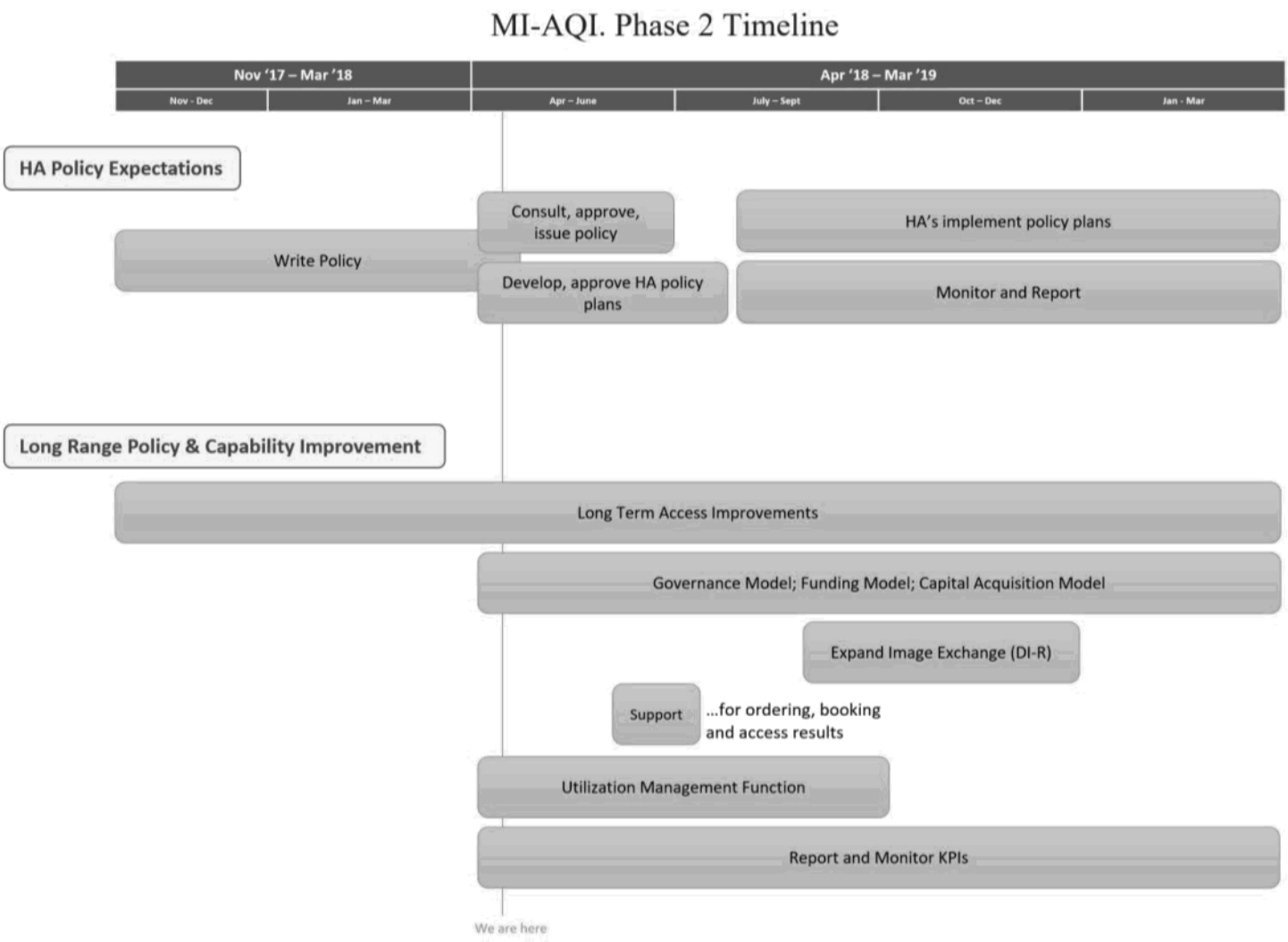
	Deliverables and Key Milestones	Target Start	Target End	% Complete	Comments
Initiatives					
Long Term Access Improvements • Develop evidence-based service configuration framework and roadmap • Develop a strategy for pediatric access to medical imaging	Service configuration framework Service configuration roadmap	Jun '17	Mar '19	10%	
Governance Model • Undertake analytics and policy development to produce the proposed governance model • Acquire decision/direction for the proposed governance model	Proposed governance model Approval for governance model	Apr '18	Mar '19	10%	
Funding Model • Define a value-based funding model	Value-based funding model	Apr '18	Mar '19	10%	
Capital Acquisition Model • Define a capital planning/funding model for strategic medical imaging equipment purchases	Capital planning funding model	Apr '18	Mar '19	25%	
Expand Image Exchange (DI-R) • Acquire funding and complete a feasibility study regarding medical imaging expansion to community imaging providers	Funding received for feasibility study Feasibility study results	Sept '18	Dec '18	25%	
Supports for ordering, booking and accessing results • Seek HA commitment for business process improvement (through	HA commitment (through IMITSC)	June '18	June '18	50%	

IMITSC)					
Utilization Management Function • Define and implement utilization management function	Utilization mgmt function defined	Apr '18	Sept '19	10%	
KPIs • Report and monitor KPIs	Address gaps in KPI data collection Monitor and report	Apr '18	Mar '19	10%	

Responsibility Matrix

Policy Component	Policy and Plans	Data Collection and Interpretation	Report to Stakeholder/Steering	Issues
Meet Medical Imaging Volume Targets • MRI volume targets • Enhanced wait time tracking	Project Team • Deliver approved policy • Guide and approve HA plans HSIAR • Implement new data collection • Develop methodology for enhanced wait time tracking	HSIAR • Collect data and develop draft report • Submit data to Project Team • Submit data questions/issues to Project Team Project Team • Provide intel and interpret data collected • Acquire info from HAs to address HSIAR questions • Submit to HSIAR	HSIAR • Produce report(s) which include Project Team intel Strategic Projects • Consume HSIAR report(s) • Submit report to SCHSPH & LC (tbd)	Enhanced Wait Time Tracking • Wait time measurement framework ○ (Nov '17 – Mar '18): 10% • Prospective reporting for CT and MRI implemented ○ (Nov '17 – Jun 18): 25% • Retrospective reporting for all other modalities implemented ○ (Nov '17 – Mar '19): 10% Issue: HSIAR has not met the first target date. Impact/Response: Project will continue with current wait time tracking approach and continue to request HSIAR delivery. Remaining dates at risk.
Rapid Access to Imaging (CT and ultrasound) Pooled Referrals/First Available Slot Scheduling Medium Stop Requisition Review Process Implementation Imaging Appropriateness Improvement (Choosing Wisely Implementation) Standardized Requisitions Radiology Consult Service Improved Wait List Management and Patient Communication Patient Pathways and Linkages	Project Team • Deliver approved policy • Guide and approve HA plans • Monitor and report HA plan fulfillment HSIAR • Develop and implement framework for measuring appropriateness of ordering	Project Team • Collect status updates from HAs • Provide intel and interpret info collected • Submit to Strategic Projects HSIAR • Collect data to measure appropriateness	Strategic Projects • Consume Project Team report(s)	
Long Term Access Improvements Governance Model Funding Model Capital Acquisition Model Expand Image Exchange (DI-R)	Project Team • Deliver material • Guide and approve HA plans • Monitor and report HA plan fulfillment HSIAR • Key contributor to the development of the framework and how to	Project Team • Collect status updates • Provide intel and interpret info collected Submit to Strategic Projects	Strategic Projects Consume Project Team report(s)	Long Term Access Improvements & Utilization Management Function Issue: The contribution of HSIAR is key and there has been little engagement. Action/Response: Requested a statement of readiness/commitment from HSIAR.

Supports for ordering, booking and accessing results Utilization Management Function	collect/monitor Implement framework			
KPIs	Project Team • Deliver approved policy HSIAR • Determine data sources and measurement methodology • Work with project team to confirm existing and develop new KPIs • Implement new data collection	HSIAR • Collect data • Submit data to Project Team • Submit data questions/issues to Project Team Project Team • Provide intel and interpret data collected • Acquire info from HAs to address HSIAR questions • Submit to HSIAR	HSIAR • Produce report(s) which include Project Team intel • Submit report(s) to program, SCHSPH & LC	Issue: HSIAR is key to the development of KPIs and there has been little engagement Action/Response: Requested a statement of readiness/commitment from HSIAR


MI-AQI. Phase 2 Timeline
Nov '17 – Mar '18
Apr '18 – Mar '19
Nov - Dec
Jan – Mar
Apr – June
July – Sept
Oct – Dec
Jan - Mar
HA Policy Expectations
Consult, approve, issue policy
HA's implement policy plans
Write Policy
Develop, approve HA policy plans
Monitor and Report
Long Range Policy & Capability Improvement
Long Term Access Improvements
Governance Model; Funding Model; Capital Acquisition Model
Expand Image Exchange (DI-R)
Support
...for ordering, booking and access results
Utilization Management Function
Report and Monitor KPIs
We are here

MRI Volumes and Wait Times – Tracking

Both the volumes and wait times tables below have been updated for the period.
Note: Recent 17/18 announcements (which incorporate period 13 values) differ from the MRI volumes below (which are inclusive of period 12).

MRI Volumes

	Current Period			Year To Date			
Location	Target Volume	Actual Volume	Variance	YTD Target Volume	YTD Actual Volume	YTD Variance	
	HA Projected Volume F2017/18 Period 12	HAMIS Actual Volume F2017/18 Period 12	HA Projected Volume vs HAMIS Actual Volume F2017/18 Period 12	HA Projected Volume F2017/18 YTD Period 12	HAMIS Actual Volume F2017/18 YTD Period 12	HA Projected Volume vs HAMIS Actual Volume F2017/18 YTD Period 12	Comments
IHA	1,818	1,724	-94	20,118	18,464	-1,654	Staffing issues at one site (departures and mat leaves) and problems
FHA	5,250	4,705	-545	51,619	49,407	-2,212	Unexpected down time of 10 yr old scanner Abbotsford Regional
VCHA	5,038	4,952	-86	48,794	50,529	1,735	
VIHA	3,660	3,150	-510	37,025	34,077	-2,948	Staffing shortgages result in lower volumes
NHA	725	772	47	6,848	6,467	-381	
PHSA	690	808	118	8,284	8,653	369	
BC Total	**17,181**	**16,111**	**-1,070**	**172,688**	**167,597**	**-5,091**	

	Target Volume	Actual Volume	Variance
BC Total Previous Period (Period 11)	17,181	14,958	-2,223

Wait Times

Location	Previous Wait Time	Previous Wait Time	Current Wait Time	Total YTD	
	90th Percentile Wait Times (in Days) Quarter 1 F2017/18 (All Priorities)	90th Percentile Wait Times (in Days) Quarter 2 F2017/18 (All Priorities)	90th Percentile Wait Times (in Days) Quarter 3 F2017/18 (All Priorities)	90th Percentile YTD F2017/18 (All Priorities)	Comments
IHA	235	240	248	239	Wait times in NHA continue to increase (by 32 days) in Q3, even though the 2 net new MRI units are now operational. Noted delays for the MRI unit in Prince George was reported in Q2, having a negative impact on wait times for NHA. With new Q3 data, the overall YTD went down from 200 to 197 because wait times in Q3 had reduced.
FHA	301	304	268	294	
VCHA	117	103	99	106	
VIHA	153	165	163	160	
NHA	194	318	350	322	
PHSA	n.a.	n.a.	n.a	n.a	
BC	**204**	**196**	**190**	**197**	

Wait times are for completed out-patient cases.

Budget and Projections

The Phase 2 budget includes:

- Funding for staff and consulting labour from existing, funded positions from within the Ministry

The Phase 2 budget does not include:

- Funding for any tools, equipment or people required for the HAs to meet their commitments. Where applicable, FCS is anticipated to provide this funding to the HAs

The budget will be managed by the Project Director and Project Sponsor.

Indicators and Legend

Dashboard Legend		
Number Indicators	#	The numbers indicated next to the arrows indicates the number of periods that the status has been at the reported level (colour).
Arrow Indicators	⇨	No change in status from previous period.
	⇧	Increase in status level from previous period (e.g. green to yellow);
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	☑	Decision required; Risk exists.
	☒	No decision required; No risk exists

Deliverables Legend	
Approach for Deliverable % Complete	10% - Work is started, initial thinking (initiation) 25% - Work is defined, elements in place (initiation, planning) 50% - Perform the work (execution, monitor & control) 75% - Deliver material for internal review, amend cycle (execution, monitor & control) 90% - Deliver material for external review to executive / steering (execution, monitor & control) 100% - Deliver final version of material, complete (close)

Project Status Report

Overall Status: **At Risk**

Medical Imaging Access and Quality (MI-AQI)

June 8, 2018

Project Purpose	Improve both the access to, and quality of, Medical Imaging (MI) services in British Columbia.
Project Phase	Phase II, Sept '17 – Mar '19
Phase II Objectives	• Realize short-term access improvement • Begin monitoring quality of care and performance • Establish wait-time benchmarks and tracking capabilities • Implement quality and appropriateness interventions • Recommend models (governance, funding and service delivery)

Project Code	Phase II Project Stage	Reporting Period	Project Sponsors	Project Director	Project Manager
2017-NN	Execute; Monitor/Control	5/1/2018 - 5/31/2018	Ian Rongve, Tricia Braidwood-Looney	Carolyn Rudden	Jim Manning

Project Dashboard

Schedule	○	1	⇧	The following policy development/implementation milestones have started earlier: • HA policy plans and commitments (charters) to be finalized earlier (July->June) • HA implementation of plans to start earlier (Aug->July) • Monitor of plans and reporting to start earlier (Aug -> July) (Result of Issue #1) Enhanced Wait Time Tracking deliverables, which are not under the control of the project, have missed their scheduled due dates.
Scope/Objectives	○	1	⇧	(Result of Issue #1) Enhanced Wait Time Tracking project objectives, which are not under the control of the project, have yet to be achieved.
Budget	●	7	⇨	No additional resource costs. Funding for staff and consulting labour sourced from existing, funded positions from within the Ministry.
People	○	1	⇧	Project team staffing changes. • Tricia Braidwood-Looney, the acting Executive Director for LDBS, who is also a project sponsor, has announced her retirement effective the end of June. • The project team needs to be re-staffed with new people (using existing, funded positions) with a manager (competition underway) and a senior policy analyst.

Issue / Response	☑	8		Issue #1. All aspects of the project requiring data collection and analysis
				• (I) Requests for HSIAR data collection and analysis (initiated summer '17) are outstanding. Project delivery impacted
				  ○ Wait time measurement framework
				  ○ Prospective reporting for CT and MRI
				• (R) Escalated to Ian for resolution. Continue to engage HSIAR.
				
				Issue #2. Internal MoH communication and coordination
				• (I) Information and reports presented by non-project team members to executive without prior program area / project team review and validation
				• (R) Escalated to Ian for resolution. Continue to engage the TPO and HSIAR.
				
				Issue #3. HA engagements
				• (I) Multiple contacts by non-project team members requesting the same information from HAs
				• (I) Engagement results not shared with the project team
				• (R) Escalated to Ian for resolution. Continue to engage the TPO and HSIAR.

Risk / Mitigation	☒	2		None.
Decision(s) Required	☒	4		None.

Project Deliverables and Key Milestones

HA Policy Expectations

	Target Start	Target End	% Complete	Comments
Policy – Develop/Implement				
Write Policy	Nov '17	Apr '18	100%	
Consult, Approve and Issue Policy	Apr '18	Jun '18	90%	Completed: Draft policy distributed; Kick-off mtg w/HAs conducted May 30th
Develop/Approve HA Policy Plans	Apr '18	Jun '18	50%	Completed: HA Policy Expectations Charter template distributed to HAs May 31. Policy groups 1a+b+c are in scope. Planned: HA response due to project team June 22. MoH review and HA sign-off due June 29.
HAs Implement Policy Plans	Jul '18	Mar '19	50%	Approach: The bulk of the work will be completed in 18/19; Remainder in 19/20.
Monitor Plans and Report	Jul '18	Mar '19	50%	Approach: The bulk of the work will be completed in 18/19; Remainder in 19/20.
Monitor - Volumes and Wait Times				

Monitor and Report	Apr '18	Mar '19	50%	Enhanced Wait Time Tracking
				• Wait time measurement framework. (Request submitted to HSIAR Nov '17)
				  ○ Due: Mar '18: 10% <Past due. HSIAR recently indicated that this will be addressed>
				• Prospective reporting for CT and MRI implemented (Request submitted to HSIAR Nov '17)
				  ○ Due: Jun 18: 10% <Past due. No indication that it will be addressed>
				• Retrospective reporting for all other modalities implemented. (Request submitted to HSIAR Nov '17)
				  ○ Due: Mar '19: 0% <At risk>

The partnership between the Project Team, TPO and HSIAR has evolved. The following table provides a summary of the new arrangement.

Group	Responsibility (as pertains to the HA Policy Expectations)
Project Team	• Deliver approved policy • Guide and approve HA charters & plans • Monitor against the HA plans (review aggregated executive reports provided by the TPO)
Transformation Projects Office	• Collect HA project performance reports (e.g. deliverable and milestone progress) • Incorporate HA project performance information into the aggregated executive reports • Provide the aggregated executive reports to the project team for review/validation • Distribute the reports to executive
HSIAR	• Develop and implement a framework for enhanced wait time tracking • Develop and implement a framework for measuring appropriateness of ordering • Collect data, produce reports and submit the reports to the TPO

Policy Group 1 – Key Actions

Group 1a
Implemented by Oct 1, 2018

Central Intake / Pooled Referrals
Establish and implement referrals / scheduling approach.
HAs – to implement

Medical Imaging Wait Time Targets
Focus on meeting Priority Levels 1 (Emergent Level, 24 hours or less) and 2 (Urgent Level, 7 days or less) wait time benchmarks for MRI scans.
HAs – to implement

Group 1b
Implemented by Mar 31, 2019

Medical Imaging Volume Targets 2018/19
Meet expectations for short term MRI access improvements.
HAs – to implement 18/19 targets

Group 1c
Implemented by FY 19/20

Rapid Access Services
Establish rapid access services to ultrasound and CT for urgent care patients. (Priority 1).
HAs – to implement

Patient Pathways and Linkages
Define linkages of medical imaging for referring practitioners and patients to access services.
HAs – to implement

***Radiology Consultation Services**
Establish Radiology Consult Service to provide input on ordering best first test or alternatives.
HAs – to implement

***Medium-Stop Requisition Review Process**
Develop medium-stop approach and scope for implementation for MRI and the 5 identified low-utility services.
HAs – to develop and implement

Policy Group 2 – Key Actions

Wait Times Reporting
Develop and implement wait time measurement framework to improve standardized wait time reporting.
Ministry – to develop framework
HAs – to submit data

Wait List Management
Actively manage wait lists, and implement best practices for wait list management.
Ministry + MIAC – to develop best practices
HAs – to implement

Medical Imaging Volume Targets Future years
Develop future year targets (separating into pediatric and adult) using that will take into consideration the future needs of the province's population (using modelling).
Ministry – to set future targets
HAs – to implement

***Standardized Requisitions**
Develop and implement a standardized requisition for MRI and CT.
MIAC + Ministry – to develop
HAs – to implement

HHR Medical Imaging Workforce Strategy
Develop and implement an HHR Workforce Strategy that focuses on recruitment / retention, education / training, and work force optimization models for the key health professionals involved in medical imaging (e.g., MR techs, radiologists, anaesthesiologists).
Ministry – to develop
HAs + others – to implement

Key Performance Indicators
Develop and report on medical imaging key performance indicators.
Ministry – to develop + report
HAs – to submit data

Provincial Medical Imaging Appropriateness Framework
Implement the provincial medical imaging appropriateness framework that targets 5 identified low-utility services.
PSQC + MIAC + Ministry – conceptual develop, roadmap
MIAC + GPAC – to develop resources
HAs – to implement

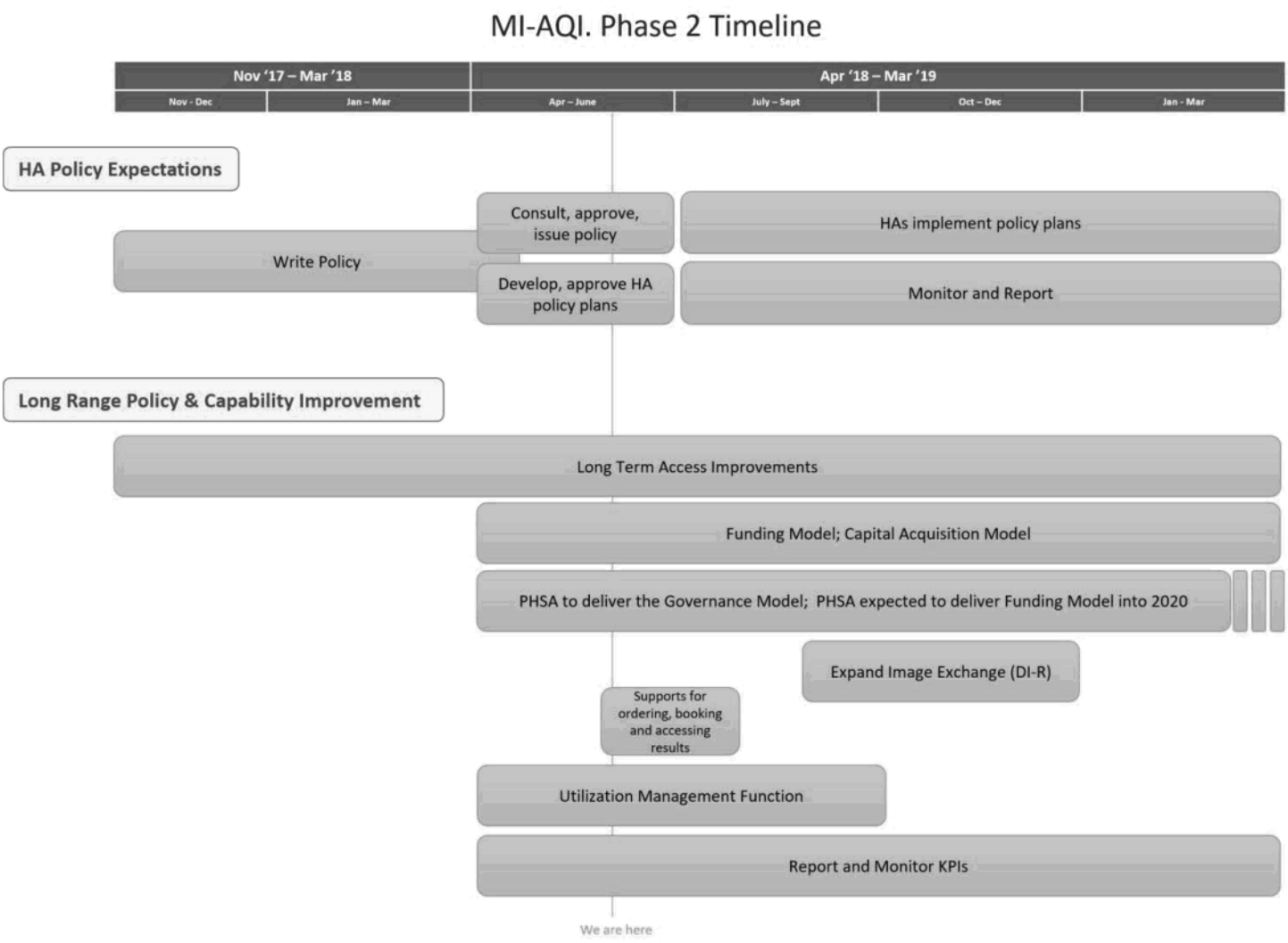
Component of Provincial Medical Imaging Appropriateness Framework

Long-Range Policy and Capability Improvement

	Deliverables and Key Milestones	Target Start	Target End	% Complete	Comments
Initiatives					
Long Term Access Improvements • Develop evidence-based service configuration framework and roadmap • Develop a strategy for pediatric access to medical imaging	Service configuration framework Pediatric access strategy	Jun '17	Mar '19	10%	Status • Pediatric access strategy has been initiated. ChildHealthBC has agreed to develop a tiers of service model for medical imaging and will present plan to MIAC in July. Issue • Service configuration work cannot begin until HSIAR is engaged. Action/Response • Requested a statement of readiness/commitment from HSIAR.
Governance Model • Undertake analytics and policy development to produce the proposed governance model • Acquire decision/direction for the proposed governance model	Proposed governance model Approval governance model	Apr '18	Mar '19	10%	Change in approach • PHSA to develop options for the provincial governance model for Medical Imaging. • The project team will monitor and support PHSA
Funding Model • Define a value-based funding model	Value-based funding model	Apr '18	Mar '20	10%	Key contribution delayed • MoH Physician compensation unable to work with the project team as their focus is primary and community care • The project team is unable to advance this work at this time • Anticipate delivery of the funding model in 2020 Potential change in approach • Like the governance model, the responsibility for delivery may transfer to the PHSA
Capital Acquisition Model • Define a capital planning/funding model for strategic medical	Capital planning funding model	Apr '18	Mar '19	25%	Major activities remaining: • Engage w/Capital services and HSSBC to develop an options paper • Capital to review and approve the

imaging equipment purchases					options paper (aka model) • Project team to help get this on the policy agenda for Capital services • Capital services will seek approval and be responsible for implementation
Expand Image Exchange (DI-R) • Acquire funding and complete a feasibility study regarding medical imaging expansion to community imaging providers	Funding received for feasibility study Feasibility study results	Sept '18	Dec '18	50%	Major activities remaining: • Enterprise Architecture resources to lead the production of the MIAC-endorsed deliverables by Dec • Develop a plan and determine funding
Supports for ordering, booking and accessing results • Seek commitment for business process improvement	MIAC commitment	June '18	July '18	75%	Change in approach • MIAC will provide the support/endorsement. HA commitment (through IMITSC) will not be pursued Major activities remaining • Standard requisitions (the pre-cursor for electronic ordering) for CT & MRI will be presented to MIAC
Utilization Management Function • Define and implement utilization management function	Utilization mgmt function implemented	Apr '18	Sept '19	25%	Issue • The contribution of HSIAR is key and there has been little engagement to develop the framework (i.e. determine what is feasible). Action/Response • Requested, and are awaiting, a statement of readiness/commitment from HSIAR.
KPIs • Report and monitor KPIs	KPI data collection gaps addressed Monitoring and reporting operational	Apr '18	Mar '19	10%	Issue • The contribution of HSIAR is key and there has been little engagement to develop the framework (i.e. determine what is feasible). Action/Response • Requested, and are awaiting, a statement of readiness/commitment from HSIAR.

Project Timelines



MRI Volumes and Wait Times – Tracking

Volumes and wait times will no longer be included in this monthly status report. HSIAR will now publish the information.

Budget and Projections

The Phase 2 budget includes:

- Funding for staff and consulting labour from existing, funded positions from within the Ministry

The Phase 2 budget does not include:

- Funding for any tools, equipment or people required for the HAs to meet their commitments. Where applicable, FCS is anticipated to provide this funding to the HAs

The budget will be managed by the Project Director and Project Sponsor.

Indicators and Legend

Dashboard Legend		
Number Indicators	#	The numbers indicated next to the arrows indicates the number of periods that the status has been at the reported level (colour).
Arrow Indicators	⇨	No change in status from previous period.
	⇧	Increase in status level from previous period (e.g. green to yellow);
	⇩	Decrease in status level from previous period (e.g. red to yellow)
	☑	Decision required; Risk exists.
	☒	No decision required; No risk exists

Deliverables Legend	
Approach for Deliverable % Complete	10% - Work is started, initial thinking (initiation) 25% - Work is defined, elements in place (initiation, planning) 50% - Perform the work (execution, monitor & control) 75% - Deliver material for internal review, amend cycle (execution, monitor & control) 90% - Deliver material for external review to executive / steering (execution, monitor & control) 100% - Deliver final version of material, complete (close)

Project Status Report

Overall Status: **On Track**

Medical Imaging Access and Quality (MI-AQI)

December 8, 2017

Project Purpose	Improve both the access to, and quality of, Medical Imaging (MI) services in British Columbia.
Project Phase	Phase II, Sept '17 – Mar '19
Phase II Objectives	• Realize short-term access improvement • Begin monitoring quality of care and performance • Establish wait-time benchmarks and tracking capabilities • Implement quality and appropriateness interventions • Recommend models (governance, funding and service delivery)

Project Code	Phase II Project Stage	Reporting Period	Project Sponsors	Project Director	Project Manager
2017-NN	Initiation / Execution	11/15/2017 - 11/30/2017	Ian Rongve, Lynn Stevenson, Tricia Braidwood-Looney	Carolyn Rudden	Jim Manning

Project Dashboard

Schedule	●	2	⇨	Schedule refinement nearing completion.
Scope/Objectives	●	1	⇧	Scope for phase II has been reduced (in response to ADM request).
Budget	●	2	⇨	No additional resource costs. Funding for staff and consulting labour sourced from existing, funded positions from within the Ministry
People	●	2	⇨	The need for additional project team resources identified; Hiring process underway.
Issue / Response	☒	2	⇨	**All aspects of project requiring data collection and analysis** (I) Requests submitted to HSIAR in summer '17. Work not initiated. On hold until Dec mtg with HSIAR ADM. (R) Raised to Ian; Prioritize outstanding requests
Risk / Mitigation	☑	2	⇨	None.
Decision(s) Required	☒	2	⇨	Revised project charter (with reduced scope) to be approved by the sponsors.

See Appendix A for the status key legend

Project Deliverables and Key Milestones

Workstream #1. Medical Imaging Access and Service Distribution

Initiatives	Deliverables and Key Milestones	Target Start	Target Completion	% Complete	Comments
Short Term Access Improvements (a) Set expectations for short term access improvement (b) Define linkages of medical imaging to primary care networks and specialized services (c) Monitor HAs as they continue to increase MRI service volumes as per Phase I	Policy component written and issued	Nov '17	Mar '18	25%	Component of common policy paper.
	Policy component implemented	Apr '18	Mar '19	0%	
Long Term Access Improvements (d) Develop evidence-based service configuration framework and roadmap (e) Develop a strategy for pediatric access to medical imaging	Service configuration framework Service configuration roadmap	Jun '17	Mar '19	10%	
	Pediatric access strategy	Jan '19	Mar '19	10%	
Enhance Wait Time Tracking (e) Develop and implement enhanced wait time measurement framework	Wait time measurement framework	Nov '17	Mar '18	10%	
	Prospective reporting for CT and MRI implemented	Nov '17	June '18	25%	
	Retrospective reporting for all other modalities implemented	Nov '17	Mar '19	10%	
Rapid Access to Imaging (CT and ultrasound) (f) Establish rapid access services - access for CT and ultrasound for urgent care patients (to avoid outpatient ED)	Policy component written and issued	Nov '17	Mar '18	25%	Component of common policy paper
	Policy component implemented	Apr '18	Mar '19	0%	
Pooled Referrals/First Available Slot Scheduling (g) Establish and implement referrals/scheduling approach (where feasible)	Policy component written and issued	Nov '17	Mar '18	25%	Component of common policy paper
	Policy component implemented	Apr '18	Mar '19	0%	

Workstream #2. Governance, Funding and Service Model

Initiatives	Deliverables and Key Milestones	Target Start	Target Completion	% Complete	Comments
Governance Model (h) Undertake analytics and policy development to produce the proposed governance model (i) Acquire decision/direction for the proposed governance model	Proposed governance model Approval for governance model	Apr '18	Mar '19	10%	
Funding model (j) Define a value-based funding model	Value-based funding model	Apr '18	Mar '19	10%	
Capital Acquisition (k) Define a capital planning/funding model for strategic medical imaging equipment purchases	Capital planning funding model	Apr '18	Mar '19	25%	

Workstream #3. Medical Imaging Business Processes

Initiatives	Deliverables and Key Milestones	Target Start	Target Completion	% Complete	Comments
Expand Image Exchange (DI-R) (l) Acquire funding and complete a feasibility study regarding medical imaging expansion to community imaging providers	Funding received for feasibility study Feasibility study results	Sept '18	Dec '18	25%	
Supports for ordering, booking and accessing results (m) Seek HA commitment for business process improvement (through IMITSC)	HA commitment (through IMITSC)	June '18	June '18	50%	

Workstream #4. Quality of Care and Performance Monitoring

Initiatives	Deliverables and Key Milestones	Target Start	Target Completion	% Complete	Comments
Medium Stop Requisition Review Process Implementation (n) Develop MRI/CT medium-stop approach and scope for implementation	Policy component written and issued	Nov '17	Mar '18	25%	Component of common policy paper.
	Policy component implemented	Apr '18	Mar '19	0%	
Choosing Wisely Implementation (o) Develop & implement choosing wisely in community-based care (p) Develop & implement choosing wisely in HA facilities	Policy component written and issued	Nov '17	Mar '18	25%	Component of common policy paper.
	Policy component implemented	Apr '18	Mar '19	0%	
Key Performance Indicators (q) Report and monitor KPIs	Policy component written and issued	Nov '17	Mar '18	25%	Component of common policy paper.
	Policy component implemented	Apr '18	Mar '19	0%	
Radiology Consult Service (r) Establish Radiology Consult Service to provide input on ordering best first test	Policy component written and issued	Nov '17	Mar '18	25%	Component of common policy paper.
	Policy component implemented	Apr '18	Mar '19	0%	
Utilization Management Function (s) Define and implement utilization management function	Utilization mgmt function implemented	Apr '18	Mar '19	10%	

Deliverables Legend	
Approach for Deliverable % Complete	10% - Work is started, initial thinking (initiation) 25% - Work is defined, elements in place (initiation, planning) 50% - Perform the work (execution, monitor & control) 75% - Deliver material for internal review, amend cycle (execution, monitor & control) 90% - Deliver material for external review to executive / steering (execution, monitor & control) 100% - Deliver final version of material, complete (close)

Workstream Activity Report

Workstream #1. Medical Imaging Access and Service Distribution

Initiatives	Activities started, ongoing or completed this Reporting Period	Activities planned for the next Reporting Period
Short Term Access Improvements (a) Set expectations for short term access improvement (b) Define linkages of medical imaging to primary care networks and specialized services (c) Monitor HAs as they continue to increase MRI service volumes as per Phase I	• ID rates in other jurisdictions. Email other provinces, request per capita rate for MRI & CT and service volumes (this year, and last two) • Investigate other sources of info e.g. CIHI & OECD (Org for Economic Cooperation and Development) rates for MRI & CT	• Completion of prior period activity
Long Term Access Improvements (d) Develop evidence-based service configuration framework and roadmap (e) Develop a strategy for pediatric access to medical imaging	• Prioritize all requests <complete> • Discuss w/HSIAR ADM. <deferred>	• Discuss w/HSIAR ADM
Enhance Wait Time Tracking (e) Develop and implement enhanced wait time measurement framework	• Consult HA & PIC to address data quality issues related to prospective wait times	• Continuation of prior period activity
Rapid Access to Imaging (CT and ultrasound) (f) Establish rapid access services - access for CT and ultrasound for urgent care patients (to avoid outpatient ED)	• Gather info on VIHA service model • Initiate MI-AQI policy consult with HAs	• Continuation of prior period activity
Pooled Referrals/First Available Slot Scheduling (g) Establish and implement referrals/scheduling approach (where feasible)	• Gather info on current state and the gaps identified in the Primary Care strategy • Perform MI-AQI policy consult with HAs	• Continuation of prior period activity

Workstream #2. Governance, Funding and Service Model

Initiatives	Activities started, ongoing or completed this Reporting Period	Activities planned for the next Reporting Period
Governance Model (h) Undertake analytics and policy development to produce the proposed governance model (i) Acquire decision/direction for the proposed governance model	• Determine approach for analysis and options paper	• Continuation of prior period activity
Funding model (j) Define a value-based funding model	• Wait for Ministry Project on value-based funding models to begin.	• Continuation of prior period activity
Capital Acquisition (k) Define a capital planning/funding model for strategic medical imaging equipment purchases	• Finance and Corporate services representatives identified	• Setup 1st meeting of the working group

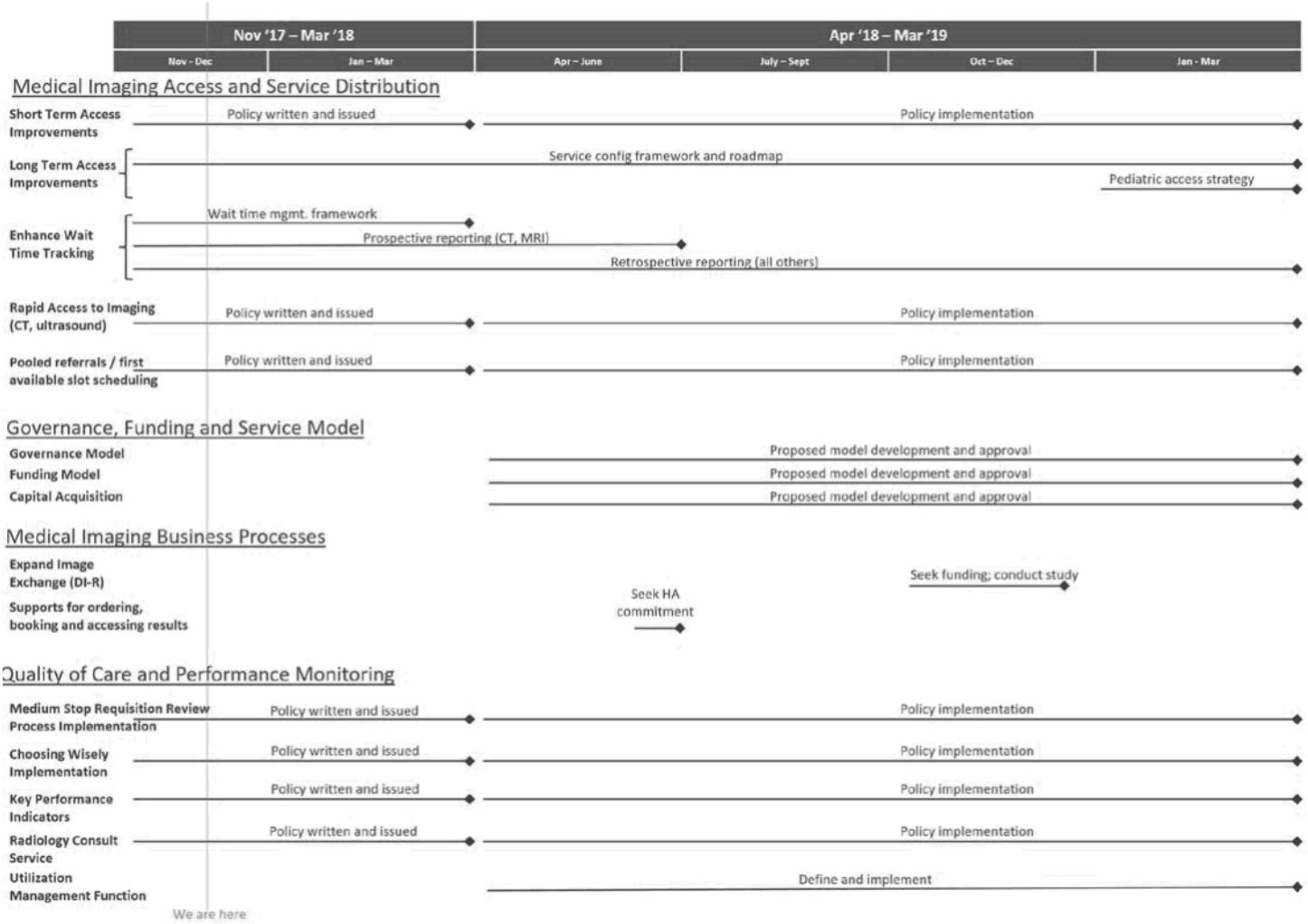
Workstream #3. Medical Imaging Business Processes

Initiatives	Activities started, ongoing or completed this Reporting Period	Activities planned for the next Reporting Period
Expand Image Exchange (DI-R) (l) Acquire funding and complete a feasibility study regarding medical imaging expansion to community imaging providers	• Develop BN	• Continuation of prior period activity
Supports for ordering, booking and accessing results (m) Seek HA commitment for business process improvement (through IMITSC)	• Develop approach for ask of IMITSC • Meet with HSIMIT CIO to plan presentation for Jan IMITSC • Sharing of Vision and Roadmap with HAs (from Phase I)	• Continuation of prior period activity

Workstream #4. Quality of Care and Performance Monitoring

Initiatives	Activities started, ongoing or completed this Reporting Period	Activities planned for the next Reporting Period
Medium Stop Requisition Review Process Implementation (n) Develop MRI/CT medium-stop approach and scope for implementation	• Gather background info – conduct initial learning engagements to understand current state • Conduct MI-AQI policy consult	• Continuation of prior period activity
Choosing Wisely Implementation (o) Develop & implement choosing wisely in community-based care (p) Develop & implement choosing wisely in HA facilities	• Form HA advisory group. • Tricia and Carolyn to meet with co-chair of GPAC • Develop the collaboration MOU	• Continuation of prior period activity
Key Performance Indicators (q) Report and monitor KPIs	• To discuss w/HSIAR ADM	• Continuation of prior period activity (planned for Dec 11)
Radiology Consult Service (r) Establish Radiology Consult Service to provide input on ordering best first test	• Gather background info – conduct initial learning engagements to understand current state • Conduct MI-AQI policy consult	• Continuation of prior period activity
Utilization Management Function (s) Define and implement utilization management function	• To discuss w/HSIAR ADM	• Continuation of prior period activity (planned for Dec 11)

Project Timelines



MRI Volumes and Wait Times – Tracking

MRI Volumes

	Current Period			Year To Date			
Location	Target Volume	Actual Volume	Variance	YTD Target Volume	YTD Actual Volume	YTD Variance	
	HA Projected Volume F2017/18 Period 8	HAMIS Actual Volume F2017/18 Period 8	HA Projected Volume vs HAMIS Actual Volume F2017/18 Period 8	HA Projected Volume F2017/18 YTD Period 8	HAMIS Actual Volume F2017/18 YTD Period 8	HA Projected Volume vs HAMIS Actual Volume F2017/18 YTD Period 8	Comments
IHA	1,873	1,742	-131	12,846	11,901	-945	
FHA	5,250	4,227	-1,023	31,786	32,075	289	In the current year (up to period 8) the actual volumes for MRI exams is 107,647, which is higher than the projected volume 106,250. Three health authorities (IHA, VIHA, NHA) have notable lower actuals than their projected volumes. VCHA has a notable increase in actual of +2,719.
VCHA	5,038	4,265	-773	29,762	32,481	2,719	
VIHA	3,660	3,079	-581	22,385	21,978	-407	
NHA	724	739	15	3,949	3,536	-413	
PHSA	690	710	20	5,522	5,676	154	
BC Total	**17,235**	**14,762**	**-2,473**	**106,250**	**107,647**	**1,397**	

	Target Volume	Actual Volume	Variance
BC Total Previous Period (Period 7)	14,634	14,889	255

Wait Times

Location	Previous Wait Time	Current Wait Time	
	90th Percentile Wait Times (in Days) Quarter 1 F2017/17 (All Priorities)	90th Percentile Wait Times (in Days) Quarter 2 F2017/18 (All Priorities)	Comments
IHA	235	238	None.
FHA	301	304	
VCHA	117	103	
VIHA	153	165	
NHA	194	321	
PHSA	n.a.	n.a.	
BC	**204**	**196**	

Wait times are for completed out-patient cases.

Budget and Projections

The Phase 2 budget includes:

- Funding for staff and consulting labour from existing, funded positions from within the Ministry

The Phase 2 budget does not include:

- Funding for any tools, equipment or people required for the HAs to meet their commitments. Where applicable, FCS is anticipated to provide this funding to the HAs

The budget will be managed by the Project Director and Project Sponsor.

Appendix A – Status Key

Number indicators
The numbers indicated next to the arrows indicates the number of periods that the status has been at the reported level (colour).

Arrow indicators	
⇨	No change in status from previous period.
⇧	Increase in status level from previous period (e.g. green to yellow)
⇩	Decrease in status level from previous period (e.g. red to yellow)
☑	Decision required; Risk exists.
☒	No decision required; No risk exists

Policy Group 1 – Key Actions

Group 1a

Implemented by Oct 1, 2018

Central Intake / Pooled Referrals

Establish and implement referrals / scheduling approach.

HAs – to implement

Medical Imaging Wait Time Targets

Focus on meeting Priority Levels 1 (Emergent Level, 24 hours or less) and 2 (Urgent Level, 7 days or less) wait time benchmarks for MRI scans.

HAs – to implement

Group 1b

Implemented by Mar 31, 2019

Medical Imaging Volume Targets 2018/19

Meet expectations for short term MRI access improvements.

HAs – to implement 18/19 targets

Group 1c

Implemented by FY 19/20

Rapid Access Services

Establish rapid access services to ultrasound and CT for urgent care patients. (Priority 1).

HAs – to implement

Patient Pathways and Linkages

Define linkages of medical imaging for referring practitioners and patients to access services.

HAs – to implement

***Radiology Consultation Services**

Establish Radiology Consult Service to provide input on ordering best first test or alternatives.

HAs – to implement

***Medium-Stop Requisition Review Process**

Develop medium-stop approach and scope for implementation for MRI and the 5 identified low-utility services.

HAs – to develop and implement

Policy Group 2 – Key Actions

Wait Times Reporting

Develop and implement wait time measurement framework to improve standardized wait time reporting.

Ministry – to develop framework

HAs – to submit data

Wait List Management

Actively manage wait lists, and implement best practices for wait list management.

Ministry + MIAC – to develop best practices

HAs – to implement

Medical Imaging Volume Targets Future years

Develop future year targets (separating into pediatric and adult) using that will take into consideration the future needs of the province's population (using modelling).

Ministry – to set future targets

HAs – to implement

***Standardized Requisitions**

Develop and implement a standardized requisition for MRI and CT.

MIAC + Ministry – to develop

HAs – to implement

HHR Medical Imaging Workforce Strategy

Develop and implement an HHR Workforce Strategy that focuses on recruitment / retention, education / training, and work force optimization models for the key health professionals involved in medical imaging (e.g., MR techs, radiologists, anaesthesiologists).

Ministry – to develop

HAs + others – to implement

Key Performance Indicators

Develop and report on medical imaging key performance indicators.

Ministry – to develop + report

HAs – to submit data

Provincial Medical Imaging Appropriateness Framework

Implement the provincial medical imaging appropriateness framework that targets 5 identified low-utility services.

PSQC + MIAC + Ministry – conceptual develop, roadmap

MIAC + GPAC – to develop resources

HAs – to implement

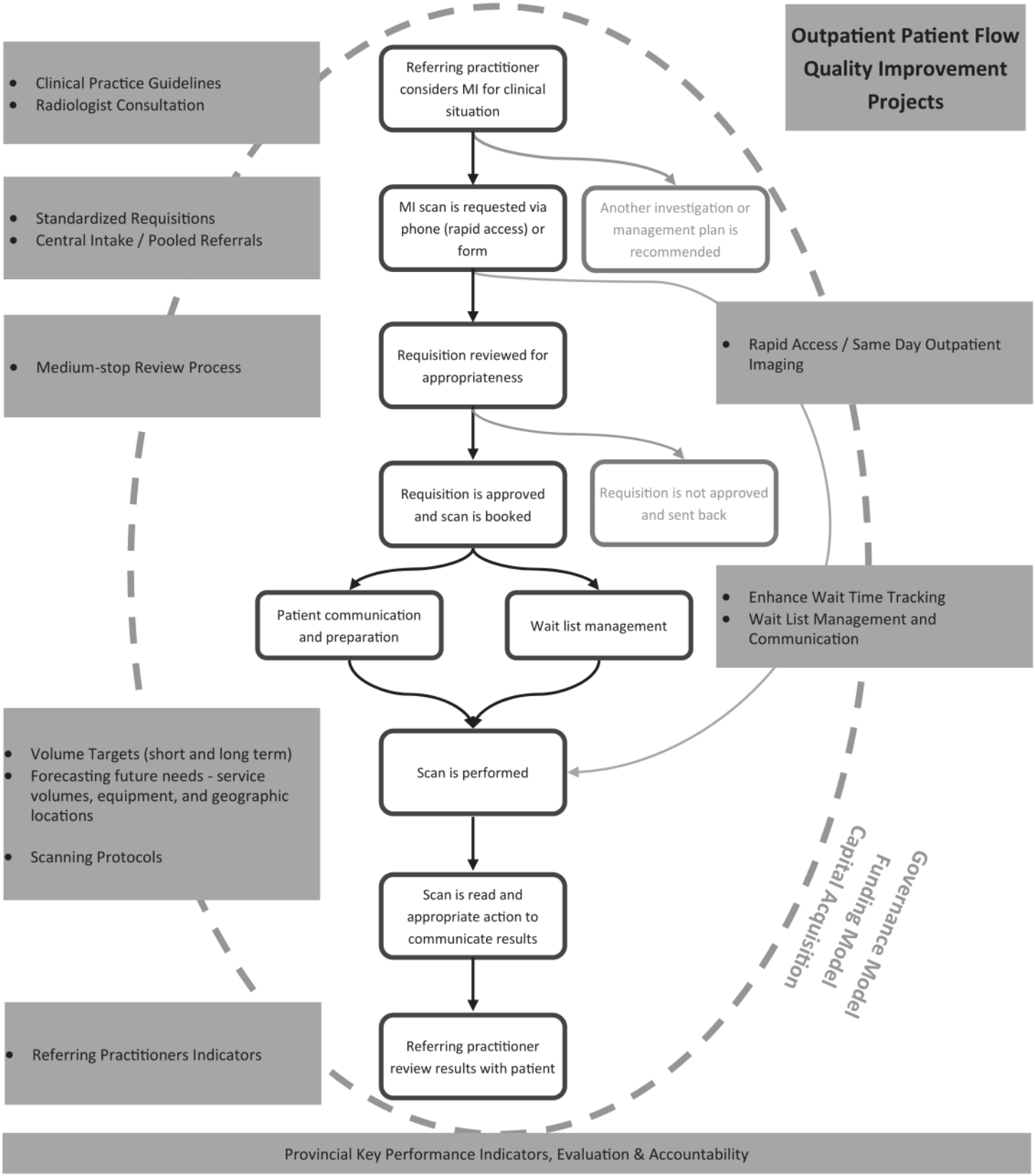
Component of Provincial Medical Imaging Appropriateness Framework

Medical Imaging Access and Quality Improvement Project

Phase 2 of the Advanced Imaging Strategy

Objectives of the Medical Imaging Access and Quality Improvement (MI-AQI) Project are:

1) Reduce the wait times and improve geographic access to medical imaging services;
2) Improve quality and appropriateness of medical imaging services;
3) Improve business processes for medical imaging services; and
4) Implement a framework for the governance, funding and service delivery models which promotes long-term sustainability.



Provincial Surgical Executive Committee (PSEC)

Minutes

February 2, 2018 - 9:00 am to 3:00 pm

s.15

Attendees		**Regrets**
• Marilyn Copes (Co-Chair) • Dr. Andy Hamilton (Co-Chair) • Vicki Kendall • Jean Walters • Alison Dormuth • Dr. Paul Whelan • Kelly Chapman • Darlene MacKinnon • Dr. Erik Skarsgard • Dr. Gary Redekop • Dr. Mark Carey • Shari McKeown • Dr. Ken Hughes • Janine Johns • Collette Christney (by phone)	• Dr. Chris Taylor • Dr Robert Halpenny (by phone) • Dr. Sam Bugis (morning only) • Jordon Lowe (secretariat) • Ian Rongve **Guests** • Brendan Abbott (by phone)	• Dr. Mike Stanger • Dr. David Albiani • Shelley Hatcher • Dr. Trina Montemurro • Susan Wannamaker • Dr. Ralph Belle • Dr. Simon Treissman • Dr. Roanne Preston • Dr. Ian Courtice

Agenda Item	Speaker	Discussion/Decision
Welcome and Introductions	Marilyn Copes Dr. Andy Hamilton	• Marilyn welcomed everyone and explained that some members and speakers would be arriving late due to flight delays.
Agenda Additions & Minutes/ Action Items	All	• No additions to the agenda were made. • The December 8 minutes were amended by Dr Hamilton; otherwise approved. AMENDED_Dec8_PSEC_Minutes.pdf • Marilyn reported that outstanding Action Items have been completed. • PSEC will review Terms of Reference (TOR) at April 6 meeting.
Vascular Access Indicator Report	Dr. Adeera Levin and Colleen Hart	Dr. Adeera Levin and Colleen Hart presented on vascular access (VA) surgery wait times. See *Summary, VA Incidence, Prevalence, Surgical Wait Times & Outcomes* report presented for rates of wait times. Agenda #3 Summary Rates Oct 1 2016 to I

		Discussion: • VA cases are known well in advance, so they should be easy to plan time for in the OR. • Not meeting wait time targets can have serious negative outcomes for patients. • Despite efforts from Health Authorities (HA) and BC Renal Agency, wait time targets are not being met. • Mandated volumes or dedicated time for a procedure seems to improve waitlists. • To standardize things across the province we need a mandate and provide incentives. • Each HA needs to have dedicated time that is used for vascular access surgery first. If it's not filled with VA surgery by a given date, it should be filled by more urgent procedures. **Action:** • Chairs to formulate recommendation to send to Standing Committee on Health Services and Population Health. Recommendation to SCHSPH on Dialysis A
Patient Story	Vicki Kendall	Vicki shared the story s.22 s.22 **Discussion:** • Although there are many avenues for patients to lodge a complaint, most typically through the Patient Care Quality Office, some patients fear being labelled "difficult" if they speak out, and how that might affect their care.
Update on Consultation/ communication	Marilyn Copes	Marilyn gave an update on the consultation and communication in terms of the surgery plan. • Two parallel processes: 1. Ian Rongve and Marilyn will be meeting with groups, including the Colleges, Unions, Health Authorities, and other regulators to review the 3-year surgical plan and the 18-month action plan. 2. At the same time, the HAs are engaging with physicians. Note: The Ministry will be visiting BC Children's and Women's Hospitals on February 8, 2018 to conclude the site visits.

		• Additional updates:
		  ○ The Surgical Summit was held on Monday, January 22 in Vancouver, sponsored by the Specialist Service Committee, BC Patient Safety and Quality Council (BCPSQC), Shared Care, and the General Practices Service Committee.
		  ○ The focus was on enhanced recovery after surgery (ERAS) and pre-surgical optimization of the patient through multidisciplinary approaches. A report will be posted on BCPSQC and ERAS website.
		
		Action:
		• Marilyn will provide a report on the site visits to the Standing Committee on Health Services and Population Health.
		• Adrian, Marilyn, Collette to have a call on February 14, 2018 re: next steps following the Surgery Summit.
		• Christina, Shari, Andy and Marilyn to have a call on February 6, 2018 re: the role of BC Patient Safety and Quality in supporting the surgery plan.

Appropriateness Framework	Matt Brown	See *Agenda #4 Appropriateness Surgical Services January 26 2018.* Agenda #4 Appropriateness Surg **Additional presentation notes:** The purpose of sharing this document with PSEC (the "wise council") is to gather feedback. Matt posed the following three questions to the group: 1. Given your experience and knowledge in the realm of appropriateness, where have you seen it work in your practise? 2. What are the factors for success? 3. Where would you start? **Discussion:** • Data is needed to show how we are doing in terms of appropriateness. • The academic community needs to be involved to determine what and when procedures are appropriate. • There are examples of guidelines and strategies across the province, e.g. BC Children's Hospital's *Choosing Wisely* document sends back some referrals to GPs, and cancer guidelines created by interdisciplinary teams. • The Patterns of Practice Committee could be a good vehicle for investigating appropriateness, starting with prescribing habits.

		• Brendan Abbott explained appropriateness is in the provincial plan in order to improve access. Are there unnecessary surgeries? If there are, that will improve access to appropriate surgeries. • A successful plan needs to be physician-led with the help of the academic community in conjunction with the Ministry of Health, Health Authorities, and the BCPSQC. • Dr. Bugis indicated there is a Physician Quality Measures Committee. **Action:** • Matt Brown to follow up with a discussion with Dr. Bugis and Dr. Halpenny.
HHR Update	Mark Armitage (via t/c)	Mark explained that the draft 2017/18 Health Human Resources (HHR) plan has been reviewed by senior executives and shared with Health Authorities. There are two documents: 1. A framework or system-level document of HHR activities in the province. 2. A specific set of deliverables and actions that are organized to support the strategic priorities: primary/community care, seniors, mental health and addictions, and surgery. • Mark advised that he met with ADMs and Lynn Stevenson to walk them through the plan. • These HR activities will be incorporated into larger project plans that Erica Meldrum and her team manage. • The documents should be shared in the next few weeks. • With respect to the surgical initiative, the two major areas of focus are anaesthesia and speciality nursing. • The plans to increase surgery volumes to meet targets require human resources. • There is short term activity to deal with volumes, e.g. short-term compensation models to increase surgical volumes and operating times, and long-term activity towards a value-based compensation model. • Speciality nursing is another area of focus. Mark reported that he is working with David Byres (ADM for Clinical Integration, Regulation and Education) and BCIT to maintain and expand their speciality nursing program. • Need for HHR planning to be driven by a population/health-needs perspective in addition to profession-driven forecasting process based on number of health professionals in a specific

		discipline. There are two projects underway: 1. Clear modelling around surgical wait times and surgeries that need to be completed and the anticipated future demands to meet those targets. 2. HEABC discussion around perioperative roles before/after surgery, and how we can use other health professionals, e.g. anaesthetist assistants and the nursing family in general. **Discussion:** • What about increasing residency programs for anaesthesiology? • The hip and knee "keep up" plan is putting stress on physiotherapists and occupational therapists. There is a need to connect with the Physiotherapy Association of BC to better understand the supply and demand on the public side and the connection with the private sector. • The committee identified that there is universal difficulty in getting surgical assistants for both scheduled and emergency surgery and that this resource needs to be built into the plan. Kelly Chapman noted that salaried surgical assists have been successful in Alberta. **Action:** • Mark Armitage to talk to David Byres and Kevin Brown and bring information on residency programs to a future PSEC meeting. • Kelly Chapman to send information on Alberta's surgical assists to Mark Armitage.
Rural Surgical Obstetrics Network	Kim Williams and Dr. Nancy Humber	See attached ppt presentation, *Rural Surgical and Obstetrical Networks*. PSEC 2018 02 02 kw.pptx **Additional presentation notes:** • There is fast attrition of community services in rural areas. • Ten sites were initially identified as communities supported by either GPESS or solo General Surgeons so the Rural Surgical Obstetrics Network (RSON) wanted to work with them first. The goal is to maintain maternity care and sustain surgical care. The RSON funding will be used to support

		equitable access to services in rural areas.
		
		Discussion:
		• What are some potential strategies for sustainability of rural sites?
		  ○ For low-volume rural surgeons (e.g. one C-section per month), some strategies to keep surgical skills current are:
		  ▪ Increasing volumes by travelling to larger centres to perform surgeries.
		  ▪ Having surgery teams from larger sites visit smaller sites to provide coaching.
		  ○ Virtual networks do the whole intake and follow-up visits, and the patient only travels for the surgery.
		  ○ Adding common low-risk procedures to rural C-section programs to make them sustainable.
		• What is funding going to be spent on?
		  ○ A range of things that could include increasing OR days, clinical coaching (coaches will be paid for time), remote presence technology, CQI team, pay to physicians to build this in their community, and to travel to talk to others.
		  ○ At the end of five years, the Health Authorities need to take responsibility for RSON.
		• Is there alignment with FNHA?
		  ○ RSON got their buy-in at the beginning of this project.
		  ○ The hope is that local working groups would engage with the Patient Voices Network and engage with care leaders in indigenous communities.

Surgical Services Report – period 9	Zachary Young	See report, *Agenda #5 Surgical Services Strategic Draft Report v1_8.* Agenda #5 Surgical Services Strategic Dra **Additional presentation notes:** • The report covers performance indicators, and covers how each HA is doing in terms of implementing the 18-month surgical plan. • This report will iterate over time. • This report was presented at the Standing Committee on Health Services and Population Health (SCHSPH), Leadership Council, and will continue to be a monthly item at Leadership Council.

		Discussion:
		• How accurate is the data? Are we measuring apples to apples?
		  ○ It was stressed that currently the data on site implementation is not comparable between Health Authorities.
		  ○ The report will become more accurate over time. Future iterations of the report will improve transparency by indicating on the report where the data comes from, e.g. Lighthouse, DAD, SPR.
		• The report needs to use standardized definitions and scales on graphs.
		  ○ The scales will be standardized for the period 10 report.
		• It also needs to declare the date and time data is pulled.
		• There was a deliberate decision to show each HA's performance on the same report. Sharing information with each other can help improve quality and share lessons across HAs.
		• The data can help change the culture and create openness.

Update on Surgical Services Programs and Site Implementation and Expansion Working Groups	Collette Christney	<u>Site Implementation Working Group</u>
		Includes members from the HAs and Ministry of Health.
		The group supports four areas:
		1. Patient notification
		2. Point of Contact
		3. Scheduling
		4. ERAS
		• Patient notification was the initial focus because there is some urgency to get this work moving.
		• All HAs voted to adopt the following solution:
		  ○ The SPR will include functionality that enables patient notification: the creation of the notification itself and the ability to track the notifications.
		  ○ The functionality will be live in September 2018 and all HAs are expected to phase in patient notification from this point.
		• There is also a sub-working group investigating the technical aspects of the Patient Notification and the estimation of the wait time to be included in the notification.
		• The Working Group is very close to completing the patient notification letters.
		• Point of Contact will be next, then scheduling and ERAS.

		<u>Surgical Services Programs (SSP) Working Group</u> • The Working group includes representatives from the Health Authorities and a patient representative. • The group has completed the conceptual overview of an SSP, including its key attributes. • The first instance of SSPs will be centred on hip and knee replacement surgery. A hip and knee replacement program will be in place in each HA by end of March 2018. This will comprise: 1. Central intake; 2. A pre-surgical program; 3. Efficiencies (e.g. dedicated beds, pathways, dedicated ORs); and 4. Evaluation (through Lighthouse). • Longer term goals are to integrate with the interdisciplinary team and enable the connection with the primary care network. • Physicians are expected to join the working group shortly. Dr. Ken Hughes has already joined, with an orthopaedic surgeon from each HA joining over the next couple of meetings. A meeting has been scheduled with the Specialist Services Committee (SSC) about ongoing support and integration with SSC related activities, in particular communication, engagement, and optimization. **Action**: As the work progresses, more details, including the wait time estimation methodology, will be shared with PSEC.
Surgery Wait List Management and Scheduling System	Marc Koehn (via t/c)	• Requirements have been completed. • Deputy Minister approved the briefing note on funding. • A technical resource from BC Clinical and Support Services (BCCSS) has been assigned. • Will be bringing in a procurement lead to turn the requirements into a Request for Proposal (RFP). • Marc will be able to provide a more concrete plan by the June 1 PSEC meeting.
Closing Comments	Marilyn Copes Dr. Andy Hamilton	• The Chairs asked that as members look at and absorb the surgical services report, they provide Zach Young with feedback. • They also asked that any feedback on the draft Appropriateness Framework should go to Matt Brown. • They confirmed that the vascular access feedback will be taken to Standing Committee.

Next PSEC Meetings

April 6, 2018

- **Patient Story by** Janine Johns (IHA)
- **HA Efficiency Story by** Alison Dormuth (Island Health)

- **June 1, 2018**
  - **Patient Story by** Jean Walters (Patient Voices Network)
  - **HA Efficiency Story by** Dr. Simon Treissman (Interior Health)
- **July 20, 2018**
  - **Patient Story by** Dr. Erik Skarsgard (PHSA)
  - **HA Efficiency Story by** Darlene MacKinnon (FHA)
- **September 21, 2018**
  - **Patient Story by** Dr. Ian Courtice
  - **HA Efficiency Story by** Dr. Mark Carey (BC Cancer Agency)
- **October 19, 2018**
  - **Patient Story by** Shari McKeown (BCPSQC)
  - **HA Efficiency Story by** Kelly Chapman (IHA)
- **December 7, 2018**
  - **Patient Story by** Dr. Roanne Preston (VCHA)
  - **HA Efficiency Story by** Dr. Paul Whelan (Island Health)

Provincial Surgical Executive Committee (PSEC)
AGENDA

April 6, 2018
9:00am – 3:00 pm

s.15

#	Agenda Item	Speaker	Time	Purpose	Materials
COFFEE AND GATHERING					
ADMINISTRATIVE ITEMS					
1	**Welcome and Introductions**	Marilyn Copes Dr. Andy Hamilton	9:00 - 9:05	Information	-
2	**Agenda Additions & Minutes/ Action Items**	Dr. Andy Hamilton Marilyn Copes	9:05 -9:20	Decision	Feb2_PSEC Minutes.pdf
3	**Dialysis Access Update**	Marilyn Copes Dr. Andy Hamilton	9:20-9:30	Information	-
4	**Terms of Reference Review**	All	9:30-9:45	Decision	PSEC Terms of Reference - March 2018.docx
STRATEGIC ITEMS					
5	**HA Efficiency**	Alison Dormuth Stefan Fletcher Dr. Colin Landells	9:45– 10:15	Information	-
6	**Surgical Summit on Patient Optimization – next steps**	Adrian Leung Katie Hill Shari McKeown Dr. Kelly Mayson (t/c) Joanna Wills (t/c)	10:15 – 11:00	Information	-
7	**Update with Lynn Stevenson**	Marilyn Copes Dr. Andy Hamilton	11:00-11:45	Information	-
8	**Impact of Hip and Knee Programs on Orthopaedic Community**	Dr. Mike Stanger	11:45-12:00	Information	-
LUNCH 12:00 – 12:30					

9	**Patient Story**	Janine Johns	12:30-1:00	Information	-
10	**Update on Surgical Services Programs and Site Implementation and Expansion Working Groups**	Luba Hazeldine	1:00-1:40	Information	-
11	**Surgical Waitlist Management and Scheduling Solution Proof of Concept**	Marc Koehn	1:40-2:10	Information	-
12	**Data and Analytics Update**	Nancy South Kal Parmar	2:10-2:55	Information	-
13	**Closing Comments**	Marilyn Copes Dr. Andy Hamilton	2:55– 3:00	Information	-

Next PSEC Meetings

- **June 1, 2018**
  - **Patient Story by** Jean Walters (Patient Voices Network)
  - **HA Efficiency Story by** Dr. Simon Treissman (Interior Health)
- **July 20, 2018**
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Provincial Surgical Executive Committee (PSEC)
AGENDA

June 1, 2018
9:00am – 3:00 pm

s.15

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2	**Agenda Additions & Minutes/ Action Items**	Dr. Andy Hamilton Marilyn Copes	9:15 -9:30	Decision	Apr6_PSEC Minutes.pdf
3	**Terms of Reference**	All	9:30-9:40	Recommendations	PSEC Terms of Reference - March 2018.docx
STRATEGIC ITEMS					
4	**Measurement System for Physician Quality Improvement**	Dr. Sam Bugis	9:40-10:00	Information	-
5	**Cardiac Services BC**	Carol Laberge	10:00-11:15	Information	-
7	**Patient Story**	Janine Johns	11:15-11:30	Information	-
8	**Anaesthesiology Update**	Dr. Andy Hamilton	11:30-12:00	Information	-
LUNCH 12:00 – 12:30					
8	**HA Efficiency Story**	Dr. Simon Treissman	12:30-1:00	Information	-
10	**Working Groups Update**	Collette Christney	1:00-1:25	Information	-

11	**Surgical Waitlist Management and Scheduling Solution Proof of Concept**	Marc Koehn	1:25-1:55	Information	-
12	**Data and Analytics Update**	Ross Hayward Kal Parmar	1:55-2:40	Information	Surgical Services Report P13 v1_4 May 3 Final.pdf
13	**Thinking Ahead on the Surgical Strategy**	Marilyn Copes Dr. Andy Hamilton	2:40-2:55	Information	
13	**Closing Comments**	Marilyn Copes Dr. Andy Hamilton	2:55– 3:00	Information	-

Next PSEC Meetings

- **July 20, 2018**
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Appropriateness of Care – Surgical Services

Objective

Develop a provincial approach for an appropriateness framework for surgery to support high-quality, cost effective and appropriate patient-centred surgical services.

Expected Impact on Health Outcomes

A framework for appropriateness in patient-centred surgical services will enable British Columbia care providers to improve timely access to surgical procedures, assist in managing surgical waitlists, improve the patient experience, and optimize the cost associated with surgery. Outcomes will include:

1. *Efficiency*: the framework will be broadly applied and widely used by clinicians and healthcare providers in the province to ensure appropriate and timely care for all patients and promote a collaborative and efficient surgical system.
2. *Accessibility*: improve access to surgical services for patients who require surgery by eliminating the overuse, misuse, underuse and variation in service.
3. *Person Centred*: an appropriateness framework for surgery is developed with input from healthcare providers, stakeholders, patients and families, and caregivers.
4. *Safety*: appropriateness in surgical services will be evidence-driven and reduce unwarranted variation in service by providing more standardized care to all patients across the province.
5. *Cost effective*: the elimination of unnecessary diagnostic tests and surgical procedures will result in better use of existing financial resources for the healthcare system.
6. *Acceptability*: better performance of physicians and health authorities will improve the quality of surgical services for patients and their families.

Background

Data released by the Canadian Institute for Health Information (CIHI, 2017a) showed Canada's health spending was forecast to grow by nearly 4% in 2017, reaching $242 billion. This amount represents approximately $6,604 per Canadian, up $200 per person from 2016. In British Columbia health spending is estimated at $6,321 per person.

The increasing in spending across the province is due in part to the increase in testing and treatments. It is estimated more than 1 million Canadians (30%) undergo unnecessary medical tests and treatments each year (CIHI, 2017). Unnecessary testing and procedures do not add

value can take away from patient care by potentially exposing patients to harm, lead to more testing, add stress for patients, and contribute to increased wait times for more urgent patients. Data shows there is substantial variation between regions and facilities in terms of the number of unnecessary tests and procedures performed. This suggests there is an opportunity to improve (CIHI, 2017).

> *"Unnecessary care wastes health resources, increases wait times for patients and can lead to patient harm" (CIHI, 2017)*

Appropriateness of Care

The Canadian Medical Association (CMA) (2013) defines appropriateness of care as "the right care, provided by the right providers, to the right patient, in the right place, at the right time, resulting in optimal quality care". Appropriateness includes five key components:

1. Right care is based on evidence for effectiveness and efficacy in the clinical literature and covers not only use but failure to use;
2. Right provider is based on ensuring the provider's scope of practice adequately meets but does not far exceed the skills and knowledge to deliver the care;
3. Right patient acknowledges that care choices must be matched to individual patient characteristics and preferences and must recognize the potential challenge of reconciling patient and practitioner perceptions;
4. Right venue emphasizes that some settings are better suited in terms of safety and efficiency to delivering a specific type of care than others;
5. Right time indicates care is delivered in a timely manner consistent with agreed upon bench marks.

If all five components of appropriateness are present, high quality care will be delivered with the appropriate use of resources – the right cost.

In practice, appropriateness of care involves the consideration of: **overuse** (patients may receive unnecessary tests), **underuse** (patients may not receive the care they should), **misuse** (patients may receive the wrong care and may die prematurely), and **variation** in service (patients with the same health issues receive different care based on where they live).

In 2015, the CMA provided a policy options paper which outlined recommendations for a Canadian approach to appropriateness in healthcare. The CMA's recommendations included:

- Provinces and territories should work with providers to develop a comprehensive framework by which to assess the appropriateness of health care.
- Provinces and territories should work with providers to develop robust educational products on appropriateness in health care and to disseminate evidence-informed strategies for necessary changes in care processes.
- Provinces and territories should work with providers to put in place incentives to decrease the provision of marginally useful or unnecessary care.

Appropriateness of Care in practice

A number of Canadian provinces incorporate an aspect of appropriateness into their healthcare system – predominantly through a provincial adaptation of the Choosing Wisely Canada program. Choosing Wisely Canada is a campaign to help clinicians and patients have conversations about unnecessary medical tests and treatments and to make smart and effective care choices. Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia and Newfoundland are all committed to the Choosing Wisely campaign and coordinate with their provincial health system, academic institutions, or health quality councils to facilitate provincial level Choosing Wisely campaigns.

The Nova Scotia Health Authority is in the early stage of developing an appropriateness framework with physicians and shifting their focus to outcome measurements. Recent work in geriatrics with the Palliative and Therapeutic Harmonization (PATH) program has shown a patient-centred approach providing more information to patients and families has led to more informed choices and a higher rate of refusal for higher risk procedures. For example, of the first 150 patients who have completed the program, 75% declined surgery and other procedures. Patients with the highest level of frailty or dementia were the least likely to choose aggressive treatments.

The Alberta Medical Association and the College of Physicians and Surgeons Alberta actively practice optimized prescribing with seniors – analyzing the appropriateness of prescribing medications and balancing the benefits and drawbacks of multiple medications (polypharmacy) in patients.

The Saskatchewan Model

An Appropriateness of Care Program has been adopted in the Saskatchewan Health Authority (SHA) and an Appropriateness of Care Network has been in place since the province completed the Patient First Review in 2009. The Patient First Review identified goals for healthcare in the province and highlighted the changing demographics of residents and their desire for high quality, safe healthcare. Increasing wait times and costs further supported the need for an appropriateness of care program.

The Saskatchewan Surgical Initiative (SSI) was launched to pilot an appropriateness strategy and ran from 2010-2014 with the guideline: "sooner, safer, smarter". Surgical rates were reviewed and a framework was developed for monitoring procedures and data collection. The SSI also partnered with private healthcare clinics to deliver day surgery procedures to patients. Success with the SSI was due to three key factors: leadership, front-line staff and physician engagement, and a patient-centred focus. While success was limited (only improved wait times for elective surgery patients), it fundamentally changed the culture and decision-making process and changed the way waiting lists were managed. The initiative did not reach the root of the system's problem, however, which was the overall funding and structure of the Medicare system.

At the conclusion of the SSI, a Provincial Appropriateness of Care framework was launched in 2015 by the Appropriateness of Care Program Team with the support of the Saskatchewan Health Authority (SHA), the Saskatchewan Health Quality Council (SKHQC), the Saskatchewan Medical Association, and Ministry of Health. The Appropriateness of Care Program Team is led by 2 surgeons, the Senior Medical Officer, a lead coordinator, and one full time policy analyst. The Team also runs the Clinical Quality Improvement Program (CQIP) which provides quality improvement training to physicians. The SKHQC provides administrative support for the Appropriateness of Care Program.

The first implementation of the Appropriateness of Care Framework in 2015-16 was in the clinical area of Magnetic Resonance Imaging (MRI) of the lumbar spine – an area with strong evidence suggesting overuse in Canada. In 2017-2018, Appropriateness of Care projects in Saskatchewan will include: a continuation of the MRI of the lumbar spine, CT Lumbar Spine Project, Standardizing Pre-Operative Testing and Evaluation for Elective Surgery, and Improving Quality of Care for Patients Requiring Colonoscopy (Saskatchewan Health Authority, 2018).

Data Driven

As an evidence-based/informed approach to healthcare, appropriateness of care is anchored in data. In the Saskatchewan model, the framework is dependent on relevant clinical information to support continuous learning and improvements. Relevant and timely data is crucial to display the current state of a clinical area, identify areas for improvement, and measure the impact of changes and improvements on patient outcomes. Current and timely data is also used to influence buy-in – encouraging physicians across regions to meet agreed upon standards in appropriateness of care.

Training

Education and training are key system supports to achieve appropriateness targets and facilitate the cultural change needed to make an appropriateness framework a norm in clinical practice. In Saskatchewan, physicians and quality improvement experts can apply to complete

the Intermountain Healthcare Quality Improvement Training called Advanced Training Program (ATP). To date the ATP has been well received and dozens of pilot projects on appropriateness have been completed. Training a second cohort of 40 physicians is planned for 2018. In the next few years training is expected for clinicians, administrative staff, patients, families and data experts to further develop appropriateness projects at the provincial level.

The BC Patient Safety and Quality Council (BCPSQC) offers a comparable program for physicians in the area of quality through their Clinician Quality Academy. Participants attend residency sessions and complete a quality project over an 8-month training program. The Academy is heavily supported through the BCPSQC; however participants are required to pay a registration fee of $1,495. The third session begins in April 2018.

Lessons Learned

Lessons learned from the Saskatchewan Appropriateness of Care Program indicate data sharing agreements among practitioners, health authorities, and health care facilities in the province are essential for successful implementation of an appropriateness framework. The involvement and buy-in from community practitioners was also considered a valuable component of the program as they are generally the healthcare providers that refer patients to surgery specialists.

In BC, support from data partners (i.e. Health Authorities, Ministry of Health HSIAR, and Universities) and access to data sources (i.e. CIHI, National Surgical Quality Improvement Program [NSQIP], Canadian Partnership Against Cancer [CPAC]) will be integral for building and maintaining an appropriateness framework.

British Columbia Context

In 2015, the Ministry of Health released "Future Directions for Surgical Services in British Columbia", which focused on improving timely access to appropriate surgical treatments and procedures. The policy direction paper was built on five elements:

1) Understanding population and patient surgical health care needs;
2) Developing quality and sustainable surgical care delivery models;
3) Recruiting and retaining engaged, skilled health care providers;
4) Using IT/IM tools and processes as supports to allow innovation and effective coordination and delivery of surgical services; and
5) Using financial models to support the achievement of intended health system outcomes.

The recommendations in this paper align with the strategic direction for the health system in Setting Priorities for the BC Health System, the Ministry of Health's BC Health System Strategy

Implementation: A Collaborative and Focused Approach, and also align with the overarching goals of the Triple Aim:

1. Improve the health of populations;
2. Improve the patient experience of care; and
3. Reduce the per capita cost of health by focusing on quality (especially effectiveness and appropriateness) and the efficiency of health care delivery.

A variety of factors are driving an increased demand for surgery – a growing and aging population, increased longevity of seniors, increased levels of obesity, improvements in surgical procedures and technology, and patient preferences and choices. While the Ministry of Health has used a range of funding strategies for surgical services, including pay-for-performance and activity based funding, there has only been a small positive impact to the surgery performance indicators.

The British Columbia Physician's Master Agreement (2014-2019) outlines the role for physicians in the area of appropriateness of care. Article 8 – Joint Clinical Committees states the Government and the BC Medical Association will create or continue their work in three joint committees, namely: a) the Specialist Services Committee; b) the General Practice Services Committee; and c) the Shared Care Committee. The core mandate for these committees includes an aspect of quality, evidence based care, and the adoption of appropriate clinical practice guidelines (see Appendix A).

3 Year Plan for Surgical Services 2017 – 2020 and the 18-Month Surgical Action Plan – October 2017 to March 2019

Surgical Services and surgery wait times continue to be a priority for British Columbia. The Premier's mandate letter to the Minister of Health in the fall of 2017 directed the Minister to make substantive progress on several priorities including: work to reduce wait times and implement province-wide co-ordination to manage and actively monitor waitlists.

The Provincial Surgery Executive Council (PSEC) created the 3 Year Surgical Services Strategy 2017 – 2020 and within that the 18-month Surgical Action Plan (October 2017 to March 2019) to address this priority. The Action Plan identified several main goals:

1. Improve timely access to appropriate surgical procedures,
2. Manage surgical waitlists consistently and proactively,
3. Improve patient experience, and
4. Use key enablers to support implementation (Health Human Resources, funding, Information Management Information Technology [IMIT], Performance Reporting and Management).

One item in the Surgical Services Strategy is to "*develop an appropriateness framework*".

Implementation in the BC Surgery Context

Adoption of an appropriateness framework will have a direct impact on surgeons, physicians, nurse practitioners, diagnostic technicians, patients and families, nurses, allied health practitioners, among others.

To fulfill the objective to develop an approach for an appropriateness framework BC could adopt the Saskatchewan Appropriateness of Care Program definition as: "*a treatment, procedure, medication or intervention that is expected to do more good than harm for a patient with a given health problem or set of problems, based on scientific evidence*" (Government of Saskatchewan, 2015).

In addition to applying lessons learned from the SHA Appropriateness of Care Program, within BC best practices, such as "When to image (and when not to image): A toolkit for ensuring appropriate use of medical imaging" (2017) can be leveraged. Prepared by Dr. Bruce Forster and Dr. Vivian Chan (Vancouver Coastal Health/Providence Health Care) with support from the Ministry of Health, and experts from the provincial Quality, Performance, Service Distribution Working Group, the medical imaging toolkit focused on computed tomography (CT) and magnetic resonance imaging (MRI). The toolkit was created for physician groups, clinical services and organizations to help reduce inappropriate imaging in all areas, though particular focus was on procedures of high volume and high risk with clear evidence-based appropriateness guidelines: lower back pain, minor head trauma, uncomplicated headache, major joints with co-existent osteoarthritis, and pulmonary embolism in low-risk patients.

Key Ingredients for an Appropriateness of Care Framework:

1. Engage key stakeholders early and often. Include a wide range of stakeholders such as College of Physicians and Surgeons of BC, BCPSQC, Doctors of BC, Health Authorities, patients and families, Ministry of Health among others. Achieve consensus from physicians and expert groups on appropriateness criteria and recommendations for the chosen procedure or process. Criteria and rules moving forward can be gleaned from Provincial expert working groups, surgery specialists, or from Choosing Wisely specialists (https://choosingwiselycanada.org).
2. Create detailed data sharing agreements among practitioners, health authorities, and health care facilities in the province. Ensure support from data partners (i.e. Health Authorities, Ministry of Health HSIAR, and Universities) and access to data sources (i.e. CIHI, NSQIP) to build and maintain an appropriateness framework.
3. Understand the main drivers of inappropriate surgical interventions. Determine what factors are causing variations in surgery across the region/province. Determine what

factors are contributing to overuse/underuse/misuse of surgery in a region/institution/province.

4. Focus initial efforts on a single type of surgery or a surgical process that has the most unwarranted variation, overuse, or misuse. The surgical procedure or process selected of focus should be supported by validated data including: a review of Canadian studies, medical journals and statistics, as well as available quantitative data from CIHI, other. Examples include: focusing on hip/knee surgery, focusing on the referral process from family physician to specialist care, surgical evaluation processes for hip surgery as significant in the region with support from medical journals or other data sources.
5. Confirm the project has the leadership and resources to succeed. It is essential to have commitment from physicians, executive, leadership, patients and families, staff and other stakeholders who will form an inter-professional project team. The project will require a budget, human resources, analysts, and possibly software and IT expertise.
6. Identify achievable actions to reduce the overuse/misuse or underuse of the chosen surgical procedure or process. These should be outlined at the beginning of the project and can highlight ways to ensure success and stay on track. Potential actions may include: educating teams about appropriateness; provide standardized, evidence informed, and plain language information to patients and their family in order to make fully informed choice and their best decisions. (i.e.: why the decision is being made, what alternatives are available, data reviewed by the team, etc.).
7. Implement an appropriateness framework. Data collection on agreed upon indicators specific to appropriateness as well as progress on implementation of the initiative will inform the progress of the initiative. Ensure the collection of the right data to measure the success of your project. Indicators can also be used to measure each aspect of the project; allowing quick rectification for any area that is off-track (i.e.: data is not being collected at a specific site). Everyone should be clear on their role and responsibilities to support adoption and implementation of the framework.
8. Share findings and results. It will be critical to share the findings and results amongst all stakeholders in a clear, transparent and easily understood way. Knowledge transfer throughout the initiative is an example of continuous quality improvement at work, and will aid in the development of next areas of focus, adoption of the framework, increase buy-in, and gain new champions to increase participation.

Conclusion

A variety of factors are driving an increased demand for surgery in the province – a growing and aging population, increased longevity of seniors, increased levels of obesity, improvements in surgical procedures and technology, and patient preferences and choices. With healthcare spending in British Columbia estimated at $6,321 per person, and access to surgery and patient experience critical factors, the development of an approach for an Appropriateness of Care framework will ensure a patient and family centred core value in the healthcare system.

Adopting this framework for surgery will enable British Columbia care providers to improve timely access to surgical procedures, assist in managing surgical waitlists, improve the patient experience, and optimize the cost associated with surgery. Sharing knowledge from the success or challenges as they are implemented could also lead to the adoption of appropriateness frameworks in other areas of healthcare – potentially reducing spending and improving outcomes for all patients.

As learned through the Saskatchewan Appropriateness of Care Program, data sharing agreements among the Ministry of Health, practitioners, health authorities, and health care facilities within the province will be an essential component of a successful implementation of an appropriateness framework. Data partners (i.e. HSIAR, CIHI, NSQIP, CPAC, etc.) will be integral for building and maintaining a strong data-driven appropriateness framework. Engagement and leadership from specialists and community practitioners is a critical and valuable component of the initiative as they work collaboratively to care for patients and their families during their journey through the surgery continuum.

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8.2 Core Mandate of the Joint Clinical Committees

In fulfilling each of their specific mandates, each of the Joint Clinical Committees will operate from a core mandate to:

(a) identify changes in current physician service delivery that could result in improvements in patient care, more effective utilization of physician and other healthcare resources, and measurable savings in expenditures that could be reallocated for more optimal provision of healthcare services;

(b) support the integration and alignment of physician services with other health service delivery;

(c) strengthen the application of Triple Aim Principles in service design and delivery;

(d) encourage appropriate collaborative practice with other physicians and integration of physicians with other healthcare professionals in the delivery of services;

(e) identify gaps in care and address population health needs;

(f) support the delivery of quality and evidence based care, including the use of quality improvement methodologies and promoting the adoption and effective implementation of appropriate clinical practice guidelines, where appropriate in order to address unwarranted variations in care;

(g) prior to making decisions, consider the unique issues arising from rural practice;

(h) use total expenditure data for services as an aid to making decisions;

(i) form temporary sub-committees (that may be allocated a specific budget) where required to address issues of patient care which engage the mandates of more than one Joint Clinical Committee;

(j) make recommendations on appropriate shared care between physicians and other healthcare professionals; and

(k) establish measures for accountability and achievement of outcomes.

Provincial Surgical Executive Committee (PSEC)

Minutes

April 6, 2018 - 9:00 am to 3:00 pm

s.15

Attendees		**Regrets**
• Marilyn Copes (Co-Chair) • Dr. Andy Hamilton (Co-Chair) • Vicki Kendall • Alison Dormuth • Kelly Chapman • Darlene MacKinnon (by phone) • Dr. Gary Redekop (by phone) • Dr. Mark Carey (by phone) • Shari McKeown • Dr. Ken Hughes (by phone) • Dr. Roanne Preston • Dr. Ian Courtice • Dr. Ralph Belle (by phone) • Dr. Trina Montemurro (by phone) • Dr. Erik Skarsgard (by phone) • Dr. Chris Taylor	• Dr Robert Halpenny (by phone) • Dr. Sam Bugis (by phone) • Lynn Stevenson • Ian Rongve • Shelley Hatcher • Dr. Mike Stanger • Janine Johns **Guests** • Mark Bennett (on behalf of Jordon Lowe) • Luba Hazeldine (on behalf of Collette Christney) • Marc Koehn • Katie Hill (by phone) • Adrian Leung • Dr. Colin Landells • Stefan Fletcher • Joanna Pannekoek (by phone) • Dr. Kelly Mayson (by phone)	• Susan Wannamaker • Dr. Simon Treissman • Jordon Lowe (secretariat) • Collette Christney • Dr. Paul Whelan • Jean Walters • Dr. David Albiani

Agenda Item	Speaker	Discussion/Decision
Welcome and Introductions	Marilyn Copes Dr. Andy Hamilton	The co-chairs welcomed everyone and explained that some members and speakers will be attending via phone due to flight cancellations. Marilyn informed members that Lynn Stevenson is leaving the public service April 20th and circulated a card for members to sign.
Agenda Additions & Minutes/ Action Items	All	Additions to the agenda: • Anaesthesia update - Dr. Andy Hamilton • POMDRA update - Alison Dormuth Only a brief update on Anaesthesia will be presented, and a more detailed update will be presented at the June 1st PSEC meeting.

		Feb2_PSEC Minutes - Final.pdf Update on the following action items: • The Health Authority Site Visit Summary document will be presented at the next SCHSPH meeting. • Various discussions around appropriateness are taking place to form an approach to this work.
Dialysis Access Update	Marilyn Copes Dr. Andy Hamilton	Recommendations on dialysis access surgery were presented to the Standing Committee on Health Services and Population Health (SCHSPH) on March 8th. SCHSPH is fully supportive of recommendations from PSEC. Recommendation to SCHSPH on Dialysis A **Discussion:** • Members discussed dialysis access, including vascular access (VA), suggesting that cases are known well in advance so they should be easy to plan for time in the operating room (OR). • Wait time targets are currently not being met, despite efforts from HAs and the BC Renal Agency to improve. • Mandated volumes and/or dedicated operating room time for VA procedures will help to reduce wait times. Need a mandate and to provide incentives for physicians. • BC Nephrology Society should provide the sense of timelines for vascular access (e.g. 6 weeks? 8 weeks?). • Vascular surgeons must be 'on-board'. **Action:** • Further discussion on dialysis access surgery to take place during the April 9th all-day Surgical meeting.
Terms of Reference Review	All	The Terms of Reference (TOR) have had draft revisions made and will come back to the June meeting for finalization. Dr. Carl Brown, a BC Cancer representative, will join PSEC as an active member in June. **Action:** • Members to review the revised TOR and provide feedback by the June 1st PSEC meeting.

		PSEC Terms of Reference - March 20
HA Efficiency	Alison Dormuth Stefan Fletcher Dr. Colin Landells	Alison Dormuth, Stefan Fletcher and Dr. Colin Landells presented information on the South Island Hip and Knee Centre (Rebalance[MD]): • Rebalance[MD] has seen much growth and anticipates 2,400 hip and knee replacement patients next year (i.e. increased from 3 total joint replacements/day to 5). • Rebalance[MD] employs 110 professionals who provide personalized services. • Offers a streamlined pathway for increased access for patients. • Currently approximately 3,200 patients on the waitlist with wait one = 8 weeks. • Strong partnership with VIHA and MoH. • Provides an efficient system that maximizes OR and bed utilization. • Uses an efficient data management system which includes PREMS/PROMS. • Need to utilize free PROMS tools as the current cost is significant. • PROMS – 3, 6 and 12 month follow up forms are emailed to patients through a portal whereby they complete the PROMS assessment. • PROMS Assessment was developed using a number of assessments, including Veterans RAND (VR-12), Single Assessment Numeric Evaluation (SANE) for Knee/Hip and Shoulder, Oxford Hip and Oxford Knee Assessments. • Performance reports are sent to physicians monthly to compare their performance with the clinic average. • Rebalance[MD] website provides robust education modules for patients. **Next Steps:** • Volume based care will become part of the Rebalance[MD] model. • In July, electronically managed records will be directly uploaded to VIHA's data management systems (i.e. VIHA's EHR). • PSEC members thanked the presenters for their excellent work.

Surgical Summit on Patient Optimization – next steps	Adrian Leung Katie Hill Shari McKeown Dr. Kelly Mayson (by phone) Joanna Pannekoek (by phone)	Adrian Leung and Katie Hill presented on the Specialist Services Committee's (SSC) surgical optimization and enhanced recovery initiative. SSC Presentation to PSEC_JP edits.pptx **Discussion:** • A coordinated approach to surgical optimization is the right thing to do for patients. • All surgical patients should be treated the same with respect to optimization, regardless of procedure. Adrian recommended the following next steps to support the surgical strategy: • Engagement is a key factor. • Expand ERAS to include gynecology and urology. • Conduct environmental scans to collect current pathways and data sets. • Develop provincially endorsed pathways for gynecology and urology (can be any site – does not have to be NSQIP site). • General practitioners need appropriate billing codes for optimization to be effectively implemented. • The Specialist Services Committee (SSC) is supportive of enhanced patient access through pooled referrals, and recommends there should be incentives for physicians to participate. • The MoH and health authorities need to innovate in order to implement an optimized and collaborative model of care.
Update with Lynn Stevenson	Marilyn Copes Dr. Andy Hamilton	The co-chairs thanked Lynn Stevenson for her years of service and many contributions, and highlighted that Lynn's "get stuff done" approach was a driving force for the surgical strategy and in securing ongoing base funding for surgery. The surgical initiative is in a far better position than it was 4 years ago, but there is still much work ahead. Lynn Stevenson iterated that announcements for hip, knee and dental surgery were recently made public, and that further clarification and discussion around the following items will occur at the all-day surgical meeting on April 9th: • There needs to be movement on the surgical plan.

		• Funding is available. The Deputy Minister will attend the meeting on April 9th to advise that money is available, and that the Ministry is expecting progress in "catching up" and "keeping up" with volumes. • The expectation is that volumes for hip, knee and dental surgeries will increase, and there will be no deterioration in other surgeries. • Monitoring – The Minister is focused on volumes and HAs' overall progress in meeting all of the deliverables of the surgical plan. **Discussion:** • HHR is a key area of focus to achieve increased volumes (e.g. not all nurses are trained to work with total joint replacement procedures), a plan should be created. ORs are going to have more students; while this will be challenging, it is reality. • Observation that in one HA there is unutilized capacity since no longer able to contract out. Lynn advised that this is not the case – contracting out is an option. • Nurse burnout is an issue due to understaffing and overworking. Lynn asked why the same numbers of nurses are working to achieve increased volumes when funding is available to hire additional nurses. There is an operational disconnect. **Next Steps:** • Next set of priority procedures (i.e. planning should be underway for 2019/20). • Surgical Oncology – For 2019/20, a strategy for surgical oncology should be produced. It is already a priority for the BC Cancer, but HAs have not begun planning yet. PSEC will direct the inclusion of surgical oncology in the surgical strategy for 2019/20. Dr. Mark Carey and Dr. Carl Brown will provide valuable contributions regarding surgical oncology. • Administration of prioritization codes will be reviewed (ties in well with surgical oncology). • Appropriateness. • Reporting of total wait time (i.e. wait one and two data). • Volumes for 2019/20. • Surgical Waitlist Management and Scheduling Solution (SWMSS).
Impact of Hip and Knee Programs on	Dr. Mike Stanger	Dr. Mike Stanger presented information on the impact of increased hip and knee replacement volumes.

Orthopaedic Community		**See presentation for details** PSEC Talk April 6th 2018 (2).pptx • There are stresses associated with meeting increased targets. • It is concerning that arthroplasty surgeons are operating up to five days per week, as it is impacting their ability to conduct pre and post-operative responsibilities. Safety and quality of care is at risk. • SPR cannot differentiate shoulder replacement from shoulder repair or shoulder examination. This is just one example of the limitations in granularity of the SPR. • SPR cannot present total ankle replacement as it is rolled up into ankle repair. • Given the issues with respect to the data, it is impossible to identify the impact that increased volumes has on other surgeries. • Review of the SPR data shows a large wait time discrepancy for Island Health's hip and knee cases versus the other HAs.
Patient Story	Janine Johns	**Deferred to June 1st PSEC meeting.**
Anesthesia HHR Discussion	Dr. Andy Hamilton	Dr. Andy Hamilton presented information on the shortage of Anesthesiologists in BC, suggesting that it is a growing concern. For VCHA, 70 additional Anesthesiologists are required over the next 5 years in order to reduce hip and knee replacement waitlists. Dr. Roanne Preston advised that only 11 Anesthesiologists are trained and certified in BC each year and that she has started a conversation with the UBC Assistant Dean of Medicine on this topic. **Action:** • Dr. Hamilton to obtain information on Anesthesiology HR once VCHA and PHC have conducted their analysis. This information will be presented at the June 1st PSEC meeting and later to the SCHSPH. • Further analysis into the state of anesthesiology HR to be conducted by all HAs.

Update on Surgical Services Programs and Site Implementation and Expansion Working Groups	Luba Hazeldine	Luba Hazeldine provided an update on the Site Implementation and Expansion and Surgical Services Programs Working Groups: **Site Implementation and Expansion Working Group (SIEWG):** • Patient notifications and point of contact have been a key focus over the past several months. • Focus recently shifted to health authority scheduling. • SIEWG objectives also include implementation of ERAS. • Patient notification letter template content is finalized. Feedback was provided by Patient Voices Network (PVN), FHA and NHA representatives with regard to the language, format and procedure description. • A separate Patient Notification working group was stood up to assist with the testing and technical aspects of the patient notification project. • The Surgical Patient Registry is creating a system that will produce and monitor patient notifications to support the health authorities. Implementation is September 1, 2018. • Some priority 2 (at the discretion of the HAs) patients, and all priority 3-5 patients will receive notification letters once they are placed on a waitlist (Milestone 1 letter), and reminder letters will be sent throughout their wait (Milestone 2) which will include important information and a point of contact. • Milestone 1 and 2 letters will provide reference to the Ministry's Surgical Wait Times website. • The SPR patient notification system is an interim solution until the IM/IT system is in place. **Discussion**: • There will be costs associated with producing and mailing patient notifications. It is important to quantify how many notifications will be sent. **Action:** • Collette Christney to circulate copies of the Milestone 1 and 2 patient notification letters with PSEC members for feedback. (Note, the simplified procedure description has not been developed yet so will not be included for review). • Bruce Dangerfield of the SPR Office to request the surgical safety checklists from the HAs to compare the procedure descriptions with the patient notification letters to try to keep language consistent if at all possible. **Surgical Services Programs Working Group (SSPWG):**

		• The SSPWG finalized 8 attributes of an SSP, and has produced an implementation plan. • Five HAs have implemented one instance of a Hip and Knee Replacement Program (HKRP). • The target has been revised from 100% to 80% of patients undergoing a hip or knee replacement will go through a HKRP by March 31, 2019. By March 31, 2020, 100% of hip and knee replacement patients should receive their services through a HKRP. • Phase 1 implementation of HKRPs will focus on central intake, efficiency, evaluation and pre-operative care. Phase 2 implementation will focus on integration and coordination with primary care, post-op support, self-management and interdisciplinary teams. • Dr. Ken Hughes has joined the SSPWG. • The SSPWG is in the process of attaining additional physicians to join the working group.
Surgery Wait List Management and Scheduling System	Marc Koehn	Marc Koehn provided an update on the Surgery Wait List Management Scheduling System project (the Project): • The work that the Site Implementation and Expansion Working Group and Surgical Patient Registry are undertaking around patient notifications is valuable (i.e. lessons learned). • This week, a procurement lead, Nicki Sandhu, joined the team to assist in developing a procurement strategy. • Financial constraints are no longer an issue. • A timeline and deliverables will be produced in May. • Regular progress updates will be provided to PSEC. • RFP is 75-90% complete, and should be finalized within 8 weeks (tentatively). • Technical review will be undertaken by the BC Clinical and Support Services (BCCSS). • Gevity Consulting continues to provide support for the project. **Action:** • Marc Koehn to provide Dr. Ken Hughes the list of members on the working group. • Marc to present a more concrete plan with firm timelines at the June 1st PSEC meeting.
Data and Analytics Update	Nancy South Kal Parmar	**Deferred to the June 1st PSEC meeting.** **Separate Discussion:** • Ken Hughes advised that a physician led Data Quality group has been stood up, and will have its first meeting

		next week. Representation includes Doctors of BC, MoH, and Health Authorities under a physician master agreement (PMA). • Alison Dormuth advised that there are too many reports and sources of information. It would be good to have one reliable, synchronized and accurate data source. • Ian advised that further discussion around Lighthouse and other data information will take place during the April 9th meeting.
(Addition) Physician Office Medical Device Reprocessing Assessments (POMDRA)	Alison Dormuth Chris Taylor	Alison Dormuth and Dr. Chris Taylor provided a brief update regarding Physician Office Medical Device Reprocessing Assessments (POMDRA) • In collaboration with Dr. Robert Halpenny, work is underway to review the tray fee - A meeting is scheduled for April 16th to discuss. • Dr. Halpenny advised that it will be a couple of months before an update is prepared.
Closing Comments	Marilyn Copes Dr. Andy Hamilton	Marilyn advised that the next meeting is June 1st in Vancouver. The following place holders will be added to the June 1st agenda: • Nancy South and Kal Parmar to present on data and analytics. • Dr. Carl Brown joining PSEC to present on surgical oncology. • Carol Laberge and her team from Cardiac Services BC to present a comprehensive approach to cardiac care. • Marc Koehn will present an update on the IM/IT project. • Mark Armitage may attend either the June or July meeting to present an HHR update. • Janine Johns will provide a patient story. • July PSEC meeting may take place at BC Children's Hospital.

Next PSEC Meetings

- **June 1, 2018**
  - **Patient Story by** Janine Johns (Patient Voices Network)
  - **HA Efficiency Story by** Dr. Simon Treissman (Interior Health)
- **July 20, 2018**
  - **Patient Story by** Dr. Erik Skarsgard (PHSA)
  - **HA Efficiency Story by** Darlene MacKinnon (FHA)
- **September 21, 2018**
  - **Patient Story by** Dr. Ian Courtice
  - **HA Efficiency Story by** Dr. Mark Carey (BC Cancer Agency)
- **October 19, 2018**
  - **Patient Story by** Shari McKeown (BCPSQC)
  - **HA Efficiency Story by** Kelly Chapman (IHA)
- **December 7, 2018**
  - **Patient Story by** Dr. Roanne Preston (VCHA)
  - **HA Efficiency Story by** Dr. Paul Whelan (Island Health)

Cardiac Services BC:
A Program Overview

Provincial Surgical Executive Committee

June 1, 2018

Vancouver, BC

Provincial Health Services Authority
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Cardiac Services BC

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Anesthesia HR

Dr. Jim Kim, MD, FRCPC

Chair, PHC Department of Anesthesiology

Regional Head, PHC/VCH

Anesthesiology/Pain medicine

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Hip and Knee Replacement Program:
Next Wave Implementation Approach

First Wave (17/18) Implementation Approach

By March 31 2018, each health authority will have a hip and knee replacement program in at least one location.

	Element	First Wave
		2017/18 (one instance in each HA)
1	Efficiencies	✓
2	Pre surgical support	✓
3	Post-surgical support	
4	Self-management	
5	Evaluation	✓
6	Central Intake	✓
7	Interdisciplinary team	
8	Integration and coordination	

Next Wave (18/19) – Completion of first wave and replicate first wave approach in next locations

By March 31, 2019, 80% of patients having a hip or knee replacement in each health authority are having their procedure at a Hip and Knee Replacement Program. Health authorities are encouraged to surpass this minimum target if possible, given the next year's target of full completion.

	Element	First Wave	Next Wave	
		1 instance	Existing instances	New instances
1	Efficiencies	✓		✓
2	Pre surgical support	✓		✓
3	Post-surgical support		✓	
4	Self-management		✓	
5	Evaluation	✓		✓
6	Central Intake	✓		✓
7	Interdisciplinary team		✓	
8	Integration and coordination		✓	

New instances

- HAs implement 4 elements implemented as part of first wave (efficiencies, evaluation, pre surgical support, and central intake).
- Province collaborates with the Specialized Services Committee and health authorities on an initiative to support implement central intake.

Existing instances

- HAs implement the 4 other elements to complete the set (post-surgical support, self-management, interdisciplinary team, and integration and coordination).
- Province collaborates with the Shared Services Committee, and health authority/Ministry primary care and health human resources teams on an initiative to support implementation of integration and coordination across services and interdisciplinary team-based care.

Phase 2: Provincial Implementation of Hip and Knee Replacement Programs

Implementation Approach

The Hip and Knee Replacement Programs will be implemented across BC in phases:

- **2017/18**: By 31 March 2018, each health authority will have a hip and knee replacement program in at least one location.
- **2018/19**: by March 31, 2019, 80% of hip and knee replacement patients should receive their services through a Hip and Knee Replacement Program. Health authorities are encouraged to surpass this minimum target if possible, given the next year's target of full completion.

Figure 1: Hip and knee replacement program locations per health authorities

Phase	Island Health	Fraser Health	Northern Health	Interior Health	Vancouver Coastal
1 2017/18	Victoria (RJH and VGH)	Burnaby (BH)	Prince George (UHNBC)	Kelowna (KGH)	Vancouver Acute (VGH & UBC)
2 2018/19	North Island, Nanaimo (Campbell River Hospital & Comox Valley Hospital, Nanaimo Regional Hospital)	Abbotsford, Surrey (Abbotsford Regional Hospital, Surrey Memorial Hospital)	Prince Rupert, Dawson Creek, Kitimat (Dawson Creek & District Hospital, Prince Rupert Regional Hospital, Kitimat General Hospital)	Kamloops, Vernon, Penticton (Royal Inland Hospital, Vernon Jubilee Hospital, Penticton Regional Hospital)	North Shore, Richmond (Lions Gate Hospital, Richmond Hospital)
2019/ 2020	Cowichan (Cowichan District Hospital)			Trail, Cranbrook (Kootenay Boundary Hospital)	

Vancouver Island Health Authority

The first instance of a HKRP in Vancouver Island Health Authority (VIHA) integrates orthopedic services provided by Rebalance^{MD}, Royal Jubilee Hospital (RJH) and Victoria General Hospital (VGH). Victoria's HKRP provides central intake, comprehensive pre-surgical support and post-surgical support as well as self-management support for patients. Efficiency improvements at RJH and VGH have been achieved through standardization, a dedicated operating room (OR) at RJH and reduced length of stay. The introduction of the Lighthouse^{TM} operations management solution in their health authority has allowed VIHA to evaluate costs, activity and services. Victoria's HKRP success has hinged on their capacity to offer interdisciplinary team-based care while integrating and co-ordinating care across service providers.

Phase 2 will expand hip and knee replacements program services to the North and Mid Island, with HKRPs implemented at Campbell River Hospital and Comox Valley Hospital - collectively the North Island Hospitals and at Nanaimo Regional Hospital. Patient centered care will start with central intake and pre-surgical support. Central intake will be implemented in an office setting at both locations with standardized referral forms. Pre-surgical supports will include enhanced pre-habilitation/optimization services with educational resources. Quality will be measured by monitoring rates of returning to the operating room, returning to the emergency department and complication. Patient experience improvements will be measured through the implementation of Patient Reported Outcome Measures (PROM) and Patient Reported Experience Measures (PREM). As well, case cost monitoring in place through Lighthouse™ has identified opportunities for cost savings on equipment standardization.

Fraser Health Authority

The Burnaby Hospital Orthopedic Central Intake and Optimization Clinic is Fraser Health Authority's (FHA) first complete HKRP. Referrals for surgeon consults are assessed and triaged at a central intake office for assignment to the first available surgeon (or surgeon of choice). Surgical candidates are provided pre-surgical assessments by an interdisciplinary team to customize surgical optimization and pre-habilitation supports and resources. Self-management and post-operative services are also customized to individual needs by the interdisciplinary team. Non-surgical candidates are referred back to their primary care provider with recommendations for treatment and information about community resources. Patient outcomes are tracked, evaluated and reported as part of the quality improvement practice.

Phase 2 leverages key learnings from Burnaby's HKRP to implement additional HKRPs at Surrey Memorial Hospital (SMH) and Abbotsford Regional Hospital (ARH). Both sites will implement pre-surgical supports, evaluations and efficiencies. Improving patient experiences will be achieved through self-management care and earlier access to rehabilitation. Implementation of pre-surgical supports will include partnering with additional pre-habilitation support to provide programs focused on surgical optimization. Efficiencies will be gained through bed mapping and standardization of pre- and post-operative procedures, clinical practices, and equipment and supplies. SMH will implement central intake with standardized processes. Implementation of central intake at ARH is dependent on the outcome of ongoing engagement with orthopedic surgeons.

Northern Health Authority

The first instance of a HKRP in the Northern Health Authority (NHA) was established at University Hospital of Northern British Columbia (UHNBC).. 50% of referrals are currently accessing services through UHNBC's central intake booking office. Expansion of the space for

scheduling of additional assessment appointments and the involvement of a 'Surgeon Leader' are underway to increase the utilization of central intake. Pre-surgical supports include: pre-optimization classes, patient education resources, and occupational therapy assessments. An expansion of these services is currently underway. Efficiencies have been achieved through pre- and post-surgical pathways, standardization of equipment, implants and disposables, and eight designated orthopedic inpatient beds. Evaluation efforts being implemented include patient experience surveys and quality assurance checks.

Phase 2 of HKRP implementation in the NHA is being planned for at locations at Dawson Creek & District Hospital, Prince Rupert Regional Hospital and Kitimat General Hospital. A gap analysis is underway to determine next steps.

Interior Health Authority

The Kelowna HKRP integrates orthopedic services at the Surgical Optimization Clinic and the Kelowna Bone and Joint Clinic (KBJC), forming the first instance of a HKRP in the Interior Health Authority (IHA). Central intake, triage and assessment, and non-surgical supports are provided by the KBJC. Interdisciplinary teams provide optimized pre-habilitation and self-management support including classes and education. Individualized rehabilitation programs are created for post-surgical support. Evaluations are done through chart auditing to track and evaluate quality care outcomes and patient reported outcome measures. Interdisciplinary team-based care is a pillar of Kelowna's HKRP with five orthopedic surgeons, the patient's general practitioner, registered nurses, a nurse practitioner, anesthesiologists and physiotherapists. Collaboration and referrals also occur with dieticians, counsellors, home nursing support, other surgical specialists and social workers as required based on patient need.

Phase 2 of HKRP implementation in the IHA includes the addition of three locations: Royal Inland Hospital, Vernon Jubilee Hospital and Penticton Regional Hospital. Work with local specialists is currently underway to implement a standardized central intake process. Surgical optimization will be enhanced through the implementation of additional pre-surgical supports including additional educational programs, health literacy resources and the establishment of an interdisciplinary team to deliver robust pre-surgical care for patients. All three sites will increase efficiencies through implementation of Lighthouse™ and standardization of pre- and post-surgical processes. Evaluations will include the implementation of Patient Reported Outcome Measures (PROMS).

Vancouver Coastal Health Authority

Phase 1 of HKRP implementation in the Vancouver Coastal health Authority (VCHA) merged the orthopedic services provided by the Vancouver Osteoarthritis Service Integration System (OASIS) clinic with the Vancouver General Hospital and the University of BC Hospital (UBC). Patients are assessed and triaged through central intake at VGH and OASIS. OASIS provides pre-surgical supports including building physical strength, losing weight and making changes to patient's home. Educational resources include a mandatory two hour class and reading material. Efficiency measures implemented at VGH & UBC include working with surgeons and MOAs to discuss proper diagnosis and procedural codes, First In First Out (FiFo) principles and regular waitlist cleanup with the surgeon and OR booking offices. Additional efficiencies are being achieved through swing rooms at UBC and bed mapping. VCHA monitors waitlists through the use of the OR Management Information System (ORMIS), the Surgical Patient Registry (SPR) and Lighthouse. Non-surgical candidates are referred to other OASIS or community-based health education programs. The HKRP at VCHA will be completed in 2019, with the implementation of post-surgical care, self-management support, interdisciplinary team-based care and integration, and co-ordinated care across service providers.

Phase 2 of implementation of HKRPs in the VCHA will bridge the remaining two OASIS clinics (Richmond and North Vancouver) with orthopedic services at Lions Gate Hospital (LGH) and Richmond Hospital (RH). Central intake will be implemented in both LGH and RH to ensure all patients are triaged and offered a place on the shortest available waitlist. Pre-surgical supports will include pre-op education programs for patients and caregivers. Patients who have not been assigned a surgical date are able to access pre-habilitation education through community-based classes. Efficiencies will include working with surgeons and MOAs to discuss proper diagnosis and procedural codes, FiFo principles and regular waitlist cleanup with the surgeon and OR booking offices. Additional efficiencies are being achieved through swing rooms at LGH and bed mapping at both sites. Evaluation measure will include monitoring waitlists using ORMIS, the SPR and Lighthouse. Evaluation measures at OASIS will track wait times for an assessment, number of referrals and patient satisfaction. Implementation of these two additional HKRPs will take a staggered approach with LGH implementation starting in July 2018 and RH in October 2018.

Program for Hip and Knee Replacement: Next Wave Implementation Approach

First Wave (17/18) Implementation Approach

- **By March 31 2018, each health authority will have a hip and knee replacement program in at least one location.**

	Element	First Wave 2017/18 (one instance in each HA)
1	Efficiencies	✓
2	Pre surgical support	✓
3	Post-surgical support	
4	Self-management	
5	Evaluation	✓
6	Central Intake	✓
7	Interdisciplinary team	
8	Integration and coordination	

- First wave (17/18) was unique because the focus of activity for the HAs was predominately one of integration of existing program elements.
- The first five locations for the PHKR were selected because they already had existing central intake/pooled referral to work with.
- Additionally, health authorities are focused on developing the elements where they do not exist or need to be augmented (for example, even existing comprehensive pre surgical support services don't routinely offer nutritional programs or smoking cessation).
- Approximately 50% of patients having a hip or knee replacement in BC are having their procedure at one of the first five locations.[1]

Health Authority	Island Health	Fraser Health	Northern Health	Interior Health	Vancouver Coastal
Site	RJH (Victoria)	BH (Burnaby)	UHNBC (Prince George)	KGH (Kelowna)	VGH, UBCH, LGH, RH (Vancouver)
% of BC total	8.6%	5.0%	5.7%	7.5%	22.5%
% of HA total	39.2%	20.7%	73.2%	34.5%	93.5%

Next Wave (18/19) – Replicate first wave approach in next locations

	Element	First Wave	Next Wave	
		1 instance	Existing instances	New instances
1	Efficiencies	✓		✓
2	Pre surgical support	✓		✓
3	Post-surgical support		✓	
4	Self-management		✓	
5	Evaluation	✓		✓
6	Central Intake	✓		✓
7	Interdisciplinary team		✓	
8	Integration and coordination		✓	

[1] Surgical Wait Times (SWT) - Wait Two Cases Completed, 2017/18 YTD to January 31, 2018

New instances

- HAs implement 4 elements implemented as part of first wave (efficiencies, evaluation, pre surgical support, and central intake).
- Province co-leads/partners with the Specialized Services Committee and health authorities on an initiative to implement central intake.
    - *Central intake:* requires a change in the business model and practice of independent physicians. A significant proportion of GPs and specialists operate from small owned and operated businesses. Referral patterns are deeply entrenched. Much management of patients occurs between these physicians, outside of the HA (especially true for medical specialists, and for patients that see a surgeon but who may not progress to surgery.) Neither the HA or MOH has direct authority on changes to these well-established business models and practices. Central intake has been quickly identified by the HAs and the specialists we have been working with as "the hardest nut to crack."

Existing instances

- HAs implement the 4 other elements to complete the set (post-surgical support, self-management, interdisciplinary team, and integration and coordination).
- Province partners with the Shared Services Committee, and health authority/Ministry primary care and health human resources teams on an initiative to implement integration with primary care, and development of the interdisciplinary team.
    - *Integration and coordination:* it is desirable that optimization and pre surgical activities are undertaken by GPs and/or PCNs. This requires a large degree of integration and coordination between primary and acute care. The Ministry of Health's 2018/19 – 2020/21 Service Plan sets the target that by 2018/19 there will be 15 instances of PCN. The first five instances of PCNs have yet to be confirmed, but the unconfirmed list of PCNs do not align with the first five instances of hip and knee replacement programs in all communities (i.e. for Island Health and Interior Health); and most significantly, the first and second wave do not align in Interior Health.

Health Authority	Island Health	Fraser Health	Northern Health	Interior Health	Vancouver Coastal
1st Wave of HKRPs Sites	RJH (Victoria)	BH (Burnaby)	UHNBC (Prince George)	KGH (Kelowna)	VGH, ~~UBCH, LGH, RH~~ (Vancouver)
1st Wave of PCN (Service plans to be completed in May 2018)	Comox	Burnaby	Prince George	South Okanagan Similkameen	Richmond
2nd Wave of PCNs (timelines TBC)	South Island	Fraser Northwest & Ridge Meadows		Kootenay Boundary	Vancouver

    - *Interdisciplinary team:* ideally the team that is involved in the hip/knee patient's care operate from both primary and acute care environments.

Next Wave (18/19) Target Options for New Instances:

- **Option 1: By March 31 2019, all patients in BC receiving hip and knee replacements will receive their services through a hip and knee replacement program**. This will be very challenging for the central intake element where the HAs (or the Ministry) has little to no direct control or line of accountability. HAs have indicated that there are certain communities where implementing central intake in 2018/19 is likely feasible, but mandating that all instances must have central intake stood up over the next year is a huge risk.
- **Option 2**: **By March 31 2019, each health authority will have at least four instances of a hip and knee replacement program.** Depending on the sites selected, this will likely result in approximately 80% patients in BC receiving hip and knee replacements will receive their services through a hip and knee replacement program.

Health Authority	Island Health	Fraser Health	Northern Health	Interior Health	Vancouver Coastal
% of BC total (wave 2 only)	~9.9%	~7.8%	~2.1%	~8.7%	0% (unless they add a 5th site at St. Paul's – 1.6%)
% of HA total (wave 2 only)	~44.9%	~32.2%	~26.8%	~39.9%	0% (unless they add a 5th site at St. Paul's – 6.5%
% of HA total (wave 1)	39.2%	20.7%	73.2%	34.5%	93.5%
% of HA total (wave 1 and 2)	~84.1%	~52.9%	100%	~74.4%	93.5%

- **Option 3: By March 31 2019, each health authority will have at least 80% of their patients receiving hip and knee replacements receiving their services through a Hip and Knee Replacement Program.** This will level the playing field between the health authorities, to better ensure patients across the province are receiving more equal access to hip and knee replacement programs.

Health Authority	Island Health	Fraser Health	Northern Health	Interior Health	Vancouver Coastal
% of HA total (wave 1)	39.2%	20.7%	73.2%	34.5%	93.5%
% of HA total (increase needed to achieve 80% in wave 2)	40.8%	59.3%	6.8%	45.5%	0%
% of HA total (increase needed to achieve 80% in wave 2)	40.8%	59.3%	6.8%	45.5%	0%

- **Option 4**: **By March 31 2019, each health authority will have at least three instances of a hip and knee replacement program.** Depending on the sites selected, this will likely result in approximately 70% patients in BC receiving hip and knee replacements will receive their services through a hip and knee replacement program.

Health Authority	Island Health	Fraser Health	Northern Health	Interior Health	Vancouver Coastal
% of BC total (wave 2 only)	~4.8%	~5.4%	~1.7%	~6.1%	0% (unless they add a 5th site at St. Paul's – 1.6%)

% of HA total (wave 2 only)	~21.6%	~22.1%	~21.2%	~28.1%	0% (unless they add a 5th site at St. Paul's – 6.5%

Provincial Implementation of Hip and Knee Replacement Programs

Implementation Approach

The Hip and Knee Replacement Programs will be implemented across BC in phases:

- **2017/18**: By 31 March 2018, each health authority will have a hip and knee replacement program in at least one location.
- **2018/19**: by March 31, 2019, 80% of hip and knee replacement patients should receive their services through a Hip and Knee Replacement Program. Health authorities are encouraged to surpass this minimum target if possible, given the next year's target of full completion.
- **2019/20:** by March 31, 2020, 100% of hip and knee replacement patients should receive their services through a Hip and Knee Replacement Program.

Figure 2: Hip and knee replacement program locations per health authority

	Island Health	Fraser Health	Northern Health	Interior Health	Vancouver Coastal
2017/18	Victoria (RJH)	Burnaby (BH)	Prince George (UHNBC)	Kelowna (KGH)	Vancouver (VGH)
2018/19	North Island Nanaimo	Abbotsford, Surrey	Prince Rupert, Dawson Creek, Kitimat	Kamloops, Vernon, Penticton	North Shore, Richmond

Many of the elements of a Hip and Knee Replacement Program already exist in the health authorities, some in groupings, others in disparate parts of service or locations, or for other patient populations. A significant focus of the health authorities' Phase 1 activities are on integrating their existing elements into one distinguishable program: a Hip and Knee Replacement Program.

Additionally, health authorities are focused on developing the elements where they do not exist or need to be augmented (for example, even existing comprehensive pre surgical support services don't routinely offer nutritional programs or smoking cessation).

Vancouver Coastal Health Authority

Vancouver Coastal Health Authority (VCHA) has a tremendous amount of analysis of surgical efficiencies to leverage in Phase 1. The introduction of the Lighthouse™ operations management solution has allowed VCHA to **evaluate** surgical costs, activity and services. In particular, areas for Operating Room (OR) **efficiencies** have now been identified for each site, for instance reducing late starts at the beginning of the surgery day and reducing turnaround time getting the OR ready between cases. Areas where standardization can create efficiencies have also been identified. The swing OR was removed from Richmond Hospital some years ago and now exists at University of British Columbia Hospital. There are plans to add 3 new dedicated hip and knee replacement surgical slates[1] in VCHA.

VCHA has had the Osteoarthritis Service Integration System (OASIS) since 2006 in Vancouver, the North Shore, and Richmond. OASIS is a program that helps people with osteoarthritis self-manage their condition. For those considering surgery, OASIS provides pre- and post-surgical support. VCH also has a (separate) instance of central intake for reconstructive orthopaedics at Lion's Gate Hospital, the Rapid Orthopaedic Consultation Clinic (ROCC.)

[1] A slate is a block of time available in an Operating Room.

VCHA's approach in Phase 1 is to developing Hip and Knee Replacement Programs is to re-design the OASIS program to ensure it aligns with the strategies of the Hip and Knee Replacement Programs and provides the necessary **pre-surgical support.** VCHA will also integrate OASIS with the **central intake** of the Lion's Gate Rapid Orthopaedic Consultation Clinic. This new integrated service will be first piloted at Vancouver General Hospital, University of British Columbia Hospital, Richmond Hospital and Lion's Gate Hospital in March 2018.

Island Health Authority

Island Health Authority (VIHA) also has a tremendous amount of analysis of surgical efficiencies to leverage in Phase 1. The introduction of the Lighthouse™ operations management solution in their health authority has allowed VIHA to **evaluate** costs, activity and services. In particular an extensive cost analysis has been used to determine focus for (OR) **efficiencies** including standardization and reduced length of stay. These efficiency gains will allow VIHA to add, during Phase 1, a dedicated OR at the Royal Jubilee Hospital and one more hip or knee replacement per slate, resulting in an expected additional 800 joint replacements in Phase 2.

VIHA's approach in Phase 1 is to locate their first hip and knee replacement program in Victoria at the Royal Jubilee Hospital with physician and outpatient services provided by Rebalance™. Rebalance™ provides **central intake**, comprehensive **pre-surgical support** and post-surgical support as well as self-management support for patients. VIHA is also focused in Phase 1 on strengthening the involvement of family physicians in the services delivered to hip and knee replacement patients.

Fraser Health Authority

Fraser Health Authority (FHA) has a tremendous amount of analysis of surgical efficiencies to leverage in Phase 1. The introduction of the Lighthouse™ operations management solution has allowed FHA to **evaluate** surgical costs, activity and services. In particular, areas for Operating Room (OR) **efficiencies** have now been identified for each site, for instance reducing late starts at the beginning of the surgery day and reducing turnaround time getting the OR ready between cases. Areas where standardization can create efficiencies have been a particular focus, and have resulted in the introduction of the Superpath, a standardized care pathway for joint replacements.

The Burnaby Hospital Orthopedic Central Intake and Optimization Clinic (CIOC) opened in pilot form in January 2017. An evaluation of the CIOC was recently completed, and its processes including **central intake, pre-surgical support** and post-surgical support were refined and solidified. CIOC will now be rolled out with the first two additional orthopaedic surgeons joining in Phase 1. FHA is also focused on developing self-management resources for patients and introducing a Nurse Practitioner for the pre- and post-surgical support in Phase 1.

Interior Health Authority

Interior Health Authority (IHA) has recently completed its implementation of the Lighthouse™ operations management solution. This tool will stabilize during Phase 1 and will enable them to identify OR efficiency opportunities for each site. IHA is engaged in an exercise to **evaluate** the smoothing of the allocation of surgical slates among surgeons in order to gain **efficiencies.** The identified efficiency gains have resulted in them implementing a regional OR at Kelowna General Hospital dedicated to hip and knee replacement. Additionally the exercise has resulted in standardization of equipment used in hip and knee replacements and post operative care.

IHA has two separate but interdependent programs for patients requiring hip and knee replacement surgeries in Kelowna, the Kelowna Joint and Bone Clinic (BJC) and the Kelowna Surgical Optimization Clinic (SOC). The BJC already offers **central intake** and SOC provides **pre-surgical support** and post-

surgical support for patients. IHA is focused in Phase 1 on integrating these two separate clinics together into a Hip and Knee Replacement Program and implementing common assessment and referral criteria.

Northern Health Authority

Northern Health Authority (NHA) has recently completed its implementation of the Lighthouse™ operations management solution. This tool will stabilize during Phase 1 and will enable them to identify OR efficiency opportunities for each site. During Phase 1 NHA is focused on using Lighthouse to **evaluate** activities in the ORs and identifying further opportunities. For **efficiencies**, NHA has implemented standardized equipment and implants as part of Phase 1 along with a dedicated joint OR at the University Hospital of Northern BC in Prince George and 8 dedicated surgical beds for hip and knee replacements.

NHA has an optimization clinic for orthopaedics in Prince George. This clinic provides **pre- surgical support** to patients. NHA is focused on Prince George in phase one and building out the suite of services at the optimization clinic and transitioning the existing central referral mechanism into **central intake**.

Table 1: Strategies by Health Authority

STRATEGIES		Provincial Hip & Knee Replacement Program	IMPLEMENTATION	Island Health Authority (RJH)	Vancouver Coastal Health Authority (VGH,UBCH,LGH,RH)	Northern Health Authority (UHNBC)	Interior Health Authority (KGH)	Fraser Health Authority (BH)
	Efficiencies	• Dedicated ORs or surgical slates • Swing OR • Bed mapping or dedicated beds • OR scheduling and allocation* • Standardization, e.g. processes, equipment and supplies • Single-entry models • Transfers between sites • Enablers (HHR, IM/IT)		• 1 new dedicated OR • Bed mapping • OR scheduling and allocation* • Standardization processes and supplies • Single-entry models • Reduced length of stay	• 3 new surgical slates, Swing OR (UBC) • Bed mapping • OR scheduling and allocation* • Standardization processes and care pathway • Single-entry models	• Dedicated OR • Bed mapping • OR scheduling and allocation* • Standardization processes, equipment and supplies • Single-entry models	• Regional dedicated OR • OR scheduling and allocation* • Standardization processes and equipment • Single-entry models	• Swing OR • Bed mapping • OR scheduling and allocation* • Standardization processes and a SuperPath care pathway • Single-entry models
	Evaluation	• LightHouse™ analysis and evaluation related to OR efficiencies and waitlist mgmt. • PREMS, PROMS		• LightHouse™ analysis and evaluation related to surgical costs, efficiencies and waitlist mgmt.	• LightHouse™ analysis and evaluation related to efficiencies and waitlist mgmt.	• LightHouse™ analysis and evaluation related to efficiencies and waitlist mgmt.	• LightHouse™ analysis and evaluation related to efficiencies and waitlist mgmt.	• LightHouse™ analysis and evaluation related to efficiencies and waitlist mgmt.
	Pre-Surgical Support	• Patient education • Surgical optimization and pre-habilitation		• Patient education • Surgical optimization and pre-habilitation • Self-management support	• Patient education • Surgical optimization and pre-habilitation • Self-management support	• Patient education • Surgical optimization and pre-habilitation	• Patient education • Surgical optimization and pre-habilitation	• Patient education • Surgical optimization and pre-habilitation • Self-management support
	Central Intake, Assessment and Triage	• Single point of access • Standardized referral and assessment • First available surgeon		• Single point of access • Standardized referral and assessment • First available surgeon	• Single point of access • Standardized referral and assessment • First available surgeon	• Single point of access • Standardized referral and assessment • First available surgeon	• Single point of access • Standardized referral and assessment • First available surgeon	• Single point of access • Standardized referral and assessment • First available surgeon

**These efficiencies will be achieved for hip and knee replacements through general OR efficiency work underway in the health authorities*

Provincial Implementation of Hip and Knee Replacement Programs

Implementation Approach

The Hip and Knee Replacement Programs will be implemented across BC in 2 phases:

- **2017/18**: By 31 March 2018, each health authority will have a hip and knee replacement program in at least one location.
- **2018/19**: By 31 March 2019, all patients receiving hip and knee replacements will receive their services through a hip and knee replacement program.

Figure 2: 2017/18 hip and knee replacement program locations per health authority

Island Health	Fraser Health	Northern Health	Interior Health	Vancouver Coastal
Victoria (RJH)	Burnaby (BH)	Prince George (UHNBC)	Kelowna (KGH)	Vancouver (VGH, UBCH, LGH, RH)

Many of the elements of a Hip and Knee Replacement Program already exist in the health authorities, some in groupings, others in disparate parts of service or locations, or for other patient populations. A significant focus of the health authorities' Phase 1 activities are on integrating their existing elements into one distinguishable program: a Hip and Knee Replacement Program.

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**These efficiencies will be achieved for hip and knee replacements through general OR efficiency work underway in the health authorities*

Provincial Surgical Executive Committee (PSEC)

Minutes

December 8, 2017 - 10:00 am to 3:00 pm

s.15

Attendees

- Marilyn Copes (Co-Chair)
- Dr. Andy Hamilton (Co-Chair)
- Vicki Kendall
- Dr. Mike Stanger
- Jean Walters
- Alison Dormuth (by phone)
- Dr. Paul Whelan (by phone
- Shelley Hatcher
- Dr. Ralph Belle
- Dr. David Albiani
- Dr. Erik Skarsgard
- Dr. Gary Redekop
- Dr. Mark Carey
- Dr. Simon Treissman
- Dr. Ken Hughes
- Ian Rongve (by phone/a.m.)
- Dr. Trina Montemurro
- Janine Johns
- Kelly Chapman
- Susan Wannamaker
- Dr. Robert Halpenny
- Ruth Paul (secretariat)

Guests

- Kimber McKinley (on behalf of Shari McKeown)

Regrets

- Collette Christney
- Dr. Sam Bugis
- Shari McKeown
- Dr. Chris Taylor
- Darlene Mackinnon
- Dr. Roanne Preston
- Dr. Ian Courtice

Agenda Item	Speaker	Discussion/Decision
Welcome and Introductions	Marilyn Copes Dr. Andy Hamilton	• PSEC Co-chairs welcomed members to the meeting and apologized for the changes to the agenda and meeting times. • Dr.Sukh Brar and Dr.Dean Chittock have decided to step down from PSEC membership and the decision is to not replace at this time.
Review of Minutes	All	The minutes were accepted as circulated.
February Meeting Location TBA	All	• As the s.15 is not available for the Feb 2 2018 meeting, other options needed to be explored. • Dr. Gary Redekop suggested BC Simulation Centre. **Action**: PSEC secretariat to follow up and confirm location; a meeting invite will be sent out as an update.
HA Efficiency Story	Susan Wanamaker Dr. Stephanie Rhone	Dr. Stephanie Rhone presented on the Gynecology Surgical Daycare Optimization project at BC Women's and across the lower mainland. The presentation focused on: • Workforce crisis and the negative impact it had on access to gynecology surgery (increased waiting times).

		• Drivers for change • Opportunities for change: Innovative Models of Care, Surgical Gynecology Optimization Initiative, benefits • Patient experience, summary of benefits and potential barriers.
Analysis Work: Opportunities to Consider Lighthouse Software – A Discussion	Dr. Andy Hamilton	**Questions on opportunities for Analysis Works – Lighthouse were discussed for input: Discussion Followed:** **Waitlist Indicator** **Does FIFO or Percent booked in turn need to be tightened?** Discussion included: • Mathematical formula not validated and needs to be refined. • Not a strong measure of performance currently. • Only useful for services and surgeons with long wait lists. • Even if it isn't perfect it is useful in drilling down to compare individual surgeons and specialties. Recommendation to review mathematical model to assure the indicator is most relevant. **Would it be useful to show the effect of improving FIFO on maximum wait times?** Yes, in conjunction with tightening up the model, would be useful to portray the effect on the tail of the curve of improved waitlist management. Members also noted that related to this, HA's should ensure that the prioritization codes are being used consistently. **Efficiency** **Will it be able to monitor over longer periods of time?** Yes - and to trend over time with a standardized approach in order to make valid comparisons and be monitored provincially. **Is the opportunity for extra hours or as a ratio of the total staffed hours a useful surrogate indicator of efficiency over time that should be monitored provincially?** Yes - as it keeps in context the size of the OR at a particular site. **Modeling** **Assumes present activity is at the same efficiency level and that future activity is at 95% utilization. Should we continue with a workaround or should there be a slider for improved efficiency as well?** Not at this time as we shouldn't strive for perfection, just improvement. **Would it be useful to project further out: eg how many slates are required to achieve 95% in benchmark by 1 April 2020?** Yes – felt this would be useful.

		Do we need more definitive identification of backlog and ongoing demand? Not at this time. **Do we need to change the projected period for the modeling from 40 weeks given that we are trying to reduce OR seasonal closures?** Health Authorities are using different numbers of weeks for modelling depending on their opportunity to reduce seasonal closures. PSEC felt it would be useful to model based on 46 week O.R. utilization or possibly a variable utilization rate. **Lighthouse compresses the benchmarks down to two categories. What is PSEC's view on this and should this change?** Discussion as to whether PSEC and PCATS have too many categories or Analysis Works has too few. In general, it was felt that the use of the priority codes should be optimized first. Longer term, this needs to align with the cancer strategy and targets and could be reviewed. **Action**: PSEC secretariat to collate PSEC recommendations and submit to MoH HSIAR (Nancy South) and Analysis Works (David Ball)
Update From Leadership Council	Lynn Stevenson	• Lynn Stevenson addressed the group and shared Minister Dix's high priorities: **Wait time Management**: **Surgery, Colonoscopy and MRI's**. The expectation includes assurance from the Ministry on how the HAs will put this into action and how the plans make sense to patients. • Lynn further clarified that funding will be given to HAs who can meet the deliverables for surgery. Therefore HAs need to be moving forward then money will flow. • Clarification is requested from MoH on $25M for surgery (what it can be spent on, how decisions will be made and how the funding will flow), and this will be shared with LC, CFO's and COO's. **Action**: Co-chair Marilyn Copes will follow up with Lynn Stevenson and Ian Rongve.
Patient Story - NH Connections Program	Steven Raper	• Steven Raper presented on Northern Health's "Connections" low-cost health care travel service that was introduced to address the concerns of northern BC residents' access to health care.
BCCH OR shortages	Lona Cunningham / Linda Lemke	• Lona Cunningham and Linda Lemke presented on how the BC Children's Hospital team confronted a critical shortage of perioperative nurses and achieved results. • The presentation included the nine month journey of "*Turning Crisis into Opportunity*" and how the team worked together to accomplish positive outcomes.
Update on 18 Month Surgical Action Plan and Working Groups	Marilyn Copes	**Governance and Reporting:** • Reporting on indicators and progress on implementation of the 18-Month Surgical Action Plan will start in Jan 2018. • Reports will go to SCHSPH and Leadership Council on a monthly

		basis. The Report will then be shared with PSEC in Feb 2018. **HA Accountability:** • Report to LC **Role of PSEC:** ○ not operational ○ the committee is to use its strategic lens to offer Wise Council <u>Areas still to be addressed:</u> ○ Appropriateness in Surgery ○ Cancer Strategy - Surgical Oncology ○ HHR Plans ○ Priority Codes (scheduled and unscheduled) **Action:** PSEC to Review TOR in 2018 **Working Group and Work Streams:** 1. Surgical Services Programs - WG Started 2. Site Implementation - WG Started 3. HHR: ○ HHR work shop - Dec 4. Next step is to develop Action Plan - Mark Armitage ○ Nursing Policy Secretariat work is underway 4. Consultation and Engagement: Plans to be developed 5. ISESF: ○ Presentation to IMITSC on Dec 7, 2017 ○ Recommended Funding BN to go DM ○ RFP in 2018 6. Appropriateness: ○ MoH Staff drafting "Options Paper" ○ Presentation to PSEC Feb 2, 2018. 7. Data and Technical Group: Nancy South – Convene Jan 2018
Site Visits	Marilyn Copes	• FHA and IHA - Completed • NHA and VIHA – scheduled mid-December • VCHA and PHSA – Early Jan 2018 • Report will be collated and presented to Leadership Council - Feb 2018
Closing Comments	Marilyn Copes Dr. Andy Hamilton	**Appreciation**: Co-chairs thanked everyone for their presentations, participation and discussion and shared best wishes for the holiday season.

Next PSEC Meetings

- **February 2, 2018**
  - Patient Story by Vicki Kendall (Patient Voices Network)
  - HA Efficiency Story by Dr. Reid
- **April 6, 2018**
  - Patient Story by Janine Johns (IHA)
  - HA Efficiency Story by

Surgical Wait Times
Effects of Increased Volume of Hip and Knee Replacements

PSEC April 6th 2018

Victoria

Current Status SWL

- swt.hlth.gov.bc.ca
- Snapshot of wait list and wait times for scheduled (elective) patients in last three months
- Review data for Total Hip and Total Knee Patients
- Compare data for some other Ortho conditions and some other surgical conditions

Current TJR Data

Surgery Wait Times for "Adult - Hip Replacement"

Definition: Hip Replacement - Replacement of the hip joint or repair of an existing artificial hip.

Health Authority Select on Map: All Health Authorities

Cities/Hospitals: City or Hospital Name

Specialist: All Specialists

Reset Filters

Procedure	Cases waiting as of Feb 28, 2018	Between 01-Dec-2017 and 28-Feb-2018	
		50% of cases completed within	90% of cases completed within
Hip Replacement	3,687	**21.0** weeks	**52.0** weeks
Fraser Health	556	**19.6** weeks	**45.9** weeks

Current HIP Data

Total HIPS	Patients waiting	50% Done within	90% Done within
PROVINCE	3,687	21 weeks	52 weeks
FRASER	556	20	46
INTERIOR	948	25	51
NORTHERN	186	23	52
COASTAL	1,042	15	42
ISLAND	955	28	56

Number done in 2016/17 = 5,987

Current KNEE Data

Total KNEES	Patients Waiting	50% Done within	90% Done within
PROVINCE	7,278	25 weeks	55 weeks
FRASER	1,898	25	54
INTERIOR	1,582	27	55
NORTHERN	536	25	53
COASTAL	1,549	15	52
ISLAND	1,713	35	66

Number done in 2016/17 = 7,611

Current “Shoulder” Data*

Shoulder patients	Patients waiting	50% done within	90% done within
PROVINCE	1,598	10 weeks	38weeks
FRASER	405	15	39
INTERIOR	303	10	39
NORTH	147	11	32
COASTAL	287	5	26
ISLAND	456	18	44

*” Examination, replacement or repair of the shoulder”

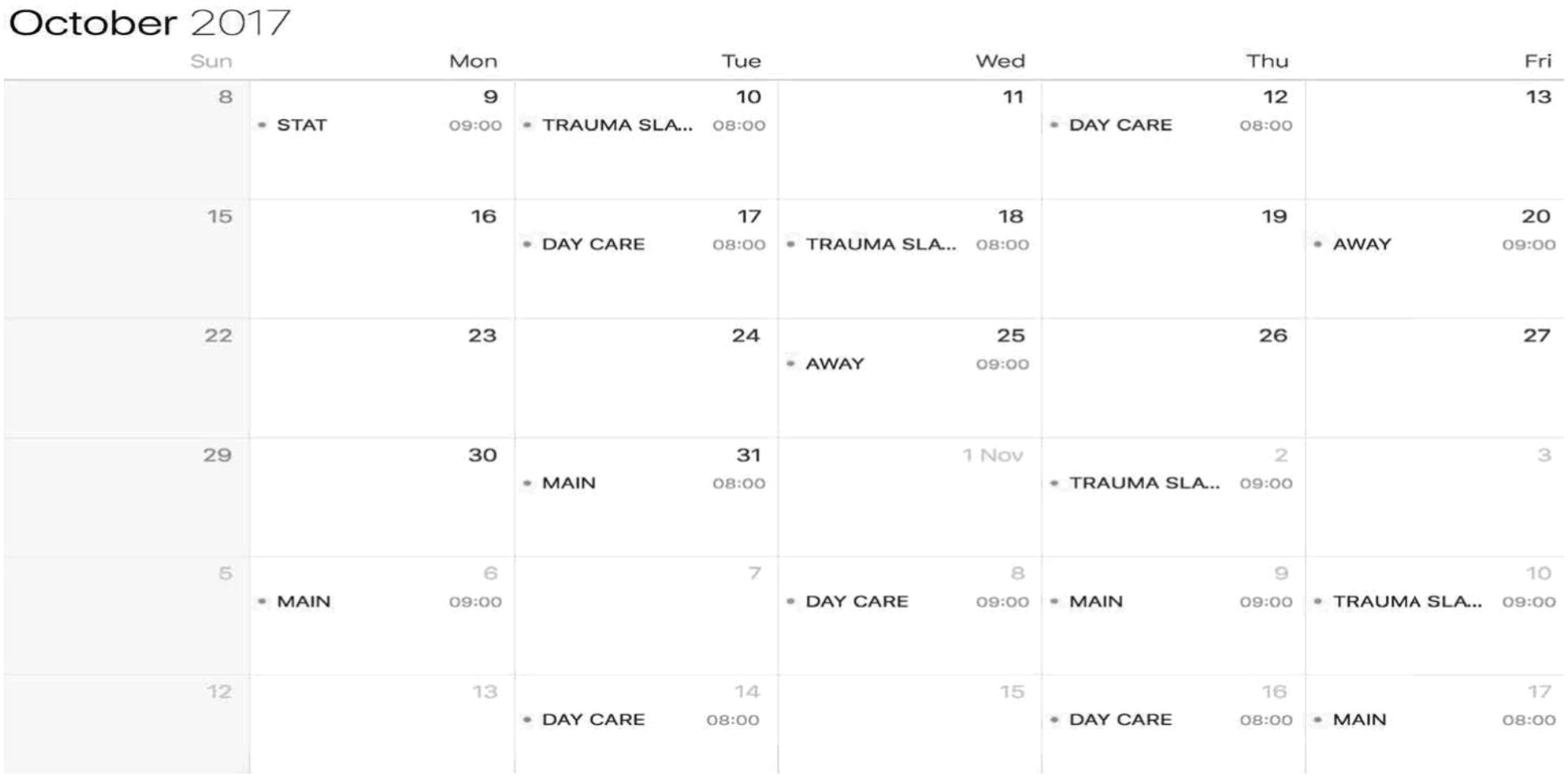
So it is not possible to just look at Shoulder Replacements on the swt list.
Leads me to ask “Can it be done with the Surgical Patient Registry Data?”
Total shoulder prostheses 2016/17 =_539 from MSP/DOBC Payment Data Series
Same for foot and ankle, can’t distinguish Forefoot reconstruction or Ankle replacement.

Menisectomy and cruciate ligament waiting times

DIAGNOSIS	NUMBER WAITING	50% DONE BY	90% DONE BY
MENISECTOMY	405	7 weeks	24 weeks
ACL REPAIR	670	11	36

Sample Surgeon's OR schedules before and after Program

- Surgeon A Fall 2017



Surgeon A Spring

February 2018

Sun	Mon	Tue	Wed	Thu	Fri
4	5 • MAIN 08:00	6	7 • TRAUMA SLA... 08:00	8 • MAIN 08:00	9
11	12 • STAT 09:00	13 • MAIN 08:00	14	15 • TRAUMA SLA... 08:00	16 • MAIN 08:00
18	19 • MAIN 08:00	20 • DAY CARE 08:00	21 • DAY CARE 08:00	22 • DAY CARE 08:00	23 • TRAUMA SLA... 08:00
25	26 • TRAUMA SLA... 08:00	27 • DAY CARE 08:00	28	1 Mar • DAY CARE 08:00	2
4	5 • TRAUMA SLA... 08:00	6 • MAIN 08:00	7	8 • DAY CARE 08:00	9 • MAIN 08:00
11	12 • MAIN 08:00	13 • TRAUMA SLA... 08:00	14 • DAY CARE 08:00	15 • MAIN 08:00	16 • MAIN 08:00

Surgeon A difference

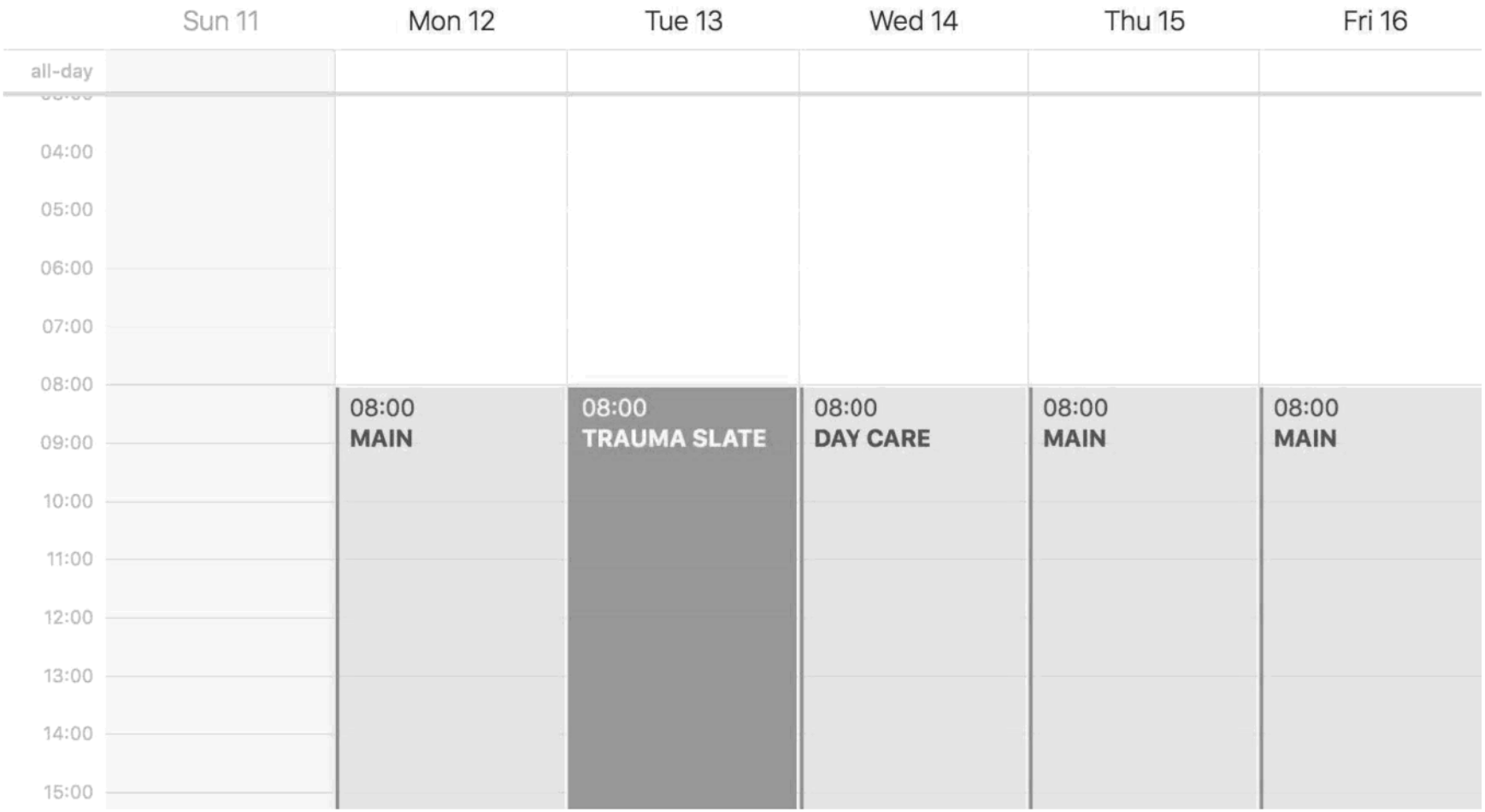
Surgeon A	# Possible OR days	# days operated	%
FALL 2017	44	20	45%
SPRING 2018	31	25	80%

Surgeon A Spring

February 2018

Sun	Mon	Tue	Wed	Thu	Fri
4	5 • MAIN 08:00	6	7 • TRAUMA SLA... 08:00	8 • MAIN 08:00	9
11	12 • STAT 09:00	13 • MAIN 08:00	14	15 • TRAUMA SLA... 08:00	16 • MAIN 08:00
18	19 • MAIN 08:00	20 • DAY CARE 08:00	21 • DAY CARE 08:00	22 • DAY CARE 08:00	23 • TRAUMA SLA... 08:00
25	26 • TRAUMA SLA... 08:00	27 • DAY CARE 08:00	28	1 Mar • DAY CARE 08:00	2
4	5 • TRAUMA SLA... 08:00	6 • MAIN 08:00	7	8 • DAY CARE 08:00	9 • MAIN 08:00
11	12 • MAIN 08:00	13 • TRAUMA SLA... 08:00	14 • DAY CARE 08:00	15 • MAIN 08:00	16 • MAIN 08:00

A busy week For Dr. A



Surgeon B Spring

18	19 AWAY	20	21	22 • MAIN 08:00	23 • DAY CARE 08:00
25	26 • TRAUMA SLA... 08:00	27	28 • DAY CARE 08:00	1 Mar • MAIN 08:00	2
4	5 • MAIN 08:00	6 • TRAUMA SLA... 08:00	7 • MAIN 08:00	8	9 • MAIN 08:00
11	12 • TRAUMA SLA... 08:00	13	14 • TRAUMA SLA... 08:00	15 • MAIN 08:00	16
18	19	20 • TRAUMA SLA... 08:00	21 • MAIN 08:00	22 • TRAUMA SLA... 08:00	23 • MAIN 08:00
25	26	27	28	29	30

Surgeon B Difference

SURGEON B	# possible OR days	# days operated	%
FALL 2017	40	14	35%
SPRING 2018	34	17	50%

Had several four out of five weeks

All staff have responded to the challenge

- Everyone from the Hospital CEO down to the cleaning staff have had to adapt
- The HA staff and OR managers, Pre admission, PARR, Wards, offices and surgeons are helping to meet the goal, but there are stresses associated with that.
- It is concerning that surgeons are working up to five days a week. What about their pre and post op responsibilities? SAFETY? QUALITY?

Wait Times for other Common Surgical Procedures

- Cataract: Number in 16/17, 50% and 90%
- Lens implant
- Hernia
- Cholecystectomy
- Cystoscopy
- Prostatectomy
- Reduction mammoplasty
- Laminectomy

Ophthalmology

PROCEDURE	NUMBER DONE 2016/17*	50 % done within	90% done within
CATARACT EXTRACTION	62,153	11 weeks	38 weeks
INTRA OCULAR LENS IMPLANT	62,137**		

*MSP/DOBC PAYMENT DATA SERIES 2016/17
** + $5.5 M

General Surgery

PROCEDURE	NUMBER DONE 2016/17	50 % WITHIN	90% WITHIN
HERNIA (combined)	8,465*	8 weeks	28 weeks
CHOLECYSTECTOMY	7,469**	6 weeks	21 weeks

* number waiting 4,225
** number waiting 1,674

Urology

PROCEDURE	NUMBER DONE 2016/17	50% WITHIN	90% WITHIN
CYSTOSCOPY for bladder tumour	4,176*	4 weeks	8 weeks
PROSTATECTOMY (combined)	5,209*	5 weeks	26 weeks

- * Cases waiting 904 per SPR
- ** Cases waiting 1,313

Plastic Surgery

PROCEDURE	NUMBER DONE 2016/17	50% WITHIN	90% within
NEUROLYSIS CARPAL TUNNEL	3,106	8 weeks	28weeks
REDUCTION MAMMOPLASTY	1,492**	23 weeks	53 weeks

- * number waiting 722
- ** number waiting per SPR 1,483

Neurosurgery

PROCEDURE	NUMBER DONE 2016/17	50% WITHIN	90% WITHIN
LAMINECTOMY (combined)	1,489*	8 weeks	29 weeks

* Cases waiting 1,371 per SPR

Comment re TJR program from smaller centre

- Additional funding for orthopedic procedures (even if it is only for THA/TKA) is still a positive development.

- I believe that the government targets for additional joint replacements may not be easily met considering trauma volumes.

- I foresee more scheduled TJA cancellations due trauma work.
- This may be a positive development for our argument for official orthopedic trauma time in all busy centers.

- In our hospital, elective orthopedic surgery cancellation rate has reached 20% this year. With additional TJA procedures, cancellation rate will only go up.

- We need to push for orthopedic day time trauma room to meet the required standard of care for the most vulnerable patients. (This will also improve ed.) hospital efficiency, by limiting length of admissions for trauma patients awaiting surgery, at the same time decreasing elective list cancellations.

Summary

- Reviewed current TJR situation
- Some concerns expressed re safety and quality due to increased volumes
- Other Orthopaedic wait times compared, with some difficulty due to data issues
- Other common surgeries reviewed and compared
- I declare that a conflict of interest exists. s.22 s.22

- Thanks

Provincial Surgery Executive Committee

Terms of Reference

March ~~December~~ 2018~~6~~

1.0 PURPOSE

The Provincial Surgical Executive Committee (PSEC) provides 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 committee will align its work with the Ministry of Health strategies and priorities outlined in the Policy Directives 2017~~"Setting Priorities for the BC Health System – February 2014".~~ Using a patient centered approach, the committee serves as the wise council to provide~~s~~ advice and recommendations to, and receive~~s~~ strategic direction from~~,~~ the Ministry of Health with the goal of improving surgical care in accordance with the dimensions of quality.

2.0 SCOPE

The scope of this committee encompasses strategic direction, planning and engagement, policy input, ~~formation,~~ and recommendation setting that is provincial in nature involving the continuum of surgical care.

Responsibility for service delivery and operations rests with the respective Health Authorities.

3.0 KEY OBJECTIVES AND FUNCTIONS

Strategic Oversight

- Provide strategic oversight of surgical service delivery in BC with emphasis on ensuring high quality care for patients and families in a time frame commensurate with clinical need.
- Where appropriate at the provincial level, sponsor the development of best practice clinical standards, scope of services, guidelines, and policies to improve the stakeholder experience, enhance consistency and achieve provincial goals for surgical service delivery. This includes recommending ~~setting~~ policy and standards for regional and provincial access, wait list management and expectations for service delivery across the province.
- Recommend performance indicators for quality outcomes and efficiency of service delivery; monitor indicators on a regular basis; make recommendations on opportunities for system improvement.
- Recommend ~~Ensure~~ that appropriate, accurate and standardized information is collected, analyzed and reported to support surgical activities. Review provincial surgical data to identify and/or advise on emerging trends and patterns.
- Review and advise on strategic direction and framework documents, recommendations of expert panels, academia, and medical groups related to surgery.
- Make recommendations on future service delivery needs and opportunities.
- Collaborate on surgical services with the BC Patient Safety and Quality Council (BCPSQC), the Doctors of BC, the Specialists of BC, and the Joint Clinical Committees.
- Draw on experiences and initiatives in other provinces and at the national level, related to the surgical continuum, where appropriate.
- Set priorities for working groups or sub-committees.

Coordinated, Focused Planning

- Advise the Ministry of Health regarding future directions of surgical services by leveraging expert knowledge, evidence, experience and liaison roles with peer groups provincially and nationally.
- Act as an interface between stakeholders in the Ministry, patients, physician groups, and the Health Authorities to provide recommendations on planning surgical services.
- Recommend~~Determine~~ priorities for surgery that align with strategic initiatives, human resources, physical resources, and geographical constraints in the province.
- In conjunction with other provincial committees, provide strategic direction on the design and implementation of province wide strategies for ongoing quality and system improvement in surgical services.
- Collaborate with the BCPSQC around planning and implementation of processes to improve the patient experience and outcomes related to surgery.
- Advise on alignment with other Ministry strategies and priorities (e.g. health human resource plans, IMIT plans, funding approaches).
- Direct the formation of time limited tactical working groups that have responsibility to research, provide expertise and formulate recommendations for issues identified by the committee.

Communication

- Use a variety of pathways to provide and receive information regarding the challenges and successes of provincial surgical policies, guidelines and projects.
- Together with the BCPSQC, the Doctors of BC, and Health Authority leadership, promote sharing of lessons learned to all stakeholders to ensure continuous improvement and sustainability.
- Promote the development of mechanisms to receive input and feedback from patients and families on their experience of care, outcome of their surgical procedures, and action plans for improvement.

Accountability Framework and Performance Monitoring

- Provide input into the development, ~~Oversee the development and~~ maintenance and evolution of an accountability framework which supports the strategic priority of improving surgery access and care in BC. The framework includes performance indicators and targets which would demonstrate success in improving surgical services.
- Provide a venue for reporting on performance indicators against targets, monitoring progress on improvement plans, and sharing lessons on system improvement.

4.0 MEMBERSHIP

Members will be solicited through an expression of interest process. Representation from leaders in the following areas will be considered with the goal of having a broad level of experience and expertise to achieve the key objectives and functions of the committee.

- Patient representatives at an executive level.
- Anesthesiologists and surgeons with leadership experience.
- BC Anesthesiology Society.
- BC Patient Safety and Quality Council.
- Doctors of BC.
- Specialists of BC.
- Health Authority Medical Directors of Surgical Services.

- Health Authority Corporate Directors of Surgical Services.
- Health Authority Vice President or equivalent responsible for Surgical Services.
- Tertiary or Community Hospital Administration.
- Ministry of Health.
- University of British Columbia.

Member terms will be 3 years and renewable (once? Twice? Maximum term?) on application. Rotating changes will occur in years 3 and 4 to ensure continuity in function. Membership will be reviewed annually to ensure mutual benefits and participation goals are met.
Members will be supported by a secretariat within the Ministry of Health who will be responsible for the communication of meeting materials, meeting planning and record keeping.
On the direction of the Ministry, the committee will be co-chaired by an Executive Director or equivalent from the Ministry and a Clinical Leader/Medical Director from one of the Health Authorities. The Clinical Leader/Medical Director Co-Chair will be sought through an application process as per the membership of the committee. This position will be for 3 years, renewable and reviewed annually.

5.0 ACCOUNTABILITY AND REPORTING

- The Committee is accountable to, and reports on a regular basis to the Standing Committee on Health Services and Population Health, through to Leadership Council.

6.0 MEMBERS' ROLES AND RESPONSIBILITIES AND FUNCTION OF THE COMMITTEE

- The Committee will make every effort to reach decisions by consensus. Where consensus is not reached, a dispute resolution process will be followed as per Appendix A.
- Quorum will be 60% of members plus one chair.
- Members are expected to participate in all meetings. In the event a member is unable to attend a meeting, the member may appoint a delegate, with prior approval of the co-chairs. Delegates may partake in discussion but are not authorized to vote in the event of a dispute resolution process.
- Members are expected to demonstrate shared leadership and responsibility to advance the work of PSEC and in strengthening the communication through the health authorities.
- Some PSEC members will participate in the working group(s) to ensure oversight and strategic alignment with priorities.
- To maintain objectivity, members are expected to review issues and make recommendations primarily from the point of view of patients rather than from the constituency or geography they may feel they represent.
- Members are expected to disclose any real or perceived conflict of interests to PSEC secretariat as per Appendix B.

Responsibilities of the Co-Chairs

- Facilitation of meetings.
- Organizing the meeting schedules, agendas, and follow up regarding action items.
- Ensure meetings are of a decision making and action oriented nature.
- Provide a call for agenda items in advance of the meeting.
- Completion, distribution and storage of meeting minutes and documents.
- Delegation of action items to the appropriate group(s).

Responsibilities of members:

- Attend all meetings (or identify and inform an approved delegate).
- Review agenda materials.

- Respond to key decision requests within established timelines.
- Support engagement by communicating committee activities, and soliciting input and feedback from the clinical or administrative areas they represent.
- Provide recommendations, decision and leadership support in the member's area of responsibility and expertise.

Responsibility of Secretariat:

- Coordination of all meeting schedules, documentation of meeting minutes, follow up on action items, creation of reporting and decision making templates, distribution of materials to committee members.
- Minutes of the meetings will be prepared and distributed to members within 15?~~0~~ business days following the meeting. Members will review and submit changes back to the Co-Chairs within the following 5 business days.
- Work with Health Authorities re: communicating outcomes of decisions at the committee.
- Creation of regular written updates for Co-Chairs to present to the Ministry of Health ~~on a quarterly basis or~~ as requested.
- Coordination of working groups, reporting on status of deliverables on high priority initiatives, monitoring milestones.
- Maintain the 2018~~4~~ – 2021~~18~~ work plan and progress reports.
- Processing payments, facilitating contracts etc. as required.
- Maintain signed "Declaration of Real or Perceived Conflict of Interest" forms submitted by PSEC members.

Meeting details:

- Meetings will be held 6 times per year or as determined by the Co-Chairs to achieve specific objectives. An annual schedule of meetings will be established in ~~for~~ advance ~~planning~~ to support attendance.
- Meetings will be held in a manner most efficient for decision making: primarily in person; by teleconference if by necessity.
- The agenda will be set by the Co-Chairs in collaboration with other members and distributed to members with supporting materials one week prior to the meeting.
- In order to facilitate the function of the committee, agenda items will be presented to the committee as action items with formal decision briefs and appropriate documentation.

7.0 CONFIDENTIALITY

- To support their ability to provide well informed advice, PSEC members may receive confidential information. All members are expected to maintain confidentiality regarding these materials and committee discussions.
- Members may be asked to sign a non-disclosure agreement under certain circumstances when they are reviewing and discussing information of a particularly sensitive nature.
- The Co-Chairs will ensure that everyone participating in the meeting has received clear instructions on the confidentiality of these proceedings.

8.0 ANNUAL REVIEW

The Terms of Reference, composition, membership and function of this committee will be reviewed annually during the month of March~~September~~.

9.0 VERSION CONTROL

Author	Version	Release Date	Changes
Andy Hamilton	1	11 February 2014	Initial creation
Marilyn Copes	2	13 August 2014	Feedback incorporated
Marilyn Copes	3	29 September 2015	Annual review
Marilyn Copes	4	23 September 2016	Annual review
Marilyn Copes	5	9 December 2016	Add statement on declaration of real or perceived interest
Marilyn Copes	6	27 March 27, 2018	Annual review

Appendix A – Consensus and Dispute Resolution

Note: Consensus and Dispute Resolution processes will only be carried out when a Quorum, as defined by the Terms of Reference, is in place.

Determine Level of Consensus:
When discussion of complex topics results in differing opinions of the group or appears to be at a stalemate, individual members will consider the following definitions of consensus and choose the one closest representing their opinion on the subject at hand:

1. I can say an unqualified "yes" to the decision. I am satisfied that the decision is an expression of the wisdom of the group.
2. I find the decision perfectly acceptable.
3. I can live with the decision; I'm not especially enthusiastic about it.
4. I do not fully agree with the decision and need to register my view about it. However, I do not choose to block the decision. I am willing to support the decision because I trust the wisdom of the group.
5. I do not agree with the decision and feel the need to stand in the way of this decision being accepted.
6. I feel that we have no clear sense of unity in the group. We need to do more work before consensus can be reached. (Kelsey 1991).

If all members of the Committee choose between options 1 through 4, consensus is considered reached. Members registering at Level 4 will have their views noted formally in the minutes.

Dispute Resolution:
If members register in Level 5 or 6, a formal dispute resolution should be employed as follows:

- A motion relating to the issue should be put forward by a member, seconded and formal discussion held and recorded.
- All members of the Committee are entitled to then vote, including the Chairs.
- The motion will be passed by a simple majority.
- In the event of a tie, the issue will be directed to the Assistant Deputy Minister for further discussion and a final decision.

Appendix B – Declaration of Real or Perceived Conflict of Interest

I hereby declare that:

□ I have no real or perceived monetary or personal interest in any matter that enters or may enter me into conflict with my duties as a member of PSEC.

☐ I have real or perceived monetary or personal interest in a certain matter that enters or may enter me into conflict with my duties as a member of PSEC. The particulars of such matter are stated below:

_____

_____

_____

_____

I also acknowledge that I will make another declaration to state any change in any matter that enters or may enter me into conflict with my duties as a member of PSEC.

Signature: _____

Name: _____

Date: _____

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Withheld pursuant to/removed as

s.13

SSP Expansion Charters – TPO/PM Summary by HA

Interior Health Authority (IHA)

Instances

- Kelowna
  - 4 remaining attributes, of which some already have some parts complete
- Kamloops
  - New instance (first 4 attributes in 18/19, last 4 in 19/20)
- Vernon
  - New instance (first 4 attributes in 18/19, last 4 in 19/20)
- Penticton
  - New instance (first 4 attributes in 18/19, last 4 in 19/20)
- Trail
  - All 8 attributes in 19/20
- Cranbrook
  - All 8 attributes in 19/20

Issues

- Dates for some of the milestones are very long and end heavy. Having completion dates that go right to March 31, 2019 does not leave any slack or room for error.
  - Example: January 2017 start to March 31, 2019 end
  - 51 of the 105 18/19 milestones listed have completion dates of March 31, 2019.
- Funding is referenced as a barrier

Fraser Health (FHA)

Instances

- Burnaby Hospital
  - Has all 8 attributes already
- SMH (Surrey Memorial Hospital)
  - New instance
- ARH (Abbotsford Regional Hospital)
  - New instance

Issues

- Charter indicates that they will only be implementing 3 of the 4 attributes at Abbotsford Regional Hospital (ARH)
  - Charter clearly indicates that HA will not have central intake implemented by March 31, 2019

- Charter does not relate back to the target of "80% of hip and knee replacement patients should receive their services through a Hip and Knee Replacement Program."

- Dates of the milestones are an issue
    - Start and end date of all milestones are: January 2018 and March 2019 respectively
    - Only include month and year, no actual day indicated
    - Milestones are vague – do not show the "how"

Vancouver Coastal Health (VCHA)

Instances

- UBC
    - Implement remaining 4 att8irbutes and continue monitoring and evaluation of first 4 elements
- VGH
    - Implement remaining 4 att8irbutes and continue monitoring and evaluation of first 4 elements
- Lions Gate
    - New instance
- Richmond
    - New instance

Issues

- Plan does not relate back to "80% of hip and knee replacement patients should receive their services through a Hip and Knee Replacement Program."
- Milestones need to be developed further – not enough detail.
    - Example: Milestones for "implement best practice recommendations" are from June 29, 2018 to March 31, 2018 (page 9)
    - Example: Milestones for collect, evaluate and benchmark and recommend are all happening from April 9, 2018 to June 29, 2018. (page 9)
    - Dates are missing for some milestones
    - How is missing from milestones
    - Some milestones have dates that range the whole timeframe of the project (January 2018 to March 31, 2019)
    - Uneven number of milestones per deliverable – some have less than 5.
    - Dates for milestones on page 12 – 13 may be an issue – all except one have a date range of October 2, 2018 to December 28, 2018
    - A lot of milestones that refer to items that need to be confirmed but do not have milestones that reflect what happens after "confirm"

Island Health (VIHA)

Instances

- South Island
    - Jubilee Hospital and Vic General Hospital – status?
- North Island Hospitals
    - Campbell River and Comox
        - New instances
- Nanaimo Regional General Hospital (NRGH)
    - New instance

Issues

- Charter does not reference getting the remaining 4 elements in place at the 2 South Island sites
    - Not clear if this is because the 8 attributes are already in place or another reason
- Milestones only have months and year, no day
- Uneven number of milestones
    - Multiple deliverables have less than 3 milestones
        - Example: Evaluation Deliverable only has 3 milestones (page 8), and date ranges are very broad (Jan 2019 to March 2019 for all 3 milestones)

Northern Health (NHA)

Instances

- UHNBC - will implement remaining 4 attributes
- Dawson's Creek
    - New instance
- Prince Rupert
    - New instance
- Kitimat GH
    - New instance
- Phased Approach – UHNBC first and then DC, PR, KGH

Issues

- Plan does not relate back to "80% of hip and knee replacement patients should receive their services through a Hip and Knee Replacement Program."
    - Only mentioned as an outcome in section 3.0, but details of plan do not relate back to how this will be achieved
- Most of the milestones for each of the attributes at each site are the same
- Some milestones need more detail
    - Example: "One Orthopedic Surgeon at site" is the only milestone for central intake (pg8)
    - Some deliverables only have 2 milestones (example: develop improvement plan, implement improvement plan) (page 7-8)
- The "how" is not clear

BC SURGICAL PATIENT REGISTRY
Provincial Health Services Authority

Provincial Health Services Authority

Surgical Patient Registry (SPR)

Information Note

Date: 25 May 2018

Prepared by: Bruce Dangerfield

Prepared for: Business user stakeholders of the patient notification module

Issue: Wait Time Estimate Methodology Used in Patient Notification Module

Background:

Part of the requirements of the latest surgical waitlist management policy of 2016 released by the MOH is a requirement for the HAs to notify patients of pertinent milestones in their surgical journey. Notably, when the patient is first waitlisted for surgery, a notification must be sent to the patient informing him/her of the fact that the hospital has received their booking. As a part of this notification, an estimate of how long the patient can expect to wait for the surgery should be included. The SPR has been tasked with building a tool to help with the generating and tracking of these patient notifications. Following discussion between HA representatives and the MOH, the methodology for generating the estimate has been decided upon and is described in this information note.

Discussion:

The methodology used for the generation of surgical wait time estimates in the SPR Patient Notification tool has the following properties:

1. The calculation of wait time estimates is based on the use of priority levels associated with diagnosis codes rather than procedure codes or procedure groups. This process relies on a statistical summary of completed case data which is used as an estimate for future cases. This is done for each bin of surgeon/priority/facility combination and has the following parameters:

    a. Completed cases are placed into bins based on the combination of priority level, surgeon and facility. This means that a statistical summary of completed cases will be generated for each surgeon, priority level and facility combination.

    b. The calculation looks at adjusted wait times (from BFRD to surgery date and with unavailable date ranges excluded) for completed historical cases for a particular surgeon/priority/facility bin. These are used to estimate wait times for future cases:

        i. If there are more than 15 cases in the last 3 months, this is used to estimate a wait time.

ii. If there are less than 15 cases in the last 3 months but more than 15 in the last 6 months, the estimate is based on the last 6 months of completed cases.

iii. If there are less than 15 cases in the last 6 months but more than 15 in the last year, the estimate is based on the last year of completed cases.

iv. If there are fewer than 15 cases in the last year, no estimate is generated.

c. The estimates for the priority/surgeon/facility combinations are refreshed weekly.

d. The 20th and 80th percentile of the distribution of adjusted wait times are calculated (in weeks) for the historical completed cases. Both measures are reported as a low and high estimate (respectively) of the wait time.

2. On a weekly basis, the estimates are used to populate the new wait time estimates table and are identified by the combination of surgeon, facility and priority level. Estimates are not generated from cases with no priority level (ie no diagnosis code).

Summary:

In summary, the methodology for estimating the surgical wait time for upcoming surgeries for patients for a particular surgeon is based on recent past cases and from these extrapolating to upcoming surgeries. The grouping used for the assessment of past cases is the combination of the surgeon, facility and priority level. The estimate is based on the most recent data for which at least 15 cases can be sampled and is refreshed weekly. The estimate range used is the 20th and 80th percentile of the sample of past cases. In sample bins where 15 cases are not available from the last year, or in cases where no diagnosis code was available, no estimate is generated.

SPECIALIST SERVICES COMMITTEE

Next Steps:
SSC Supported Surgical Improvement

Adrian Leung, Director, Specialist Services Committee

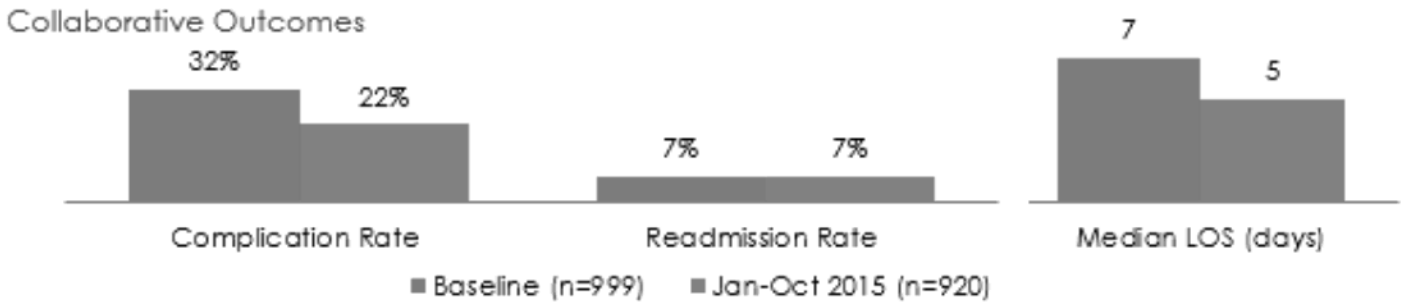
Dr Kelly Mayson, Director of Quality Assurance and Patient Safety, Department of Anesthesia and Perioperative Care Vancouver General and UBC Hospitals

Joanna Pannekoek, Liaison, Specialist Services Committee

Background

BC Enhanced Recovery Collaborative (Nov 2014-Jan 2016)

- Aimed to improve outcomes for elective **colorectal** surgery patients by collectively implementing evidence-based ERAS protocol



BC Summit on Surgical Improvement:

Advancing Surgical Optimization and Enhanced Recovery

VANCOUVER, BC | JANUARY 22, 2018

Purpose: To bring together multidisciplinary teams and stakeholders to

1. share and connect on surgical improvement work provincially
2. determine the gaps and areas of need moving forwards
3. gain collective agreement on next steps

SSC SPECIALIST SERVICES COMMITTEE

GPSC General Practice Services Committee

SharedCare Partners for Patients

BC PATIENT SAFETY & QUALITY COUNCIL

Working Together, Accelerating Improvement.

of bc Better. Together.

BC Summit on Surgical Improvement:

Advancing Surgical Optimization and Enhanced Recovery

VANCOUVER, BC | JANUARY 22, 2018

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Key Takeaways:

1. Collective agreement that a coordinated approach to surgical optimization is **the right thing to do for patients**
2. Strong engagement and momentum behind this work

Surgical Strategy

1. **Improve timely access to appropriate surgical procedures**
2. **Improve the patient experience of care, provide patient centred choice, reduce unwarranted variation**
3. **Manage surgical waitlists optimally, consistently and proactively**
4. **Use patient-centered accurate synchronized information solutions to enhance surgical flow**
5. Ensure BC has the right number and types of surgical health care providers to meet its needs
6. **Monitor performance**
7. **Reduce per capita cost for surgical services**
8. **Other: Surgical Services Programs elements**

Enhanced Recovery (ERAS)

Surgical Strategy

Extending ERAS

Improve the patient experience of care, provide patient centred choice, reduce unwarranted variation

Monitor performance

Reduce per capita cost for surgical services

Proposed Deliverables

Build on the success of the Colorectal ERAS Collaborative and expand to Gynecology and Urology

Conduct an environmental scan: gather current pathways and data sets across active sites

Develop provincially endorsed pathways for Gynecology and Urology

Surgical Optimization

Surgical Strategy

Use patient-centered accurate synchronized information solutions to enhance surgical flow

Improve the patient experience of care, provide patient centred choice, reduce unwarranted variation

Target SSP elements across all surgeries by enhancing integration and coordination across services , providing pre and post-surgical support, self-management tools

Proposed Deliverables

Conduct environmental scan/gap analysis of current optimization models

Develop provincially endorsed optimization model for the BC context

Support coordinated implementation/spread to local sites

Other SSC Supported Surgical Activity

- Enhancing Access initiative (Pooled Referrals) alignment:
  - Manage surgical waitlists optimally, consistently and proactively
  - Improve timely access to appropriate surgical procedures
  - SSP elements of central intake and triage, waitlist management.

- SSC supporting physician engagement and increased alignment with MoH Surgical Strategy

Discussion

- How are HAs approaching the overarching surgical strategy and how do these proposed activities fit into your timelines and priorities?
- How do HAs envision their own staff being deployed to support this work?
- What level of interest and need is there to coordinate/ standardize processes of care and data collection across sites?

BCRenal
an agency of the Provincial Health Services Authority

Summary, VA Incidence, Prevalence, Surgical Wait Times & Outcomes

Oct 1, 2016 – Mar 31, 2017

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Page 246 to/à Page 272

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Provincial Surgical Executive Meeting Project Update

Friday, June 1, 2018

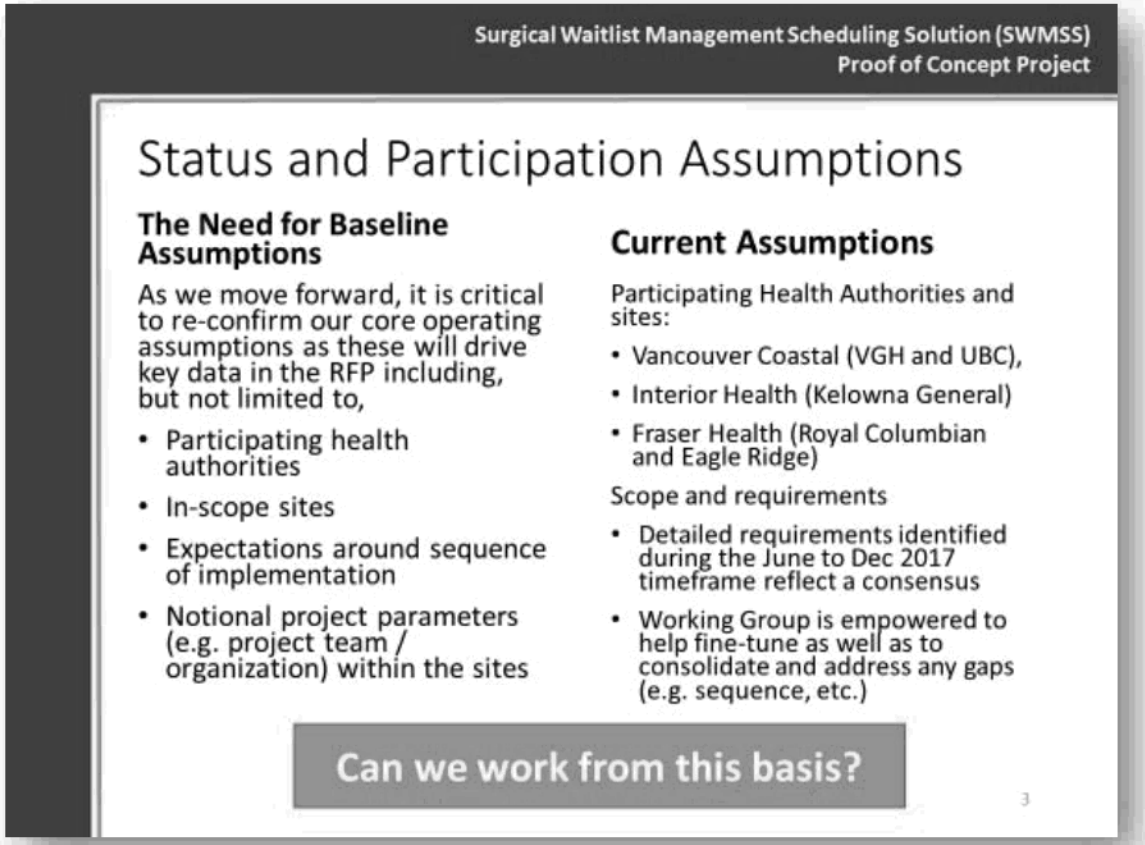
[Amended on June 7, 2018]

Project Status

- Project is now in full motion …
  - Funding issues are ***largely*** assumed to be resolved through funding letters
  - Shared resources (Secretariat team and procurement expert) are in place
- WG and technical sub-group re-engaged
  - WG: May 9, 11 and 16
  - Technical sub-group: May 9 and May 24
- Procurement related activities underway
- Overall Project Evaluation
  - Prep work continued but WG / SC discussion deferred to ensure procurement launch focus

Updates from May 18 Steering Committee

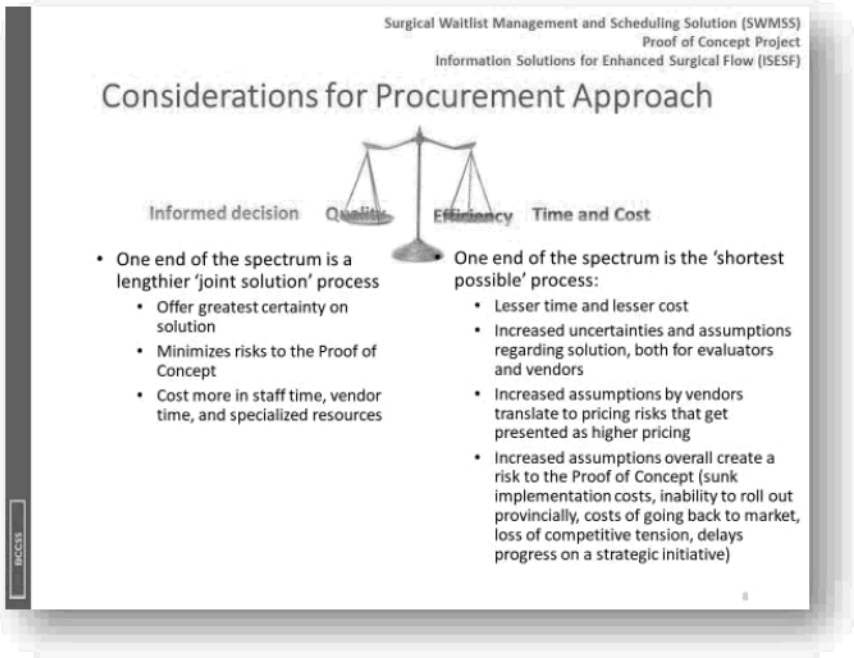
Key Assumptions were Reviewed with Steering Committee



All three participating health authorities formally re-committed at the May 18 Steering Committee meeting

Procurement Approach and Next Steps were Outlined

- Process Points
  - **Staged process** that is responsive to the risk profile or a Proof of Concept scope with potential province-wide expansion expectations
- Additional Resourcing
  - Provisions for "Fairness" and financial analysis
  - Patient engagement
- Key Next Steps
  - Finalize content (functional and technical requirements assumed to be materially complete; services and other aspects under development)
  - RHAs to identify evaluation resources – Key challenge!
  - Publish / Engage / Evaluate / Contract



Now the Bad News

The Schedule

Recognized Risks to Timelines

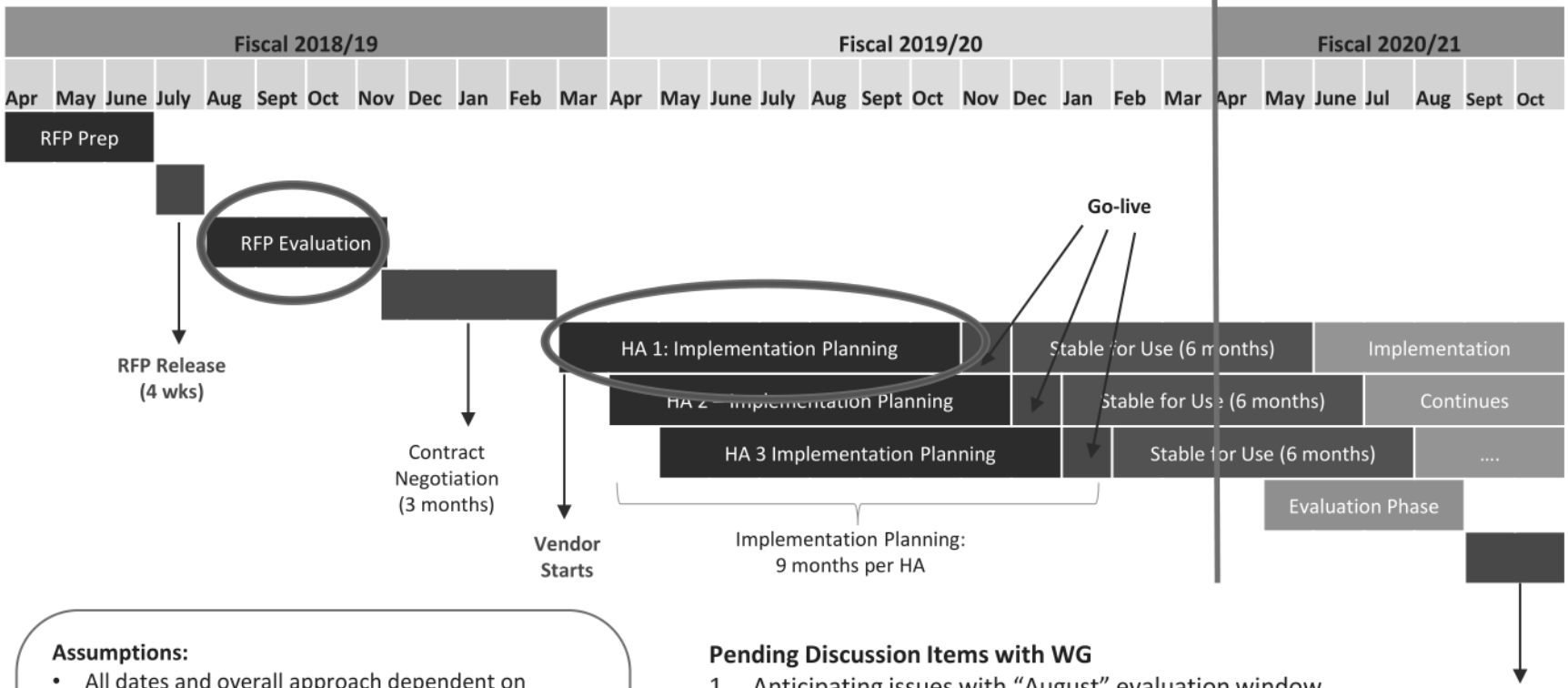
- Complex multi-stakeholder initiative
  - 3 participating HAs, 5 hospital sites and associated surgeon's offices
  - Well aligned but somewhat varied requirements across the 3 HAs
  - Distinct integration requirements per HA, involving legacy systems [Significant time required to develop, test and implement interfaces]
- Unknown Vendor Responses
  - The extent to which multiple viable solution options are identified will impact evaluation process durations
- Change Management impacts
  - Implementation extends to surgeons' offices which will require appropriate engagement of surgeons, their MOAs and possibly their EMR vendor(s)
- Procurement process over Summer months
  - Securing evaluators that are representative of end-user groups and that are available over the summer months will be challenging (Initial evaluation phase falls in August)
- Procurement with PoC focus but intended to position for the future
  - Contract negotiation will need to reflect the implementation needs of 3 separate HAs – this may take additional time
  - Contract negotiation will need to reflect broader provincial costing options – for expansion in participating HA sites and non-participating HAs

SWMSS Timelines – Context

- Project team approach has been to develop and propose **aggressive** timelines and invited RHA stakeholders to identify issues to land on an **achievable** schedule; key challenges:
  - Evaluation participation during summer
  - Implementation duration given (1) anticipated interfacing challenges and (2) recognition of the importance of change management in the engagement of Surgeons and MOAs

Amended version of this slide follows page 10

SWMSS Project – Overall Timeline Estimates



Assumptions:

- All dates and overall approach dependent on successful proponent
- Phased Implementation (asking vendor input re: capacity / feasibility for phasing activities)
- All HA specific teams area 'ready' and in place for their phased start date (with potential for pre-work before vendor starts)
- Local implementations continue to be 'live' while Post POC decision is under consideration.

Pending Discussion Items with WG

1. Anticipating issues with "August" evaluation window
2. Specifying order of HAs or asking vendor to assess order based on readiness or complexity
3. Stable for use period of 6 months – may be potential to reduce
4. Emerging information that implementation likely closer to 12 months than 9 – at least for VCHA

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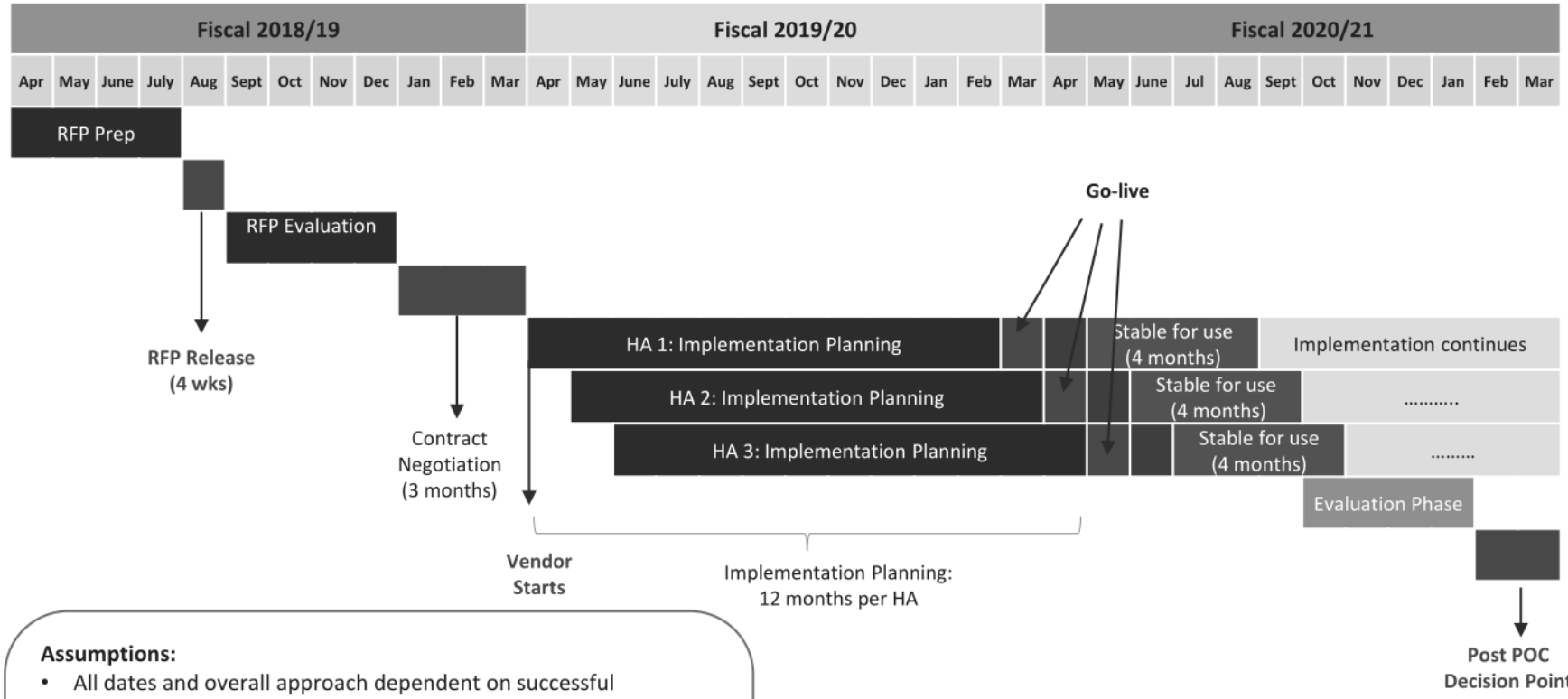
Questions? Discussion?

Post Meeting Amendment

Updates to the Schedule resulting from June 4 Steering Committee and Working Group discussions follow

SWMSS Project – Overall Timeline Estimates



Assumptions:

- All dates and overall approach dependent on successful proponent
- Phased Implementation (asking vendor input re: capacity / feasibility for phasing activities or concurrent starts)
- All HA specific teams area 'ready' and in place for their phased start date (with potential for pre-work before vendor starts)
- Stable for use period of 4 months before evaluation can be initiated (after successful transition to operations)
- Local implementations continue to be 'live' while Post POC decision is under consideration.

Pending Discussion Items with WG

1. Current assumption is phased implementation (slight lag) – need to specify order of HAs and/or ask vendor to assess order based on readiness or complexity

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Page 285 to/à Page 298

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PRIORITY WAIT TIMES MONITORING REPORT

2018/19 P01

BRITISH COLUMBIA | Ministry of Health

Health Sector Information, Analysis and Reporting Division

Version 1.5
June 04, 2018

Explanatory Notes

1. Some HAs provided calendarized targets (cumulative benchmarks). Where they were not provided benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology). Discussion between the Ministry and health authorities is ongoing to finalize data collection dates and calenderization for the period 2 report.

2. Health authorities will report the number of 'other endoscopy' procedures for both period 1 and 2 in future reports.

3. The number of days for P1 and P13 each fiscal differ year to year. Year over year period progress is not directly comparable and are identified with an asterick (*) notation. For P1 and P13 the average surgeries per day is identified in the notation.

Connect with us:
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How to cite this document:
B.C. Ministry of Health; Health Sector Information, Analysis and Reporting Division;
Priority Wait Times Monitoring Report

Historical and Planned Volumes

This report provides periodic and cumulative performance monitoring against the public commitments for increased access to priority surgeries and MRIs, as well as an assessment of how the health system is keeping up with wait list demand. Historical and planned volumes, as well as reporting commitments to the Minister of Health, are provided for reference:

Health Authority	Procedure(s)	2016/17 Actuals	2017/18 Actuals	2018/19 Planned
Interior Health	Hip and Knee	3,364	3,292	4,614
	Dental	1,121	1,218	1,396
	All Other Surgeries	38,029	37,110	40,230
	MRI	20,948	20,726	26,000
	Colonoscopies	23,690	25,227	31,634
Fraser Health	Hip and Knee	3,324	3,709	4,436
	Dental	1,052	1,020	1,163
	All Other Surgeries	59,588	60,210	62,101
	MRI	48,810	55,723	64,330
	Colonoscopies	35,215	34,979	42,215
Vancouver Coastal Health	Hip and Knee	3,648	3,723	4,797
	Dental	397	451	647
	All Other Surgeries	55,444	56,461	59,419
	MRI	50,459	57,142	63,911
	Colonoscopies	32,002	30,113	32,500
Island Health	Hip and Knee	3,199	3,481	4,496
	Dental	1,707	1,636	1,900
	All Other Surgeries	42,427	41,937	43,698
	MRI	38,042	38,496	48,000
	Colonoscopies	19,282	22,449	25,075
Northern Health	Hip and Knee	843	1,188	1,344
	Dental	1,006	889	1,039
	All Other Surgeries	12,327	12,915	13,194
	MRI	6,331	7,536	13,500
	Colonoscopies	8,327	1,274	8,977
Provincial Health Services	Hip and Knee			
	Dental	852	1,107	1,327
	All Other Surgeries	6,486	6,257	8,161
	MRI	9,088	9,753	12,196
	Colonoscopies			
British Columbia	Hip and Knee	14,378	15,393	19,687
	Dental	6,137	6,321	7,472
	All Other Surgeries	214,301	214,890	226,803
	MRI	173,678	189,376	227,936
	Colonoscopies	118,516	114,042	140,401

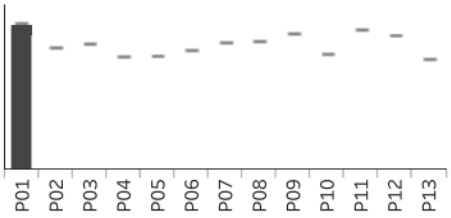
Reporting Period	**Period 2**	**Period 3**	**Period 4**	**Period 5**	**Period 6**	**Period 7**
	May-4 - May-31	**Jun-1 - Jun-28**	**Jun-29 - Jul-26**	**Jul-27 - Aug-23**	**Aug-24 - Sep-20**	**Sep-21 - Oct-18**
Report to Minister	Jul-05	Aug-01	Aug-29	Sep-26	Oct-24	Nov-21

Reporting Period	**Period 8**	**Period 9**	**Period 10**	**Period 11**	**Period 12**	**Period 13**
	Oct-19 - Nov-15	**Nov-16 - Dec-13**	**Dec-14 - Jan-10**	**Jan-11 - Feb-7**	**Feb-8 - Mar-7**	**Mar-8 - Mar-31**
Report to Minister	Dec-19	Jan-16	Feb-13	Mar-13	Apr-10	May-01

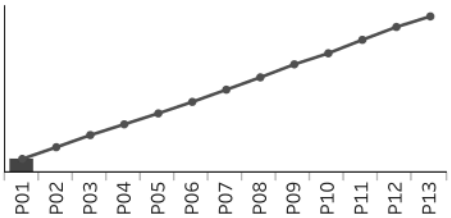
British Columbia Overview

SURGICAL CATCH UP

of hip and knee replacements (Period)



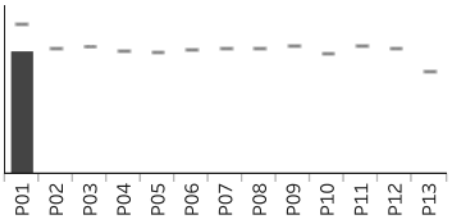
# of hip and knee replacements (Cumulative)



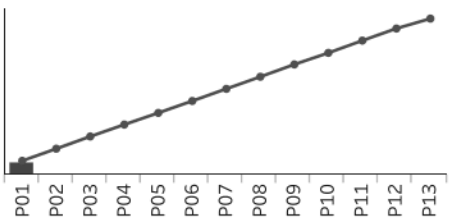
Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	773	1,738	1,763	1,738	1,763	-25
P02	1,316		1,473		3,236	
P03	1,214		1,523		4,759	
P04	1,041		1,359		6,118	
P05	893		1,371		7,489	
P06	905		1,444		8,933	
P07	1,266		1,537		10,470	
P08	1,255		1,550		12,020	
P09	1,250		1,638		13,658	
P10	992		1,390		15,048	
P11	1,255		1,692		16,740	
P12	1,428		1,616		18,356	
P13*	1,805		1,334		19,690	

Note: Benchmark is the total of the HA period and cumulative benchmarks on the following pages.
* Previous P01: 38.7; Current P01: 52.7

# of dental surgeries (Period)



# of dental surgeries (Cumulative)

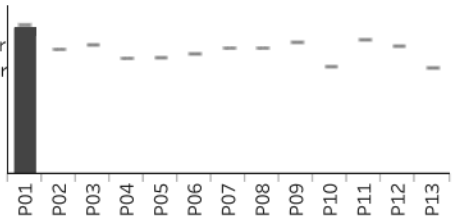


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	276	561	687	561	687	-126
P02	554		577		1,264	
P03	514		586		1,850	
P04	542		566		2,416	
P05	368		557		2,973	
P06	337		570		3,543	
P07	480		578		4,121	
P08	483		577		4,698	
P09	487		588		5,286	
P10	340		551		5,837	
P11	510		587		6,424	
P12	660		576		7,000	
P13*	770		472		7,472	

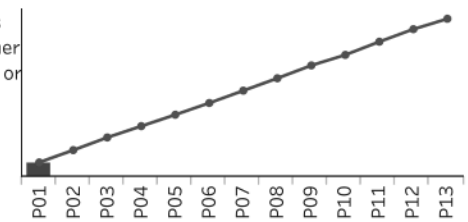
Note: Benchmark is the total of the HA period and cumulative benchmarks on the following pages.
* Previous P01: 13.8; Current P01: 17.0

SURGICAL KEEP UP

of surgeries completed other than hip, knee or dental (Period)



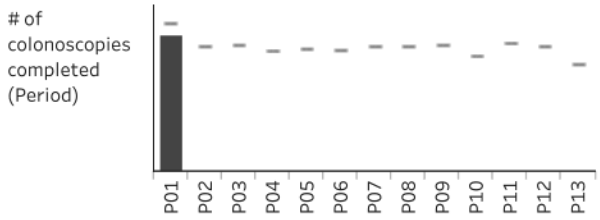
# of surgeries completed other than hip, knee or dental (Cumulative)

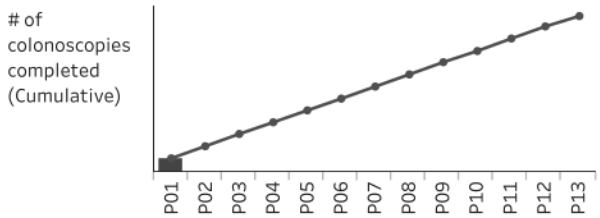


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	11,491	20,485	21,054	20,485	21,054	-569
P02	18,629		17,570		38,624	
P03	17,564		18,251		56,875	
P04	16,424		16,286		73,161	
P05	12,651		16,422		89,583	
P06	14,460		16,906		106,489	
P07	18,714		17,767		124,256	
P08	17,338		17,778		142,034	
P09	17,897		18,527		160,561	
P10	13,864		15,145		175,706	
P11	16,588		18,937		194,643	
P12	17,600		18,052		212,695	
P13*	21,670		14,969		227,664	

Note: Benchmark is the total of the HA period and cumulative benchmarks on the following pages.
* Previous P01: 574.6; Current P01: 620.8

COLONOSCOPY CATCH UP

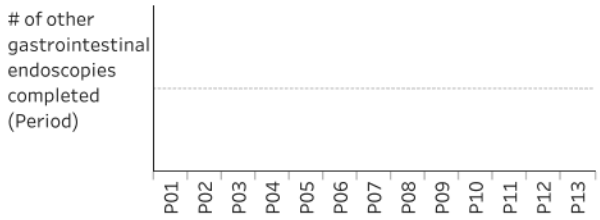


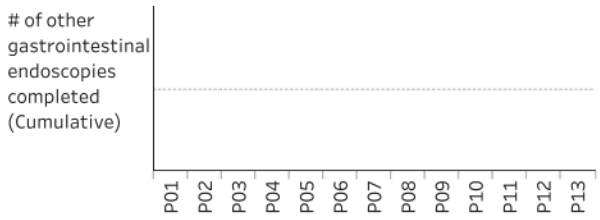


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*		11,786	12,846	11,786	12,846	-1,060
P02			10,851		23,697	
P03			11,000		34,697	
P04			10,483		45,180	
P05			10,627		55,807	
P06			10,552		66,359	
P07			10,851		77,210	
P08			10,851		88,061	
P09			11,000		99,061	
P10			10,047		109,108	
P11	8,492		11,150		120,258	
P12	9,375		10,851		131,109	
P13*	12,290		9,292		140,401	

Note: Benchmark is the total of the HA period and cumulative benchmarks on the following pages.
* Current P01: 357.2

COLONOSCOPY KEEP UP

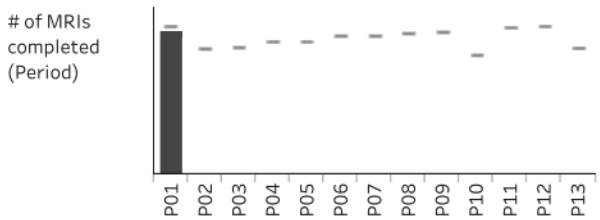


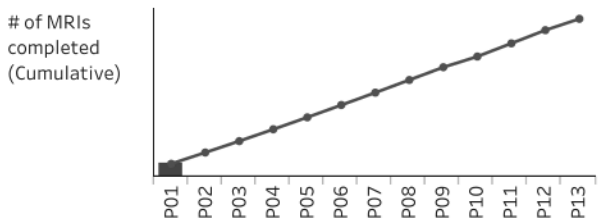


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*						
P02						
P03						
P04						
P05						
P06						
P07						
P08						
P09						
P10						
P11						
P12						
P13*						

Note: Health authorities will report the number of 'other endoscopy' procedures in future reports.

MRI CATCH UP





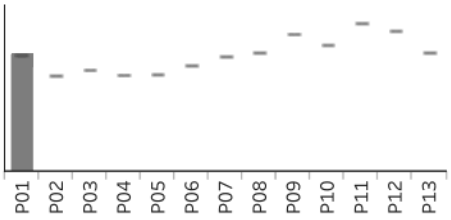
Period	Previous Fiscal Period	MRI Count	Period Benchmark	Cumulative MRI Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	8,928	18,408	19,112	18,408	19,112	-704
P02	14,025		16,223		35,335	
P03	13,847		16,395		51,730	
P04	13,822		17,125		68,855	
P05	13,940		17,122		85,977	
P06	13,448		17,825		103,802	
P07	14,891		17,825		121,627	
P08	14,762		18,242		139,869	
P09	14,696		18,385		158,254	
P10	14,169		15,401		173,655	
P11	14,958		18,944		192,599	
P12	16,111		19,089		211,688	
P13*	21,779		16,300		227,988	

Note: Benchmark is the total of the HA period and cumulative benchmarks on the following pages.
* Previous P01: 446.4; Current P01: 557.8

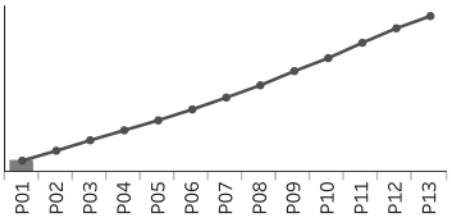
Interior Health

SURGICAL CATCH UP

of hip and knee replacements (Period)



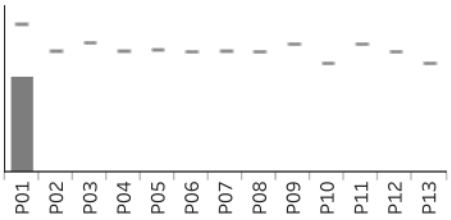
# of hip and knee replacements (Cumulative)



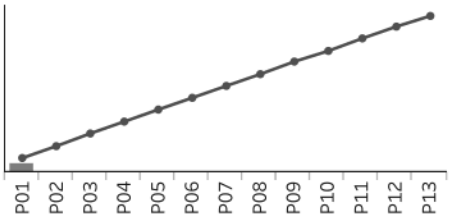
Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	176	355	353	355	353	+2
P02	306		292		645	
P03	277		309		954	
P04	222		293		1,247	
P05	181		294		1,541	
P06	215		322		1,863	
P07	280		349		2,212	
P08	281		362		2,574	
P09	241		418		2,992	
P10	225		384		3,376	
P11	258		450		3,826	
P12	265		428		4,254	
P13*	365		360		4,614	

Note: Benchmarks were provided by Interior Health.
* Previous P01: 8.8; Current P01: 10.8

# of dental surgeries (Period)



# of dental surgeries (Cumulative)

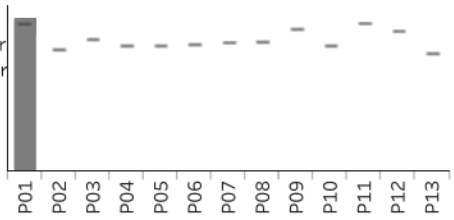


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	54	82	129	82	129	-47
P02	129		106		235	
P03	112		113		348	
P04	88		106		454	
P05	48		107		561	
P06	72		105		666	
P07	106		106		772	
P08	89		105		877	
P09	109		112		989	
P10	69		95		1,084	
P11	82		112		1,196	
P12	106		105		1,301	
P13*	154		95		1,396	

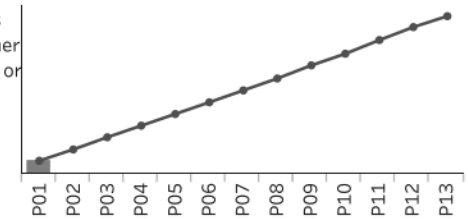
Note: Benchmarks were provided by Interior Health.
* Previous P01: 2.7; Current P01: 2.5

SURGICAL KEEP UP

of surgeries completed other than hip, knee or dental (Period)



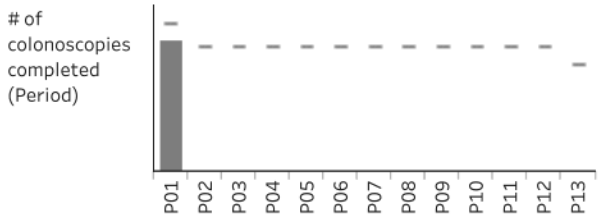
# of surgeries completed other than hip, knee or dental (Cumulative)

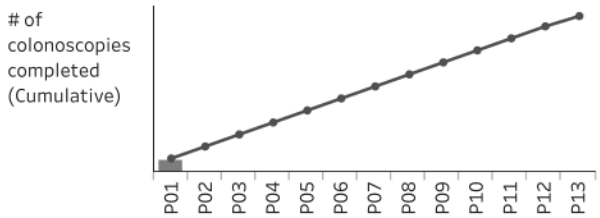


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	2,102	3,637	3,541	3,637	3,541	+96
P02	3,313		2,926		6,467	
P03	3,016		3,173		9,640	
P04	2,833		3,017		12,657	
P05	2,038		3,016		15,673	
P06	2,502		3,052		18,725	
P07	3,174		3,086		21,811	
P08	2,997		3,096		24,907	
P09	3,105		3,410		28,317	
P10	2,531		3,017		31,334	
P11	2,748		3,547		34,881	
P12	3,014		3,371		38,252	
P13*	3,737		2,839		41,091	

Note: Benchmarks were provided by Interior Health and included an additional 861 surgeries over the agreed upon planned volume of 40,230.
* Previous P01: 105.1; Current P01: 110.2

COLONOSCOPY CATCH UP

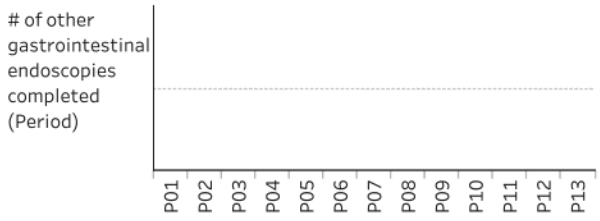


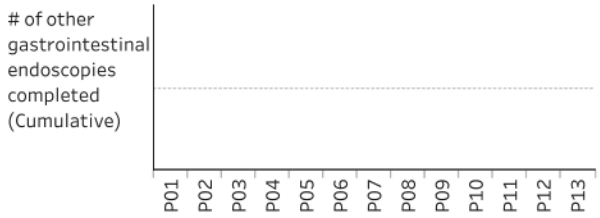


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*		2,517	2,860	2,517	2,860	-343
P02			2,427		5,287	
P03			2,427		7,714	
P04			2,427		10,141	
P05			2,427		12,568	
P06			2,427		14,995	
P07			2,427		17,422	
P08			2,427		19,849	
P09			2,427		22,276	
P10			2,427		24,703	
P11	1,670		2,427		27,130	
P12	2,189		2,427		29,557	
P13*	2,813		2,077		31,634	

Note: Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).
* Current P01: 76.3

COLONOSCOPY KEEP UP

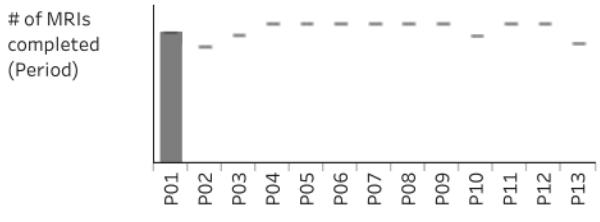


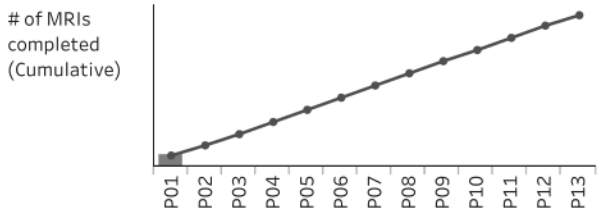


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*						
P02						
P03						
P04						
P05						
P06						
P07						
P08						
P09						
P10						
P11						
P12						
P13*						

Note: Health authorities will report the number of 'other endoscopy' procedures in future reports.

MRI CATCH UP



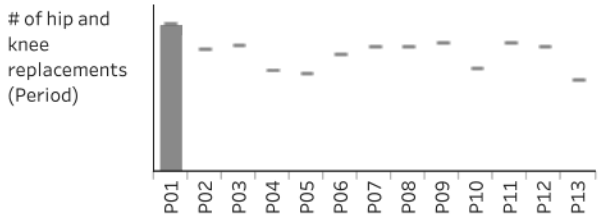


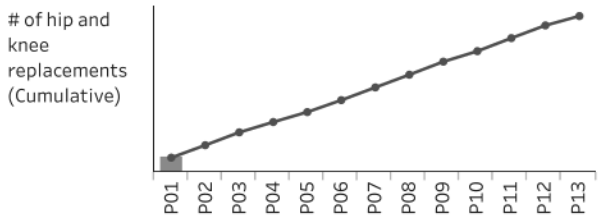
Period	Previous Fiscal Period	MRI Count	Period Benchmark	Cumulative MRI Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	1,006	1,955	1,955	1,955	1,955	+0
P02	1,382		1,749		3,704	
P03	1,496		1,921		5,625	
P04	1,503		2,091		7,716	
P05	1,532		2,088		9,804	
P06	1,494		2,091		11,895	
P07	1,762		2,091		13,986	
P08	1,742		2,088		16,074	
P09	1,689		2,091		18,165	
P10	1,527		1,907		20,072	
P11	1,607		2,090		22,162	
P12	1,724		2,095		24,257	
P13*	2,262		1,795		26,052	

Note: Benchmarks were provided by Interior Health and included an additional 52 surgeries over the agreed upon planned volume of 26,000.
* Previous P01: 50.3; Current P01: 59.2

Fraser Health

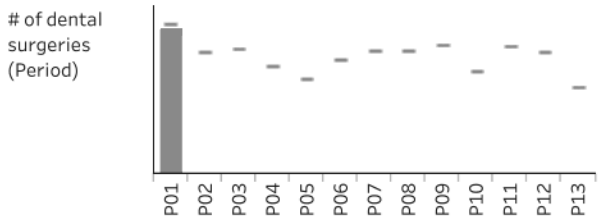
SURGICAL CATCH UP

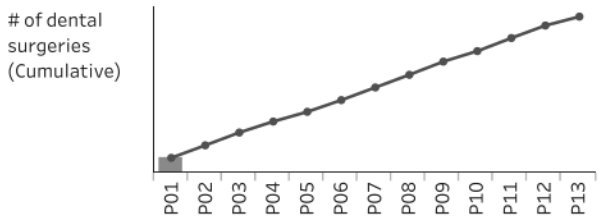




Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	177	419	425	419	425	-6
P02	320		353		778	
P03	262		364		1,142	
P04	246		292		1,434	
P05	262		282		1,716	
P06	209		338		2,054	
P07	338		360		2,414	
P08	289		360		2,774	
P09	312		370		3,144	
P10	227		297		3,441	
P11	290		370		3,811	
P12	371		360		4,171	
P13*	406		265		4,436	

Note: Benchmarks were provided by Fraser Health.
* Previous P01: 8.9; Current P01: 12.7

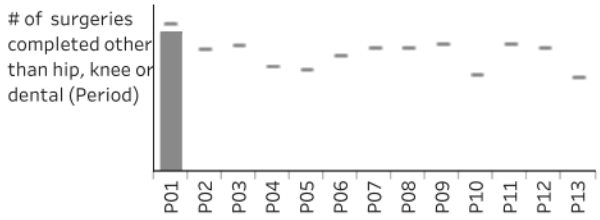


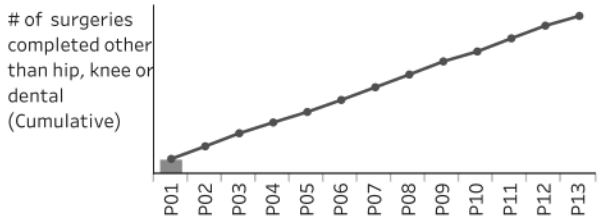


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	37	110	114	110	114	-4
P02	92		93		207	
P03	101		95		302	
P04	98		82		384	
P05	72		72		456	
P06	51		87		543	
P07	100		94		637	
P08	81		94		731	
P09	72		98		829	
P10	75		78		907	
P11	73		97		1,004	
P12	75		93		1,097	
P13*	93		66		1,163	

Note: Benchmarks were provided by Fraser Health.
* Previous P01: 1.9; Current P01: 12.7

SURGICAL KEEP UP

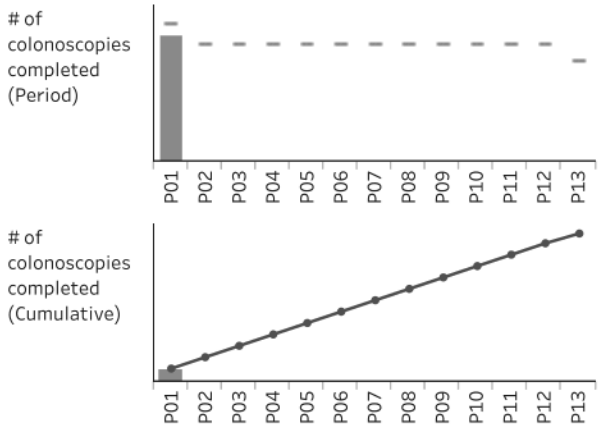




Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	3,171	5,628	5,982	5,628	5,982	-354
P02	5,147		4,950		10,932	
P03	4,891		5,111		16,043	
P04	4,604		4,247		20,290	
P05	3,633		4,122		24,412	
P06	3,975		4,706		29,118	
P07	5,274		4,987		34,105	
P08	4,847		4,988		39,093	
P09	5,077		5,150		44,243	
P10	4,067		3,904		48,147	
P11	4,648		5,150		53,297	
P12	4,947		4,987		58,284	
P13*	5,929		3,817		62,101	

Note: Benchmarks were provided by Fraser Health.
* Previous P01: 158.6; Current P01: 170.5

COLONOSCOPY CATCH UP

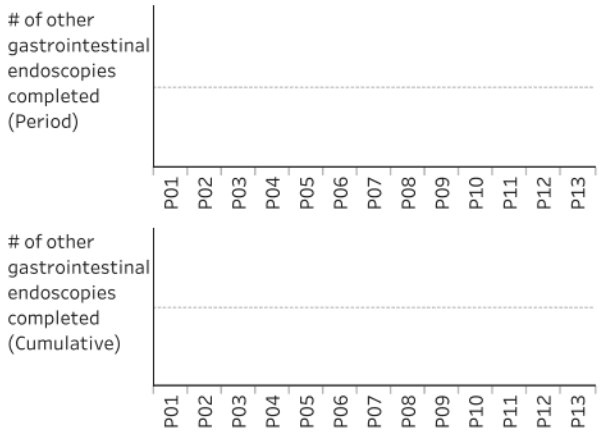


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*		3,460	3,817	3,460	3,817	-357
P02			3,238		7,055	
P03			3,238		10,293	
P04			3,238		13,531	
P05			3,238		16,769	
P06			3,238		20,007	
P07			3,238		23,245	
P08			3,238		26,483	
P09			3,238		29,721	
P10			3,238		32,959	
P11	2,617		3,238		36,197	
P12	2,753		3,238		39,435	
P13*	3,646		2,780		42,215	

Note: The benchmarks provided by Fraser Health was 1,021 less than the planned volume. Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).

* Current P01: 104.8

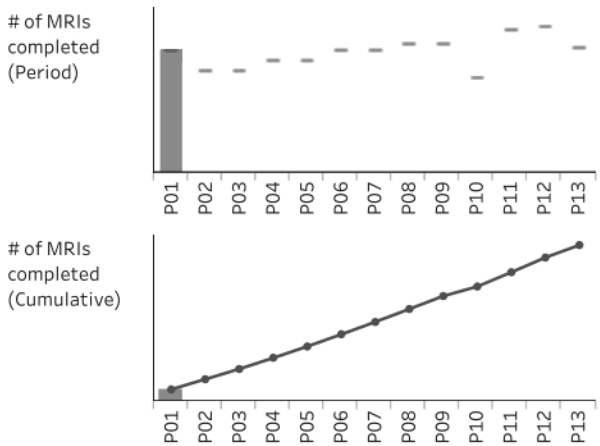
COLONOSCOPY KEEP UP



Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*						
P02						
P03						
P04						
P05						
P06						
P07						
P08						
P09						
P10						
P11						
P12						
P13*						

Note: Health authorities will report the number of 'other endoscopy' procedures in future reports.

MRI CATCH UP

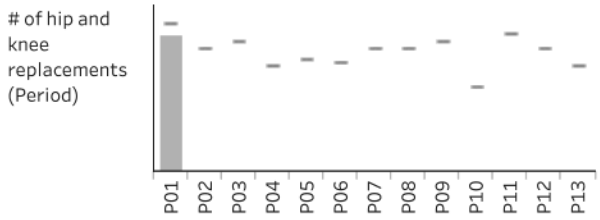


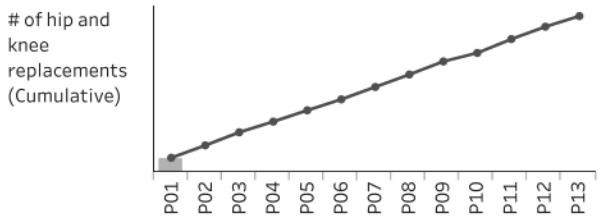
Period	Previous Fiscal Period	MRI Count	Period Benchmark	Cumulative MRI Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	2,622	5,014	5,014	5,014	5,014	+0
P02	4,518		4,200		9,214	
P03	4,092		4,200		13,414	
P04	4,148		4,620		18,034	
P05	4,186		4,620		22,654	
P06	3,947		5,040		27,694	
P07	4,335		5,040		32,734	
P08	4,227		5,320		38,054	
P09	4,226		5,320		43,374	
P10	4,128		3,920		47,294	
P11	4,273		5,880		53,174	
P12	4,705		6,020		59,194	
P13*	6,316		5,136		64,330	

Note: Benchmarks were provided by Fraser Health.

* Previous P01: 131.1; Current P01: 151.9

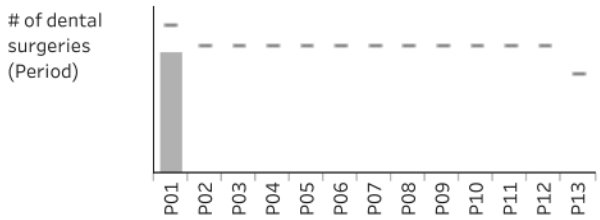
SURGICAL CATCH UP

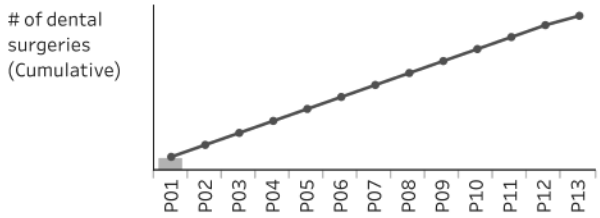




Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	186	417	456	417	456	-39
P02	306		380		836	
P03	292		402		1,238	
P04	252		326		1,564	
P05	170		347		1,911	
P06	198		336		2,247	
P07	305		380		2,627	
P08	316		380		3,007	
P09	337		402		3,409	
P10	244		261		3,670	
P11	318		424		4,094	
P12	349		380		4,474	
P13*	450		326		4,800	

Note: Benchmarks were provided by Vancouver Coastal Health.
* Previous P01: 9.3; Current P01: 12.6

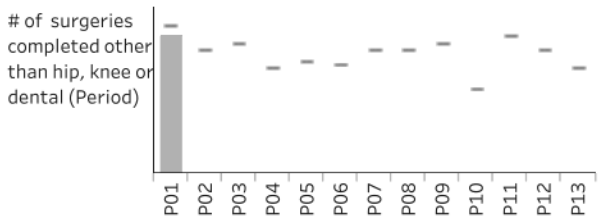


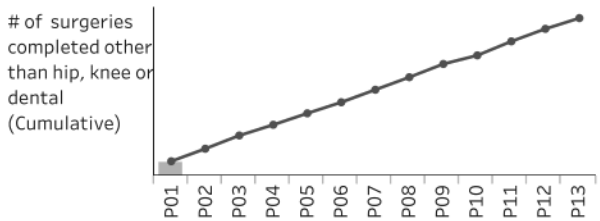


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	13	47	58	47	58	-11
P02	39		50		108	
P03	24		50		158	
P04	41		50		208	
P05	28		50		258	
P06	19		50		308	
P07	30		50		358	
P08	45		50		408	
P09	37		50		458	
P10	31		50		508	
P11	41		50		558	
P12	45		50		608	
P13*	58		39		647	

Note: The benchmarks provided by Vancouver Coastal Health was 158 less than the planned volume of 647. Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).
* Previous P01: 0.7; Current P01: 1.4

SURGICAL KEEP UP

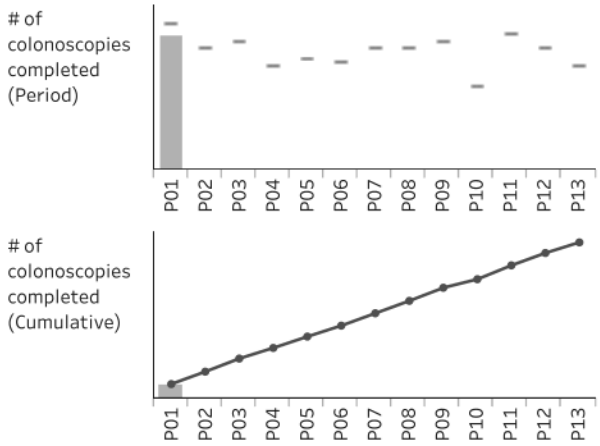




Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	2,941	5,240	5,649	5,240	5,649	-409
P02	4,830		4,704		10,353	
P03	4,611		4,977		15,330	
P04	4,320		4,032		19,362	
P05	3,112		4,294		23,656	
P06	3,969		4,158		27,814	
P07	4,960		4,704		32,518	
P08	4,681		4,704		37,222	
P09	4,756		4,977		42,199	
P10	3,416		3,234		45,433	
P11	4,387		5,250		50,683	
P12	4,628		4,704		55,387	
P13*	5,850		4,032		59,419	

Note: Benchmarks were provided by Vancouver Coastal Health.
* Previous P01: 147.1; Current P01: 158.8

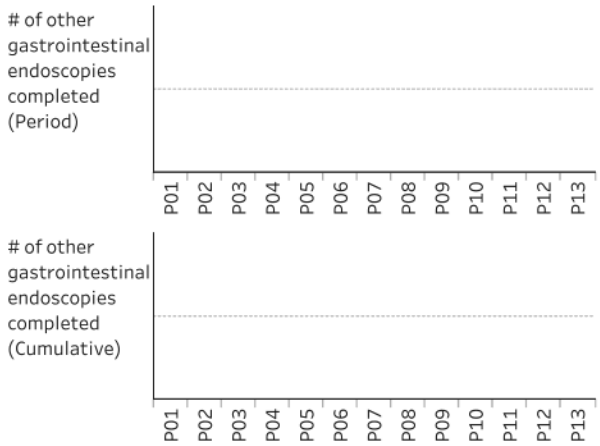
COLONOSCOPY CATCH UP



Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*		2,827	3,090	2,827	3,090	-263
P02			2,573		5,663	
P03			2,722		8,385	
P04			2,205		10,590	
P05			2,349		12,939	
P06			2,274		15,213	
P07			2,573		17,786	
P08			2,573		20,359	
P09			2,722		23,081	
P10			1,769		24,850	
P11	2,310		2,872		27,722	
P12	2,410		2,573		30,295	
P13*	3,075		2,205		32,500	

Note: Benchmarks were provided by Vancouver Coastal Health.
* Current P01: 85.7

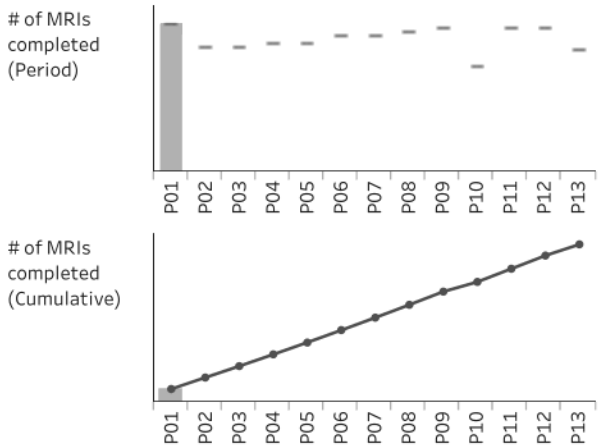
COLONOSCOPY KEEP UP



Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*						
P02						
P03						
P04						
P05						
P06						
P07						
P08						
P09						
P10						
P11						
P12						
P13*						

Note: Health authorities will report the number of 'other endoscopy' procedures in future reports.

MRI CATCH UP



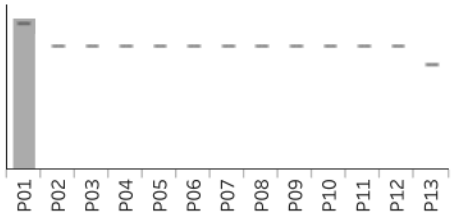
Period	Previous Fiscal Period	MRI Count	Period Benchmark	Cumulative MRI Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	2,888	5,479	5,479	5,479	5,479	+0
P02	4,280		4,620		10,099	
P03	4,321		4,620		14,719	
P04	4,369		4,760		19,479	
P05	4,098		4,760		24,239	
P06	3,974		5,040		29,279	
P07	4,286		5,040		34,319	
P08	4,265		5,180		39,499	
P09	4,211		5,320		44,819	
P10	4,304		3,920		48,739	
P11	4,581		5,320		54,059	
P12	4,952		5,320		59,379	
P13*	6,613		4,532		63,911	

Note: Benchmarks were provided by Vancouver Coastal Health.
* Previous P01: 144.4; Current P01: 166.0

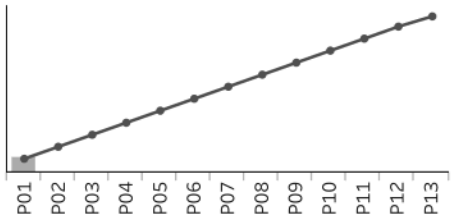
Island Health

SURGICAL CATCH UP

of hip and knee replacements (Period)



# of hip and knee replacements (Cumulative)

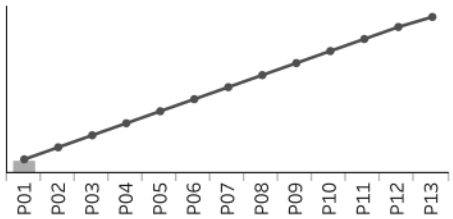


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	168	419	407	419	407	+12
P02	287		345		752	
P03	303		345		1,097	
P04	241		345		1,442	
P05	199		345		1,787	
P06	194		345		2,132	
P07	250		345		2,477	
P08	271		345		2,822	
P09	270		345		3,167	
P10	212		345		3,512	
P11	297		345		3,857	
P12	336		345		4,202	
P13*	453		294		4,496	

Note: Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).
* Previous P01: 8.4; Current P01: 12.7

# of dental surgeries (Period)

# of dental surgeries (Cumulative)



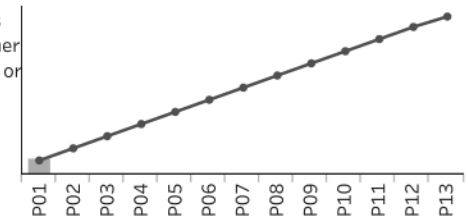
Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	63	139	172	139	172	-33
P02	126		146		318	
P03	132		146		464	
P04	133		146		610	
P05	102		146		756	
P06	62		146		902	
P07	117		146		1,048	
P08	149		146		1,194	
P09	151		146		1,340	
P10	74		146		1,486	
P11	144		146		1,632	
P12	181		146		1,778	
P13*	202		122		1,900	

Note: Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).
* Previous P01: 3.2; Current P01: 4.2

SURGICAL KEEP UP

of surgeries completed other than hip, knee or dental (Period)

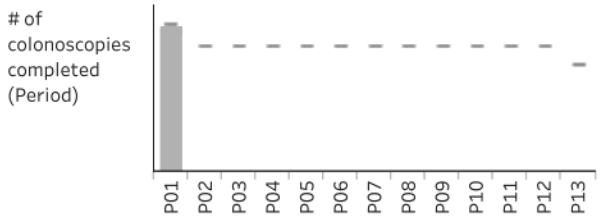
# of surgeries completed other than hip, knee or dental (Cumulative)

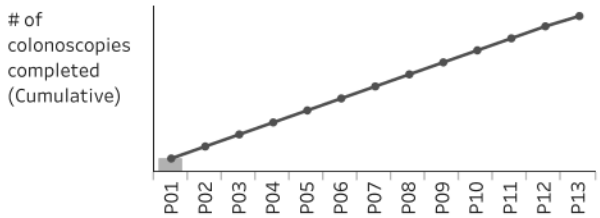


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	2,342	4,068	3,951	4,068	3,951	+117
P02	3,627		3,352		7,303	
P03	3,521		3,352		10,655	
P04	3,218		3,352		14,007	
P05	2,389		3,352		17,359	
P06	2,722		3,352		20,711	
P07	3,565		3,352		24,063	
P08	3,368		3,352		27,415	
P09	3,524		3,352		30,767	
P10	2,647		3,352		34,119	
P11	3,303		3,352		37,471	
P12	3,415		3,352		40,823	
P13*	4,296		2,875		43,698	

Note: Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).
* Previous P01: 117.1; Current P01: 123.3

COLONOSCOPY CATCH UP

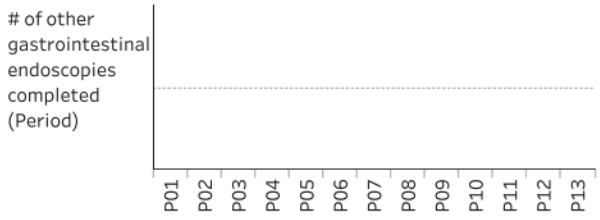


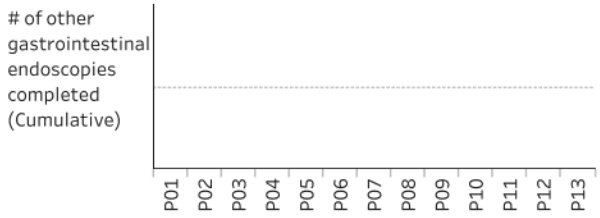


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*		2,199	2,267	2,199	2,267	-68
P02			1,924		4,191	
P03			1,924		6,115	
P04			1,924		8,039	
P05			1,924		9,963	
P06			1,924		11,887	
P07			1,924		13,811	
P08			1,924		15,735	
P09			1,924		17,659	
P10			1,924		19,583	
P11	1,606		1,924		21,507	
P12	1,714		1,924		23,431	
P13*	2,354		1,644		25,075	

Note: Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).
* Current P01: 66.6

COLONOSCOPY KEEP UP

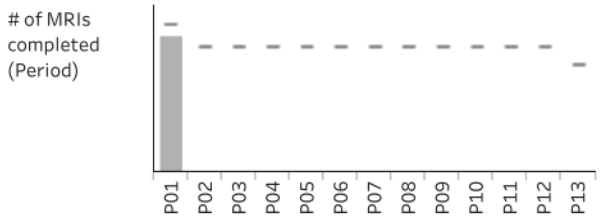


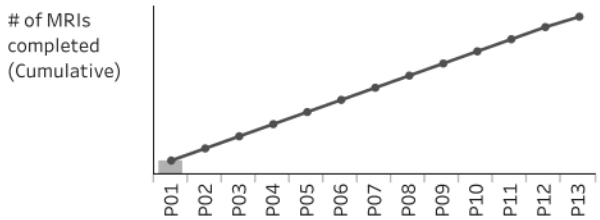


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*						
P02						
P03						
P04						
P05						
P06						
P07						
P08						
P09						
P10						
P11						
P12						
P13*						

Note: Health authorities will report the number of 'other endoscopy' procedures in future reports.

MRI CATCH UP



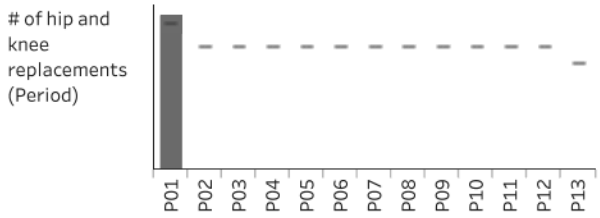


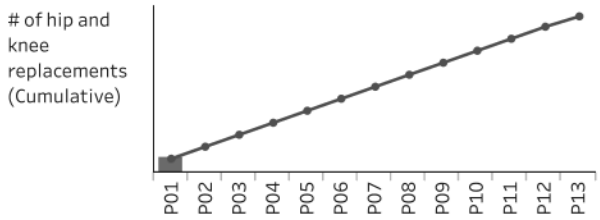
Period	Previous Fiscal Period	MRI Count	Period Benchmark	Cumulative MRI Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	1,877	3,960	4,340	3,960	4,340	-380
P02	2,886		3,682		8,022	
P03	2,848		3,682		11,704	
P04	2,771		3,682		15,386	
P05	2,788		3,682		19,068	
P06	2,741		3,682		22,750	
P07	2,989		3,682		26,432	
P08	3,079		3,682		30,114	
P09	3,095		3,682		33,796	
P10	2,828		3,682		37,478	
P11	3,025		3,682		41,160	
P12	3,150		3,682		44,842	
P13*	4,419		3,158		48,000	

Note: Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).
* Previous P01: 93.9; Current P01: 120.0

Northern Health

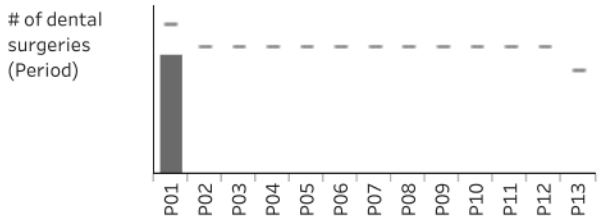
SURGICAL CATCH UP

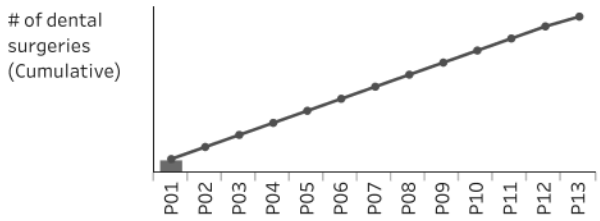




Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	66	128	122	128	122	+6
P02	97		103		225	
P03	80		103		328	
P04	80		103		431	
P05	81		103		534	
P06	89		103		637	
P07	93		103		740	
P08	98		103		843	
P09	90		103		946	
P10	84		103		1,049	
P11	92		103		1,152	
P12	107		103		1,255	
P13*	131		89		1,344	

Note: Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).
* Previous P01: 3.3; Current P01: 3.9

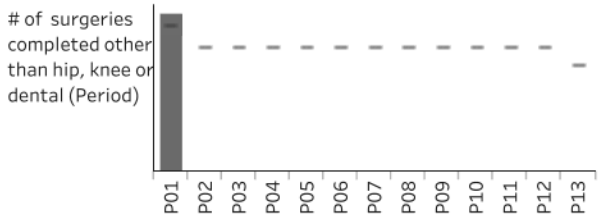


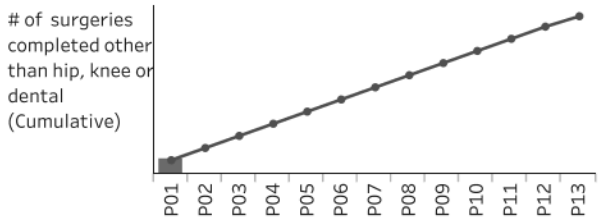


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	57	74	94	74	94	-20
P02	77		80		174	
P03	72		80		254	
P04	97		80		334	
P05	36		80		414	
P06	60		80		494	
P07	51		80		574	
P08	72		80		654	
P09	87		80		734	
P10	42		80		814	
P11	45		80		894	
P12	115		80		974	
P13*	78		65		1,039	

Note: Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).
* Previous P01: 2.9; Current P01: 2.2

SURGICAL KEEP UP

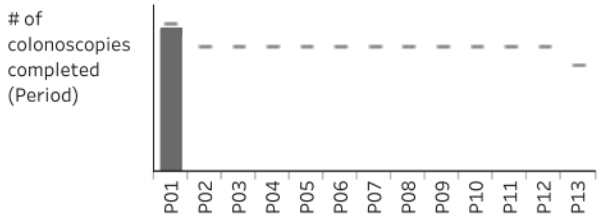


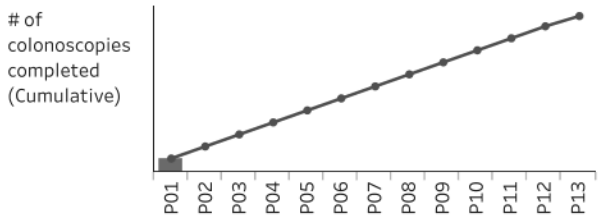


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	602	1,287	1,193	1,287	1,193	+94
P02	1,152		1,012		2,205	
P03	1,009		1,012		3,217	
P04	932		1,012		4,229	
P05	895		1,012		5,241	
P06	788		1,012		6,253	
P07	1,182		1,012		7,265	
P08	1,073		1,012		8,277	
P09	1,110		1,012		9,289	
P10	844		1,012		10,301	
P11	1,014		1,012		11,313	
P12	1,111		1,012		12,325	
P13*	1,203		869		13,194	

Note: Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).
* Previous P01: 30.1; Current P01: 39.0

COLONOSCOPY CATCH UP

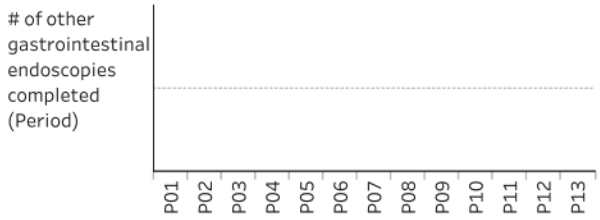


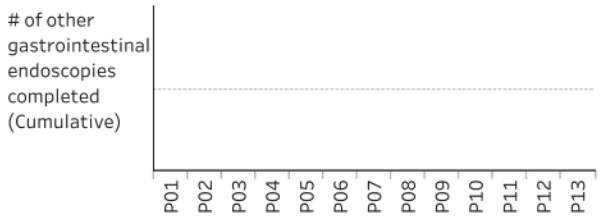


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*		783	812	783	812	-29
P02			689		1,501	
P03			689		2,190	
P04			689		2,879	
P05			689		3,568	
P06			689		4,257	
P07			689		4,946	
P08			689		5,635	
P09			689		6,324	
P10			689		7,013	
P11	289		689		7,702	
P12	309		689		8,391	
P13*	402		586		8,977	

Note: Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).
* Current P01: 23.7

COLONOSCOPY KEEP UP

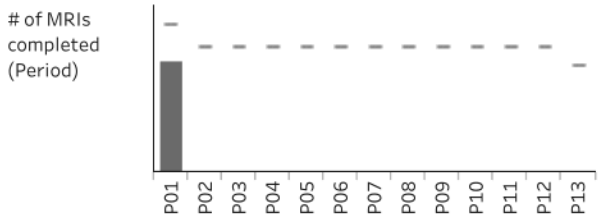


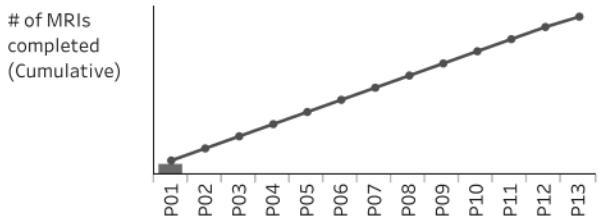


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*						
P02						
P03						
P04						
P05						
P06						
P07						
P08						
P09						
P10						
P11						
P12						
P13*						

Note: Health authorities will report the number of 'other endoscopy' procedures in future reports.

MRI CATCH UP



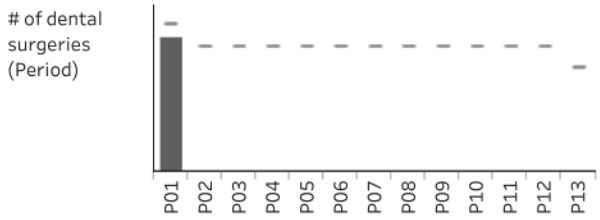


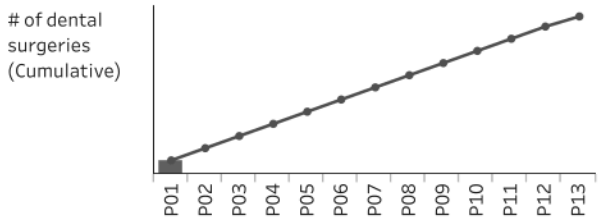
Period	Previous Fiscal Period	MRI Count	Period Benchmark	Cumulative MRI Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	102	908	1,221	908	1,221	-313
P02	235		1,036		2,257	
P03	336		1,036		3,293	
P04	283		1,036		4,329	
P05	561		1,036		5,365	
P06	550		1,036		6,401	
P07	730		1,036		7,437	
P08	739		1,036		8,473	
P09	751		1,036		9,509	
P10	665		1,036		10,545	
P11	743		1,036		11,581	
P12	772		1,036		12,617	
P13*	1,069		883		13,500	

Note: Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).
* Previous P01: 5.1; Current P01: 27.5

Provincial Health Services

SURGICAL CATCH UP

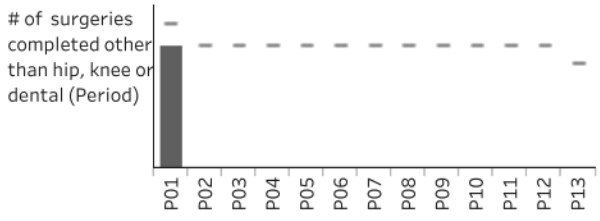


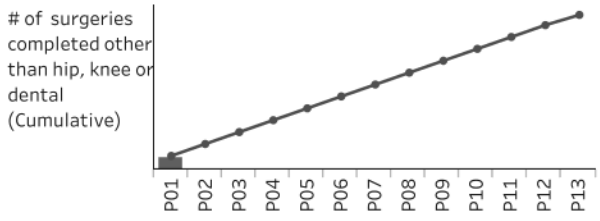


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	52	109	120	109	120	-11
P02	91		102		222	
P03	73		102		324	
P04	85		102		426	
P05	82		102		528	
P06	73		102		630	
P07	76		102		732	
P08	47		102		834	
P09	31		102		936	
P10	49		102		1,038	
P11	125		102		1,140	
P12	138		102		1,242	
P13*	185		85		1,327	

Note: Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).
* Previous P01: 2.6; Current P01: 3.3

SURGICAL KEEP UP

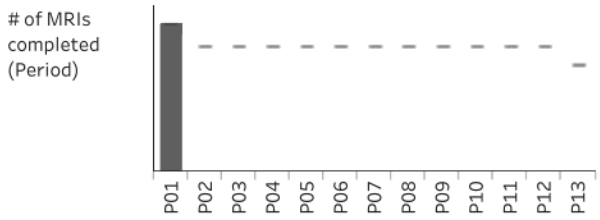


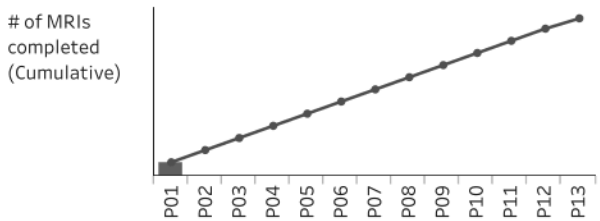


Period	Previous Fiscal Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	333	625	738	625	738	-113
P02	560		626		1,364	
P03	516		626		1,990	
P04	517		626		2,616	
P05	584		626		3,242	
P06	504		626		3,868	
P07	559		626		4,494	
P08	372		626		5,120	
P09	325		626		5,746	
P10	359		626		6,372	
P11	488		626		6,998	
P12	485		626		7,624	
P13*	655		537		8,161	

Note: Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).
* Previous P01: 16.7; Current P01: 18.9

MRI CATCH UP





Period	Previous Fiscal Period	MRI Count	Period Benchmark	Cumulative MRI Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01*	433	1,092	1,103	1,092	1,103	-11
P02	724		936		2,039	
P03	754		936		2,975	
P04	748		936		3,911	
P05	775		936		4,847	
P06	742		936		5,783	
P07	789		936		6,719	
P08	710		936		7,655	
P09	724		936		8,591	
P10	717		936		9,527	
P11	729		936		10,463	
P12	808		936		11,399	
P13*	1,100		796		12,195	

Note: Benchmarks were distributed to fiscal periods based on the number of days in each period (MoH methodology).
* Previous P01: 21.7; Current P01: 33.1

	RATING COMPARISON	2017/18 P12	2017/18 P13	2018/19 P01
BC	# of hip and knee replacements	▲	●	▲
	# of dental surgeries	▲	●	◆
	# of surgeries completed other than hip, knee or dental	▲	▲	▲
	# of colonoscopies completed	–	–	▲
	# of other gastrointestinal endoscopies completed			
	# of MRIs completed			▲
IHA	# of hip and knee replacements	▲	▲	●
	# of dental surgeries	▲	▲	◆
	# of surgeries completed other than hip, knee or dental	▲	▲	●
	# of colonoscopies completed	–	–	◆
	# of other gastrointestinal endoscopies completed			
	# of MRIs completed			●
FHA	# of hip and knee replacements	●	●	▲
	# of dental surgeries	◆	▲	▲
	# of surgeries completed other than hip, knee or dental	▲	▲	▲
	# of colonoscopies completed	–	–	▲
	# of other gastrointestinal endoscopies completed			
	# of MRIs completed			●
VCHA	# of hip and knee replacements	▲	▲	▲
	# of dental surgeries	●	●	◆
	# of surgeries completed other than hip, knee or dental	▲	▲	▲
	# of colonoscopies completed	–	–	▲
	# of other gastrointestinal endoscopies completed			
	# of MRIs completed			●
VIHA	# of hip and knee replacements	▲	●	●
	# of dental surgeries	▲	●	◆
	# of surgeries completed other than hip, knee or dental	▲	▲	●
	# of colonoscopies completed	–	–	▲
	# of other gastrointestinal endoscopies completed			
	# of MRIs completed			▲
NHA	# of hip and knee replacements	●	●	●
	# of dental surgeries	◆	▲	◆
	# of surgeries completed other than hip, knee or dental	●	●	●
	# of colonoscopies completed	–	–	▲
	# of other gastrointestinal endoscopies completed			
	# of MRIs completed			◆
PHSA	# of hip and knee replacements			
	# of dental surgeries	◆	●	▲
	# of surgeries completed other than hip, knee or dental	◆	●	◆
	# of colonoscopies completed			
	# of other gastrointestinal endoscopies completed			
	# of MRIs completed			▲

Notes:

- Period reporting of colonoscopy procedures by health authorities did not begin until 2017/18 P11.
- The definition for 'other gastrointestinal enoscopies' was finalized May 31, 2018. Health authorities will report the number of procedures for both period 1 and 2 in their 2018/19 P02 submission.
- Catch up volumes for MRIs were not established prior to 2018/19.

SURGICAL SERVICES
18 MONTH ACTION PLAN

(October 2017 - March 2019)

BRITISH COLUMBIA | Ministry of Health

Version 2.6
February 15, 2018

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Surgical

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INTRODUCTION

Purpose

The surgical Services Report provides a comprehensive overview of progress towards implementation of the 18 Month Surgical Action Plan (October 2017 – March 2019) within the context of the 3 Year Surgical Services Strategy. The 18 month action plan represents the first half of the 36 month action plan and focuses on five key priority areas:

- Catch Up and Keep Up
- OR Efficiency
- Surgical Services Program
- Site Implementation
- Enablers

It is intended that this report will support all stakeholders in monitoring implementation and performance against established timelines and targets.

Structure

The Surgical Services Report layout is a series of dashboards offering an executive, provincial and health authority (HA) view of progress and performance. Progress and performance results are reported on a fiscal period basis (P1 to P13). The executive view outlines performance and progress at the highest level (areas of focus). The provincial view outlines surgical performance against established targets and measures progress towards completion of high level actions. The HA view outlines each action in more detail and measures progress towards HA-specific milestones, provides more detail on performance indicators and identifies risks in achieving actions and milestones.

Implementation Progress

Progress towards completion of both actions and milestones is depicted using a donut progress bar and represents the percent complete, color coded by current status. Health Authorities submitted project charters to the Ministry for the first 18 months, including explicit and achievable operational plans detailing how each health authority will achieve the goals and timelines of the 18 month surgical action plan based on their geography and patient population. As each Health Authority has a different context, there will be variability in completion percentages across each of the areas of focus and progress is not comparable across the Heath Authorities. Progress is being monitored by the Ministry on a period by period basis to ensure that the Health Authorities and the Ministry are on track and where issues arise, they are identified and resolved.

Status of process is identified as follows:

- Complete
- On Track
- At Risk
- Off Track
- Not Started
- Not Applicable

Status of actions is an assessment of progress against established timelines and can be influenced by a number of factors.

Examples of donut progress bar:

Indicators

Indicators for surgical services have been selected to monitor performance towards achieving desired outcomes. They include measuring the percent of surgeries for which patients are waiting longer than 26 weeks and the number of surgeries performed.

Targets

Targets for percent of surgeries waiting longer than 26 weeks were established by the Ministry and Health Authorities. Volume targets (planned volumes) were established in consultation with health authorities and reflect the number of surgeries required to meet the percent completed target. Volume targets were distributed to fiscal periods using 3 years of historical volumes. The percent of surgeries waiting period targets were established using a linear distribution between baseline (P6) and the established target over 18 months.

Ratings

For the most recent reported period, ratings are assigned based on the gap between performance and established targets. For percent of surgeries waiting longer than 26 weeks this will be actual performance against target. For volume indicators the gap will be a measurement of the projected end of fiscal surgeries completed (linear calculation) and Authority specific targets.

- At or better than target
- Within 10 percent of target
- More than 10 percent from target

Surgical

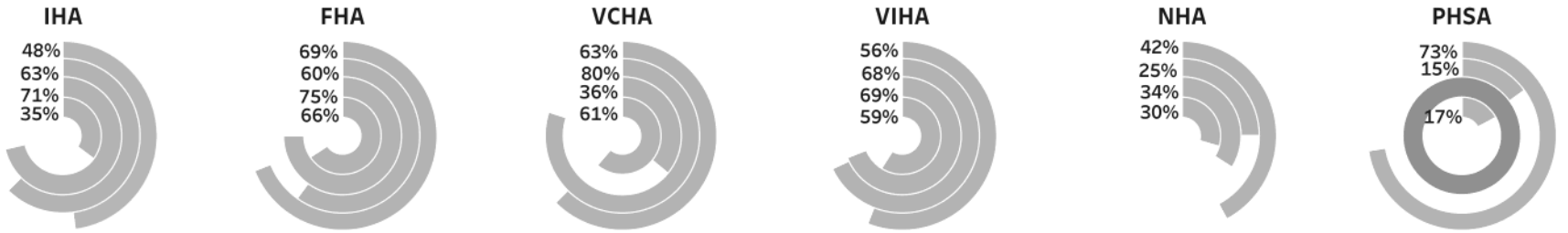
EXECUTIVE OVERVIEW - PRIORITY AREAS OF FOCUS

Performance

Indicator	Desired Direction	IHA	FHA	VCHA	VIHA	NHA	PHSA	BC
CATCH UP								
Number of hip replacement surgeries completed	↑	937 ▲	824 ▲	1,294 ▲	1,033 ▲	281 ●		4,369
Number of knee replacement surgeries completed	↑	1,466 ▲	1,795 ▲	1,301 ◆	1,354 ▲	576 ●		6,492
Number of dental surgeries completed	↑	875 ▲	773 ◆	307 ▲	1,109 ◆	651 ◆	637 ◆	4,352 ◆
Percent of hip replacement surgeries waiting longer than 26 weeks	↓	27.9% ◆	27.0% ◆	30.2% ◆	40.4% ◆	26.1% ●		31.5% ◆
Percent of knee replacement surgeries waiting longer than 26 weeks	↓	32.3% ◆	38.8% ◆	39.8% ◆	46.6% ◆	34.0% ◆		39.0% ◆
Percent of dental surgeries waiting longer than 26 weeks	↓	13.9% ●	13.6% ●	12.4% ●	20.2% ●	8.5% ●	14.0% ◆	15.9% ●
KEEP UP								
Number of surgeries completed other than hip, knee or dental surgeries	↑	27,571 ▲	44,406 ▲	41,425 ▲	30,865 ▲	9,581 ●	4,642	153,848 ▲
Percent of surgeries waiting longer than 26 weeks other than hip, knee or dental surgeries	↓	16.0% ◆	23.5% ◆	29.3% ◆	28.2% ◆	11.3% ◆	29.9% ◆	24.5% ◆

Rating Legend: ● At or better than target ▲ Within 10 per cent of target ◆ More than 10 per cent from target

Areas of Focus Progress to Plan (% Complete / Status)



Outside to Inside Bar:
1) Catch up and keep up
2) OR efficiency
3) Surgical services program (SSP)
4) Site implementation
5) Enablers*

* Detail on the enablers can be found on page 10.

Please note: progress to plan information is not comparable across Health Authorities.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Surgical

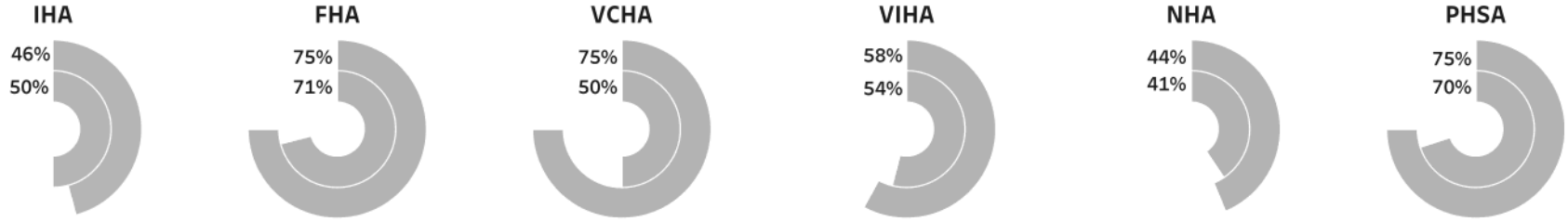
CATCH UP AND KEEP UP (Action Dashboard)

Performance

Indicator	Desired Direction	IHA	FHA	VCHA	VIHA	NHA	PHSA	BC
CATCH UP								
Number of hip replacement surgeries completed	↑	937 △	824 △	1,294 △	1,033 △	281 ●		4,369
Number of knee replacement surgeries completed	↑	1,466 △	1,795 △	1,301 ◆	1,354 △	576 ●		6,492
Number of dental surgeries completed	↑	875 △	773 ◆	307 △	1,109 ◆	651 ◆	637 ◆	4,352 ◆
Percent of hip replacement surgeries waiting longer than 26 weeks	↓	27.9% ◆	27.0% ◆	30.2% ◆	40.4% ◆	26.1% ●		31.5% ◆
Percent of knee replacement surgeries waiting longer than 26 weeks	↓	32.3% ◆	38.8% ◆	39.8% ◆	46.6% ◆	34.0% ◆		39.0% ◆
Percent of dental surgeries waiting longer than 26 weeks	↓	13.9% ●	13.6% ●	12.4% ●	20.2% ●	8.5% ●	14.0% ◆	15.9% ●
KEEP UP								
Number of surgeries completed other than hip, knee or dental surgeries	↑	27,571 △	44,406 △	41,425 △	30,865 △	9,581 ●	4,642	153,848 △
Percent of surgeries waiting longer than 26 weeks other than hip, knee or dental surgeries	↓	16.0% ◆	23.5% ◆	29.3% ◆	28.2% ◆	11.3% ◆	29.9% ◆	24.5% ◆

Rating Legend: ● At or better than target △ Within 10 per cent of target ◆ More than 10 per cent from target

Action Progress to Plan (% Complete / Status)



Outside Bar: Catch up for hip, knee and dental and keep up with demand
Inside Bar: Keep up with demand for all surgery

Please note: progress to plan information is not comparable across Health Authorities.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Surgical

OR EFFICIENCY (Action Dashboard)

Performance

Indicator	Desired Direction	IHA	FHA	VCHA	VIHA	NHA	PHSA	BC
Potential HA reported indicators:								
Improved first case start time	↑							
Reduced turn-around time	↑							
Reduced early finishes	↑							
Reduced seasonal closures	↑							

Targets to be identified by the beginning of fiscal 2018/19

Rating Legend: ● At or better than target △ Within 10 per cent of target ◆ More than 10 per cent from target

Action Progress to Plan (% Complete / Status)

Bar: Increase operating room efficiency

Please note: progress to plan information is not comparable across Health Authorities.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Surgical

SURGICAL SERVICES PROGRAM (Deliverable Dashboard)

Performance

SSP Implementation	IHA	FHA	VCHA	VIHA	NHA	PHSA	BC

Phase 1:

Efficiencies –incremental gains across the continuum of care

Evaluation – patient outcomes tracked and evaluated and measurement of dimensions of quality embedded in existing systems

Pre-Surgical Support – SSP's responsible for scheduling surgery and providing access to surgical optimization and pre-habitation

Central Intake, Assessment and Triage – a single, commonly-known point of access and contact, referrals received and triaged through central intake office and standardized assessment and referral criteria

Detail to be provided by period 11

Phase 2:

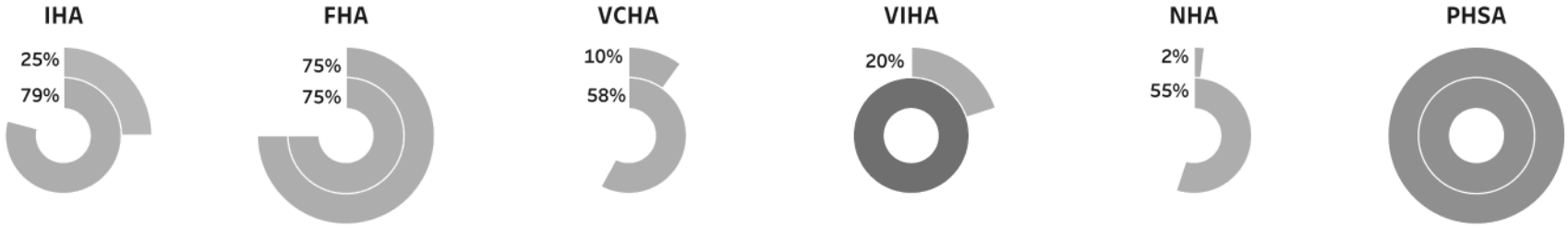
Integration and Co-ordination Across Services - timely access to surgical expertise, effective and well-co-ordinated care and communication and active primary and community care involvement

Interdisciplinary, Team-Based Care – an interdisciplinary approach supporting communication, collaboration, co-ordination and delivery of care

Post-Surgical Support – access to post-surgical nursing services, physical/mental support and individualized rehabilitation

Self-Management Support – patients receive support services and information to enable them to be actively involved and participatory in their care

Deliverable Progress to Plan (% Complete / Status)



Outside Bar: All patients requiring hip and knee replacement, at all sites where these procedures are performed, are supported by an SSP by March 31, 2019.
Inside Bar: Operationalize at least one instance of an SSP for hip and knee replacement by March 31, 2018.

Please note: progress to plan information is not comparable across Health Authorities.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Surgical

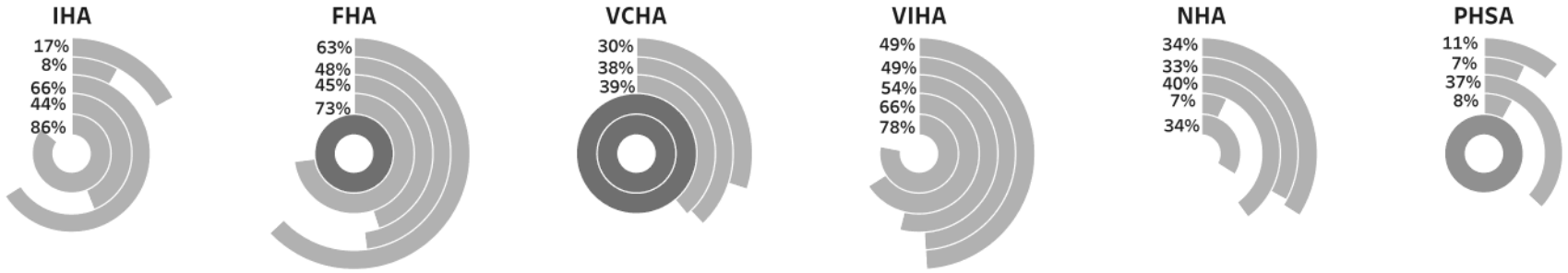
SITE IMPLEMENTATION (Action Dashboard)

Performance

Indicator	Desired Direction	IHA	FHA	VCHA	VIHA	NHA	PHSA	BC
Potential HA reported indicators:								
Percent of scheduled surgeries booked according to FIFO	↑							
Percent of patients notified during their wait for surgery	↑							
Percent of surgeries scheduled by HA	↑							
Percent of surgeries scheduled by Surgeons Office	↓							
Maintain OR access for unscheduled surgeries (Hip fracture fixations completed within 48 hours used as proxy)	↑							

Targets to be identified by the beginning of fiscal 2018/19

Action Progress to Plan (% Complete / Status)



Outside to Inside Bar:
1) Provide notifications to patients during their wait for surgery
2) Implement a point of contact for patients during their wait for surgery
3) HA to perform scheduling for all waitlisted surgeries
4) Extend ERAS into at least one new clinical specialty
5) Extend ERAS to all colorectal patients

Please note: progress to plan information is not comparable across Health Authorities.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Surgical

ENABLERS (Action Dashboard)

Program Area	Action	Status
FCS	Finance: Establish the funding framework for the strategic priority of surgical services	
HDCS	Improve Timely Access to Appropriate Surgical Procedures: Develop an appropriateness framework	
	Improve the Patient Experience: Refresh the provincial surgical wait times website to provide better information to the public	
HDCS / HSIMIT / HA's	IM/IT: Implement Information Solutions for Enhanced Surgical Flow	
SMO / HSIAR	Performance Management: Establish a policy framework for continuous quality improvement and quality assurance across surgical services	
WPCBS / CIRE	HHR: Ensure BC has the right number and types of surgical health care providers to meet its needs	

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

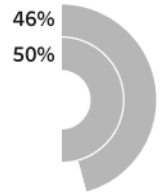
Interior Health Authority

Surgical

HEALTH AUTHORITY SUMMARY

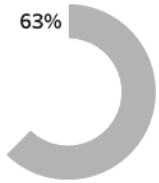
Progress to Plan (% Complete / Status)

CATCH UP AND KEEP UP



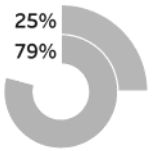
Outside Bar: Catch up for hip, knee and dental and keep up with demand
Inside Bar: Keep up with demand for all surgery

OR EFFICIENCY



Bar: Increase operating room efficiency

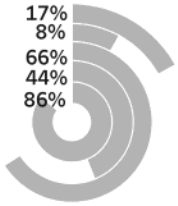
SURGICAL SERVICES PROGRAM



Challenge around anesthetists.

Outside Bar: All patients requiring hip and knee replacement, at all sites where these procedures are performed, are supported by an SSP by March 31, 2019.
Inside Bar: Operationalize at least one instance of an SSP for hip and knee replacement by March 31, 2018.

SITE IMPLEMENTATION



Outside to Inside Bar:
1) Provide notifications to patients during their wait for surgery
2) Implement a point of contact for patients during their wait for surgery
3) HA to perform scheduling for all waitlisted surgeries
4) Extend ERAS into at least one new clinical specialty
5) Extend ERAS to all colorectal patients

Performance

Indicator	IHA	Rating
# of hip and knee replacements	2,403	△
# of dental surgeries	875	△
# of surgeries completed other than hip, knee or dental	27,571	△
% of hip replacement surgeries waiting	27.9%	◆
% of knee replacement surgeries waiting	32.3%	◆
% of dental surgeries waiting longer than 26 weeks	13.9%	●
% of surgeries waiting other than hip, knee or dental surgeries	16.0%	◆

OR EFFICIENCY

Indicator	IHA	Rating

Potential HA reported indicators:

- Improved first case start time
- Reduced early finishes
- Reduced seasonal closures
- Reduced turn-around time

SURGICAL SERVICES PROGRAM

Indicator	IHA	Rating

Attributes of SSP:

- Central Intake
- Efficiency
- Evaluation
- Pre-Surgical Support

SITE IMPLEMENTATION

Indicator	IHA	Rating
% of patients notified during their wait for surgery		
% of scheduled surgeries booked according to FIFO		
% of surgeries scheduled by Surgeons Office		
% of surgeries scheduled by HA		
Maintain OR access for unscheduled surgeries		

Rating Legend: ● At or better than target △ Within 10 per cent of target ◆ More than 10 per cent from target

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Interior Health Authority

Surgical

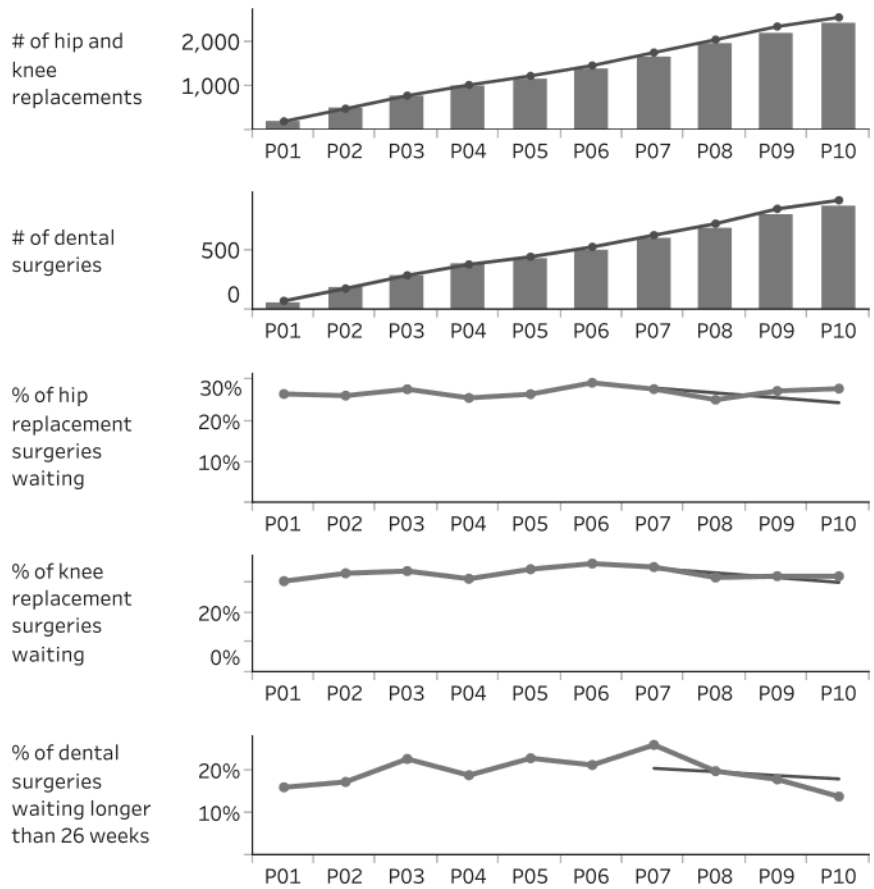
CATCH UP AND KEEP UP (Milestone Dashboard)

Catch up for hip, knee, and dental and keep up with demand

Milestone	% Complete/Status
Human resource recruitment	25%
Develop templates for monitoring surgical volumes and wait list targets.	75%
Develop concrete plans to improve OR efficiency and plan for current and future reductions in OR slowdowns	75%
Catch up with demand targets achieved*	0%
Outfitting of physical OR capacity in IH to accommodate additional procedures**	25%
Surgical Capacity plans for fiscal years 2017/18 and 2018/19 complete***	75%

Issue/Barrier	Mitigation Plan
**Vernon is underway, estimated to be operational in Q2 2018/19. Awaiting on approval for other capital projects.	
***Plans have been completed and submitted; waiting on Ministry approval.	
*2018/19 volume has not yet been approved. For discussion at Standing Committee.	

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Interior Health Authority

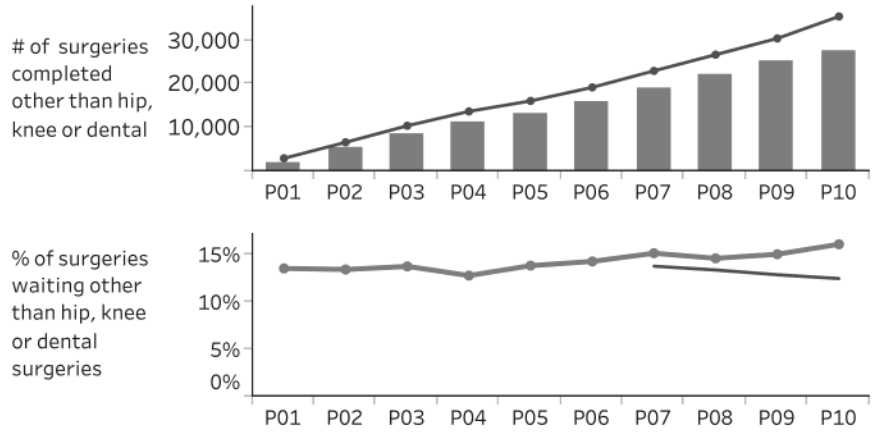
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Keep up with demand for all surgery

Milestone	% Complete/Status
Surgical Capacity plans for fiscal years 2017/18 and 2018/19 complete	100%
Develop templates for monitoring surgical volumes and wait list targets.	75%
Develop concrete plans to improve OR efficiency and plan for current and future reductions in OR slowdowns	75%
Keep up with demand targets achieved	0%
Human resource recruitment*	25%
Outfitting of physical OR capacity in IH to accommodate additional procedures**	25%

Indicator Charts



Issue/Barrier	Mitigation Plan
*Appropriate lead time is needed to recruit and train staff.	
**Vernon is underway, estimated April 2018. Awaiting on approval for other capital projects.	

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

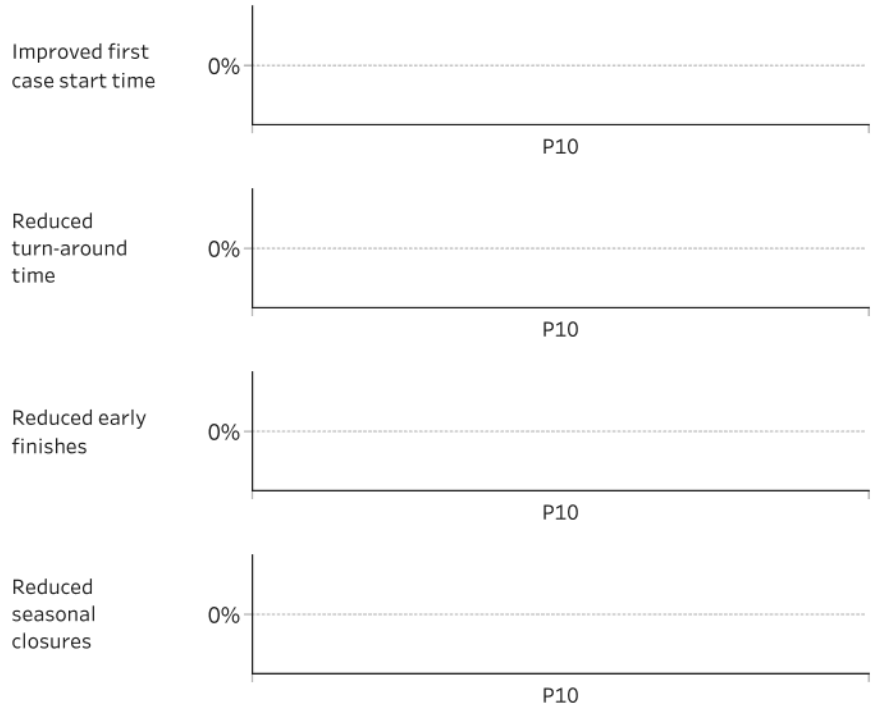
Surgical

OR EFFICIENCY (Milestone Dashboard)

Increase operating room efficiency in all public surgical sites

Milestone	% Complete/Status
Communicate expectations for OR efficiency improvements to IH Surgical Programs. This includes staff and physician education on efficiency definitions and measures	75%
Develop site level implementation plans to improve first case start times, turnover times, early finishes and seasonal slowdowns.*	75%
Establish regular status update process and monitoring of indicators for efficiency improvements at IH sites.	25%
Expand implementation of Analysis Works Lighthouse Software to all IH surgical programs that have electronic booking systems.	75%

Indicator Charts



Issue/Barrier	Mitigation Plan
*Plans are substantially complete; full implementation will require additional funding.	

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Interior Health Authority

Surgical

SURGICAL SERVICES PROGRAM (Milestone Dashboard)

Implement Surgical Services Programs (SSP) for hip and knee replacement

Milestone	% Complete/Status
Develop Governance structure to guide implementation	100%
Evaluate implementation and current process to identify future improvements	50%
Expand the collaborative partnership between the current Kelowna SOC with the Kelowna BJC	50%
Launch Kelowna SSP for hip and knee replacement surgery	75%
Plans developed for remaining sites to be implemented by March 31, 2019 with plans developed for spread by March 2018*	25%
Process Flow Map for Kelowna SSP	100%
Understand and evaluate clinics in other health authorities that are currently meeting SSP criteria to identify opportunities for improvement/ alternate ways of implementing SSP elements	100%

Indicator Charts

Attributes of SSP:

- Central Intake
- Efficiency
- Evaluation
- Pre-Surgical Support

Issue/Barrier	Mitigation Plan
*Challenge around anesthetists.	

The Ministry will receive plans for the expansion of hip and knee SSP's by March 31, 2018.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Interior Health Authority

Surgical

SITE IMPLEMENTATION (Action Level Dashboard)

Action	East Kootenay	Kelowna General	Penticton Regional	Royal Inland	Vernon Jubilee
Extend ERAS to all colorectal patients	100%	100%	100%	100%	31%
Extend ERAS to at least one clinical specialty	38%	31%	19%	100%	31%
HA to perform scheduling for all waitlisted surgeries	0%	100%	100%	30%	100%
Implement a point of contact for patients during their wait for surgery	8%	8%	8%	8%	8%
Provide notifications to patients during their wait for surgery	17%	17%	17%	17%	17%

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

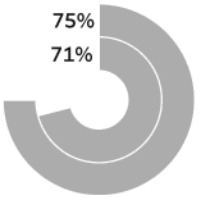
Fraser Health Authority

Surgical

HEALTH AUTHORITY SUMMARY

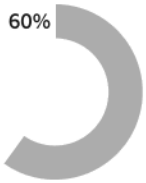
Progress to Plan (% Complete / Status)

CATCH UP AND KEEP UP



Outside Bar: Catch up for hip, knee and dental and keep up with demand
Inside Bar: Keep up with demand for all surgery

OR EFFICIENCY

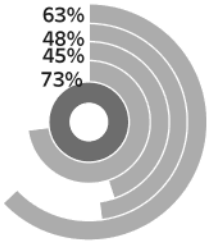


Bar: Increase operating room efficiency

SURGICAL SERVICES PROGRAM

Outside Bar: All patients requiring hip and knee replacement, at all sites where these procedures are performed, are supported by an SSP by March 31, 2019.
Inside Bar: Operationalize at least one instance of an SSP for hip and knee replacement by March 31, 2018.

SITE IMPLEMENTATION



Outside to Inside Bar:
1) Provide notifications to patients during their wait for surgery
2) Implement a point of contact for patients during their wait for surgery
3) HA to perform scheduling for all waitlisted surgeries
4) Extend ERAS into at least one new clinical specialty
5) Extend ERAS to all colorectal patients

Performance

Indicator	FHA	Rating
# of hip and knee replacements	2,619	△
# of dental surgeries	773	◆
# of surgeries completed other than hip, knee or dental	44,406	△
% of hip replacement surgeries waiting	27.0%	◆
% of knee replacement surgeries waiting	38.8%	◆
% of dental surgeries waiting longer than 26 weeks	13.6%	●
% of surgeries waiting other than hip, knee or dental surgeries	23.5%	◆

OR EFFICIENCY Indicator	FHA	Rating
Potential HA reported indicators:		
Improved first case start time		
Reduced early finishes		
Reduced seasonal closures		
Reduced turn-around time		

SURGICAL SERVICES PROGRAM Indicator	FHA	Rating
Attributes of SSP:		
Central Intake		
Efficiency		
Evaluation		
Pre-Surgical Support		

SITE IMPLEMENTATION Indicator	FHA	Rating
% of patients notified during their wait for surgery		
% of scheduled surgeries booked according to FIFO		
% of surgeries scheduled by Surgeons Office		
% of surgeries scheduled by HA		
Maintain OR access for unscheduled surgeries		

Rating Legend: ● At or better than target △ Within 10 per cent of target ◆ More than 10 per cent from target

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Fraser Health Authority

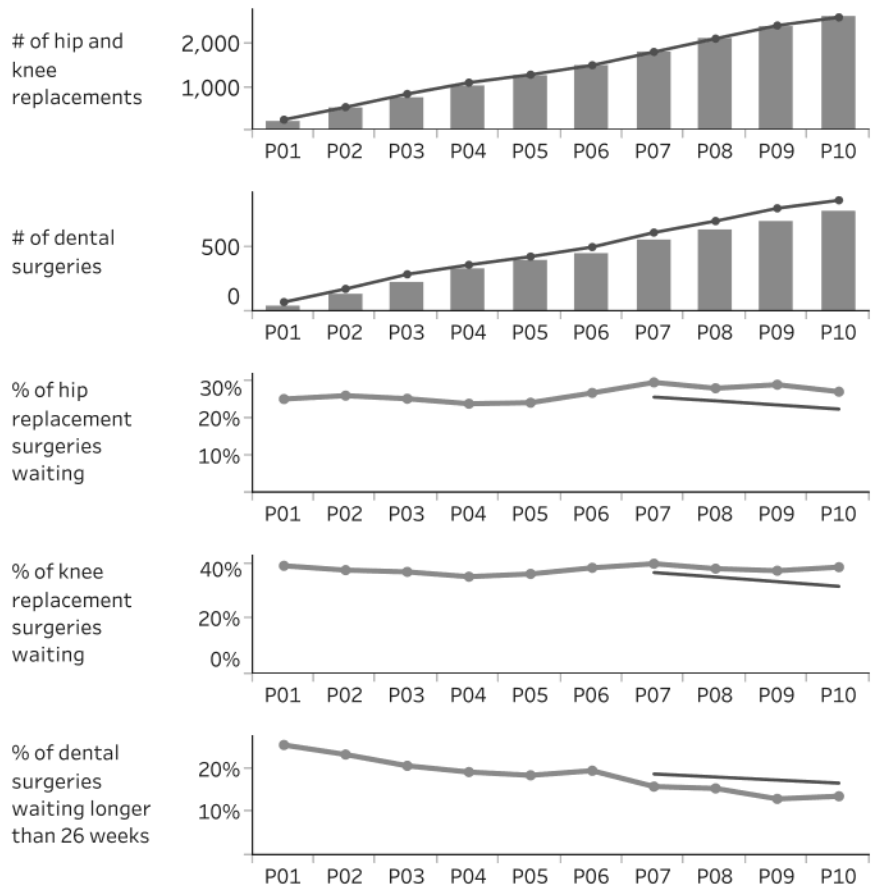
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Catch up for hip, knee, and dental and keep up with demand

Milestone	% Complete/Status
M1 Development and implementation of site plans for BH, SMH, and ARH for achieving added orthopedic volumes by site (includes all 7 components of SSP and inclusive of staff, support services, equip, etc)	50%
M3 Period reporting of enhanced arthroplasty surgical volumes by period by site and FHA overall	100%
M1Period reporting of enhanced surgical orthopedic volumes by period by site and FHA overall	100%
M3 Site monitoring process in place to ensure that surgeon's offices are scheduling the longest waiting patients first (FIFO) 80% of the time	50%
M2 Development and implementation of specific plans for added anesthesia resources for BH, SMH and ARH for achieving added orthopedic volumes by site	50%
M2 Period reporting of patient wait times by site/specialty	100%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Fraser Health Authority

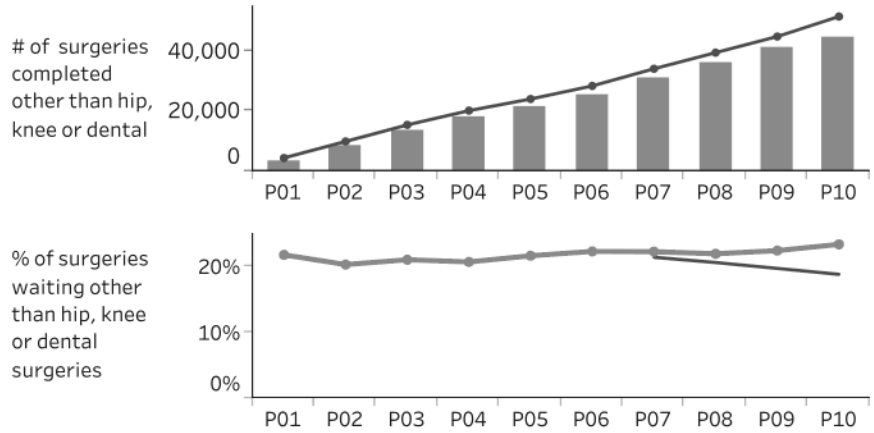
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Keep up with demand for all surgery

Milestone	% Complete/Status
M1 Development and implementation of specific plans for BH, ERH, LMH, SMH and JPOSC for achieving added volumes by site (staff, equipment, support services, etc)	50%
M3 Period reporting of enhanced surgical volumes by period by site and FHA overall	100%
M1 Period reporting of enhanced surgical volumes by period by site and FHA overall	100%
M2 Visibility reporting of FIFO for MOH and surgeon's offices	75%
M3 Site monitoring process in place to ensure that surgeon's offices are scheduling the longest waiting patients first (FIFO) 80% of the time	50%
M2 Development and implementation of specific plans for added anesthesia resources for BH, ERH, LMH, SMH and JPOSC for achieving added volumes by site	50%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Fraser Health Authority

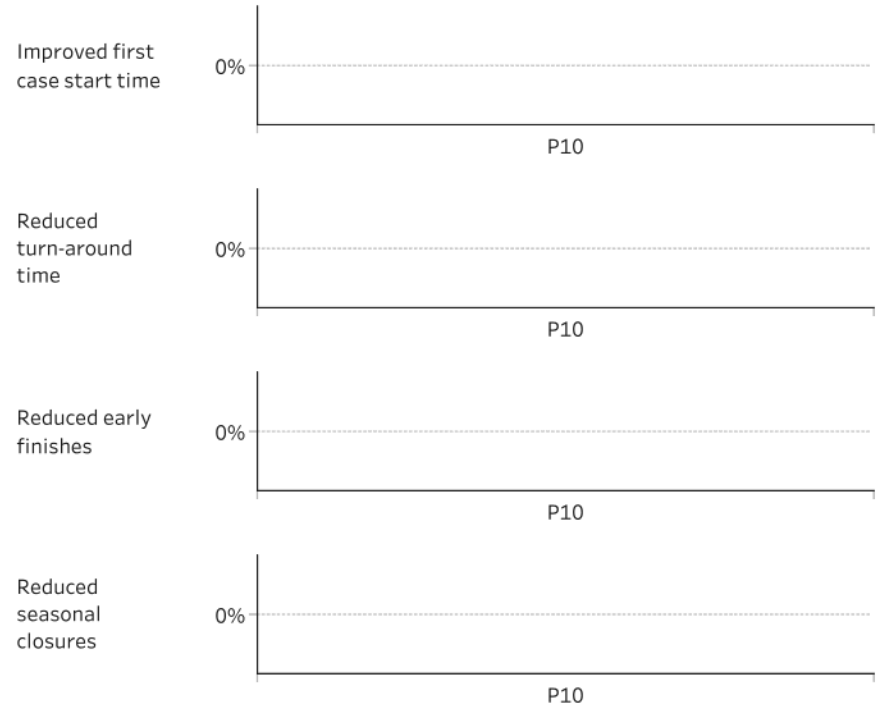
Surgical

OR EFFICIENCY (Milestone Dashboard)

Increase operating room efficiency in all public surgical sites

Milestone	% Complete/Status
M1- Review 2016 Surgery Review and current LightHouse data to identify areas of opportunity	50%
M2 - Identify significant local operational considerations per site and assess implications	100%
M3 - Develop site-specific work plans detailing improvement initiatives and timelines	25%
M4 - Confirm relevant performance metrics and reporting standards; develop data delivery infrastructure	100%
M5 - Implement site-specific work plans including implementation of regular performance metric reporting, analysis, opportunity identification - monitor progress and adjust as required	25%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Fraser Health Authority

Surgical

SURGICAL SERVICES PROGRAM (Milestone Dashboard)

Implement Surgical Services Programs (SSP) for hip and knee replacement

Milestone	% Complete/Status
M1 – Implement central intake and assessment for Arthroplasty at BH	100%
M2 - development of self-management tools and relevant educational resources for patients	75%
M3 - develop and implement NP model of care in pre and post-operative care for arthroplasty pts	100%
M4 - expansion of BH Central intake to include 2 additional FHA orthopedic surgeons	100%
M1 - Determine additional sites for SSP in FHA	100%
M2 - Develop expansion plan for Arthroplasty Central intake	50%
M3 - Identify resource needs	75%

Indicator Charts

Attributes of SSP:

- Central Intake
- Efficiency
- Evaluation
- Pre-Surgical Support

The Ministry will receive plans for the expansion of hip and knee SSP's by March 31, 2018.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Fraser Health Authority

Surgical

SITE IMPLEMENTATION (Action Level Dashboard)

Action	Abbotsford Regional	Burnaby Hospital	Eagle Ridge	JP Outpatient	Royal Columbian	Surrey Memorial
Extend ERAS to all colorectal patients	100%	100%	100%	100%	100%	100%
Extend ERAS to at least one clinical specialty	60%	60%	100%	60%	100%	60%
HA to perform scheduling for all waitlisted surgeries	39%	41%	60%	39%	50%	39%
Implement a point of contact for patients during their wait for surgery	25%	25%	95%	25%	95%	25%
Provide notifications to patients during their wait for surgery	40%	40%	95%	40%	90%	40%

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Vancouver Coastal Health Authority

Surgical

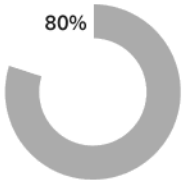
HEALTH AUTHORITY SUMMARY

Progress to Plan (% Complete / Status)

CATCH UP AND KEEP UP

Outside Bar: Catch up for hip, knee and dental and keep up with demand
Inside Bar: Keep up with demand for all surgery

OR EFFICIENCY

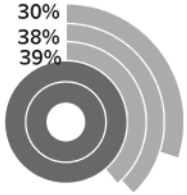


Bar: Increase operating room efficiency

SURGICAL SERVICES PROGRAM

Outside Bar: All patients requiring hip and knee replacement, at all sites where these procedures are performed, are supported by an SSP by March 31, 2019.
Inside Bar: Operationalize at at least one instance of an SSP for hip and knee replacement by March 31, 2018.

SITE IMPLEMENTATION



Outside to Inside Bar:
1) Provide notifications to patients during their wait for surgery
2) Implement a point of contact for patients during their wait for surgery
3) HA to perform scheduling for all waitlisted surgeries
4) Extend ERAS into at least one new clinical specialty
5) Extend ERAS to all colorectal patients

Performance

Indicator	VCHA	Rating
# of hip replacements		△
# of knee replacements		◆
# of dental surgeries		△
# of surgeries completed other than hip, knee or dental		△
% of hip replacement surgeries waiting		◆
% of knee replacement surgeries waiting		◆
% of dental surgeries waiting longer than 26 weeks		●
% of surgeries waiting other than hip, knee or dental surgeries		◆

OR EFFICIENCY	Indicator	VCHA	Rating

Potential HA reported indicators:

- Improved first case start time
- Reduced early finishes
- Reduced seasonal closures
- Reduced turn-around time

SURGICAL SERVICES PROGRAM	Indicator	VCHA	Rating

Attributes of SSP:

- Central Intake
- Efficiency
- Evaluation
- Pre-Surgical Support

SITE IMPLEMENTATION	Indicator	VCHA	Rating
	% of patients notified during their wait for surgery		
	% of scheduled surgeries booked according to FIFO		
	% of surgeries scheduled by Surgeons Office		
	% of surgeries scheduled by HA		
	Maintain OR access for unscheduled surgeries		

Rating Legend: ● At or better than target △ Within 10 per cent of target ◆ More than 10 per cent from target

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Vancouver Coastal Health Authority

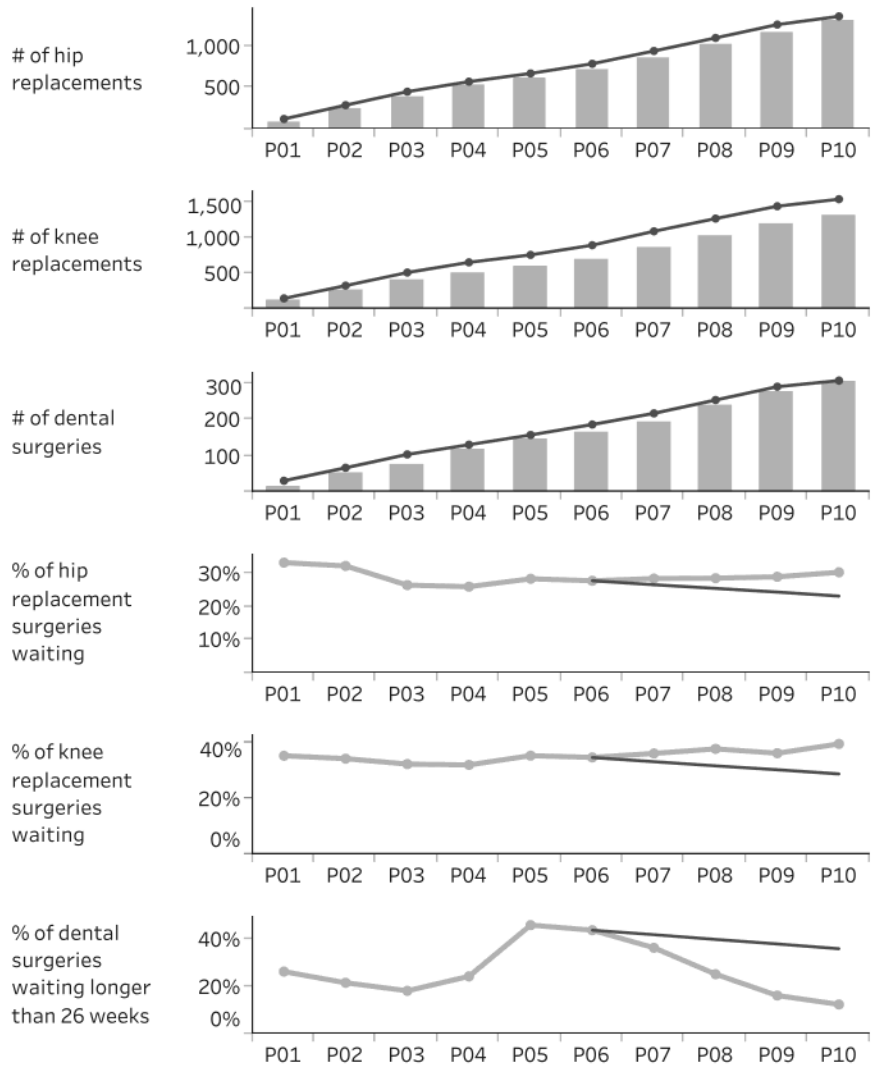
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Catch up for hip, knee, and dental and keep up with demand

Milestone	% Complete/Status
Complete the modelling required to identify what the "catch up and keep up" volumes are to meet MoH targets	100%
Identify total number of slates required by each Site (and / or surgeon) to meet the "catch up" volumes and maintain the "keep up" volumes	100%
Develop the site – specific slates, allocate to service (and surgeon) to ensure wait time targets can be achieved on or before March 31 2019	100%
Engage with Surgeon and Surgeon office staff on the "first in, first out" approach to booking of surgical slates	50%
Engage with Surgeon and Surgeon office staff to identify efficiency opportunities e.g. decrease late starts, decrease early finishes, decrease turnaround times	25%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

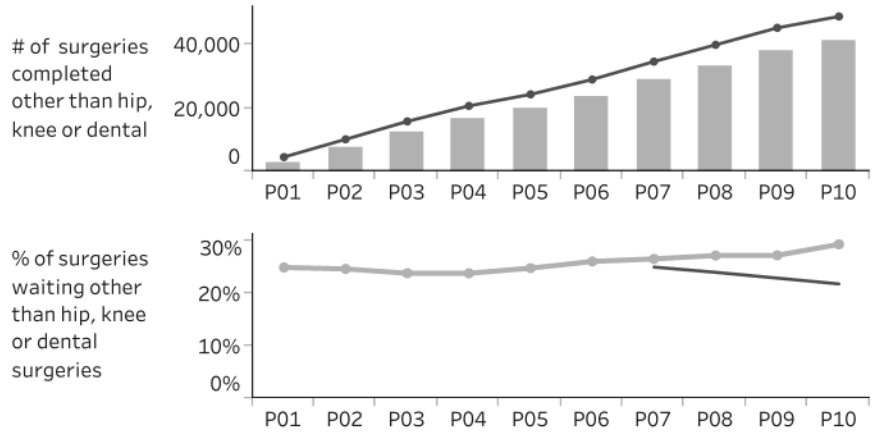
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Keep up with demand for all surgery

Milestone	% Complete/Status
Engage with Surgeon and Surgeon office staff to identify efficiency opportunities e.g. decrease late starts, decrease early finishes, decrease turnaround times	50%
Engage with Surgeon and Surgeon office staff on the "first in, first out" approach to booking of surgical slates	50%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Vancouver Coastal Health Authority

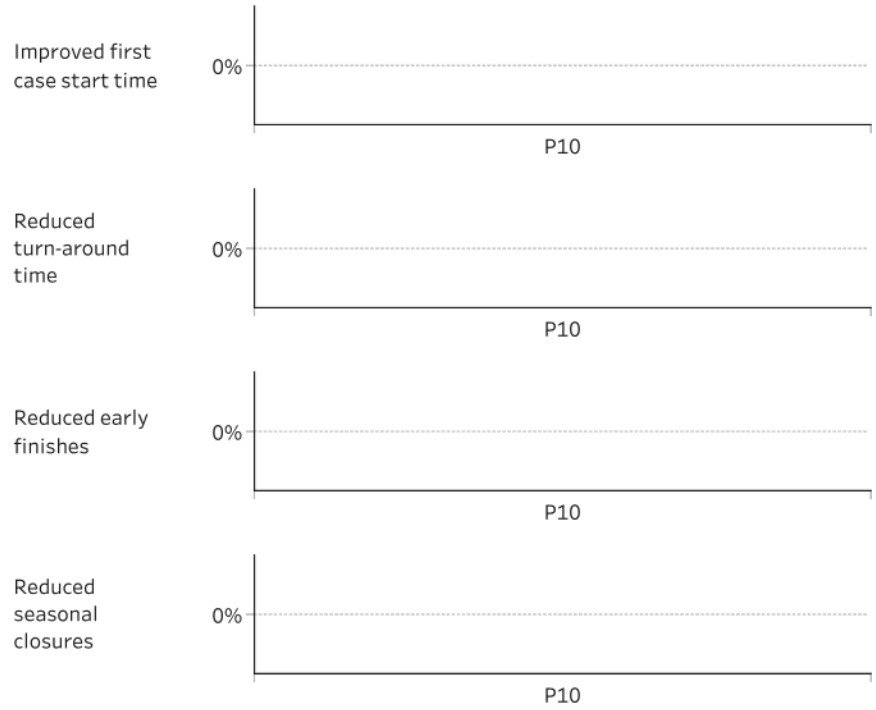
Surgical

OR EFFICIENCY (Milestone Dashboard)

Increase operating room efficiency in all public surgical sites

Milestone	% Complete/Status
On-boarding of dedicated Project Managers to work with sites on a standardized approach to changing behavior via efficiency opportunity strategies	100%
Meet with Regional Surgical Executive and Site-Specific Surgical Leadership teams to provide education on MoH policy direction and efficiency opportunity expectations	100%
Engage and educate surgeon offices on efficiency opportunities, including FIFO, starting with those areas with greatest opportunity for improvements	50%
Engage site specific services / programs on those areas that provide greatest opportunities to increase efficiencies e.g. increase on time starts, decrease early finishes	50%
Work with Lower Mainland partners (Fraser Health, C&W) to leverage learnings to deliver standardized approach across all sites	100%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Vancouver Coastal Health Authority

Surgical

SURGICAL SERVICES PROGRAM (Milestone Dashboard)

Implement Surgical Services Programs (SSP) for hip and knee replacement

Milestone	% Complete/Status
Complete audit of the OASIS Clinic to determine compliance with key attributes	100%
Engage with surgeons on integration of referrals from Recon Ortho Clinic and OASIS	50%
Benchmark to other HIP/Knee Central Intake /Referral and Assessment programs re allied assessment/triage models.	0%
Development of rehabilitation services for all hip/knee patients based on best practice.	100%
Redesign of OASIS Website.	0%
Complete gap analysis of all OASIS Clinics in VCH	50%
Determine clinic of focus - LGH, VA or RH and order of spread	0%
Modify clinic to reflect SSP components	0%
Identify learnings for subsequent clinic phasing	0%
Full implementation of SSP for hip/knee patients within VCH	0%
Determine assessment tool	100%

Indicator Charts

Attributes of SSP:

- Central Intake
- Efficiency
- Evaluation
- Pre-Surgical Support

The Ministry will receive plans for the expansion of hip and knee SSP's by March 31, 2018.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Vancouver Coastal Health Authority

Surgical

SITE IMPLEMENTATION (Action Level Dashboard)

Action	Mt. St. Joseph (PHC)	UBCH (VA)	VGH (VA)	Richmond Hospital*	Lion's Gate	St. Pauls (PHC)
Extend ERAS to all colorectal patients	100%	100%	100%	100%	100%	100%
Extend ERAS to at least one clinical specialty	100%	100%	100%	100%	100%	100%
HA to perform scheduling for all waitlisted surgeries	44%	42%	42%	25%	38%	44%
Implement a point of contact for patients during their wait for surgery	50%	63%	63%	0%	0%	50%
Provide notifications to patients during their wait for surgery	45%	45%	45%	0%	0%	45%

*Richmond Hospital is not one of the 5 highest volume sites. VCHA has chosen to report on the work occurring at Richmond Hospital in addition to the 5 required sites.

Issue/Barrier	Mitigation Plan
Ongoing discussion required regarding HA performing scheduling for all waitlisted surgeries.	

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

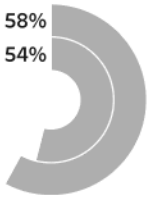
Island Health Authority

Surgical

HEALTH AUTHORITY SUMMARY

Progress to Plan (% Complete / Status)

CATCH UP AND KEEP UP

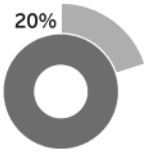


Outside Bar: Catch up for hip, knee and dental and keep up with demand
Inside Bar: Keep up with demand for all surgery

OR EFFICIENCY

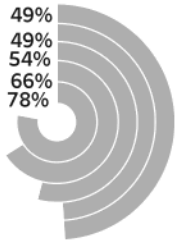
Bar: Increase operating room efficiency

SURGICAL SERVICES PROGRAM



Outside Bar: All patients requiring hip and knee replacement, at all sites where these procedures are performed, are supported by an SSP by March 31, 2019.
Inside Bar: Operationalize at least one instance of an SSP for hip and knee replacement by March 31, 2018.

SITE IMPLEMENTATION



Outside to Inside Bar:
1) Provide notifications to patients during their wait for surgery
2) Implement a point of contact for patients during their wait for surgery
3) HA to perform scheduling for all waitlisted surgeries
4) Extend ERAS into at least one new clinical specialty
5) Extend ERAS to all colorectal patients

Performance

Indicator	VIHA	Rating
# of hip replacements	1,033	△
# of knee replacements	1,354	△
# of dental surgeries	1,109	◆
# of surgeries completed other than hip, knee or dental	30,865	△
% of hip replacement surgeries waiting	40.4%	◆
% of knee replacement surgeries waiting	46.6%	◆
% of dental surgeries waiting longer than 26 weeks	20.2%	●
% of surgeries waiting other than hip, knee or dental surgeries	28.2%	◆

OR EFFICIENCY

Indicator	VIHA	Rating

Potential HA reported indicators:

- Improved first case start time
- Reduced early finishes
- Reduced seasonal closures
- Reduced turn-around time

SURGICAL SERVICES PROGRAM

Indicator	VIHA	Rating

Attributes of SSP:

- Central Intake
- Efficiency
- Evaluation
- Pre-Surgical Support

SITE IMPLEMENTATION

Indicator	VIHA	Rating
% of patients notified during their wait for surgery		
% of scheduled surgeries booked according to FIFO		
% of surgeries scheduled by Surgeons Office		
% of surgeries scheduled by HA		
Maintain OR access for unscheduled surgeries		

Rating Legend: ● At or better than target △ Within 10 per cent of target ◆ More than 10 per cent from target

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Island Health Authority

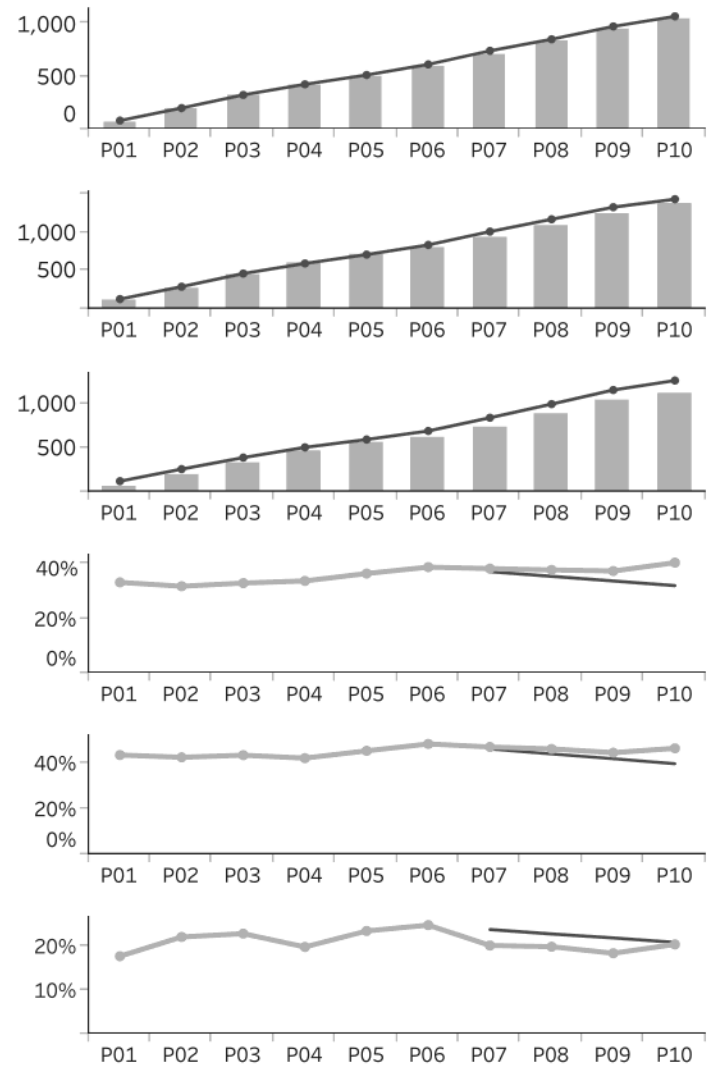
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Catch up for hip, knee, and dental and keep up with demand

Milestone	% Complete/Status
RJH - Expanded surgical capacity for total joint replacement procedures in place	100%
NIH - Expanded surgical capacity for total joint replacement procedures in place	25%
CDH - Expanded surgical capacity for total joint replacement procedures in place	25%
NRGH - Expanded surgical capacity for total joint replacement procedures in place	0%
Required HHR for expanded surgical capacity at RJH in place	100%
Expanded surgical capacity for dental in place - Seafield, WCGH	100%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Island Health Authority

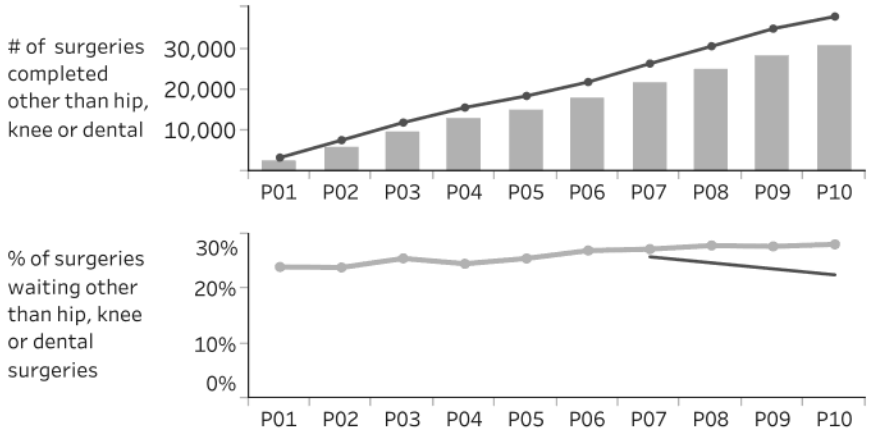
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Keep up with demand for all surgery

Milestone	% Complete/Status
Expanded surgical capacity in place - Island Health	50%
Keep Up Reporting - Develop reports to monitor Keep Up targets	100%
Targeted Waitlist Reviews - South Island	50%
Targeted Waitlist Reviews - NIH	25%
Targeted Waitlist Reviews - Community Sites (SPH, WCGH, CDH)	50%
Targeted Waitlist Reviews - NRGH	50%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Island Health Authority

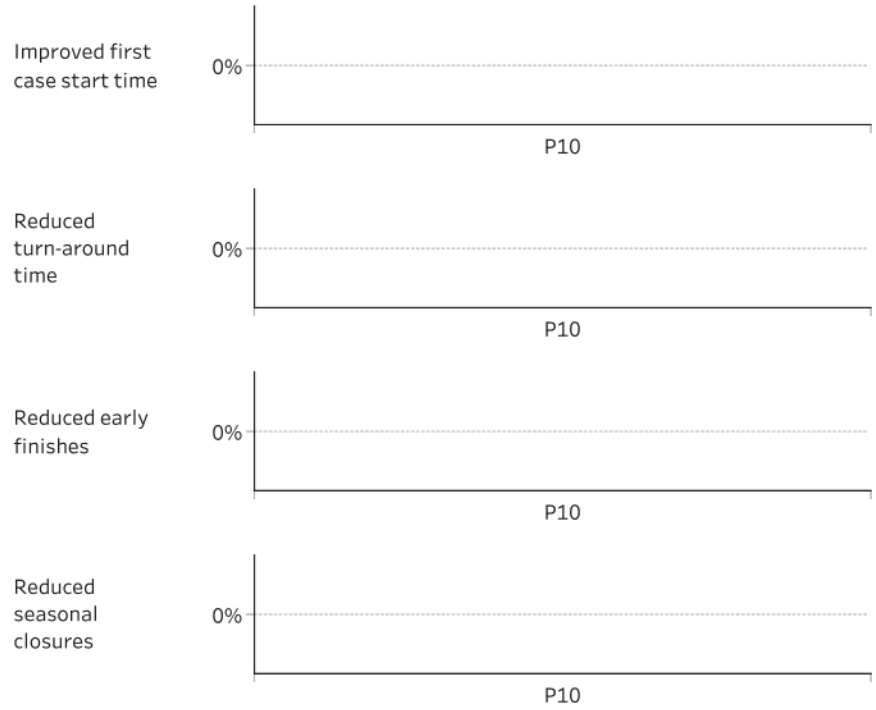
Surgical

OR EFFICIENCY (Milestone Dashboard)

Increase operating room efficiency in all public surgical sites

Milestone	% Complete/Status
Project team in place, ready to begin implementation	100%
Establish baselines and targets - all sites and divisions	75%
Development, modification and implementation of online reporting dashboard & site specific score cards	75%
Implementation of site specific OR efficiency team & site specific strategies to increase efficiencies	25%
Development and implementation of a surgery efficiency monitoring and reporting infrastructure	75%
Reduced seasonal closures plan & patient cancellations (2018 calendar year)	100%
OR allocation model implemented at NRGH	25%
OR allocation model implemented at WCGH	100%
OR allocation model implemented at SPH	100%
OR allocation model implemented at NIH	50%
OR allocation model implemented at CDH	25%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Island Health Authority

Surgical

SURGICAL SERVICES PROGRAM (Milestone Dashboard)

Implement Surgical Services Programs (SSP) for hip and knee replacement

Milestone	% Complete/Status
HHR - Expanded Surgical Capacity for Total Hip and Knee Procedures in Place at RJH	100%
Logistics and equipment - Expanded Surgical Capacity for Total Hip and Knee Procedures in Place at RJH	100%
Patient and GP communications in place for FAAST	100%
Interdisciplinary, Team-based care for SSP in place	100%
Pre-Surgical Support	100%
Post-Surgical Support (in-patient and community)	100%
Surgical Efficiencies	100%
Evaluation and next steps - create lessons learned document to assist with next SSP	0%
Project Plan for 2nd location of SSP - NIH	50%
HHR, Logistics and Equipment - Expanded Surgical Capacity for Total Hip and Knee Procedures in Place at NIH	0%
Implement SSP model - NIH	0%
Project Plan for all Island Health Patients - SSP	50%
Non-Surgical Support (Medical Management Stream)	100%

Indicator Charts

Attributes of SSP:

- Central Intake
- Efficiency
- Evaluation
- Pre-Surgical Support

The Ministry will receive plans for the expansion of hip and knee SSP's by March 31, 2018.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Island Health Authority

Surgical

SITE IMPLEMENTATION (Action Level Dashboard)

Action	Nanaimo Regional	NIH Campbell River and District	NIH Comox	Royal Jubilee	Victoria General
Extend ERAS to all colorectal patients	83%	83%	83%	100%	100%
Extend ERAS to at least one clinical specialty	63%	63%	63%	71%	71%
HA to perform scheduling for all waitlisted surgeries	38%	54%	54%	63%	63%
Implement a point of contact for patients during their wait for surgery	45%	45%	45%	55%	55%
Provide notifications to patients during their wait for surgery	45%	45%	45%	55%	55%

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

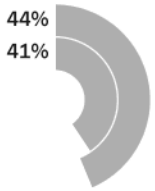
Northern Health Authority

Surgical

HEALTH AUTHORITY SUMMARY

Progress to Plan (% Complete / Status)

CATCH UP AND KEEP UP



Outside Bar: Catch up for hip, knee and dental and keep up with demand
Inside Bar: Keep up with demand for all surgery

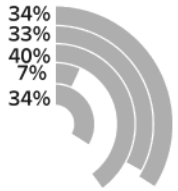
OR EFFICIENCY

Bar: Increase operating room efficiency

SURGICAL SERVICES PROGRAM

Outside Bar: All patients requiring hip and knee replacement, at all sites where these procedures are performed, are supported by an SSP by March 31, 2019.
Inside Bar: Operationalize at least one instance of an SSP for hip and knee replacement by March 31, 2018.

SITE IMPLEMENTATION



Outside to Inside Bar:
1) Provide notifications to patients during their wait for surgery
2) Implement a point of contact for patients during their wait for surgery
3) HA to perform scheduling for all waitlisted surgeries
4) Extend ERAS into at least one new clinical specialty
5) Extend ERAS to all colorectal patients

Performance

Indicator	NHA	Rating
# of hip replacements	281	●
# of knee replacements	576	●
# of dental surgeries	651	◆
# of surgeries completed other than hip, knee or dental	9,581	●
% of hip replacement surgeries waiting	26.1%	●
% of knee replacement surgeries waiting	34.0%	◆
% of dental surgeries waiting longer than 26 weeks	8.5%	●
% of surgeries waiting other than hip, knee or dental surgeries	11.3%	◆

Indicator	NHA	Rating
Potential HA reported indicators:		
Improved first case start time		
Reduced early finishes		
Reduced seasonal closures		
Reduced turn-around time		

Indicator	NHA	Rating
Attributes of SSP:		
Central Intake		
Efficiency		
Evaluation		
Pre-Surgical Support		

Indicator	NHA	Rating
% of patients notified during their wait for surgery		
% of scheduled surgeries booked according to FIFO		
% of surgeries scheduled by Surgeons Office		
% of surgeries scheduled by HA		
Maintain OR access for unscheduled surgeries		

Rating Legend: ● At or better than target ▲ Within 10 per cent of target ◆ More than 10 per cent from target

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Northern Health Authority

Surgical

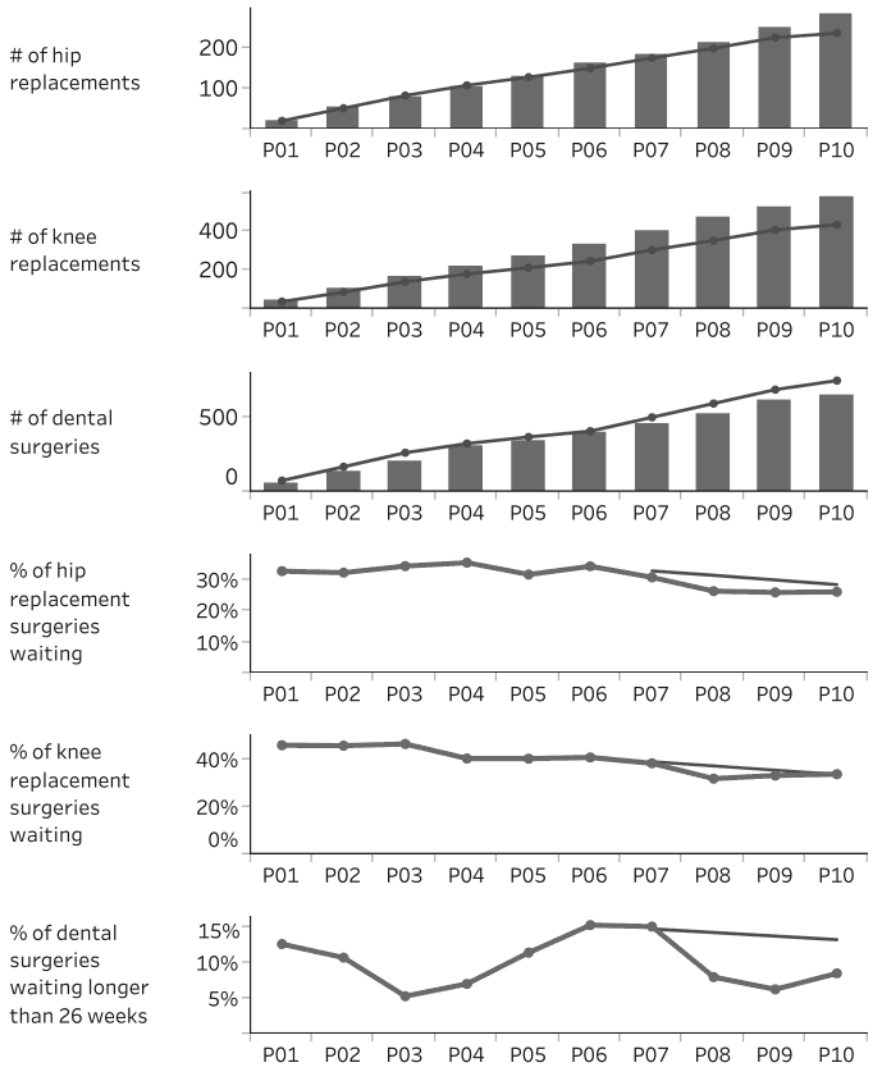
CATCH UP AND KEEP UP (Milestone Dashboard)

Catch up for hip, knee, and dental and keep up with demand

Milestone	% Complete/Status
Surgical capacity plans for fiscal years 2017/18 and 2018/19 complete including forecasting of additional surgical volumes required to meet targets	100%
Development and implementation of site plans for UHNBC and Dawson Creek for achieving added orthopedic volumes by sites.	25%
Site specific monitoring implemented for enhanced arthroplasty volumes	25%
Human resource recruitment, retention and operational requirements determined (Perioperative nursing, inpatient-surgical nursing, anesthesiology and allied health)	25%

Issue/Barrier	Mitigation Plan
Provincial shortage of physiotherapists.	

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Northern Health Authority

Surgical

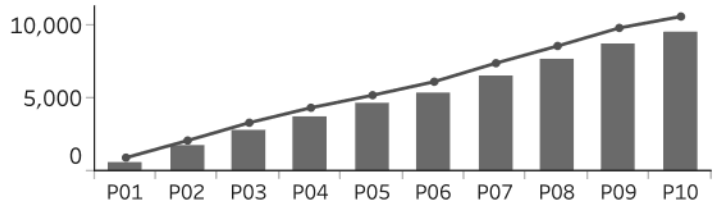
CATCH UP AND KEEP UP (Milestone Dashboard)

Keep up with demand for all surgery

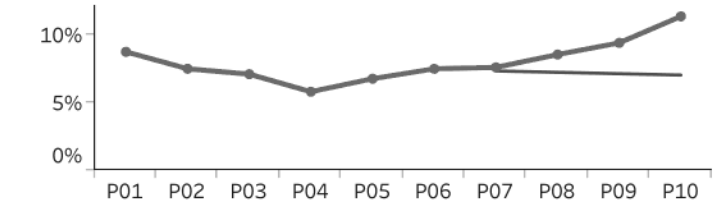
Milestone	% Complete/Status
Surgical capacity plans for fiscal years 2017/18 and 2018/19 complete including forecasting of additional surgical volumes required to meet targets	100%
Develop UHNBC plan to achieve added volumes	75%
Implement UHNBC plan to achieve added volumes	0%
Develop additional NH site-specific plans for achieving added volumes	25%
Implement additional NH site specific plans for achieving added volumes	0%
NH site specific human resource recruitment, retention and operational requirements determined (Perioperative nursing, anesthesiology and support staff)	0%
Establish site-level monthly monitoring of surgical volumes, waitlist targets and long waiting cases	100%
UHNBC Human resource recruitment, retention and operational requirements for added volumes determined (Perioperative nursing, anesthesiology and support staff)*	25%

Indicator Charts

# of surgeries completed other than hip, knee or dental



% of surgeries waiting other than hip, knee or dental surgeries



Issue/Barrier	Mitigation Plan
*Dependency: approval of funding from Ministry	

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Northern Health Authority

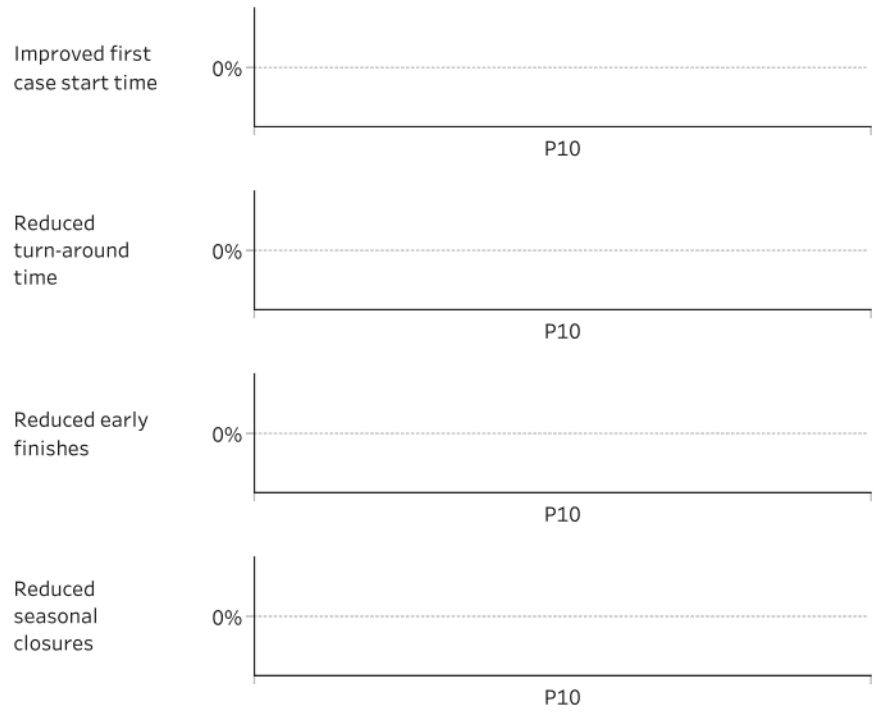
Surgical

OR EFFICIENCY (Milestone Dashboard)

Increase operating room efficiency in all public surgical sites

Milestone	% Complete/Status
Develop a communication plan for OR stakeholders about OR efficiency improvements at UHNBC. This includes staff and physician education on efficiency definitions, measures and Li..	25%
Implementation of Lighthouse at UHNBC	75%
Develop UHNBC implementation plans to improve first case start times, turnover times, early finishes and seasonal closures based on Lighthouse data	50%
Implement UHNBC work plans including implementation of regular performance metric reporting, analysis, opportunity identification, and evaluation	25%
Develop UHNBC accountability framework for reporting OR efficiency metrics	50%
Implementation of Lighthouse at 1) Dawson Creek & Fort St John (Apr- June 2018); 2) all NW sites, Vanderhoof and Quesnel (Sept - Dec 2018)	0%
Develop NH site level implementation plans to improve first case start times, turnover times, early finishes and seasonal closures based on local available data and capacity to report (..	0%
Implement site specific work plans including implementation of regular performance metric reporting, analysis, opportunity identification, and evaluation (Staggered Implementation: 1) ..	0%
Develop NH site-specific accountability framework for reporting OR efficiency metrics	0%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Northern Health Authority

Surgical

SURGICAL SERVICES PROGRAM (Milestone Dashboard)

Implement Surgical Services Programs (SSP) for hip and knee replacement

Milestone	% Complete/Status
Establish governance structure to guide SSP development at UHNBC	100%
Complete gap analysis comparing SSP criteria and current practices to identify areas for improvement to implement SSP key components	100%
Develop and implement SSP attributes (central intake referral process, non-surgical, patient education, self management tools etc.)	25%
Launch UHNBC SSP for hip and knee replacement surgeries	0%
Develop plan for expansion of SSP for Dawson Creek based on local context	0%
Implement SSP at Dawson Creek	0%
Staggered implementation of SSPs for Kitimat General Hospital and Prince Rupert General Hospital and timeline to be determined	0%
SSPs implemented for Kitimat General Hospital and Prince Rupert General Hospital	0%
Develop and resource staffing model to resource UHNBC SSP*	50%

Indicator Charts

Attributes of SSP:

- Central Intake
- Efficiency
- Evaluation
- Pre-Surgical Support

Issue/Barrier	Mitigation Plan
*Dependency: approval of funding from Ministry	

The Ministry will receive plans for the expansion of hip and knee SSP's by March 31, 2018.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Northern Health Authority

Surgical

SITE IMPLEMENTATION (Action Level Dashboard)

Action	Dawson Creek and District Hosp	Fort St John General Hospital	G.R. Baker Memorial Hospital	Kitimat General Hospital	Mills Memorial	UHNBC
Extend ERAS to all colorectal patients	0%	0%	20%		75%	75%
Extend ERAS to at least one clinical specialty	0%	0%	0%	0%	0%	40%
HA to perform scheduling for all waitlisted surgeries	33%	33%	33%	33%	33%	75%
Implement a point of contact for patients during their wait for surgery	0%	100%	0%	100%	0%	0%
Provide notifications to patients during their wait for surgery	4%	88%	4%	100%	8%	0%

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

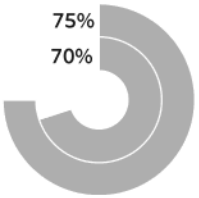
Provincial Health Services Authority

Surgical

HEALTH AUTHORITY SUMMARY

Progress to Plan (% Complete / Status)

CATCH UP AND KEEP UP



Outside Bar: Catch up for hip, knee and dental and keep up with demand
Inside Bar: Keep up with demand for all surgery

OR EFFICIENCY

Bar: Increase operating room efficiency

SURGICAL SERVICES PROGRAM

Outside Bar: All patients requiring hip and knee replacement, at all sites where these procedures are performed, are supported by an SSP by March 31, 2019.
Inside Bar: Operationalize at least one instance of an SSP for hip and knee replacement by March 31, 2018.

SITE IMPLEMENTATION

Outside to Inside Bar:
1) Provide notifications to patients during their wait for surgery
2) Implement a point of contact for patients during their wait for surgery
3) HA to perform scheduling for all waitlisted surgeries
4) Extend ERAS into at least one new clinical specialty
5) Extend ERAS to all colorectal patients

Performance

Indicator	PHSA	Rating
# of dental surgeries	637	◆
# of surgeries completed other than hip, knee or dental	4,642	
% of dental surgeries waiting longer than 26 weeks	14.0%	◆
% of surgeries waiting other than hip, knee or dental surgeries	29.9%	◆

OR EFFICIENCY

Indicator	PHSA	Rating

Potential HA reported indicators:

- Improved first case start time
- Reduced early finishes
- Reduced seasonal closures
- Reduced turn-around time

SURGICAL SERVICES PROGRAM

Indicator	PHSA	Rating

Attributes of SSP:

- Central Intake
- Efficiency
- Evaluation
- Pre-Surgical Support

SITE IMPLEMENTATION

Indicator	PHSA	Rating
% of patients notified during their wait for surgery		
% of scheduled surgeries booked according to FIFO		
% of surgeries scheduled by Surgeons Office		
% of surgeries scheduled by HA		
Maintain OR access for unscheduled surgeries		

Rating Legend: ● At or better than target ▲ Within 10 per cent of target ◆ More than 10 per cent from target

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Provincial Health Services Authority

Surgical

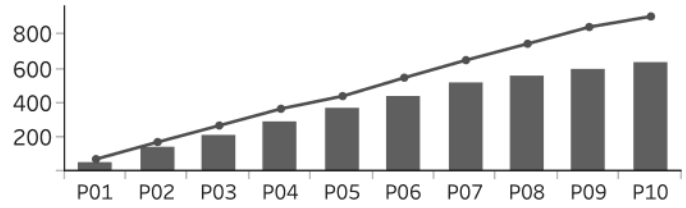
CATCH UP AND KEEP UP (Milestone Dashboard)

Catch up for hip, knee, and dental and keep up with demand

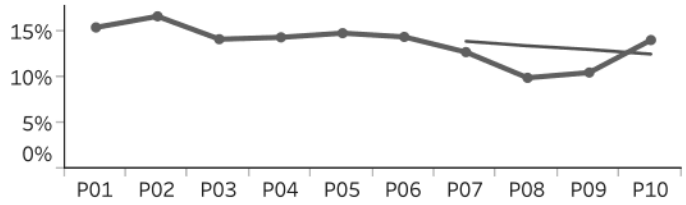
Milestone	% Complete/Status
OR support staff hired	100%
Physician support confirmed, contracts revised to reflect increased OR capacity	25%
Surgical Volumes augment financial tracking program in place and capturing dental augment costs	100%
Service support model adjustments negotiated and contracts, service plan, agreements in place	100%
BCCSS surgical supplies in-house replenishment adjustment in place	100%
Additional Dental OR opens and completes first slate	0%
PACU, OR staffing needs identified and hiring plan initiated	100%
Quality Improvement/Performance Monitoring defined and support team in place to actively support ORs and implement interventions	75%

Indicator Charts

# of dental surgeries



% of dental surgeries waiting longer than 26 weeks



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Provincial Health Services Authority

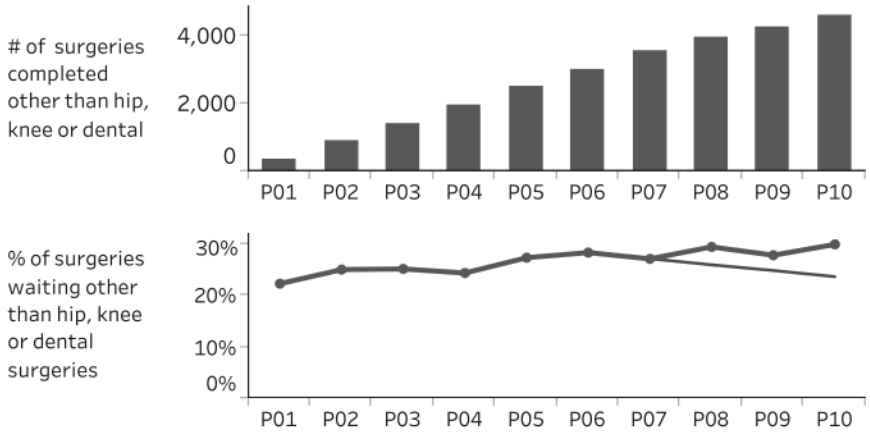
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Keep up with demand for all surgery

Milestone	% Complete/Status
Proactive PHSA OR efficiency plan created	100%
Efficiency metrics decided and regular review activated	50%
Performance reporting implemented for waitlist management, scheduling, in-turn adherence, appropriate diagnosis/priority code utilization	75%
Tactical response plans in place for case cancellation/postponement, inpatient bed availability, late starts, early finish and turnaround time issues	75%
Performance wall (visual reporting) implemented and used in daily OR quality huddles*	50%

Indicator Charts



Issue/Barrier	Mitigation Plan
*Data collection is labour intensive and requires significant time for data capture, additional time may be required to finalise most informative metrics.	

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

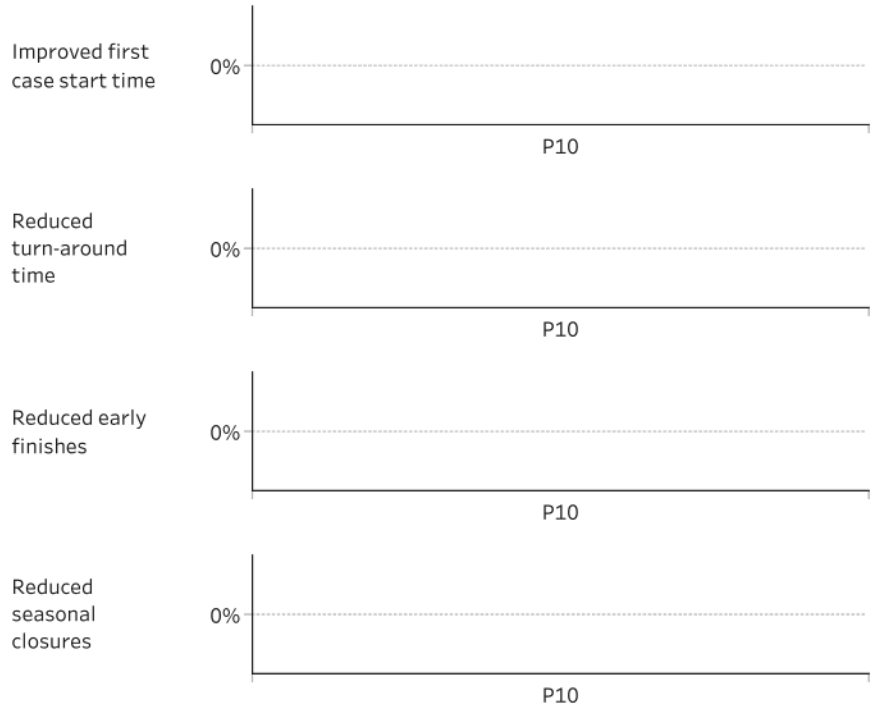
Surgical

OR EFFICIENCY (Milestone Dashboard)

Increase operating room efficiency in all public surgical sites

Milestone	% Complete/Status
Reduced "early finishes" (phase 1)	0%
Reduced "turn-around time" (phase 2)	0%
Improved "first case start time" (phase 3)	0%
Reduced seasonal closures	0%
Detailed data systems, standard reporting, and regular reviews in place*	75%

Indicator Charts



Issue/Barrier	Mitigation Plan
*BCCA implementation of Lighthouse dependent on linkage of multiple systems and data and resolution of data integrity issues. All other PHSA site Lighthouse implementations are on track on complete. Timeline for BCCA completion April, 2018	*Review timelines and work plan with team to identify opportunities to expedite data review and validation

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Surgical

SITE IMPLEMENTATION (Action Level Dashboard)

Action	BC Children's	BC Women's
Extend ERAS to all colorectal patients		
Extend ERAS to at least one clinical specialty		8%
HA to perform scheduling for all waitlisted surgeries	30%	45%
Implement a point of contact for patients during their wait for surgery	7%	7%
Provide notifications to patients during their wait for surgery	10%	13%

Issue/Barrier	Mitigation Plan
*External MoH Milestone that PHSA deliverables are dependent on Site Implementation Working Group deliverables being completed and communicated to implementing sites by deadline.	*PHSA representation on Site Implementation Working Group, updates provided to BCCH, PHSA SCs to alert of activities and communicate progress to ensure that PHSA aware of any delay in deliverables that would impact timelines.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Ministry of Health

Surgical

ENABLERS (Milestone Dashboard)

HHR

Milestone	% Complete/ Status
HHR Planning	
Draft HHR report briefing with the DM	100%
Draft HHR report which including the three year plan for surgical HHR	100%
Engagement with HA VP's on the draft HHR report	100%
Gap Analysis on priority professions	100%
HHR Plan finalized, for presentation to the HA VPs on January 31, 2018*	75%
Release finalized version of the Provincial Health Workforce Plan.**	75%

HHR

Milestone	% Complete/ Status
Education, Recruitment and Retention Strategies	
Draft HHR report complete which includes planning process identify and implement education, recruitment and retention strategies for primary care access and specialized services	100%
Draft report and strategies are reviewed with the DM	100%
Engagement with HA VPs on strategies	100%

Issue/Barrier	Mitigation Plan

*New completion date indicated - Feb 28, 2018.

**New completion date indicated - Mar 15, 2018.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Ministry of Health

Surgical

ENABLERS (Milestone Dashboard)

	Milestone	% Complete/ Status
HHR	**Provincial Model for Perioperative Nursing**	
	Health Authorities will submit their plans to the Ministry	100%
	Inform the Ministry of Advanced Education, Skill and Training on the model and the HA's plans and supports required from the post-secondary institutions	100%
	Roll out the model for perioperative nursing and perioperative nursing education provincially****	0%
	Anesthesia Contracts	
	Anesthesiology services discussion with Surgical VPs at SCISS.	100%
	HA VPs of Medicine, HEABC, and MoH collectively identifying and resolving short term supply issues regarding anesthesia.*****	50%

	Milestone	% Complete/ Status
HHR	**Anesthesia Care Model**	
	Internal working group to scope out the work will be struck by SMO by Jan 31, 2018.******	0%
	Anesthesia Compensation Models	
	Discussion with HEABC regarding Anesthesia compensation	100%
	Proposition scoping out the work presented to Leadership Council March 15, 2018******	0%

Issue/Barrier	Mitigation Plan
****Waiting for confirmation of completion dates for implementation of the surgical nursing model in the OR's from HA's	
*****Contracts have been signed at 3 of the HA's	
******Additional milestones will be identified through the scoping exercise	

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Ministry of Health

Surgical

ENABLERS (Milestone Dashboard)

	Milestone	% Complete/ Status
IM/IT	DM approved BN for funding Information Solutions for Enhanced Surgical Flow – proof of concept.	100%
	FCSD to confirm terms of budget allocation (e.g. allocation 2017/18, 18/19, 19/20). BCCSS requires an MOU with signed commitment by 3 participating Health Authorities.	75%
	Funding in place	50%
	Ministry to issue funding letter to HA's*	75%
	BCCSS prep and RFP development.	0%
	Evaluation criteria for proof of concept to be developed	0%
	PoC implementation and evaluation	0%
	RFP evaluation, negotiation, award	0%
	RFP issued	0%

	Milestone	% Complete/ Status
FINANCE	Decision briefing note prepared to Deputy Minister review and approval regarding payment methodology	100%
	Funding allocation information communicated to health authorities via 2017-18 Preliminary Funding Letters	100%
INFORMATION AND DATA	Health authorities on boarded to provincial standard modelling system (Note: some smaller sites and BCCA not yet on boarded; follow up will commence in January.**	75%
	MoH receiving data from provincial system***	50%
	Surgical modelling and identification of opportunities for efficiencies undertaken	50%
	Current surgical codes reviewed and validated	25%
	Plan in place for implementation of changes if necessary	0%
	Consultations with data and tech representatives from the Health Authorities	0%
	Definitions standardized for timeframes for unscheduled surgeries.	0%
	Implementation as necessary	0%

Issue/Barrier	Mitigation Plan
*RFP cannot be issued until funding is approved.	

**Plan was to focus on large sites because of the labour intensive nature of small site data collection/alignment. Some of the smaller sites in IHA and NHA are not yet on boarded. We were not aware until late December. New date of end of fiscal. 75% is probably an understatement.

***In late December, after the previous version of the plan had been submitted, we discovered that there were internal inconsistencies in the data fields. These are being rectified with a timeline of end January. This is recoding to SPR.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Ministry of Health

Surgical

ENABLERS (Milestone Dashboard)

	Milestone	% Complete/ Status
IMPROVE THE PATIENT EXPERIENCE	Deploy website to production	100%
	Provincial surgical wait times website to go live	100%
	Testing of provincial surgical wait times website (UAT)	100%
IMPROVE TIMELY ACCESS TO APPROPRIATE SURGICAL PROCEDURES	Prepare options paper for appropriateness initiative.	50%
	On the basis of approval/revisions to the Project Charter, develop the schedule to convene a working group to begin the scope of work	0%
	On the basis of the options considered, develop a draft Project Charter for approval at ADM bi-weekly meeting	0%

	Milestone	% Complete/ Status
PERFORMANCE MANAGEMENT	Draft report presented to SCHSPH	100%
	Completed report presented to LC (monthly thereafter)	100%
	Completed report presented to SCHSPH (monthly thereafter)	100%

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

SURGICAL SERVICES
18 MONTH ACTION PLAN

(October 2017 - March 2019)

2017/18 P11 (January 25, 2018)

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Surgical

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INTRODUCTION

Purpose

The surgical Services Report provides a comprehensive overview of progress towards implementation of the 18 Month Surgical Action Plan (October 2017 – March 2019) within the context of the 3 Year Surgical Services Strategy. The 18 month action plan represents the first half of the 36 month action plan and focuses on five key priority areas:

- Catch Up and Keep Up
- OR Efficiency
- Surgical Services Program
- Site Implementation
- Enablers

It is intended that this report will support all stakeholders in monitoring implementation and performance against established timelines and targets.

Structure

The Surgical Services Report layout is a series of dashboards offering an executive, provincial and health authority (HA) view of progress and performance. Progress and performance results are reported on a fiscal period basis (P1 to P13). The executive view outlines performance and progress at the highest level (areas of focus). The provincial view outlines surgical performance against established targets and measures progress towards completion of high level actions. The HA view outlines each action in more detail and measures progress towards HA-specific milestones, provides more detail on performance indicators and identifies risks in achieving actions and milestones.

Implementation Progress

Progress towards completion of both actions and milestones is depicted using a donut progress bar and represents the percent complete, color coded by current status. Health Authorities submitted project charters to the Ministry for the first 18 months, including explicit and achievable operational plans detailing how each health authority will achieve the goals and timelines of the 18 month surgical action plan based on their geography and patient population. As each Health Authority has a different context, there will be variability in completion percentages across each of the areas of focus and progress is not comparable across the Heath Authorities. Progress is being monitored by the Ministry on a period by period basis to ensure that the Health Authorities and the Ministry are on track and where issues arise, they are identified and resolved.

Status of process is identified as follows:

- Complete
- On Track
- At Risk
- Off Track
- Not Started
- Not Applicable

Status of actions is an assessment of progress against established timelines and can be influenced by a number of factors.

Examples of donut progress bar:

Indicators

Indicators for surgical services have been selected to monitor performance towards achieving desired outcomes. They include measuring the percent of surgeries for which patients are waiting longer than 26 weeks and the number of surgeries performed.

Targets

Targets for percent of surgeries waiting longer than 26 weeks were established by the Ministry and Health Authorities. Volume targets (planned volumes) were established in consultation with health authorities and reflect the number of surgeries required to meet the percent completed target. Volume targets were distributed to fiscal periods using 3 years of historical volumes. The percent of surgeries waiting period targets were established using a linear distribution between baseline (P6) and the established target over 18 months.

Ratings

For the most recent reported period, ratings are assigned based on the gap between performance and established targets. For percent of surgeries waiting longer than 26 weeks this will be actual performance against target. For volume indicators the gap will be a measurement of the projected end of fiscal surgeries completed (linear calculation) and Authority specific targets.

- At or better than target
- Within 10 percent of target
- More than 10 percent from target

Surgical

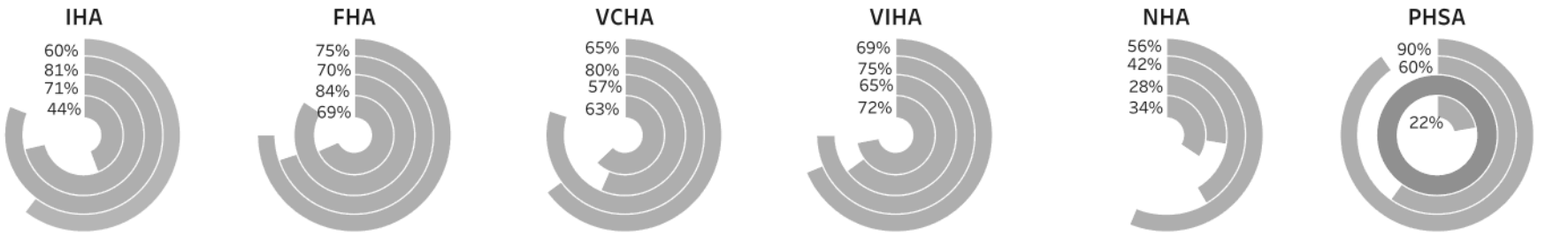
EXECUTIVE OVERVIEW - PRIORITY AREAS OF FOCUS

Performance

Indicator	Provincial Target	BC	IHA	FHA	VCHA	VIHA	NHA	PHSA
CATCH UP								
Number of hip replacement surgeries completed	4,985	4,861 ▲	1,036 ▲	917 ●	1,432 ▲	1,170 ▲	306 ●	-
Number of knee replacement surgeries completed	7,466	7,281 ▲	1,626 ▲	2,015 ●	1,486 ◆	1,511 ▲	643 ●	-
Number of dental surgeries completed	5,538	4,854 ◆	958 ▲	847 ◆	348 ●	1,251 ▲	696 ◆	754 ◆
Percent of hip replacement surgeries waiting longer than 26 weeks	24.7%	31.5% ◆	30.4% ◆	24.7% ◆	32.5% ◆	36.8% ◆	25.6% ●	-
Percent of knee replacement surgeries waiting longer than 26 weeks	31.3%	38.6% ◆	33.4% ◆	38.0% ◆	40.4% ◆	44.2% ◆	33.2% ◆	-
Percent of dental surgeries waiting longer than 26 weeks	17.9%	15.0% ●	10.9% ●	14.8% ●	9.1% ●	20.1% ◆	5.2% ●	14.2% ◆
KEEP UP								
Number of surgeries completed other than hip, knee or dental surgeries	174,635	170,331 ▲	30,329 ▲	49,338 ▲	45,895 ▲	34,168 ▲	10,601 ●	5,126
Percent of surgeries waiting longer than 26 weeks other than hip, knee or dental surgeries	18.2%	23.7% ◆	16.8% ◆	21.7% ◆	28.3% ◆	27.6% ◆	11.3% ◆	28.2% ◆

Rating Legend: ● At or better than target ▲ Within 10 per cent of target ◆ More than 10 per cent from target

Areas of Focus Progress to Plan (% Complete / Status)



Outside to Inside Bar:
1) Catch up and keep up
2) OR efficiency
3) Surgical services program (SSP)
4) Site implementation
5) Enablers*

* Detail on the enablers can be found on page 10.

Please note: progress to plan information is not comparable across Health Authorities.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Surgical

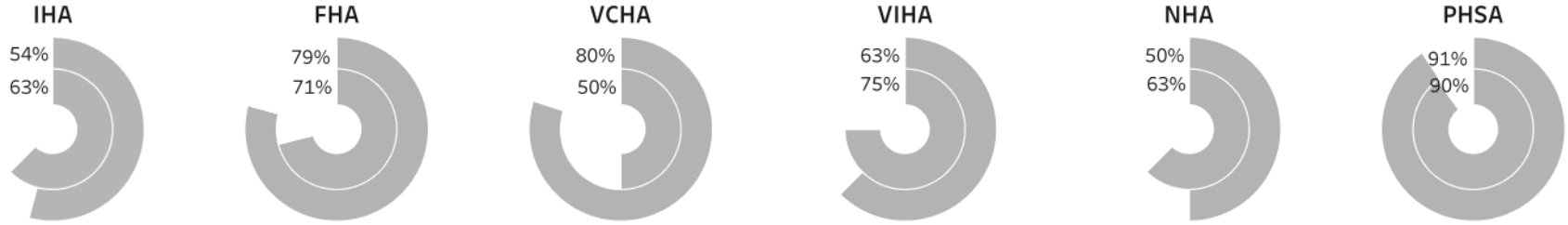
PROVINCIAL OVERVIEW - CATCH UP AND KEEP UP (Action Dashboard)

Performance

Indicator	Provincial Target	BC	IHA	FHA	VCHA	VIHA	NHA	PHSA
CATCH UP								
Number of hip replacement surgeries completed	4,985	4,861 ▲	1,036 ▲	917 ●	1,432 ▲	1,170 ▲	306 ●	-
Number of knee replacement surgeries completed	7,466	7,281 ▲	1,626 ▲	2,015 ●	1,486 ◆	1,511 ▲	643 ●	-
Number of dental surgeries completed	5,538	4,854 ◆	958 ▲	847 ◆	348 ●	1,251 ▲	696 ◆	754 ◆
Percent of hip replacement surgeries waiting longer than 26 weeks	24.7%	31.5% ◆	30.4% ◆	24.7% ◆	32.5% ◆	36.8% ◆	25.6% ●	-
Percent of knee replacement surgeries waiting longer than 26 weeks	31.3%	38.6% ◆	33.4% ◆	38.0% ◆	40.4% ◆	44.2% ◆	33.2% ◆	-
Percent of dental surgeries waiting longer than 26 weeks	17.9%	15.0% ●	10.9% ●	14.8% ●	9.1% ●	20.1% ◆	5.2% ●	14.2% ◆
KEEP UP								
Number of surgeries completed other than hip, knee or dental surgeries	174,635	170,331 ▲	30,329 ▲	49,338 ▲	45,895 ▲	34,168 ▲	10,601 ●	5,126
Percent of surgeries waiting longer than 26 weeks other than hip, knee or dental surgeries	18.2%	23.7% ◆	16.8% ◆	21.7% ◆	28.3% ◆	27.6% ◆	11.3% ◆	28.2% ◆

Rating Legend: ● At or better than target ▲ Within 10 per cent of target ◆ More than 10 per cent from target

Action Progress to Plan (% Complete / Status)



Outside Bar: Catch up for hip, knee and dental and keep up with demand
Inside Bar: Keep up with demand for all surgery

Please note: progress to plan information is not comparable across Health Authorities.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Surgical

PROVINCIAL OVERVIEW - OR EFFICIENCY (Action Dashboard)

Performance

Indicator	Provincial Target	BC	IHA	FHA	VCHA	VIHA	NHA	PHSA

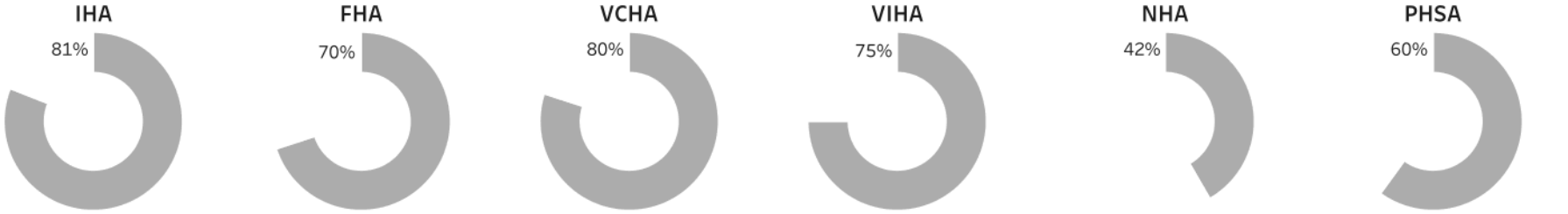
Potential HA reported indicators:

- Improved first case start time
- Reduced turn-around time
- Reduced early finishes
- Reduced seasonal closures

Targets to be identified by the beginning of fiscal 2018/19

Rating Legend: ● At or better than target △ Within 10 per cent of target ◆ More than 10 per cent from target

Action Progress to Plan (% Complete / Status)



Bar: Increase operating room efficiency

Please note: progress to plan information is not comparable across Health Authorities.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

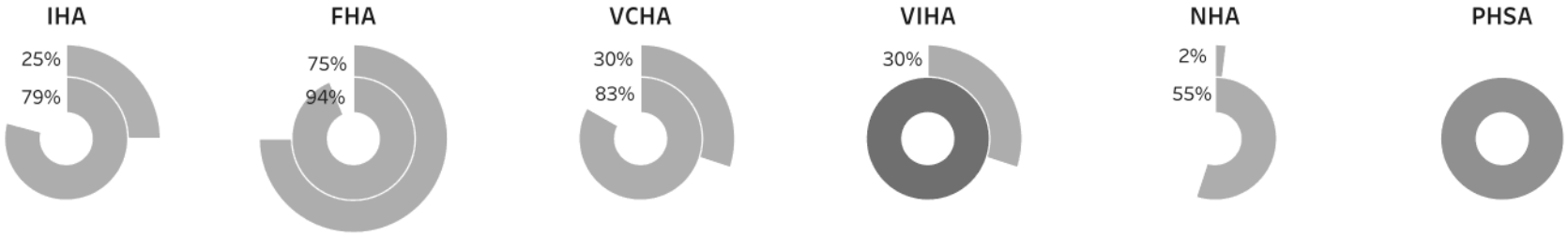
Surgical

PROVINCIAL OVERVIEW - SURGICAL SERVICES PROGRAM (Deliverable Dashboard)

Progress to Plan Overview

SSP Implementation		IHA	FHA	VCHA	VIHA	NHA	BC
Efficiencies	Incremental gains across the continuum of care through use of operating room resources, intake of patients, preparation of patients and coordination of patient flow (e.g. swing OR, bed mapping, single-entry models, transfers between sites, pre- and post-operative standardization)						
Evaluation	Patient outcomes tracked and evaluated and measurement of dimensions of quality embedded in existing systems through Patient Reported Outcome Measures (PROMS), Patient Reported Experience Measures (PREMS) and Key Performance Indicators (KPIs)						
Pre-Surgical Support	SSP's responsible for scheduling surgery and providing access to surgical optimization and pre-habitation through support services such as exercise, smoking cessation, nutrition, mental health, pain management, symptom management and pre-surgical assessments		Detail to be provided by period 12				
Central Intake, Assessment and Triage	A single, commonly-known point of access and contact for health care providers, care coordinators, care managers, patients, families and caregivers responsible for receiving referrals through a central intake office, assigning referrals through a standardization of referral criteria and assessment processes (first available, appropriate surgeon or surgeon of patients choice)						

Deliverable Progress to Plan (% Complete / Status)



Outside Bar: All patients requiring hip and knee replacement, at all sites where these procedures are performed, are supported by an SSP by March 31, 2019.
Inside Bar: Operationalize at least one instance of an SSP for hip and knee replacement by March 31, 2018.

Please note: progress to plan information is not comparable across Health Authorities.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Surgical

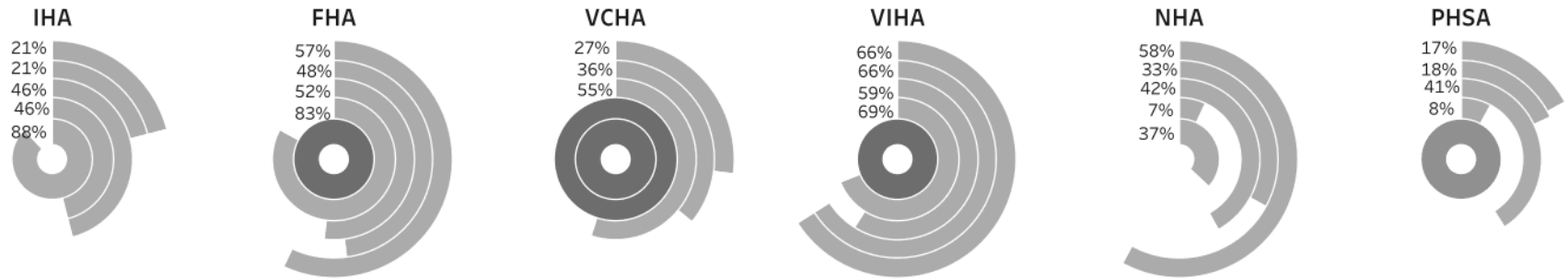
PROVINCIAL OVERVIEW - SITE IMPLEMENTATION (Action Dashboard)

Performance

Indicator	Provincial Target	BC	IHA	FHA	VCHA	VIHA	NHA	PHSA
Potential HA reported indicators:								
Percent of scheduled surgeries booked according to FIFO								
Percent of patients notified during their wait for surgery								
Percent of surgeries scheduled by HA								
Percent of surgeries scheduled by Surgeons Office								
Maintain OR access for unscheduled surgeries (Hip fracture fixations completed within 48 hours used as proxy)								

Targets to be identified by the beginning of fiscal 2018/19

Action Progress to Plan (% Complete / Status)



Outside to Inside Bar:
1) Provide notifications to patients during their wait for surgery
2) Implement a point of contact for patients during their wait for surgery
3) HA to perform scheduling for all waitlisted surgeries
4) Extend ERAS into at least one new clinical specialty
5) Extend ERAS to all colorectal patients

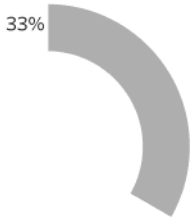
Please note: progress to plan information is not comparable across Health Authorities.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Surgical

PROVINCIAL OVERVIEW - ENABLERS (Deliverable Dashboard)

IMPROVE TIMELY ACCESS TO APPROPRIATE SURGICAL PROCEDURES

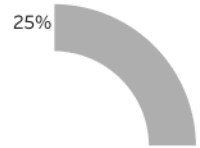


Bar: Develop a project charter for development of provincial approach to appropriateness including areas of focus

IMPROVE THE PATIENT EXPERIENCE

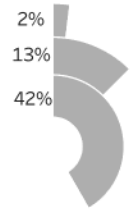
Bar: Website goes live

IM/IT



Bar: Implement Information Solutions for Enhanced Surgical Flow

INFORMATION AND DATA



Outside to Inside Bar:
1) Unscheduled Surgeries Timeframes
2) Prioritization Codes
3) Modeling Surgical Activity

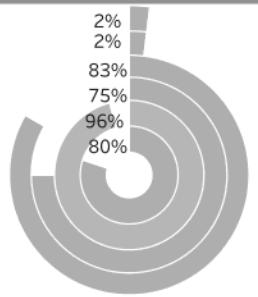
FINANCE

Outside to Inside Bar:
1) Bring forward funding options to better incent performance of HA's and physicians to improve the quality of surgical services
2) Complete costing analysis on cataract and hip/knee replacement surgeries to identify variation in costs and opportunities for cost management/ optimization across the HA's
3) Establish funding framework and identify funding allocations

PERFORMANCE MANAGEMENT

Outside to Inside Bar:
1) Develop a policy framework outlining a consistent approach for policy development
2) Develop performance management framework for surgical services
3) Establishing performance monitoring for the surgical services strategy, including both project reporting and performance monitoring with the first report going to Leadership Council in January

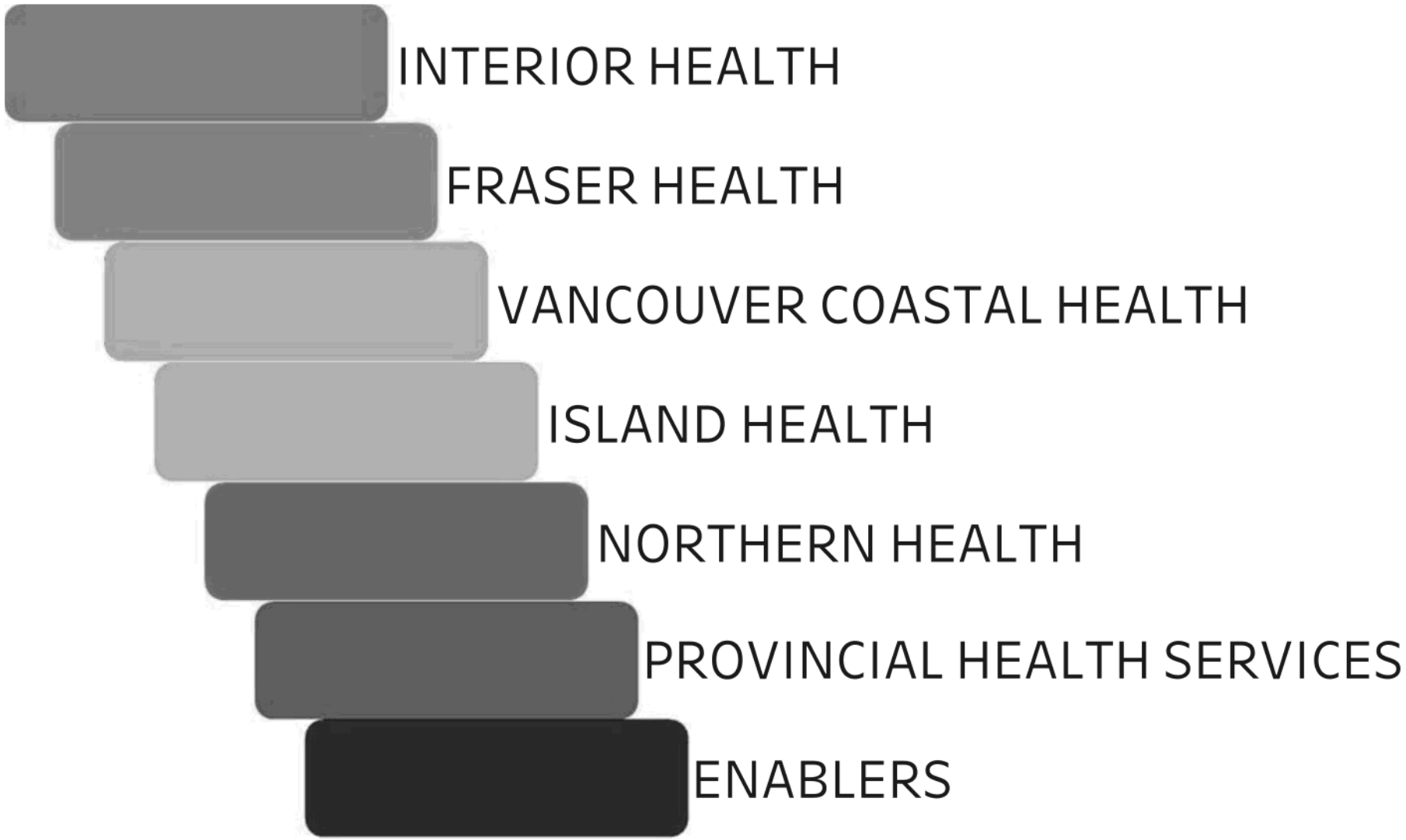
HHR



Outside to Inside Bar:
1) Anesthesia Care Model
2) Anesthesia Compensation Models
3) Anesthesia Contracts
4) Education, Recruitment and Retention Strategies
5) HHR Planning
6) Provincial Model for Perioperative Nursing

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Milestone Dashboards – Health Authorities and Enablers



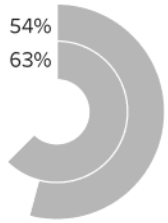
Interior Health Authority

Surgical

HEALTH AUTHORITY SUMMARY

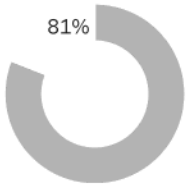
Progress to Plan (% Complete / Status)

CATCH UP AND KEEP UP



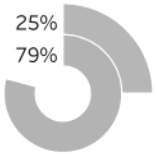
Outside Bar: Catch up for hip, knee and dental and keep up with demand
Inside Bar: Keep up with demand for all surgery

OR EFFICIENCY



Bar: Increase operating room efficiency

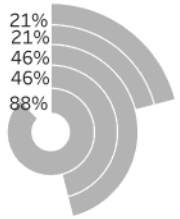
SURGICAL SERVICES PROGRAM



Challenge around anesthetists.

Outside Bar: All patients requiring hip and knee replacement, at all sites where these procedures are performed, are supported by an SSP by March 31, 2019.
Inside Bar: Operationalize at least one instance of an SSP for hip and knee replacement by March 31, 2018.

SITE IMPLEMENTATION



Outside to Inside Bar:
1) Provide notifications to patients during their wait for surgery
2) Implement a point of contact for patients during their wait for surgery
3) HA to perform scheduling for all waitlisted surgeries
4) Extend ERAS into at least one new clinical specialty
5) Extend ERAS to all colorectal patients

Performance

Indicator	Target	IHA	Rating
# of hip and knee replacements	2,820	2,662	△
# of dental surgeries	1,035	958	△
% of hip replacement surgeries waiting	23.3%	30.4%	◆
% of knee replacement surgeries waiting	28.6%	33.4%	◆
% of dental surgeries waiting longer than 26 weeks	17.2%	10.9%	●
# of surgeries completed other than hip, knee or dental	32,597	30,329	△
% of surgeries waiting other than hip, knee or dental surgeries	11.9%	16.8%	◆

Indicator	Target	IHA	Rating

Potential HA reported indicators:

- Improved first case start time
- Reduced turn-around time
- Reduced early finishes
- Reduced seasonal closures

Progress to Plan Overview	IHA
Efficiencies	
Evaluation	
Pre-Surgical Support	
Central Intake, Assessment and Triage	

Indicator	Target	IHA	Rating
% of scheduled surgeries booked according to FIFO			
% of patients notified during their wait for surgery			
% of surgeries scheduled by HA			
% of surgeries scheduled by Surgeons Office			
Maintain OR access for unscheduled surgeries			

Rating Legend: ● At or better than target △ Within 10 per cent of target ◆ More than 10 per cent from target

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Interior Health Authority

Surgical

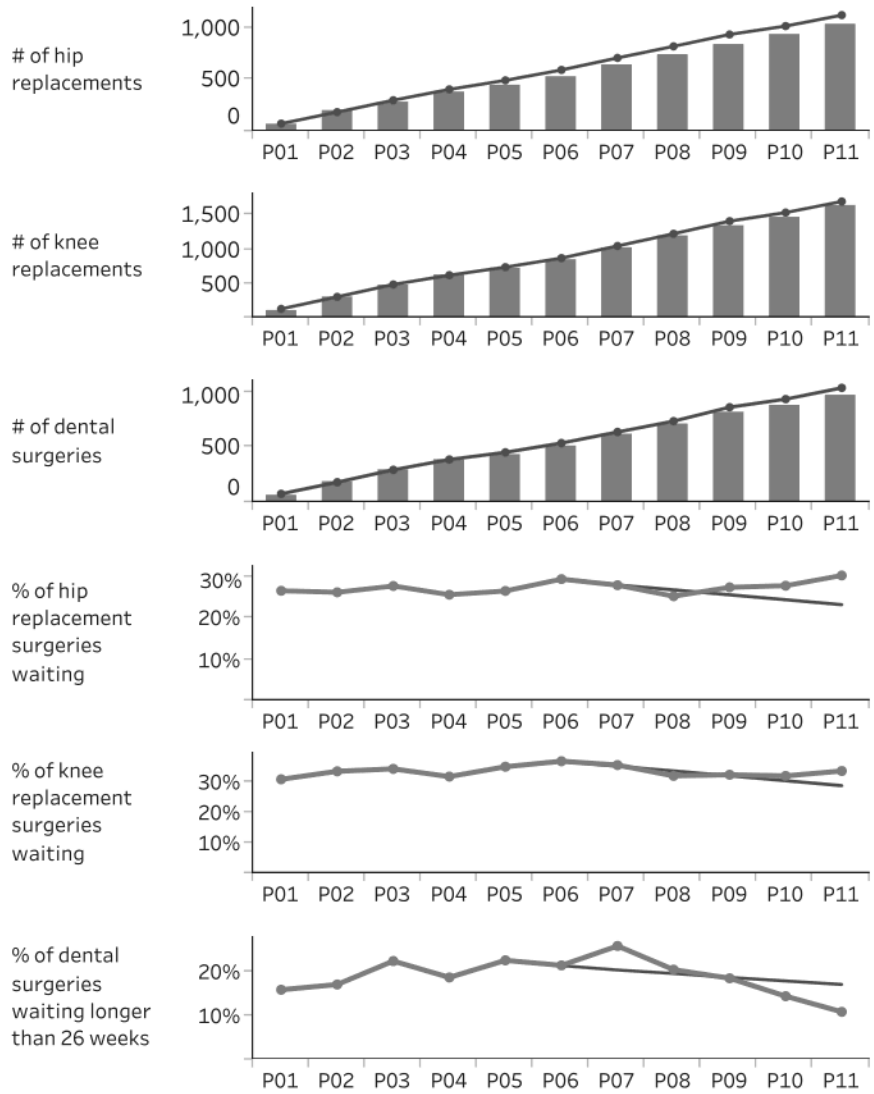
CATCH UP AND KEEP UP (Milestone Dashboard)

Catch up for hip, knee, and dental and keep up with demand

Milestone	% Complete/Status
Human resource recruitment*	25%
Develop templates for monitoring surgical volumes and wait list targets.**	100%
Develop concrete plans to improve OR efficiency and plan for current and future reductions in OR slowdowns***	100%
Catch up with demand targets achieved****	0%
Outfitting of physical OR capacity in IH to accommodate additional procedures*****	25%
Surgical Capacity plans for fiscal years 2017/18 and 2018/19 complete******	75%

Issue/Barrier	Mitigation Plan
*Appropriate lead time is needed to recruit and train staff.	
**Internal wait list and volume monitoring reports are complete; working with Ministry on provincial reporting process.	
***Full implementation will require additional funding.	
****2018/19 volume has not yet been approved. For discussion at Standing Committee.	
*****Vernon is underway, estimated to be operational in Q2 2018/19. Awaiting on approval for other capital projects.	
******Plans have been completed and submitted; waiting on Ministry approval.	

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Interior Health Authority

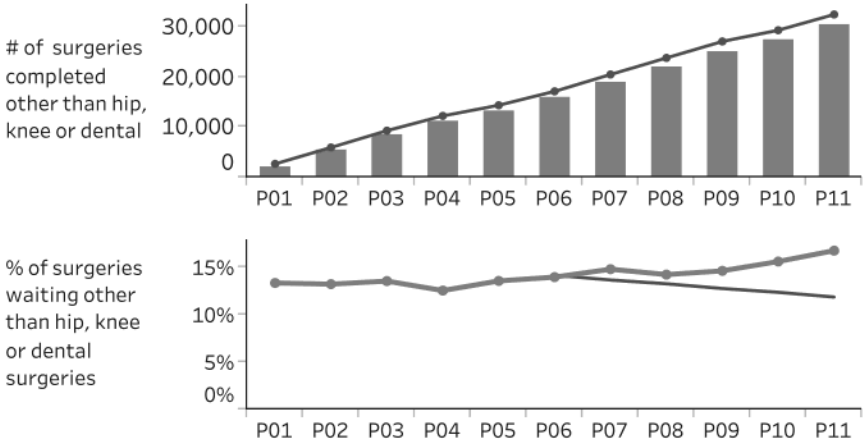
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Keep up with demand for all surgery

Milestone	% Complete/Status
Surgical Capacity plans for fiscal years 2017/18 and 2018/19 complete*	100%
Develop templates for monitoring surgical volumes and wait list targets.	100%
Develop concrete plans to improve OR efficiency and plan for current and future reductions in OR slowdowns**	100%
Keep up with demand targets achieved***	25%
Human resource recruitment****	25%
Outfitting of physical OR capacity in IH to accommodate additional procedures*****	25%

Indicator Charts



Issue/Barrier	Mitigation Plan
*Plan implementation requires significant capital and operating investment; funding confirmation has not yet been received.	
**Full implementation will require additional funding.	
***Progress will be monitored through provincial reporting.	
****Appropriate lead time is needed to recruit and train staff.	
*****Vernon is underway, estimated July 2018. Awaiting on approval for other capital projects.	

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Interior Health Authority

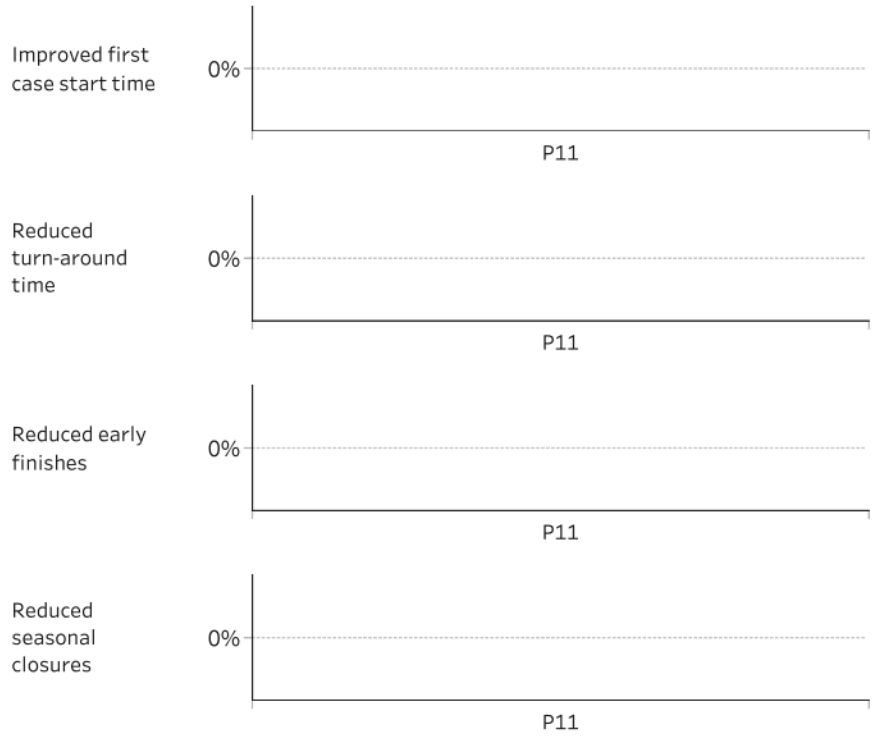
Surgical

OR EFFICIENCY (Milestone Dashboard)

Increase operating room efficiency in all public surgical sites

Milestone	% Complete/Status
Communicate expectations for OR efficiency improvements to IH Surgical Programs. This includes staff and physician education on efficiency definitions and measure	100%
Develop site level implementation plans to improve first case start times, turnover times, early finishes and seasonal slowdowns.*	100%
Establish regular status update process and monitoring of indicators for efficiency improvements at IH sites.	50%
Expand implementation of Analysis Works Lighthouse Software to all IH surgical programs that have electronic booking systems.	75%

Indicator Charts



Issue/Barrier	Mitigation Plan
*Full implementation will require additional funding.	

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Interior Health Authority

Surgical

SURGICAL SERVICES PROGRAM (Milestone Dashboard)

Implement Surgical Services Programs (SSP) for hip and knee replacement

Milestone	% Complete/Status
Develop Governance structure to guide implementation	100%
Evaluate implementation and current process to identify future improvements	50%
Expand the collaborative partnership between the current Kelowna SOC with the Kelowna BJC	50%
Launch Kelowna SSP for hip and knee replacement surgery	75%
Plans developed for remaining sites to be implemented by March 31, 2019 with plans developed for spread by March 2018*	25%
Process Flow Map for Kelowna SSP	100%
Understand and evaluate clinics in other health authorities that are currently meeting SSP criteria to identify opportunities for improvement/ alternate ways of implementing SSP elements	100%

Progress to Plan Overview	IHA
Efficiencies	
Evaluation	
Pre-Surgical Support	
Central Intake, Assessment and Triage	

Issue/Barrier	Mitigation Plan
*Still working on a provincial definition of a surgical program; funding for spread has not been approved.	

The Ministry will receive plans for the expansion of hip and knee SSP's by March 31, 2018.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Interior Health Authority

Surgical

SITE IMPLEMENTATION (Action Level Dashboard)

Action	East Kootenay	Kelowna General	Penticton Regional	Royal Inland	Vernon Jubilee
Extend ERAS to all colorectal patients	100%	100%	100%	100%	38%
Extend ERAS to at least one clinical specialty	38%	38%	19%	100%	38%
HA to perform scheduling for all waitlisted surgeries	0%	100%	0%	30%	100%
Implement a point of contact for patients during their wait for surgery	21%	21%	21%	21%	21%
Provide notifications to patients during their wait for surgery	21%	21%	21%	21%	21%

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

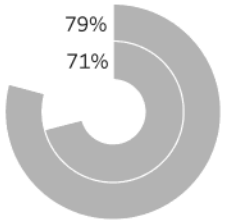
Fraser Health Authority

Surgical

HEALTH AUTHORITY SUMMARY

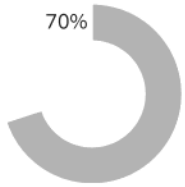
Progress to Plan (% Complete / Status)

CATCH UP AND KEEP UP



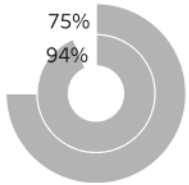
Outside Bar: Catch up for hip, knee and dental and keep up with demand
Inside Bar: Keep up with demand for all surgery

OR EFFICIENCY



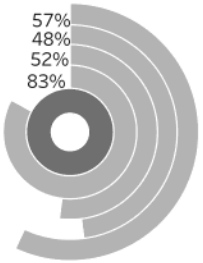
Bar: Increase operating room efficiency

SURGICAL SERVICES PROGRAM



Outside Bar: All patients requiring hip and knee replacement, at all sites where these procedures are performed, are supported by an SSP by March 31, 2019.
Inside Bar: Operationalize at least one instance of an SSP for hip and knee replacement by March 31, 2018.

SITE IMPLEMENTATION



Outside to Inside Bar:
1) Provide notifications to patients during their wait for surgery
2) Implement a point of contact for patients during their wait for surgery
3) HA to perform scheduling for all waitlisted surgeries
4) Extend ERAS into at least one new clinical specialty
5) Extend ERAS to all colorectal patients

Performance

Indicator	Target	FHA	Rating
# of hip and knee replacements	2,920	2,932	●
# of dental surgeries	947	847	◆
% of hip replacement surgeries waiting	21.3%	24.7%	◆
% of knee replacement surgeries waiting	30.1%	38.0%	◆
% of dental surgeries waiting longer than 26 weeks	15.8%	14.8%	●
# of surgeries completed other than hip, knee or dental	49,746	49,338	△
% of surgeries waiting other than hip, knee or dental surgeries	18.0%	21.7%	◆

Indicator	Target	FHA	Rating

Potential HA reported indicators:

- Improved first case start time
- Reduced turn-around time
- Reduced early finishes
- Reduced seasonal closures

Progress to Plan Overview	FHA
Efficiencies	
Evaluation	
Pre-Surgical Support	
Central Intake, Assessment and Triage	

Indicator	Target	FHA	Rating
% of scheduled surgeries booked according to FIFO			
% of patients notified during their wait for surgery			
% of surgeries scheduled by HA			
% of surgeries scheduled by Surgeons Office			
Maintain OR access for unscheduled surgeries			

Rating Legend: ● At or better than target △ Within 10 per cent of target ◆ More than 10 per cent from target

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Fraser Health Authority

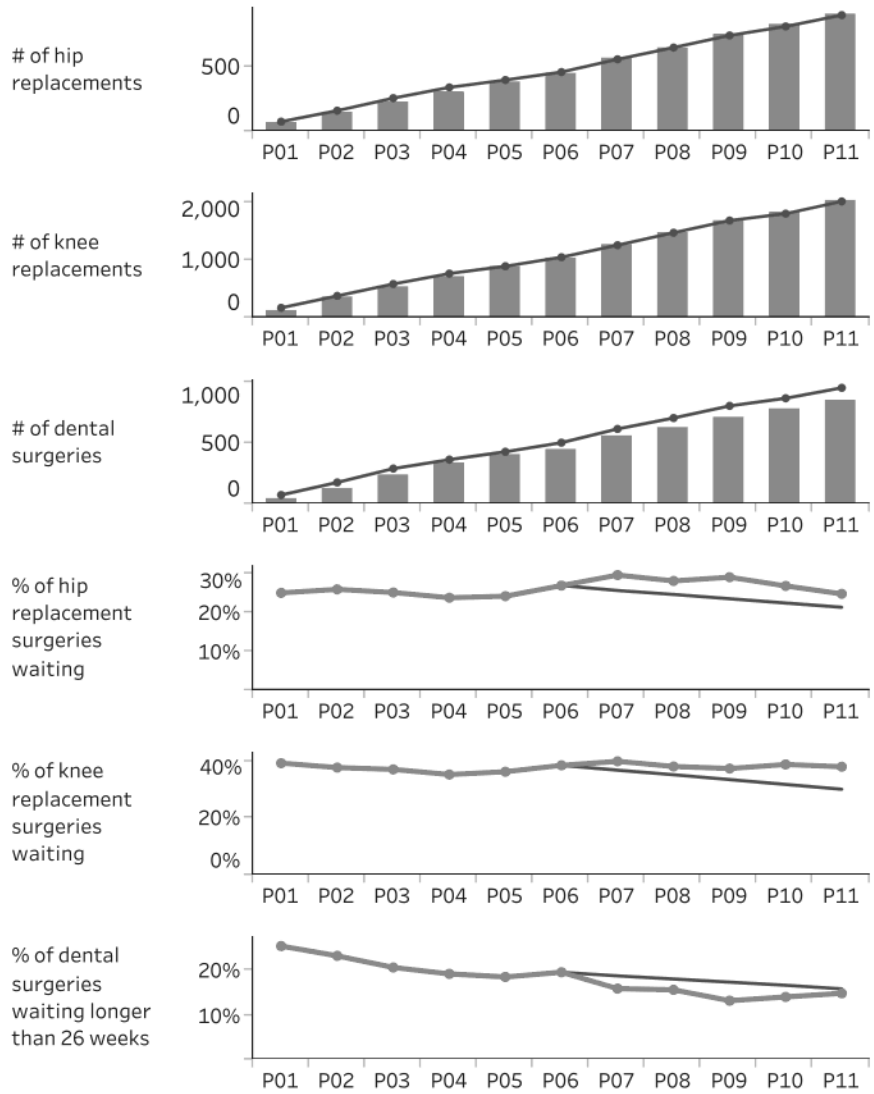
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Catch up for hip, knee, and dental and keep up with demand

Milestone	% Complete/Status
Development and implementation of site plans for BH, SMH, and ARH for achieving added orthopedic volumes by site (includes all 7 components of SSP and inclusive of staff, support services, equip, etc)	75%
Period reporting of enhanced surgical orthopedic volumes by period by site and FHA overall	100%
Site monitoring process in place to ensure that surgeon's offices are scheduling the longest waiting patients first (FIFO) 80% of the time	50%
Development and implementation of specific plans for added anesthesia resources for BH, SMH and ARH for achieving added orthopedic volumes by site	50%
Period reporting of patient wait times by site/specialty	100%
Period reporting of enhanced arthroplasty surgical volumes by period by site and FHA overall	100%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Fraser Health Authority

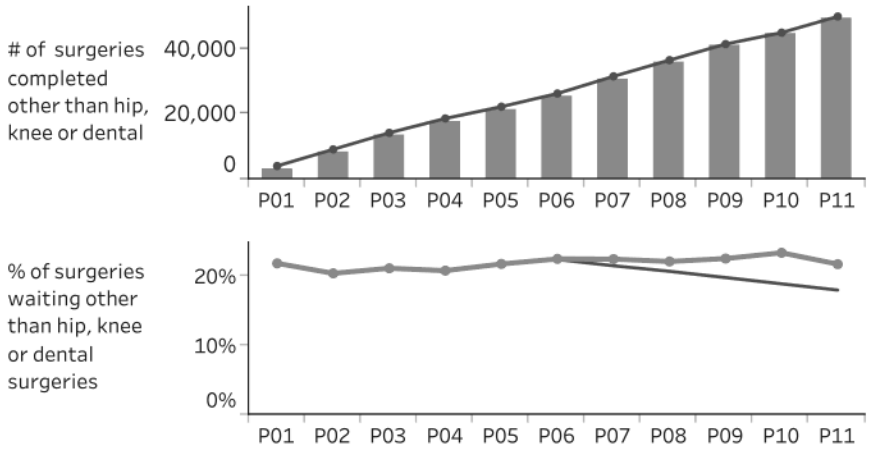
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Keep up with demand for all surgery

Milestone	% Complete/Status
Development and implementation of specific plans for BH, ERH, LMH, SMH and JPOSC for achieving added volumes by site (staff, equipment, support services, etc)	50%
Period reporting of enhanced surgical volumes by period by site and FHA overall	100%
Visibility reporting of FIFO for MOH and surgeon's offices	75%
Site monitoring process in place to ensure that surgeon's offices are scheduling the longest waiting patients first (FIFO) 80% of the time	50%
Development and implementation of specific plans for added anesthesia resources for BH, ERH, LMH, SMH and JPOSC for achieving added volumes by site	50%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Fraser Health Authority

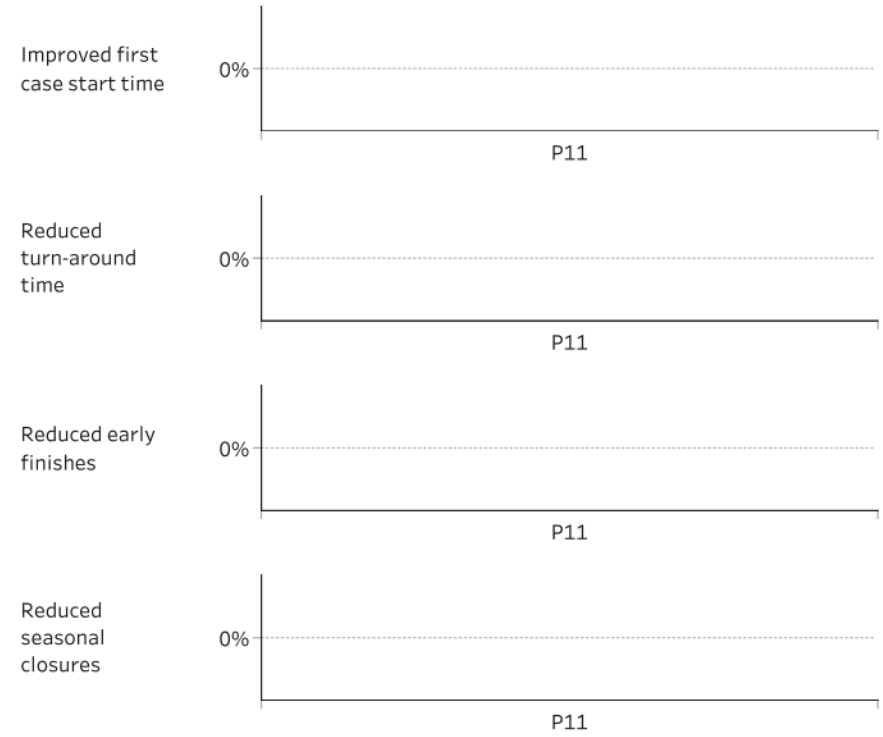
Surgical

OR EFFICIENCY (Milestone Dashboard)

Increase operating room efficiency in all public surgical sites

Milestone	% Complete/Status
Review 2016 Surgery Review and current LightHouse data to identify areas of opportunity	100%
Identify significant local operational considerations per site and assess implications	100%
Develop site-specific work plans detailing improvement initiatives and timelines	25%
Confirm relevant performance metrics and reporting standards; develop data delivery infrastructure	100%
Implement site-specific work plans including implementation of regular performance metric reporting, analysis, opportunity identification - monitor progress and adjust as required	25%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Fraser Health Authority

Surgical

SURGICAL SERVICES PROGRAM (Milestone Dashboard)

Implement Surgical Services Programs (SSP) for hip and knee replacement

Milestone	% Complete/Status
Implement central intake and assessment for Arthroplasty at BH	100%
Development of self-management tools and relevant educational resources for patients	75%
Develop and implement NP model of care in pre and post-operative care for arthroplasty pts	100%
Expansion of BH Central Intake to include 2 additional FHA orthopedic surgeons	100%
Determine additional sites for SSP in FHA	100%
Develop expansion plan for Arthroplasty Central intake	50%
Identify resource needs	75%

Progress to Plan Overview	FHA
Efficiencies	
Evaluation	
Pre-Surgical Support	
Central Intake, Assessment and Triage	

The Ministry will receive plans for the expansion of hip and knee SSP's by March 31, 2018.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Fraser Health Authority

Surgical

SITE IMPLEMENTATION (Action Level Dashboard)

Action	Abbotsford Regional	Burnaby Hospital	Eagle Ridge	JP Outpatient	Royal Columbian	Surrey Memorial
Extend ERAS to all colorectal patients	100%	100%	100%	100%	100%	100%
Extend ERAS to at least one clinical specialty	60%	60%	100%	75%	100%	100%
HA to perform scheduling for all waitlisted surgeries	43%	72%	60%	43%	50%	43%
Implement a point of contact for patients during their wait for surgery	25%	25%	95%	25%	95%	25%
Provide notifications to patients during their wait for surgery	40%	40%	90%	40%	90%	40%

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

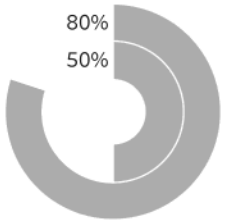
Vancouver Coastal Health Authority

Surgical

HEALTH AUTHORITY SUMMARY

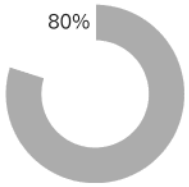
Progress to Plan (% Complete / Status)

CATCH UP AND KEEP UP



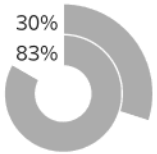
Outside Bar: Catch up for hip, knee and dental and keep up with demand
Inside Bar: Keep up with demand for all surgery

OR EFFICIENCY



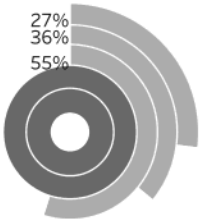
Bar: Increase operating room efficiency

SURGICAL SERVICES PROGRAM



Outside Bar: All patients requiring hip and knee replacement, at all sites where these procedures are performed, are supported by an SSP by March 31, 2019.
Inside Bar: Operationalize at least one instance of an SSP for hip and knee replacement by March 31, 2018.

SITE IMPLEMENTATION



Outside to Inside Bar:
1) Provide notifications to patients during their wait for surgery
2) Implement a point of contact for patients during their wait for surgery
3) HA to perform scheduling for all waitlisted surgeries
4) Extend ERAS into at least one new clinical specialty
5) Extend ERAS to all colorectal patients

Performance

Indicator	Target	VCHA	Rating
# of hip and knee replacements	3,208	2,918	△
# of dental surgeries	345	348	●
% of hip replacement surgeries waiting	22.0%	32.5%	◆
% of knee replacement surgeries waiting	27.5%	40.4%	◆
% of dental surgeries waiting longer than 26 weeks	34.0%	9.1%	●
# of surgeries completed other than hip, knee or dental	47,640	45,895	△
% of surgeries waiting other than hip, knee or dental surgeries	20.8%	28.3%	◆

Indicator	Target	VCHA	Rating

Potential HA reported indicators:

- Improved first case start time
- Reduced turn-around time
- Reduced early finishes
- Reduced seasonal closures

Progress to Plan Overview	VCHA
Efficiencies	
Evaluation	
Pre-Surgical Support	
Central Intake, Assessment and Triage	

Indicator	Target	VCHA	Rating
% of scheduled surgeries booked according to FIFO			
% of patients notified during their wait for surgery			
% of surgeries scheduled by HA			
% of surgeries scheduled by Surgeons Office			
Maintain OR access for unscheduled surgeries			

Rating Legend: ● At or better than target △ Within 10 per cent of target ◆ More than 10 per cent from target

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Vancouver Coastal Health Authority

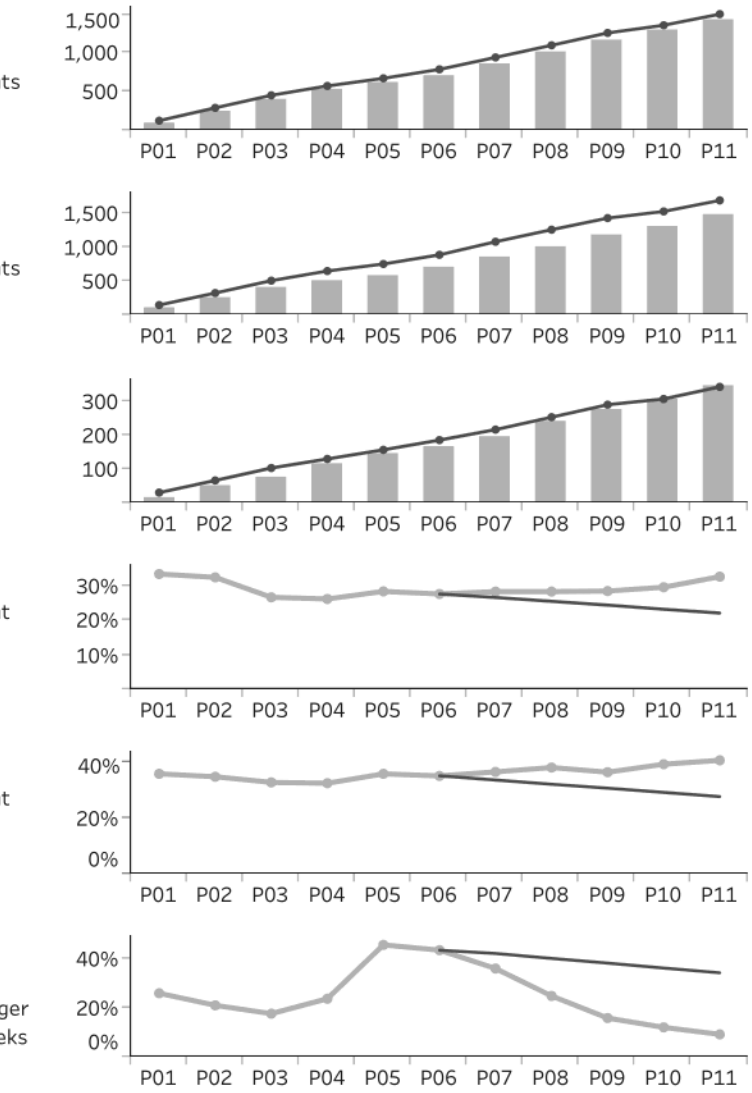
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Catch up for hip, knee, and dental and keep up with demand

Milestone	% Complete/Status
Complete the modelling required to identify what the "catch up and keep up" volumes are to meet MoH targets	100%
Identify total number of slates required by each Site (and / or surgeon) to meet the "catch up" volumes and maintain the "keep up" volumes	100%
Develop the site – specific slates, allocate to service (and surgeon) to ensure wait time targets can be achieved on or before March 31 2019	100%
Engage with Surgeon and Surgeon office staff on the "first in, first out" approach to booking of surgical slates	50%
Engage with Surgeon and Surgeon office staff to identify efficiency opportunities e.g. decrease late starts, decrease early finishes, decrease turnaround times	50%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Vancouver Coastal Health Authority

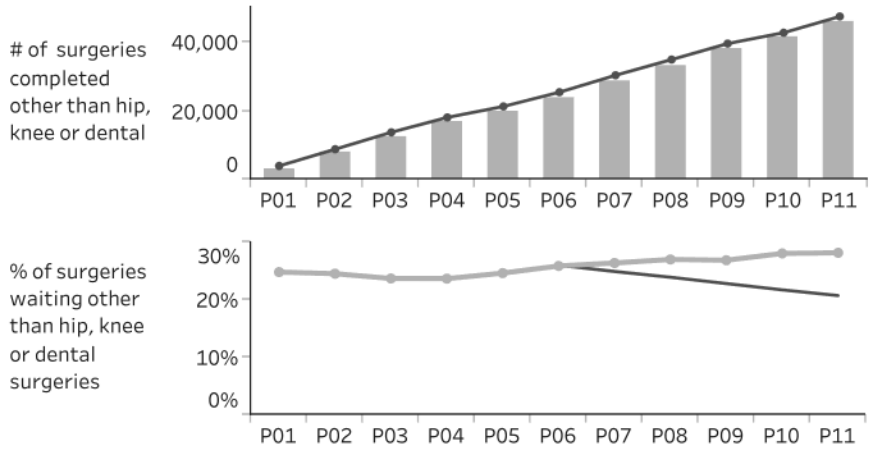
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Keep up with demand for all surgery

Milestone	% Complete/Status
Engage with Surgeon and Surgeon office staff to identify efficiency opportunities e.g. decrease late starts, decrease early finishes, decrease turnaround times	50%
Engage with Surgeon and Surgeon office staff on the "first in, first out" approach to booking of surgical slates	50%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Vancouver Coastal Health Authority

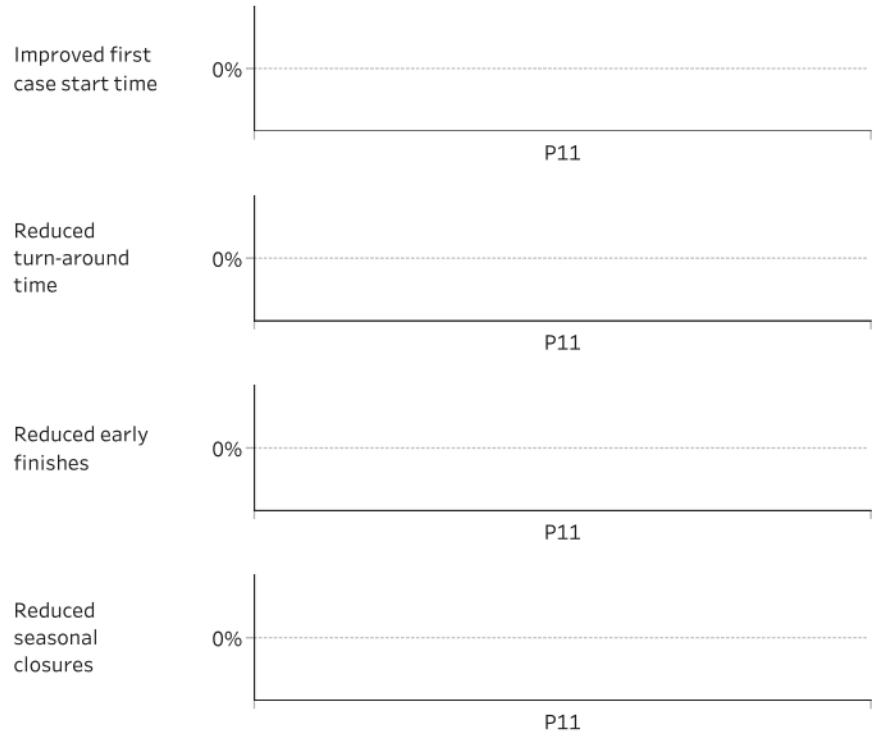
Surgical

OR EFFICIENCY (Milestone Dashboard)

Increase operating room efficiency in all public surgical sites

Milestone	% Complete/Status
On-boarding of dedicated Project Managers to work with sites on a standardized approach to changing behavior via efficiency opportunity strategies	100%
Meet with Regional Surgical Executive and Site-Specific Surgical Leadership teams to provide education on MoH policy direction and efficiency opportunity expectations	100%
Engage and educate surgeon offices on efficiency opportunities, including FIFO, starting with those areas with greatest opportunity for improvements	50%
Engage site specific services / programs on those areas that provide greatest opportunities to increase efficiencies e.g. increase on time starts, decrease early finishes	50%
Work with Lower Mainland partners (Fraser Health, C&W) to leverage learnings to deliver standardized approach across all sites	100%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Vancouver Coastal Health Authority

Surgical

SURGICAL SERVICES PROGRAM (Milestone Dashboard)

Implement Surgical Services Programs (SSP) for hip and knee replacement

Milestone	% Complete/Status
Complete audit of the OASIS Clinic to determine compliance with key attributes	100%
Engage with surgeons on integration of referrals from Recon Ortho Clinic and OASIS	100%
Benchmark to other HIP/Knee Central Intake /Referral and Assessment programs re allied assessment/triage models.	100%
Development of rehabilitation services for all hip/knee patients based on best practice.	100%
Redesign of OASIS Website.	0%
Complete gap analysis of all OASIS Clinics in VCH	100%
Determine clinic of focus - LGH, VA or RH and order of spread	50%
Modify clinic to reflect SSP components	0%
Identify learnings for subsequent clinic phasing	0%
Full implementation of SSP for hip/knee patients within VCH	0%
Determine assessment tool	100%

Progress to Plan Overview	VCHA
Efficiencies	
Evaluation	
Pre-Surgical Support	
Central Intake, Assessment and Triage	

The Ministry will receive plans for the expansion of hip and knee SSP's by March 31, 2018.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Surgical

SITE IMPLEMENTATION (Action Level Dashboard)

Action	Lion's Gate	Mt. St. Joseph (PHC)	Richmond Hospital*	St. Paul's (PHC)	UBCH (VA)	VGH (VA)
Extend ERAS to all colorectal patients	100%	100%	100%	100%	100%	100%
Extend ERAS to at least one clinical specialty**	100%	100%	100%	100%	100%	100%
HA to perform scheduling for all waitlisted surgeries***	46%	56%	38%	56%	67%	67%
Implement a point of contact for patients during their wait for surgery	33%	25%	33%	25%	50%	50%
Provide notifications to patients during their wait for surgery	20%	20%	20%	20%	42%	42%

*Richmond Hospital is not one of the 5 highest volume sites. VCHA has chosen to report on the work occurring at Richmond Hospital in addition to the 5 required sites.

Issue/Barrier	Mitigation Plan
***Ongoing discussion required regarding HA performing scheduling for all waitlisted surgeries.	

**All sites (except RH) have implemented ERAS to more than one clinical specialty

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

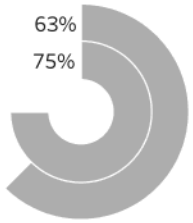
Island Health Authority

Surgical

HEALTH AUTHORITY SUMMARY

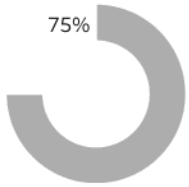
Progress to Plan (% Complete / Status)

CATCH UP AND KEEP UP



Outside Bar: Catch up for hip, knee and dental and keep up with demand
Inside Bar: Keep up with demand for all surgery

OR EFFICIENCY

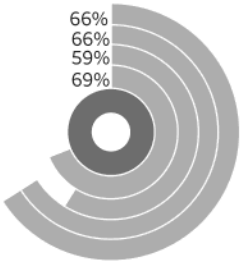


Bar: Increase operating room efficiency

SURGICAL SERVICES PROGRAM

Outside Bar: All patients requiring hip and knee replacement, at all sites where these procedures are performed, are supported by an SSP by March 31, 2019.
Inside Bar: Operationalize at least one instance of an SSP for hip and knee replacement by March 31, 2018.

SITE IMPLEMENTATION



Outside to Inside Bar:
1) Provide notifications to patients during their wait for surgery
2) Implement a point of contact for patients during their wait for surgery
3) HA to perform scheduling for all waitlisted surgeries
4) Extend ERAS into at least one new clinical specialty..

Performance

Indicator	Target	VIHA	Rating
# of hip and knee replacements	2,750	2,681	△
# of dental surgeries	1,389	1,251	△
% of hip replacement surgeries waiting	30.3%	36.8%	◆
% of knee replacement surgeries waiting	37.6%	44.2%	◆
% of dental surgeries waiting longer than 26 weeks	19.7%	20.1%	◆
# of surgeries completed other than hip, knee or dental	35,189	34,168	△
% of surgeries waiting other than hip, knee or dental surgeries	21.5%	27.6%	◆

Indicator	Target	VIHA	Rating

Potential HA reported indicators:

- Improved first case start time
- Reduced turn-around time
- Reduced early finishes
- Reduced seasonal closures

Progress to Plan Overview	VIHA
Efficiencies	
Evaluation	
Pre-Surgical Support	
Central Intake, Assessment and Triage	

Indicator	Target	VIHA	Rating
% of scheduled surgeries booked according to FIFO			
% of patients notified during their wait for surgery			
% of surgeries scheduled by HA			
% of surgeries scheduled by Surgeons Office			
Maintain OR access for unscheduled surgeries			

Rating Legend: ● At or better than target △ Within 10 per cent of target ◆ More than 10 per cent from target

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Island Health Authority

Surgical

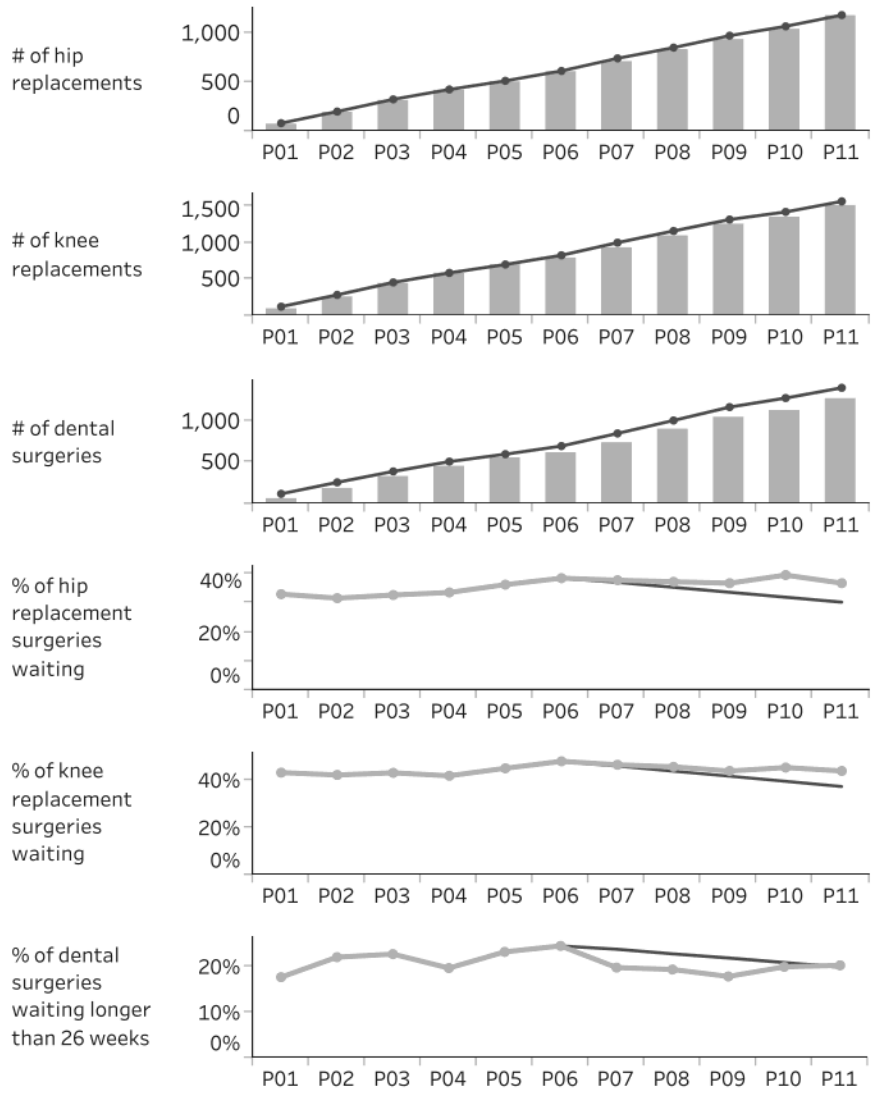
CATCH UP AND KEEP UP (Milestone Dashboard)

Catch up for hip, knee, and dental and keep up with demand

Milestone	% Complete/Status
RJH - Expanded surgical capacity for total joint replacement procedures in place	100%
NIH - Expanded surgical capacity for total joint replacement procedures in place*	25%
CDH - Expanded surgical capacity for total joint replacement procedures in place	25%
NRGH - Expanded surgical capacity for total joint replacement procedures in place	25%
Required HHR for expanded surgical capacity at RJH in place	100%
Expanded surgical capacity for dental in place - Seafield, WCGH	100%

Issue/Barrier	Mitigation Plan
*Recruitment of sufficient specialty nursing, allied health will likely be a challenge - tagging as a potential issue. Stabilization of new hospital may impact proposed start	

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Island Health Authority

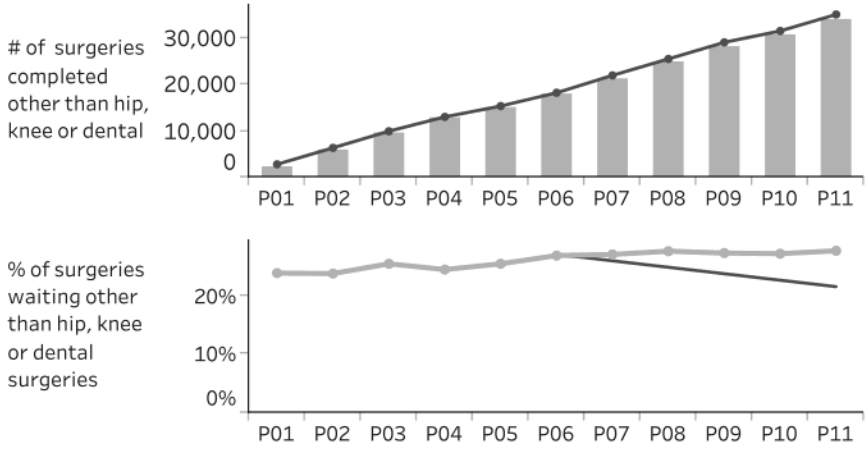
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Keep up with demand for all surgery

Milestone	% Complete/Status
Expanded surgical capacity in place - Island Health	50%
Keep Up Reporting - Develop reports to monitor Keep Up targets	100%
Targeted Waitlist Reviews - South Island	75%
Targeted Waitlist Reviews - NIH	75%
Targeted Waitlist Reviews - Community Sites (SPH, WCGH, CDH)	75%
Targeted Waitlist Reviews - NRGH	75%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Island Health Authority

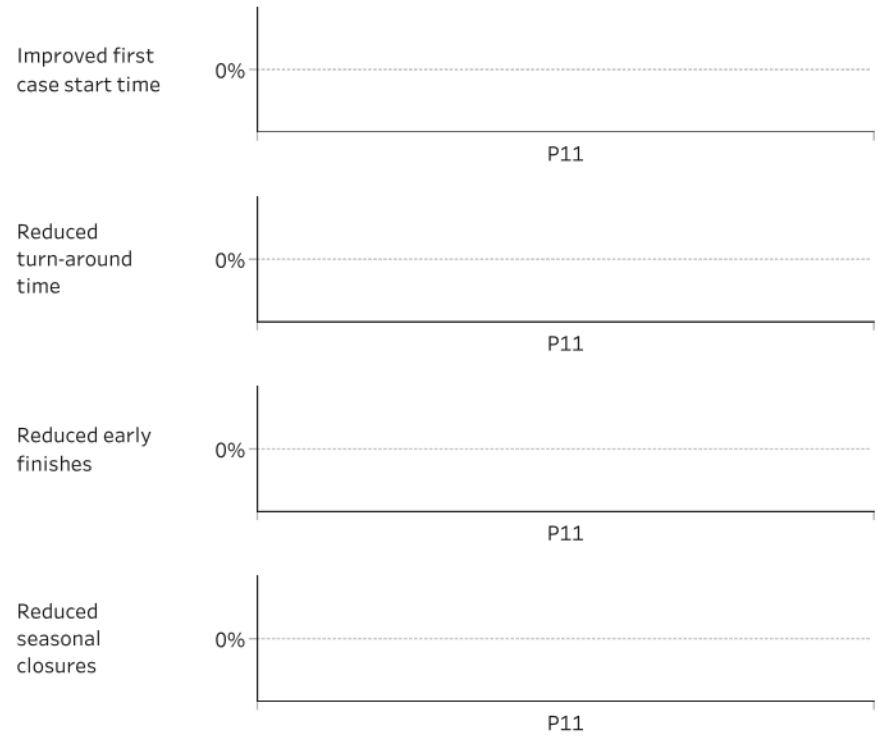
Surgical

OR EFFICIENCY (Milestone Dashboard)

Increase operating room efficiency in all public surgical sites

Milestone	% Complete/Status
Project team in place, ready to begin implementation	100%
Establish baselines and targets - all sites and divisions	100%
Development, modification and implementation of online reporting dashboard & site specific score cards	75%
Implementation of site specific OR efficiency team & site specific strategies to increase efficiencies	25%
Development and implementation of a surgery efficiency monitoring and reporting infrastructure	100%
Reduced seasonal closures plan & patient cancellations (2018 calendar year)	100%
OR allocation model implemented at NRGH	50%
OR allocation model implemented at WCGH	100%
OR allocation model implemented at SPH	100%
OR allocation model implemented at NIH	50%
OR allocation model implemented at CDH	25%

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Island Health Authority

Surgical

SURGICAL SERVICES PROGRAM (Milestone Dashboard)

Implement Surgical Services Programs (SSP) for hip and knee replacement

Milestone	% Complete/Status
HHR - Expanded Surgical Capacity for Total Hip and Knee Procedures in Place at RJH	100%
Logistics and equipment - Expanded Surgical Capacity for Total Hip and Knee Procedures in Place at RJH	100%
Patient and GP communications in place for FAAST	100%
Interdisciplinary, Team-based care for SSP in place	100%
Pre-Surgical Support	100%
Post-Surgical Support (in-patient and community)	100%
Surgical Efficiencies	100%
Evaluation and next steps - create lessons learned document to assist with next SSP	25%
Project Plan for 2nd location of SSP - NIH	50%
HHR, Logistics and Equipment - Expanded Surgical Capacity for Total Hip and Knee Procedures in Place at NIH*	25%
Implement SSP model - NIH	0%
Project Plan for all Island Health Patients - SSP	50%
Non-Surgical Support (Medical Management Stream)**	100%

Progress to Plan Overview	VIHA
Efficiencies	
Evaluation	
Pre-Surgical Support	
Central Intake, Assessment and Triage	

Issue/Barrier	Mitigation Plan
*Recruitment of sufficient specialty nursing, allied health will likely be a challenge - tagging as a potential issue. Stabilization of new hospital may impact proposed start	
**Non-surgical support in place at Rebalance. MoH working group to clarify expectations	

The Ministry will receive plans for the expansion of hip and knee SSP's by March 31, 2018.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Island Health Authority

Surgical

SITE IMPLEMENTATION (Action Level Dashboard)

Action	Nanaimo Regional	NIH Campbell River and District	NIH Comox	Royal Jubilee	Victoria General
Extend ERAS to all colorectal patients	100%	100%	100%	100%	100%
Extend ERAS to at least one clinical specialty	63%	63%	63%	79%	79%
HA to perform scheduling for all waitlisted surgeries	38%	54%	54%	75%	75%
Implement a point of contact for patients during their wait for surgery	60%	70%	70%	65%	65%
Provide notifications to patients during their wait for surgery	60%	70%	70%	65%	65%

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

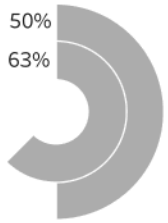
Northern Health Authority

Surgical

HEALTH AUTHORITY SUMMARY

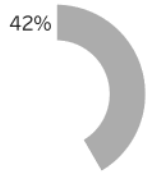
Progress to Plan (% Complete / Status)

CATCH UP AND KEEP UP



Outside Bar: Catch up for hip, knee and dental and keep up with demand
Inside Bar: Keep up with demand for all surgery

OR EFFICIENCY

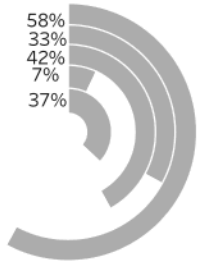


Bar: Increase operating room efficiency

SURGICAL SERVICES PROGRAM

Outside Bar: All patients requiring hip and knee replacement, at all sites where these procedures are performed, are supported by an SSP by March 31, 2019.
Inside Bar: Operationalize at least one instance of an SSP for hip and knee replacement by March 31, 2018.

SITE IMPLEMENTATION



Outside to Inside Bar:
1) Provide notifications to patients during their wait for surgery
2) Implement a point of contact for patients during their wait for surgery
3) HA to perform scheduling for all waitlisted surgeries
4) Extend ERAS into at least one new clinical specialty..

Performance

Indicator	Target	NHA	Rating
# of hip and knee replacements	753	949	●
# of dental surgeries	821	696	◆
% of hip replacement surgeries waiting	27.0%	25.6%	●
% of knee replacement surgeries waiting	32.1%	33.2%	◆
% of dental surgeries waiting longer than 26 weeks	12.7%	5.2%	●
# of surgeries completed other than hip, knee or dental	9,463	10,601	●
% of surgeries waiting other than hip, knee or dental surgeries	6.8%	11.3%	◆

OR EFFICIENCY	Indicator	Target	NHA	Rating

Potential HA reported indicators:

- Improved first case start time
- Reduced turn-around time
- Reduced early finishes
- Reduced seasonal closures

Progress to Plan Overview	NHA
Efficiencies	
Evaluation	
Pre-Surgical Support	
Central Intake, Assessment and Triage	

SITE IMPLEMENTATION	Indicator	Target	NHA	Rating
	% of scheduled surgeries booked according to FIFO			
	% of patients notified during their wait for surgery			
	% of surgeries scheduled by HA			
	% of surgeries scheduled by Surgeons Office			
	Maintain OR access for unscheduled surgeries			

Rating Legend: ● At or better than target ▲ Within 10 per cent of target ◆ More than 10 per cent from target

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Northern Health Authority

Surgical

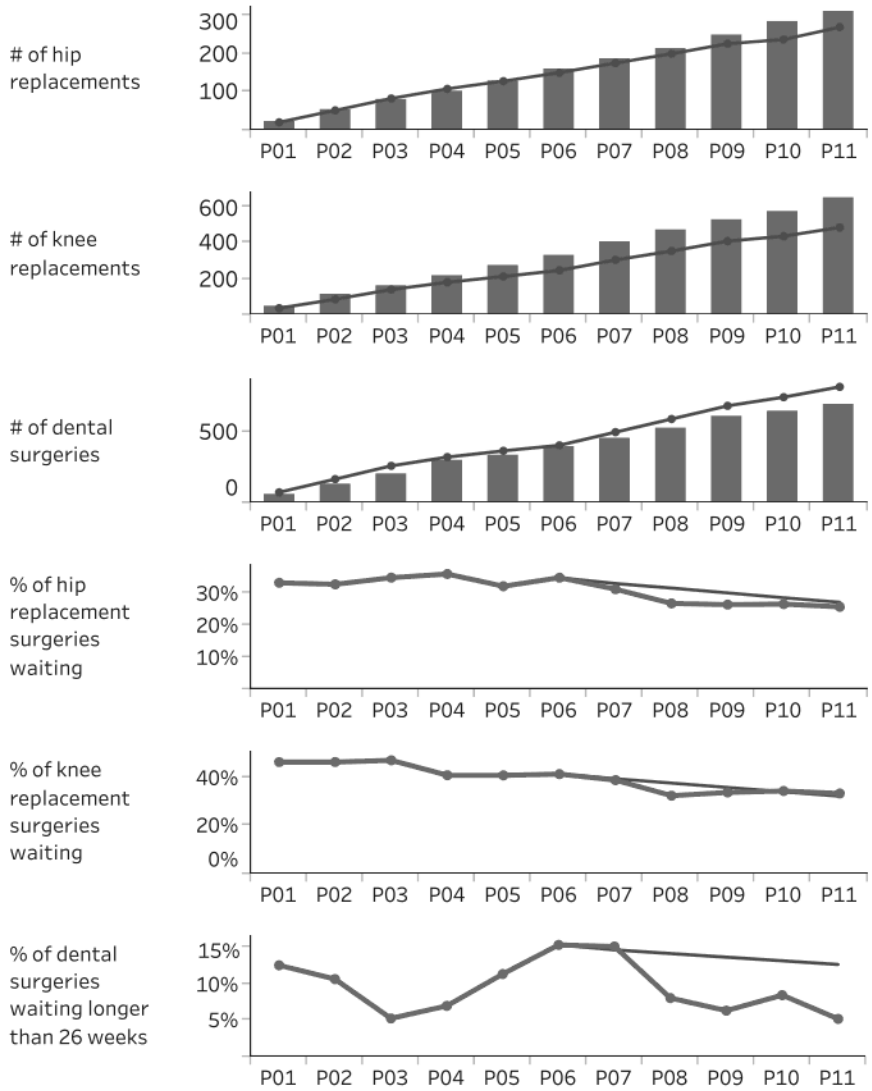
CATCH UP AND KEEP UP (Milestone Dashboard)

Catch up for hip, knee, and dental and keep up with demand

Milestone	% Complete/Status
Surgical capacity plans for fiscal years 2017/18 and 2018/19 complete including forecasting of additional surgical volumes required to meet targets	100%
Development and implementation of site plans for UHNBC and Dawson Creek for achieving added orthopedic volumes by sites.	25%
Site specific monitoring implemented for enhanced arthroplasty volumes	50%
Human resource recruitment, retention and operational requirements determined (Perioperative nursing, inpatient-surgical nursing, anesthesiology and allied health)*	25%

Issue/Barrier	Mitigation Plan
*Provincial shortage of physiotherapists.	

Indicator Charts



Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Northern Health Authority

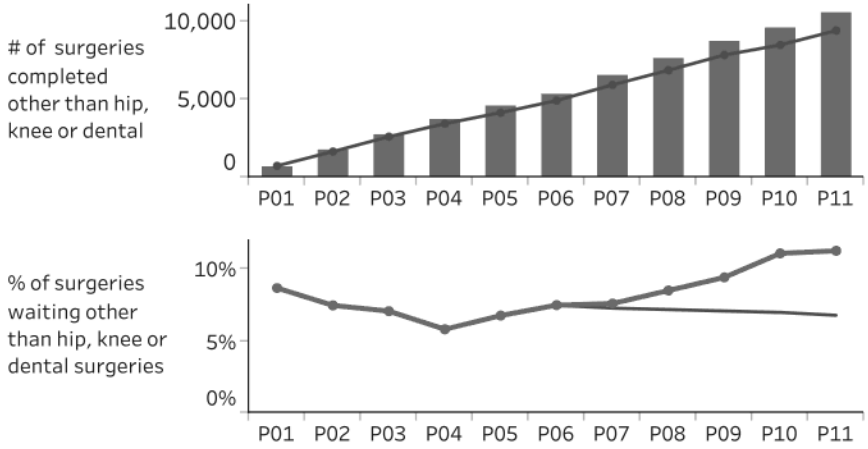
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Keep up with demand for all surgery

Milestone	% Complete/Status
Surgical capacity plans for fiscal years 2017/18 and 2018/19 complete including forecasting of additional surgical volumes required to meet targets	100%
Develop UHNBC plan to achieve added volumes*	75%
Implement UHNBC plan to achieve added volumes	0%
Develop additional NH site-specific plans for achieving added volumes	100%
Implement additional NH site specific plans for achieving added volumes	50%
NH site specific human resource recruitment, retention and operational requirements determined (Perioperative nursing, anesthesiology and support staff)	50%
Establish site-level monthly monitoring of surgical volumes, waitlist targets and long waiting cases	100%
UHNBC Human resource recruitment, retention and operational requirements for added volumes determined (Perioperative nursing, anesthesiology and support staff)**	25%

Indicator Charts



Issue/Barrier	Mitigation Plan
*Dependency: adequate anesthesiologist coverage	
**Dependency: approval of funding from Ministry	

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Northern Health Authority

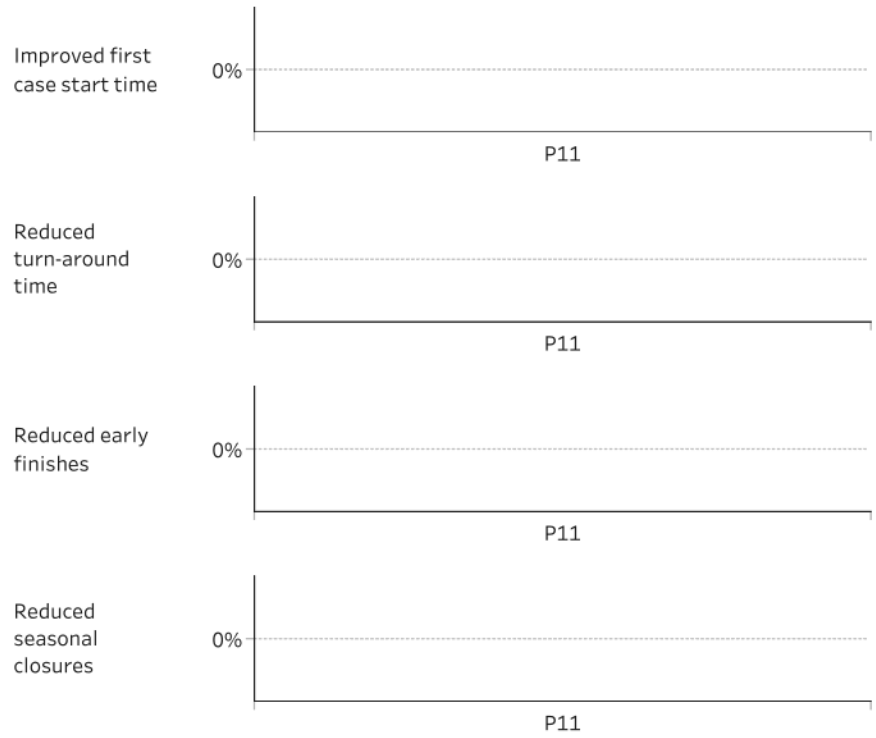
Surgical

OR EFFICIENCY (Milestone Dashboard)

Increase operating room efficiency in all public surgical sites

Milestone	% Complete/Status
Develop a communication plan for OR stakeholders about OR efficiency improvements at UHNBC. This includes staff and physician education on efficiency definitions, measures and Light House program and reports.	100%
Implementation of Lighthouse at UHNBC*	100%
Develop UHNBC implementation plans to improve first case start times, turnover times, early finishes and seasonal closures based on Lighthouse data	75%
Implement UHNBC work plans including implementation of regular performance metric reporting, analysis, opportunity identification, and evaluation	25%
Develop UHNBC accountability framework for reporting OR efficiency metrics	75%
Implementation of Lighthouse at 1) Dawson Creek, Fort St John, MMH, GR Baker, Kitimat (pilot) (March - June 2018); 2) Prince Rupert, Smithers, Vanderhoof, Hazelton (Sept - Dec 2018)	0%
Develop NH site level implementation plans to focus on first in first out; overall cases waiting and completed at 5 highest volume sites	0%
Implement site specific work plans including implementation of regular performance metric reporting, analysis, opportunity identification, and evaluation at 5 highest volume sites	0%
Develop NH site-specific accountability framework for reporting OR efficiency metrics**	0%

Indicator Charts



Issue/Barrier	Mitigation Plan

*Data quality validation in progress at UHNBC

**Intraoperative data at all NH sites, with the exception UHNBC, will need to be collected manually. Health Authority requires Ministry of Health definitions for OR efficiency indicators to ensure consistency of data in non-Lighthouse ORs.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Northern Health Authority

Surgical

SURGICAL SERVICES PROGRAM (Milestone Dashboard)

Implement Surgical Services Programs (SSP) for hip and knee replacement

Milestone	% Complete/Status
Establish governance structure to guide SSP development at UHNBC	100%
Complete gap analysis comparing SSP criteria and current practices to identify areas for improvement to implement SSP key components	100%
Develop and implement SSP attributes (central intake referral process, non-surgical, patient education, self management tools etc.)*	25%
Launch UHNBC SSP for hip and knee replacement surgeries	0%
Develop plan for expansion of SSP for Dawson Creek based on local context	0%
Implement SSP at Dawson Creek	0%
Staggered implementation of SSPs for Kitimat General Hospital and Prince Rupert General Hospital and timeline to be determined	0%
SSPs implemented for Kitimat General Hospital and Prince Rupert General Hospital	0%
Develop and resource staffing model to resource UHNBC SSP**	50%

Progress to Plan Overview — NHA

Efficiencies

Evaluation

Pre-Surgical Support

Central Intake, Assessment and Triage

Issue/Barrier	Mitigation Plan
*UHNBC space capacity; UHNBC 2nd floor renovations timeline **Dependency: approval of funding from Ministry	

The Ministry will receive plans for the expansion of hip and knee SSP's by March 31, 2018.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Northern Health Authority

Surgical

SITE IMPLEMENTATION (Action Level Dashboard)

Action	Dawson Creek and District Hosp	Fort St John General Hospital	G.R. Baker Memorial Hospital	Kitimat General Hospital	Mills Memorial	UHNBC
Extend ERAS to all colorectal patients	0%	0%	20%		75%	88%
Extend ERAS to at least one clinical specialty*	0%	0%	0%	0%	0%	40%
HA to perform scheduling for all waitlisted surgeries	33%	33%	33%	33%	33%	83%
Implement a point of contact for patients during their wait for surgery	0%	100%	0%	100%	0%	0%
Provide notifications to patients during their wait for surgery	5%	100%	60%	100%	80%	0%

Issue/Barrier	Mitigation Plan
*All efforts are focused at UHNBC for extension of ERAS into a second specialty before expansion occurs.	

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

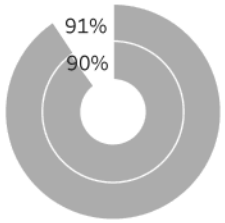
Provincial Health Services Authority

Surgical

HEALTH AUTHORITY SUMMARY

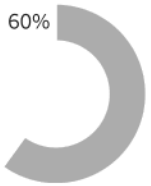
Progress to Plan (% Complete / Status)

CATCH UP AND KEEP UP



Outside Bar: Catch up for hip, knee and dental and keep up with demand
Inside Bar: Keep up with demand for all surgery

OR EFFICIENCY

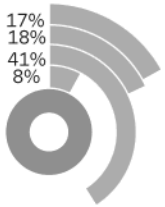


Bar: Increase operating room efficiency

SURGICAL SERVICES PROGRAM

Outside Bar: All patients requiring hip and knee replacement, at all sites where these procedures are performed, are supported by an SSP by March 31, 2019.
Inside Bar: Operationalize at least one instance of an SSP for hip and knee replacement by March 31, 2018.

SITE IMPLEMENTATION



Outside to Inside Bar:
1) Provide notifications to patients during their wait for surgery
2) Implement a point of contact for patients during their wait for surgery
3) HA to perform scheduling for all waitlisted surgeries
4) Extend ERAS into at least one new clinical specialty..

Performance

Indicator	Target	PHSA	Rating
# of dental surgeries	1,001	754	◆
% of dental surgeries waiting longer than 26 weeks	12.0%	14.2%	◆
# of surgeries completed other than hip, knee or dental		5,126	
% of surgeries waiting other than hip, knee or dental surgeries	22.4%	28.2%	◆

OR EFFICIENCY	Indicator	Target	PHSA	Rating

Potential HA reported indicators:

- Improved first case start time
- Reduced turn-around time
- Reduced early finishes
- Reduced seasonal closures

SURGICAL SERVICES PROGRAM	Progress to Plan Overview	PHSA

Not applicable

SITE IMPLEMENTATION	Indicator	Target	PHSA	Rating

- % of scheduled surgeries booked according to FIFO
- % of patients notified during their wait for surgery
- % of surgeries scheduled by HA
- % of surgeries scheduled by Surgeons Office
- Maintain OR access for unscheduled surgeries

Rating Legend: ● At or better than target ▲ Within 10 per cent of target ◆ More than 10 per cent from target

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Provincial Health Services Authority

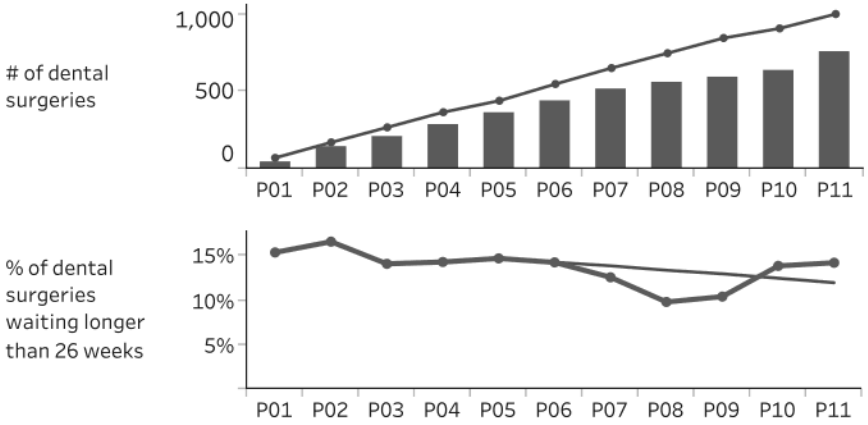
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Catch up for hip, knee, and dental and keep up with demand

Milestone	% Complete/Status
OR support staff hired	100%
Physician support confirmed, contracts revised to reflect increased OR capacity	50%
Surgical Volumes augment financial tracking program in place and capturing dental augment costs*	75%
Service support model adjustments negotiated and contracts, service plan, agreements in place	100%
BCCSS surgical supplies in-house replenishment adjustment in place	100%
Additional Dental OR opens and completes first slate	100%
PACU, OR staffing needs identified and hiring plan initiated	100%
Quality Improvement/Performance Monitoring defined and support team in place to actively support ORs and implement interventions**	100%

Indicator Charts



Issue/Barrier	Mitigation Plan
*Timelines at risk	
**Move to Teck ACC and slow down, ramp ups, continue to impact surgical volumes due to OR efficiency .	

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Provincial Health Services Authority

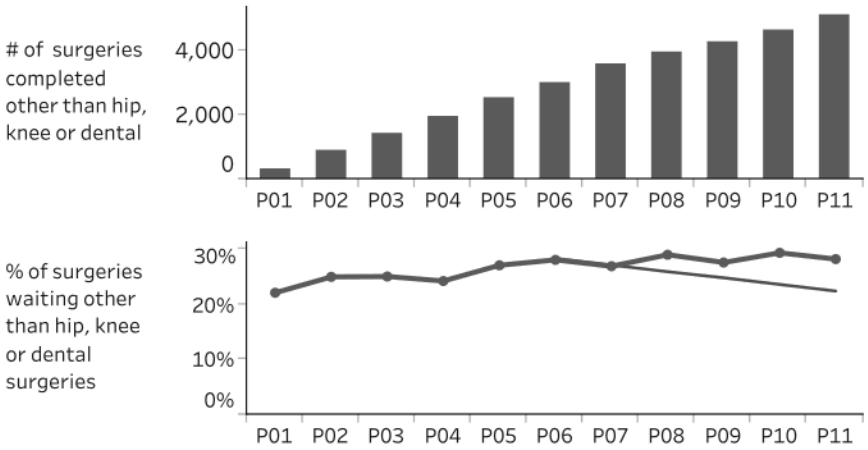
Surgical

CATCH UP AND KEEP UP (Milestone Dashboard)

Keep up with demand for all surgery

Milestone	% Complete/Status
Proactive PHSA OR efficiency plan created*	100%
Efficiency metrics decided and regular review activated**	75%
Performance reporting implemented for waitlist management, scheduling, in-turn adherence, appropriate diagnosis/priority code utilization***	75%
Tactical response plans in place for case cancellation/postponement, inpatient bed availability, late starts, early finish and turnaround time issues****	100%
Performance wall (visual reporting) implemented and used in daily OR quality huddles*****	100%

Indicator Charts



Issue/Barrier	Mitigation Plan

*Baseline volume from 2015-16 data does not reflect BCCA surgical volumes from recent years.

**Pending direction from MoH on any additional metrics- sites aligning to key metrics and baseline from project charters

***BCCA full reporting on OR efficiency dependent on implementation of lighthouse, so dependent on existing data until April 2018. PHSA awaiting any additional direction from MoH on metrics to be implemented - all other sites have systems and processes in place

****BCCH move to new Teck ACC site presents challenges as surgical team and support services work through suite layout, cleaning schedules, portering support within the new space - last minute cancellations due to illness and time of year have impacted some slates

*****Data collection is labour intensive and requires significant time for data capture, additional time may be required to finalise most informative metrics.

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Provincial Health Services Authority

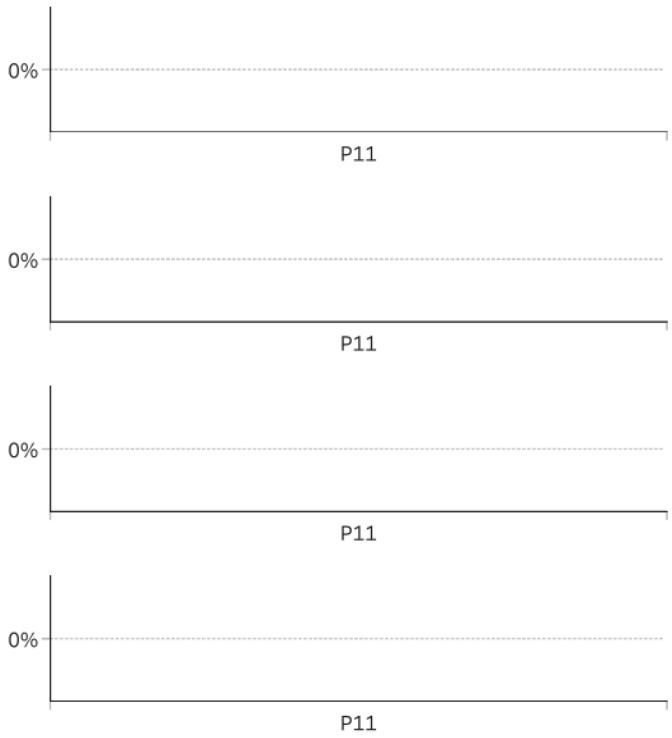
Surgical

OR EFFICIENCY (Milestone Dashboard)

Increase operating room efficiency in all public surgical sites

Milestone	% Complete/Status
Reduced "early finishes" (phase 1)*	25%
Reduced "turn-around time" (phase 2)**	50%
Improved "first case start time" (phase 3)***	50%
Reduced seasonal closures****	100%
Detailed data systems, standard reporting, and regular reviews in place*****	75%

Indicator Charts



Issue/Barrier	Mitigation Plan

*Immediate needs are to regularize operations following move to Teck ACC at BCCH. BCWH restrictions due to daycare only model that limits later finishes due to need for ACU recovery time and discharge

**Immediate needs are to regularize operations following move to Teck ACC at BCCH.BCWH metrics via Lighthouse demonstrate optimal use of turnaround times that are being monitored already

***Immediate needs are to regularize operations following move to Teck ACC at BCCH. BCWH metrics via Lighthouse demonstrate average delay of 3 minutes, currently being monitored closely

****Labour and operational timelines for vacation planning are defined by collective agreements- timelines for setting vacations etc. already passed and vacations set for 2018/19. BCCA progress with operational efficiency improvements and volumes are dependent on physician (anesthesia, surgeon) and OR staffing resources

*****BCCA implementation of Lighthouse dependent on linkage of multiple systems and data and resolution of data integrity issues. Challenges with limitations on technical resource to support all three sites

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Provincial Health Services Authority

Surgical

SITE IMPLEMENTATION (Action Level Dashboard)

Action	BC Children's	BC Women's
Extend ERAS to all colorectal patients	0%	0%
Extend ERAS to at least one clinical specialty	0%	8%
HA to perform scheduling for all waitlisted surgeries	36%	46%
Implement a point of contact for patients during their wait for surgery	29%	7%
Provide notifications to patients during their wait for surgery	14%	21%

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Surgical

ENABLER (Milestone Dashboard)

Enablers

HHR

Milestone	% Complete/ Status
HHR Planning	
Draft HHR report briefing with the DM	100%
Draft HHR report which including the three year plan for surgical HHR	100%
Engagement with HA VP's on the draft HHR report	100%
Gap Analysis on priority professions	100%
HHR Plan finalized, for presentation to the HA VPs on January 31, 2018	75%
Release finalized version of the Provincial Health Workforce Plan.	75%

HHR

Milestone	% Complete/ Status
Education, Recruitment and Retention Strategies	
Draft HHR report complete which includes planning process identify and implement education, recruitment and retention strategies for primary care access and specialized services	100%
Draft report and strategies are reviewed with the DM	100%
Engagement with HA VPs on strategies	100%

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Enablers

Surgical

ENABLER (Milestone Dashboard)

HHR

Milestone	% Complete/ Status
Provincial Model for Perioperative Nursing	
Health Authorities will submit their plans to the Ministry	100%
Inform the Ministry of Advanced Education, Skill and Training on the model and the HA's plans and supports required from the post-secondary institutions	100%
Roll out the model for perioperative nursing and perioperative nursing education provincially	0%
Anesthesia Contracts	
Anesthesiology services discussion with Surgical VPs at SCISS.	100%
HA VPs of Medicine, HEABC, and MoH collectively identifying and resolving short term supply issues regarding anesthesia through developing short term financial arrangements to augment and or optimize existing anesthesia work force.*	50%

HHR

Milestone	% Complete/ Status
Anesthesia Care Model	
Internal working group to scope out the work will be struck by SMO by Jan 31, 2018.**	0%
Anesthesia Compensation Models	
Discussion with HEABC regarding Anesthesia compensation	100%
Proposition scoping out the work presented to Leadership Council March 15, 2018**	0%

Issue/Barrier	Mitigation Plan

*Contracts have been signed at 3 of the HA's

**Additional milestones will be identified through the scoping exercise

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Surgical

ENABLER (Milestone Dashboard)

Enablers

IM/IT

Milestone	% Complete/ Status
DM approved BN for funding Information Solutions for Enhanced Surgical Flow – proof of concept.	100%
FCSD to confirm terms of budget allocation (e.g. allocation 2017/18, 18/19, 19/20). BCCSS requires an MOU with signed commitment by 3 participating Health Authorities.	75%
Funding in place	50%
Ministry to issue funding letter to HA's	75%
BCCSS prep and RFP development.	0%
Evaluation criteria for proof of concept to be developed	0%
PoC implementation and evaluation	0%
RFP evaluation, negotiation, award	0%
RFP issued	0%

INFORMATION AND DATA

Milestone	% Complete/ Status
Modeling Surgical Activity	
Health authorities on boarded to provincial standard modelling system (Note: some smaller sites and BCCA not yet on boarded; follow up will commence in January.*	75%
MoH receiving data from provincial system**	50%
Surgical modelling and identification of opportunities for efficiencies undertaken***	0%
Prioritization Codes	
Current surgical codes reviewed and validated	25%
Plan in place for implementation of changes if necessary	0%
Unscheduled Surgeries Timeframes	
Consultations with data and tech representatives from the Health Authorities	0%
Definitions standardized for timeframes for unscheduled surgeries.	0%
Implementation as necessary	0%

Issue/Barrier	Mitigation Plan
*Only risk is the BC Cancer Agency surgery site in Vancouver (PHSA), which is a very small site.	
**Internal inconsistencies in the data fields discovered late Dec. These are being rectified with a timeline of end Jan.	
***Some training in NHA at slight risk of going beyond year end, but technically Lighthouse will be implemented throughout NHA	

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

Enablers

Surgical

ENABLER (Milestone Dashboard)

	Milestone	% Complete/ Status
IMPROVE THE PATIENT EXPERIENCE	Deploy website to production	100%
	Provincial surgical wait times website to go live	100%
	Testing of provincial surgical wait times website (UAT)	100%
IMPROVE TIMELY ACCESS TO APPROPRIATE SURGICAL PROCEDURES	Prepare options paper for appropriateness initiative.	100%
	On the basis of approval/revisions to the Project Charter, develop the schedule to convene a working group to begin the scope of work	
	On the basis of the options considered, develop a draft Project Charter for approval at ADM bi-weekly meeting	

	Milestone	% Complete/ Status
PERFORMANCE MANAGEMENT	Draft report presented to SCHSPH	100%
	Completed report presented to LC (monthly thereafter)	100%
	Completed report presented to SCHSPH (monthly thereafter)	100%
FINANCE	Decision briefing note prepared to Deputy Minister review and approval regarding payment methodology	100%
	Establish funding framework and identify funding allocations	100%
	Funding allocation information communicated to health authorities via 2017-18 Preliminary Funding Letters	100%

Progress Status: Complete | On Track | At Risk | Off Track | Not scheduled to start until later date | Not Applicable

SURGICAL SERVICES

(October 2017 - March 2018)

VOLUMES/TARGETS AND RATING COMPARISON

2017/18 P13

BRITISH COLUMBIA | Ministry of Health

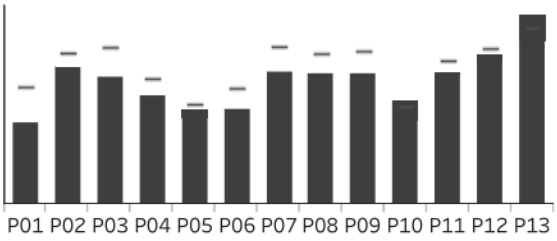
Health Sector Information, Analysis and Reporting Division

Version 1.2
May 01, 2018

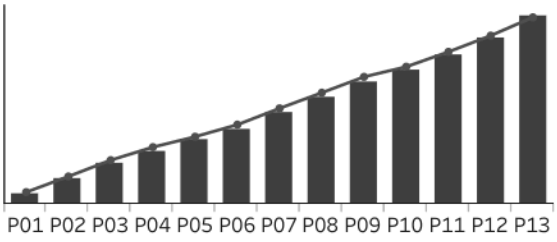
Volumes and Targets, Report: 2017/18 P13, Fiscal: 2017/18, Periods: 1 - 13

CATCH UP

of hip and knee replacements (Period)

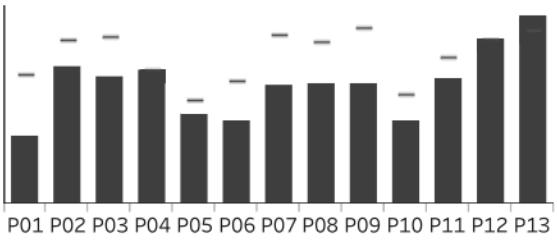


# of hip and knee replacements (Cumulative)

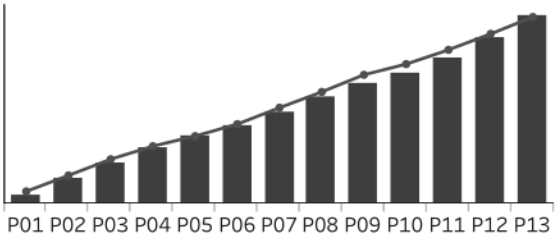


Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	773	993	773	993	-220
P02	1,316	1,281	2,089	2,274	-185
P03	1,214	1,326	3,303	3,600	-297
P04	1,041	1,064	4,344	4,664	-320
P05	892	848	5,236	5,512	-276
P06	905	982	6,141	6,494	-353
P07	1,266	1,333	7,407	7,827	-420
P08	1,255	1,272	8,662	9,099	-437
P09	1,250	1,294	9,912	10,393	-481
P10	992	825	10,904	11,218	-314
P11	1,255	1,215	12,159	12,433	-274
P12	1,428	1,321	13,587	13,754	-167
P13	1,804	1,495	15,391	15,249	+142

# of dental surgeries (Period)



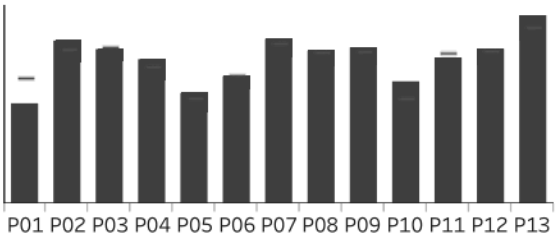
# of dental surgeries (Cumulative)



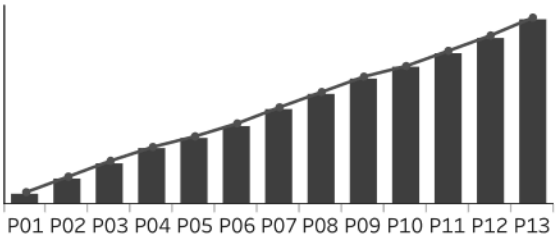
Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	272	419	272	419	-147
P02	552	530	824	949	-125
P03	511	540	1,335	1,489	-154
P04	536	434	1,871	1,923	-52
P05	363	335	2,234	2,258	-24
P06	335	398	2,569	2,656	-87
P07	480	546	3,049	3,202	-153
P08	482	525	3,531	3,727	-196
P09	487	570	4,018	4,297	-279
P10	337	355	4,355	4,652	-297
P11	505	474	4,860	5,126	-266
P12	658	532	5,518	5,658	-140
P13	759	561	6,277	6,219	+58

KEEP UP

of surgeries completed other than hip, knee or dental (Period)



# of surgeries completed other than hip, knee or dental (Cumulative)

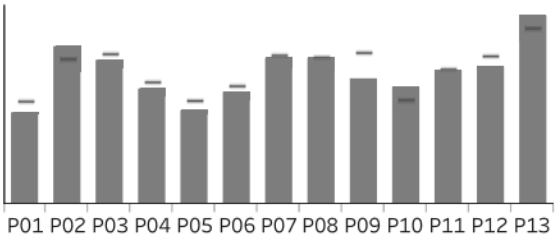


Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	11,495	14,725	11,495	14,725	-3,230
P02	18,631	18,149	30,126	32,874	-2,748
P03	17,566	18,333	47,692	51,207	-3,515
P04	16,433	16,054	64,125	67,261	-3,136
P05	12,656	12,356	76,781	79,617	-2,836
P06	14,460	15,023	91,241	94,640	-3,399
P07	18,710	18,732	109,951	113,372	-3,421
P08	17,343	17,743	127,294	131,115	-3,821
P09	17,898	17,842	145,192	148,957	-3,765
P10	13,863	12,322	159,055	161,279	-2,224
P11	16,589	17,665	175,644	178,944	-3,300
P12	17,592	17,908	193,236	196,852	-3,616
P13	21,587	20,693	214,823	217,545	-2,722

Volumes and Targets, Report: 2017/18 P13, Fiscal: 2017/18, Periods: 1 - 13

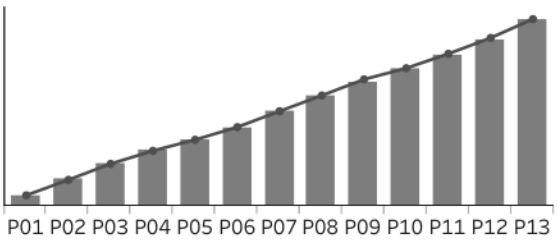
CATCH UP

of hip and knee replacements (Period)



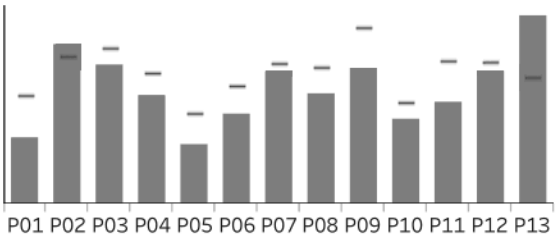
# of hip and knee replacements (Cumulative)

Target: 3,297



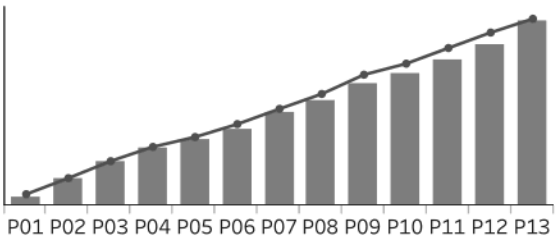
Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	176	194	176	194	-18
P02	306	273	482	467	+15
P03	277	282	759	749	+10
P04	222	229	981	978	+3
P05	181	195	1,162	1,173	-11
P06	215	222	1,377	1,395	-18
P07	280	280	1,657	1,675	-18
P08	281	277	1,938	1,952	-14
P09	241	284	2,179	2,236	-57
P10	225	196	2,404	2,432	-28
P11	258	255	2,662	2,687	-25
P12	265	279	2,927	2,966	-39
P13	364	331	3,291	3,297	-6

# of dental surgeries (Period)



# of dental surgeries (Cumulative)

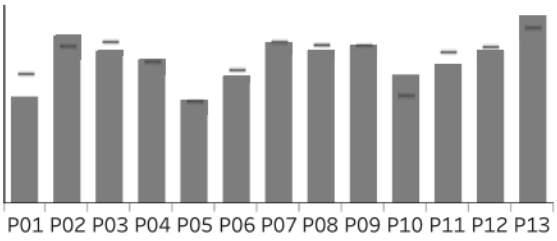
Target: 1,235



Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	54	78	54	78	-24
P02	129	106	183	184	-1
P03	112	112	295	296	-1
P04	88	94	383	390	-7
P05	48	65	431	455	-24
P06	72	85	503	540	-37
P07	106	101	609	641	-32
P08	89	98	698	739	-41
P09	109	127	807	866	-59
P10	69	73	876	939	-63
P11	82	103	958	1,042	-84
P12	106	102	1,064	1,144	-80
P13	152	91	1,216	1,235	-19

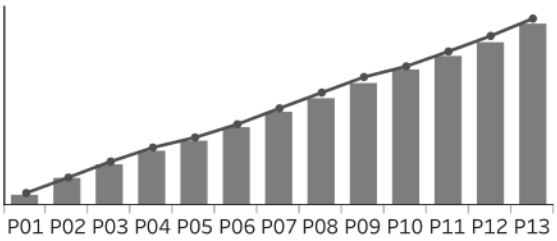
KEEP UP

of surgeries completed other than hip, knee or dental (Period)



# of surgeries completed other than hip, knee or dental (Cumulative)

Target: 38,307

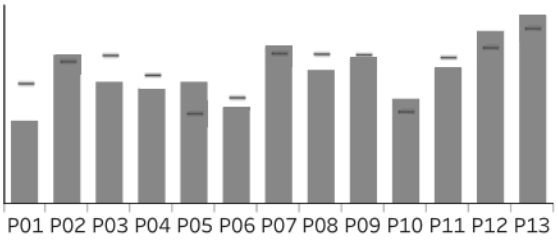


Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	2,102	2,626	2,102	2,626	-524
P02	3,313	3,181	5,415	5,807	-392
P03	3,015	3,259	8,430	9,066	-636
P04	2,833	2,864	11,263	11,930	-667
P05	2,038	2,063	13,301	13,993	-692
P06	2,502	2,695	15,803	16,688	-885
P07	3,174	3,268	18,977	19,956	-979
P08	2,997	3,210	21,974	23,166	-1,192
P09	3,106	3,192	25,080	26,358	-1,278
P10	2,531	2,175	27,611	28,533	-922
P11	2,748	3,053	30,359	31,586	-1,227
P12	3,008	3,172	33,367	34,758	-1,391
P13	3,723	3,549	37,090	38,307	-1,217

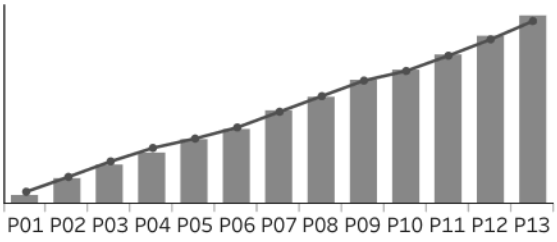
Volumes and Targets, Report: 2017/18 P13, Fiscal: 2017/18, Periods: 1 - 13

CATCH UP

of hip and knee replacements (Period)

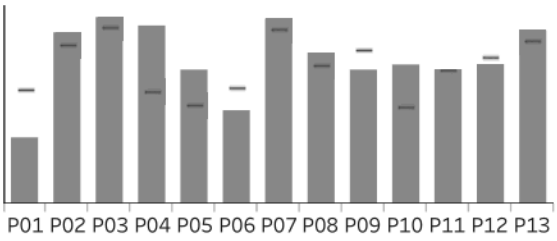


# of hip and knee replacements (Cumulative)

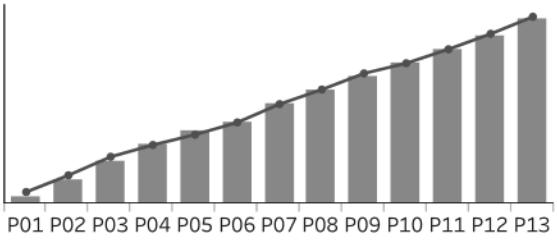


Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	177	247	177	247	-70
P02	320	292	497	539	-42
P03	262	304	759	843	-84
P04	246	264	1,005	1,107	-102
P05	262	185	1,267	1,292	-25
P06	209	218	1,476	1,510	-34
P07	338	308	1,814	1,818	-4
P08	289	307	2,103	2,125	-22
P09	312	306	2,415	2,431	-16
P10	227	189	2,642	2,620	+22
P11	290	300	2,932	2,920	+12
P12	371	320	3,303	3,240	+63
P13	405	360	3,708	3,600	+108

# of dental surgeries (Period)



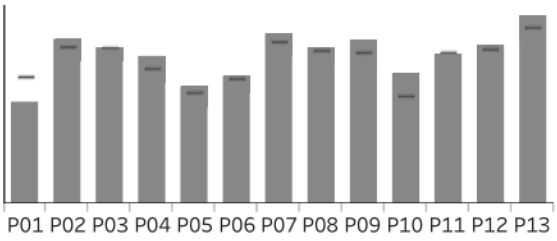
# of dental surgeries (Cumulative)



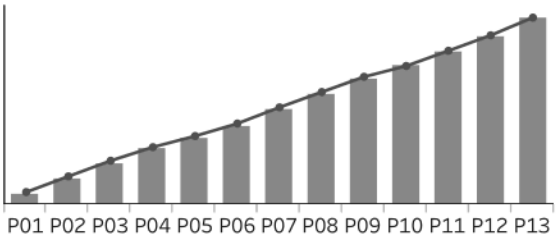
Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	36	66	36	66	-30
P02	92	92	128	158	-30
P03	101	102	229	260	-31
P04	96	65	325	325	+0
P05	72	57	397	382	+15
P06	50	67	447	449	-2
P07	100	101	547	550	-3
P08	81	80	628	630	-2
P09	72	89	700	719	-19
P10	75	56	775	775	+0
P11	72	77	847	852	-5
P12	75	85	922	937	-15
P13	93	94	1,015	1,031	-16

KEEP UP

of surgeries completed other than hip, knee or dental (Period)



# of surgeries completed other than hip, knee or dental (Cumulative)

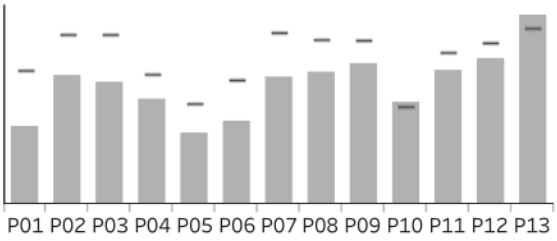


Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	3,173	4,116	3,173	4,116	-943
P02	5,148	5,074	8,321	9,190	-869
P03	4,892	5,050	13,213	14,240	-1,027
P04	4,607	4,382	17,820	18,622	-802
P05	3,634	3,588	21,454	22,210	-756
P06	3,976	4,027	25,430	26,237	-807
P07	5,275	5,244	30,705	31,481	-776
P08	4,848	4,946	35,553	36,427	-874
P09	5,077	4,910	40,630	41,337	-707
P10	4,068	3,495	44,698	44,832	-134
P11	4,649	4,916	49,347	49,748	-401
P12	4,947	4,988	54,294	54,736	-442
P13	5,896	5,720	60,190	60,456	-266

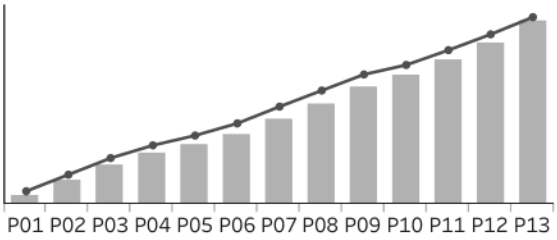
Volumes and Targets, Report: 2017/18 P13, Fiscal: 2017/18, Periods: 1 - 13

CATCH UP

of hip and knee replacements (Period)

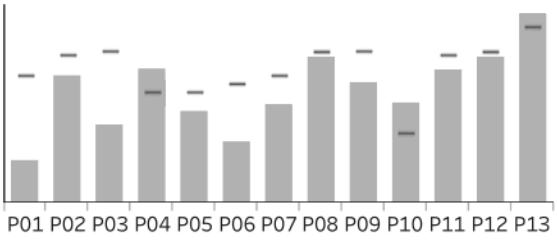


# of hip and knee replacements (Cumulative)

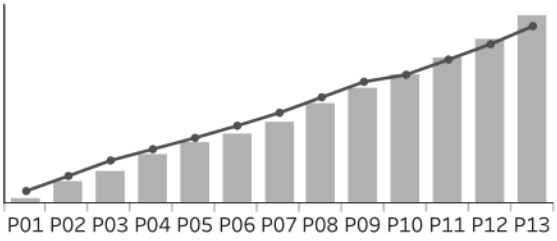


Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	186	266	186	266	-80
P02	306	336	492	602	-110
P03	292	337	784	939	-155
P04	252	258	1,036	1,197	-161
P05	170	199	1,206	1,396	-190
P06	198	246	1,404	1,642	-238
P07	305	340	1,709	1,982	-273
P08	316	327	2,025	2,309	-284
P09	337	325	2,362	2,634	-272
P10	244	193	2,606	2,827	-221
P11	318	301	2,924	3,128	-204
P12	349	320	3,273	3,448	-175
P13	450	350	3,723	3,798	-75

# of dental surgeries (Period)



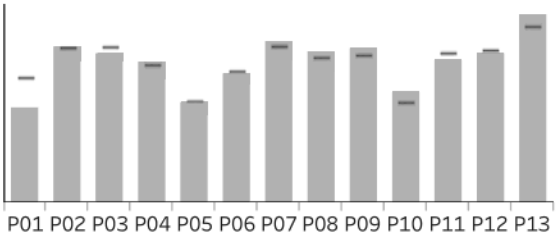
# of dental surgeries (Cumulative)



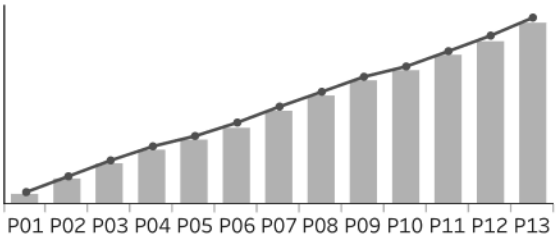
Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	13	31	13	31	-18
P02	39	36	52	67	-15
P03	24	37	76	104	-28
P04	41	27	117	131	-14
P05	28	27	145	158	-13
P06	19	29	164	187	-23
P07	30	31	194	218	-24
P08	45	37	239	255	-16
P09	37	37	276	292	-16
P10	31	17	307	309	-2
P11	41	36	348	345	+3
P12	45	37	393	382	+11
P13	58	43	451	425	+26

KEEP UP

of surgeries completed other than hip, knee or dental (Period)



# of surgeries completed other than hip, knee or dental (Cumulative)

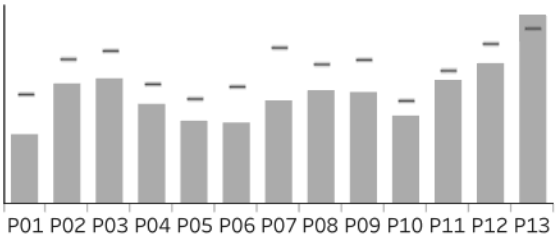


Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	2,940	3,954	2,940	3,954	-1,014
P02	4,830	4,896	7,770	8,850	-1,080
P03	4,610	4,924	12,380	13,774	-1,394
P04	4,319	4,356	16,699	18,130	-1,431
P05	3,112	3,207	19,811	21,337	-1,526
P06	3,966	4,173	23,777	25,510	-1,733
P07	4,960	4,942	28,737	30,452	-1,715
P08	4,681	4,592	33,418	35,044	-1,626
P09	4,756	4,663	38,174	39,707	-1,533
P10	3,414	3,188	41,588	42,895	-1,307
P11	4,387	4,743	45,975	47,638	-1,663
P12	4,627	4,828	50,602	52,466	-1,864
P13	5,830	5,584	56,432	58,050	-1,618

Volumes and Targets, Report: 2017/18 P13, Fiscal: 2017/18, Periods: 1 - 13

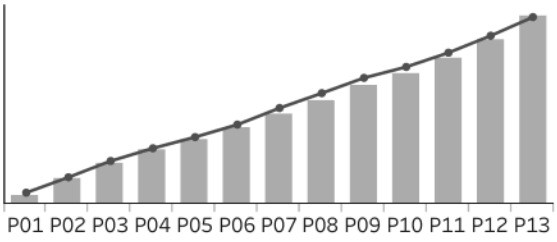
CATCH UP

of hip and knee replacements (Period)



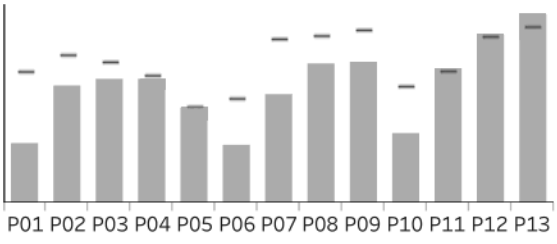
# of hip and knee replacements (Cumulative)

Target: 3,453



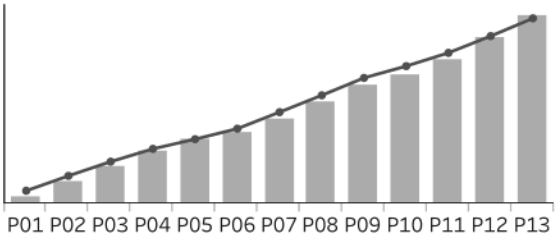
Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	168	215	168	215	-47
P02	287	284	455	499	-44
P03	303	300	758	799	-41
P04	241	235	999	1,034	-35
P05	199	206	1,198	1,240	-42
P06	194	230	1,392	1,470	-78
P07	250	306	1,642	1,776	-134
P08	271	274	1,913	2,050	-137
P09	270	282	2,183	2,332	-149
P10	212	202	2,395	2,534	-139
P11	297	262	2,692	2,796	-104
P12	336	313	3,028	3,109	-81
P13	453	344	3,481	3,453	+28

# of dental surgeries (Period)



# of dental surgeries (Cumulative)

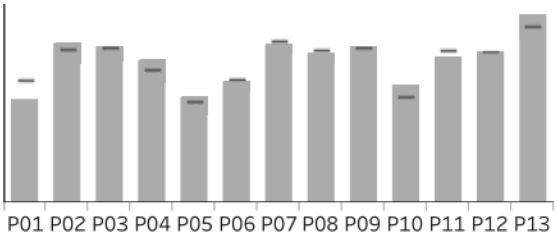
Target: 1,609



Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	63	115	63	115	-52
P02	126	129	189	244	-55
P03	132	123	321	367	-46
P04	133	111	454	478	-24
P05	102	84	556	562	-6
P06	62	91	618	653	-35
P07	117	143	735	796	-61
P08	149	146	884	942	-58
P09	151	151	1,035	1,093	-58
P10	74	102	1,109	1,195	-86
P11	144	115	1,253	1,310	-57
P12	181	145	1,434	1,455	-21
P13	202	154	1,636	1,609	+27

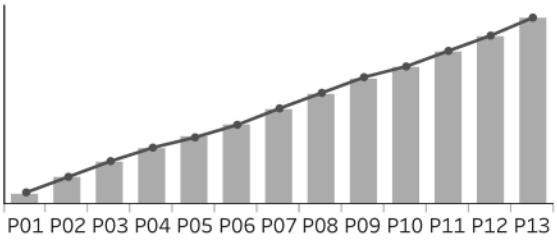
KEEP UP

of surgeries completed other than hip, knee or dental (Period)



# of surgeries completed other than hip, knee or dental (Cumulative)

Target: 42,059

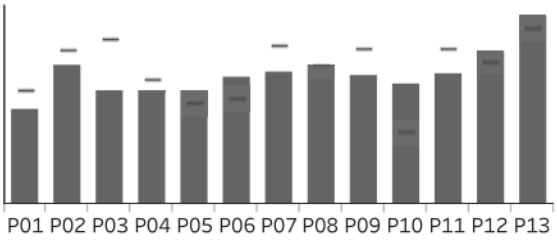


Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	2,341	2,791	2,341	2,791	-450
P02	3,627	3,497	5,968	6,288	-320
P03	3,521	3,530	9,489	9,818	-329
P04	3,218	3,034	12,707	12,852	-145
P05	2,389	2,307	15,096	15,159	-63
P06	2,721	2,813	17,817	17,972	-155
P07	3,561	3,688	21,378	21,660	-282
P08	3,367	3,492	24,745	25,152	-407
P09	3,523	3,521	28,268	28,673	-405
P10	2,646	2,416	30,914	31,089	-175
P11	3,303	3,489	34,217	34,578	-361
P12	3,413	3,449	37,630	38,027	-397
P13	4,287	4,032	41,917	42,059	-142

Volumes and Targets, Report: 2017/18 P13, Fiscal: 2017/18, Periods: 1 - 13

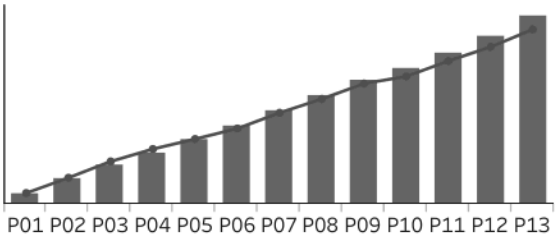
CATCH UP

of hip and knee replacements (Period)



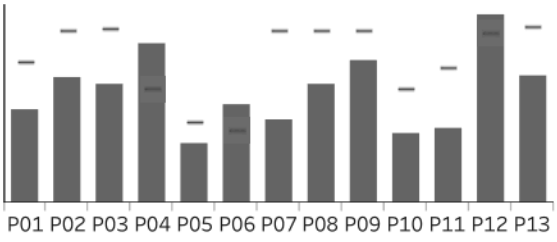
# of hip and knee replacements (Cumulative)

Target: 1,101



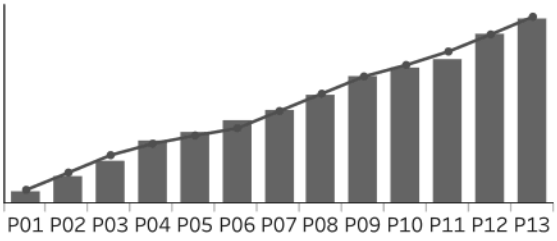
Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	66	71	66	71	-5
P02	97	96	163	167	-4
P03	80	103	243	270	-27
P04	80	78	323	348	-25
P05	80	63	403	411	-8
P06	89	66	492	477	+15
P07	93	99	585	576	+9
P08	98	87	683	663	+20
P09	90	97	773	760	+13
P10	84	45	857	805	+52
P11	92	97	949	902	+47
P12	107	89	1,056	991	+65
P13	132	110	1,188	1,101	+87

# of dental surgeries (Period)



# of dental surgeries (Cumulative)

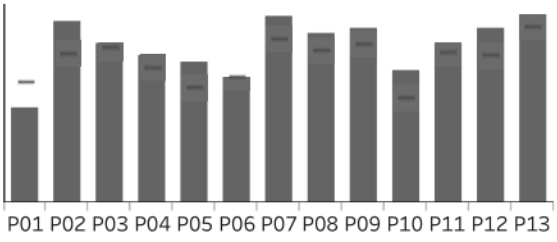
Target: 900



Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	57	68	57	68	-11
P02	77	83	134	151	-17
P03	72	84	206	235	-29
P04	97	55	303	290	+13
P05	36	39	339	329	+10
P06	60	35	399	364	+35
P07	51	83	450	447	+3
P08	72	83	522	530	-8
P09	87	83	609	613	-4
P10	42	55	651	668	-17
P11	45	65	696	733	-37
P12	115	82	811	815	-4
P13	78	85	889	900	-11

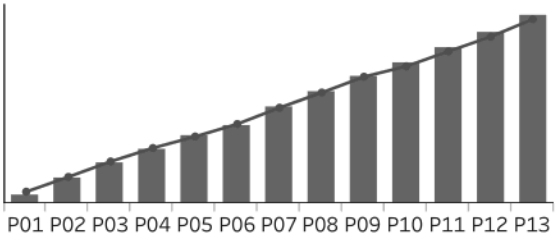
KEEP UP

of surgeries completed other than hip, knee or dental (Period)



# of surgeries completed other than hip, knee or dental (Cumulative)

Target: 12,644

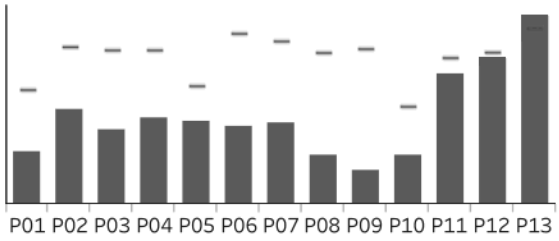


Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	603	826	603	826	-223
P02	1,151	1,017	1,754	1,843	-89
P03	1,009	1,056	2,763	2,899	-136
P04	935	922	3,698	3,821	-123
P05	896	785	4,594	4,606	-12
P06	792	858	5,386	5,464	-78
P07	1,182	1,116	6,568	6,580	-12
P08	1,077	1,038	7,645	7,618	+27
P09	1,111	1,083	8,756	8,701	+55
P10	842	714	9,598	9,415	+183
P11	1,016	1,023	10,614	10,438	+176
P12	1,111	1,006	11,725	11,444	+281
P13	1,200	1,200	12,925	12,644	+281

Volumes and Targets, Report: 2017/18 P13, Fiscal: 2017/18, Periods: 1 - 13

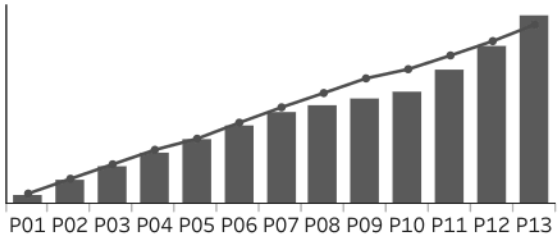
CATCH UP

of dental surgeries (Period)



# of dental surgeries (Cumulative)

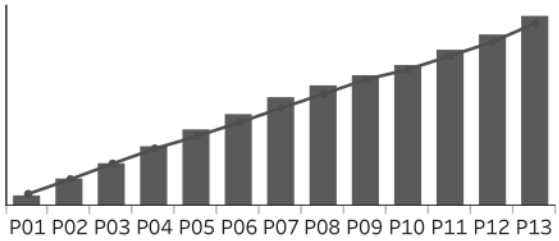
Target: 1,019



Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	49	61	49	61	-12
P02	89	84	138	145	-7
P03	70	82	208	227	-19
P04	81	82	289	309	-20
P05	77	63	366	372	-6
P06	72	91	438	463	-25
P07	76	87	514	550	-36
P08	46	81	560	631	-71
P09	31	83	591	714	-123
P10	46	52	637	766	-129
P11	121	78	758	844	-86
P12	136	81	894	925	-31
P13	176	94	1,070	1,019	+51

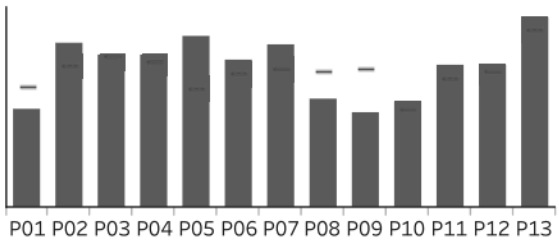
KEEP UP

of surgeries completed other than hip, knee or dental (Cumulative)



# of surgeries completed other than hip, knee or dental (Period)

Target: 6,029



Period	Surgery Count	Period Benchmark	Cumulative Surgery Count	Cumulative Benchmark	Cumulative Deficit/ Surplus
P01	336	412	336	412	-76
P02	562	484	898	896	+2
P03	519	514	1,417	1,410	+7
P04	521	496	1,938	1,906	+32
P05	587	406	2,525	2,312	+213
P06	503	457	3,028	2,769	+259
P07	558	474	3,586	3,243	+343
P08	373	465	3,959	3,708	+251
P09	325	473	4,284	4,181	+103
P10	362	334	4,646	4,515	+131
P11	486	441	5,132	4,956	+176
P12	486	465	5,618	5,421	+197
P13	651	608	6,269	6,029	+240

	RATING COMPARISON	2017/18 P11	2017/18 P12	2017/18 P13
BC	# of hip replacements	▲	▲	●
	# of knee replacements	▲	▲	●
	# of hip and knee replacements	▲	▲	●
	# of dental surgeries	◆	▲	●
	% of hip replacement surgeries waiting	◆	◆	◆
	% of knee replacement surgeries waiting	◆	◆	◆
	% of dental surgeries waiting longer than 26 weeks	●	●	●
	# of surgeries completed other than hip, knee or dental	▲	▲	▲
	% of surgeries waiting other than hip, knee or dental surgeries	◆	◆	◆
IHA	# of hip replacements	▲	▲	▲
	# of knee replacements	▲	▲	●
	# of hip and knee replacements	▲	▲	▲
	# of dental surgeries	▲	▲	▲
	% of hip replacement surgeries waiting	◆	◆	◆
	% of knee replacement surgeries waiting	◆	◆	◆
	% of dental surgeries waiting longer than 26 weeks	●	●	●
	# of surgeries completed other than hip, knee or dental	▲	▲	▲
	% of surgeries waiting other than hip, knee or dental surgeries	◆	◆	◆
FHA	# of hip replacements	●	●	●
	# of knee replacements	●	●	●
	# of hip and knee replacements	●	●	●
	# of dental surgeries	◆	◆	▲
	% of hip replacement surgeries waiting	◆	▲	◆
	% of knee replacement surgeries waiting	◆	◆	◆
	% of dental surgeries waiting longer than 26 weeks	●	●	◆
	# of surgeries completed other than hip, knee or dental	▲	▲	▲
	% of surgeries waiting other than hip, knee or dental surgeries	◆	◆	◆
VCHA	# of hip replacements	▲	▲	●
	# of knee replacements	◆	◆	▲
	# of hip and knee replacements	▲	▲	▲
	# of dental surgeries	●	●	●
	% of hip replacement surgeries waiting	◆	◆	◆
	% of knee replacement surgeries waiting	◆	◆	◆
	% of dental surgeries waiting longer than 26 weeks	●	●	●
	# of surgeries completed other than hip, knee or dental	▲	▲	▲
	% of surgeries waiting other than hip, knee or dental surgeries	◆	◆	◆
VIHA	# of hip replacements	▲	●	●
	# of knee replacements	▲	▲	▲
	# of hip and knee replacements	▲	▲	●
	# of dental surgeries	▲	▲	●
	% of hip replacement surgeries waiting	◆	◆	◆
	% of knee replacement surgeries waiting	◆	◆	◆
	% of dental surgeries waiting longer than 26 weeks	▲	●	●
	# of surgeries completed other than hip, knee or dental	▲	▲	▲
	% of surgeries waiting other than hip, knee or dental surgeries	◆	◆	◆
NHA	# of hip replacements	●	●	▲
	# of knee replacements	●	●	●
	# of hip and knee replacements	●	●	●
	# of dental surgeries	◆	◆	▲
	% of hip replacement surgeries waiting	●	▲	●
	% of knee replacement surgeries waiting	▲	▲	●
	% of dental surgeries waiting longer than 26 weeks	●	●	●
	# of surgeries completed other than hip, knee or dental	●	●	●
	% of surgeries waiting other than hip, knee or dental surgeries	◆	◆	◆
PHSA	# of hip replacements			
	# of knee replacements			
	# of hip and knee replacements			
	# of dental surgeries	◆	◆	●
	% of hip replacement surgeries waiting			
	% of knee replacement surgeries waiting			
	% of dental surgeries waiting longer than 26 weeks	◆	◆	◆
	# of surgeries completed other than hip, knee or dental	◆	◆	●
	% of surgeries waiting other than hip, knee or dental surgeries	◆	◆	◆

Surgical Services

[Surgical Services Program - Phase 2 IMPLEMENTATION for Hip and Knee Replacement]

Version: V5.1

Updated by: Pearl Leung, Senior Consultant , Strategic Transformation, FH

Last Updated: May 30, 2018

Approvals

Signatures					
	Executive Sponsors			**Surgical Program Sponsors**	
VP:	Laurie Leith	Date:	Site Sponsor:	Cathie Heritage, Executive Director, SMH	Date:
VP:	Dr. Roy Morton	Date:	Project Lead:	Leane Sutton, Director, SMH	Date:
	Dr Ralph Belle Surgical Chief	Date:	Site Sponsor:	Rhonda Veldhoen Executive Director, ARH	Date:
			Project Lead:	Tamara Van Tent Director, ARH	Date:

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Surgical Services

Surgical Services Program for Hip and Knee Replacement

PHASE 2 (2018/19)

Version: V1.1

Updated by: Kimberly Stevenson – Senior Strategy Lead, Surgical Services Network, Interior Health

Last Updated: May 23, 2018

Approvals

Signatures					
VP:	Susan Brown, VP & COO Hospitals and Communities	Date: May 25, 2018	Project Lead:	Kimberly Stevenson, Senior Lead, Surgical Strategy, Surgical Services Network, Interior Health	Date: May 23, 2018
Project Lead:	Janine Johns, Network Director, Surgical Services, Interior Health	Date: May 23, 2018	Executive Medical Director:	Dr. Andy Hamilton, EMD Surgical Services	Date: May 24, 2018

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Surgical Services

NORTHERN HEALTH: HIP & KNEE REPLACEMENT PROGRAM

Version: V.4

Updated by: Stacey Patchett

Last Updated: May 29, 2018

APPROVALS

Signatures					
VP:	Fraser Bell	Date: May 30, 2018	Project Lead:	Sherri Tillotson/ Stacey Patchett	Date: May 30, 2018
Project Lead:	Shelley Hatcher	Date: May 30, 2018			

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Surgical Services

Hip and Knee Services Program (SSP) – Summary of Phase 1 (2017/18) and objectives phase 2 (2018/19)

Version: V1.0

Updated by: Gail Malenstyn, Operations Director, Richmond Community of Care, VCH
Barb Ferreira, Project Manager, VCH Regional Surgical Executive Council

Last Updated: April 4, 2018

Approvals

Signatures					
VP	Vivian Eliopoulos Chief Operating Officer, VA	Date:			
VP	Jennifer MacKenzie Chief Operating Officer, RH	Date:			
VP	Karin Olson Chief Operating Officer, Coastal	Date:			
VP	Leanne Heppell VP Acute Care Programs, PHC	Date:			
Regional Surgical Program	Dr. Dean Chittock VP, Patient Safety & Quality, VCH Executive SET Sponsor, RSEC	Date:			

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Surgical Services – Island Health

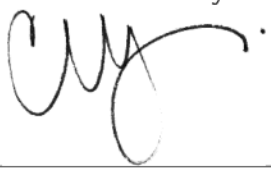
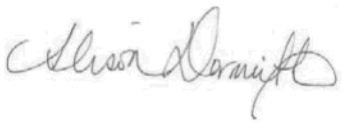
PHASE 2 - HIP AND KNEE REPLACEMENT PROGRAM (2018/19)

Version: V1.2

Updated by: Alison Dormuth

Last Updated: May 25, 2018

APPROVALS

Signatures					
VP:	Catherine Mackay 	Date: 25 May 2018	Project Lead:	Norm Peters	Date: 25 May 2018
Project Lead:	Alison Dormuth 	Date: 25 May 2018			

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