

From: [Collins, Teri HLTH:EX](#)
To: [Pokorny, Peter HLTH:EX](#)
Cc: [Cornell, Trevor HLTH:EX](#); [Rongve, Ian HLTH:EX](#); [Anderson, Kristy HLTH:EX](#); [HECC Operations HLTH:EX](#)
Subject: Issues for Escalation and Direciton_DRAFT_March 16_805pm.docx
Date: March 17, 2020 12:59:00 PM
Attachments: [Issues for Escalation and Direciton_DRAFT_March 16_805pm.docx](#)
Importance: High

Peter, as discussed, attached are the decision points for the suspension of surgical services, as well as ambulatory and diagnostics.

s.13

s.13 issue which we can await your discussion with DM.

Teri

Issues for Escalation and Direction
Scheduled Surgery – COVID 19
March 16, 2020

Current status – Direction on cancellation of non-urgent scheduled surgery:

- ‘Scheduled or Elective as it is sometimes known’ is defined as patients with a wait time target of 12 weeks or greater.
- ‘Urgent’ is generally defined as patients with a wait time target of 2, 4, or 6 weeks.
- ‘Emergent’ is defined as patients requiring unscheduled surgery within 48 hours.
- At this time we are in Phase 2 response - only scheduled surgeries with a wait time of or greater than 12 weeks are being postponed (except for Lions Gate Hospital which is in Phase 3 - only emergency surgeries would be performed).
- For urgent surgeries HAs use a common set of principles to assess these cases and scheduled surgery
- These slates are then reviewed by a committee to make sure that those principles are being applied.
- These principles include at a high level every effort to avoid postponement of the following:
 - Patients with Priority 1 or 2 (2 or 4 week) diagnosis code
 - Patients with suspected or known cancer
 - Patients who have undergone extensive pre op prep – bowel, diabetic or bridging medication such as anticoagulants
 - As well as other cases such as C-sections (including booked), patients having staged procedures for which a postponement would detrimentally affect future treatments, as indicated by surgeon, and others.
- Individual circumstances may also be considered by those reviewing the cases to be scheduled and performed.
- Key messages and Q&A have been provided to GCPE.
- Common approach and messaging for HA booking offices has been developed and shared with HA surgical leads.

Several key issues require (or have had recent) decisions, see below:

- | | |
|------------------------------|---|
| • Private surgical centers | • Tracking cancellations |
| • Timeline for cancellations | • Common principles/approach for reviewing slates |
| • Ambulatory care procedures | |
| • Medical Imaging procedures | |

Issues for Escalation and Direction
Scheduled Surgery – COVID 19
March 16, 2020

DECISIONS MARCH 17, 2020

Direction for private surgical centres

s.13

Direction for ambulatory services/medical imaging

Issue summary: direction is needed on if the cancellation of non urgent scheduled surgeries and procedures impacts Ambulatory services as well as Medical Imaging

Recommendation: a similar process to surgery should be put in place – some activities will need to continue. The ask should be for each HA to compile inventory of services and each HA to categorize these (stop, modify and reduce based criteria/continue – some ambulatory examples are - stop – cataracts, bariatric clinic, hip/knee pre-hab, modify and reduce based on criteria – endoscopy, cystoscopy, continue – IV antibiotics, casting.) A committee structure in each HA should review these daily like surgeries and prioritize them.

Decision DM: Approved. Messaging around what this means is being provided to GCPE by program. Direction to HAs will follow.

Issues for Escalation and Direction
Scheduled Surgery – COVID 19
March 16, 2020

Timeline for postponements **URGENT**

Issue summary: direction is requested on as to how far out HA should be postponing surgeries. It has been requested by HA that a consistent approach be taken. VCHA has expressed some concern noting they may need to move to phase 3 quicker.

Recommendation: HAs and MOH surgical leads have recommended that all non urgent scheduled surgeries that do not meet the principles defined as phase 2 should be postponed until after Easter (4 weeks). This was thought to be an appropriate time that considered/account for travel that could occur over that holiday. This timeline would be reassessed following those four weeks and if needed early in consideration of COVID activity.

Decision: ADM (Teri Collins). Approved an 8-week cancellation window with a rolling 4 week cancellation approach (ie., 4 weeks cancelled now, adding a week at the end of each week). To be communicated to program leads.

Tracking of cancelled cases

Issue summary: there is a need and expectation that HAs and MoH are tracking cancelled cases. An option to simplify this tracking is to use a common SPR code. VHCA is currently using the “disaster code” and IHA has asked that a new pandemic code be created for IHA – this code can be linked in to the SPR “disaster code”.

Recommendation: that all HA’s use the disaster code when entering the cancellation in the SPR. IHA can continue to use the pandemic code created for them and it will be mapped back to the “disaster code” in the SPR.

Decision ADM (Teri Collins): Approved, issue decision to HA program leads.

Definition phase 2/3

Issue summary: there is a large amount of consistency in the definition of phase 2 and 3 across HAs however, there is some local variation. The process to assess which surgeries will proceed is consistent across all health authorities with a committee who reviews slates daily to ensure the correct principles are being applied and appropriate cases being performed.

Recommendation: HA should all be asked to submit their principles to MOH for review to ensure a high level of consistency.

Issues for Escalation and Direction
Scheduled Surgery – COVID 19
March 16, 2020

Decision ADM (Teri Collins): Approved, will action with HA program leads.

Brown, Stephen R HLTH:EX

From: Collins, Teri HLTH:EX
Sent: April 3, 2020 1:40 PM
To: Pokorny, Peter HLTH:EX; Carroll, Jonathan C HLTH:EX; HECC Operations HLTH:EX; HLTH HECC Data HLTH:EX
Cc: Rongve, Ian HLTH:EX; Collins, Teri HLTH:EX; Brown, Stephen R HLTH:EX
Subject: RUSH -COVID-19 - Number of cancelled surgeries
Importance: High

As approved by Ian, Teri just now.

DATA

On April 2nd health authorities were asked to submit the number of cases that were scheduled to be performed between March 17 and April 2, 2020, but were cancelled due to COVID-19.

HA	Hip/Knee	Dental	All Other	Total
IHA	509	116	2,320	2,945
FHA	227	34	1,962	2,223
VCHA	400	24	2,545	2,969
VIHA				2,027
NHA	72	48	451	571
PHSA	n/a	18	523	541
BC total	1,208	240	7,801	11,276

Suggested Key Messages

- I want to get back to you on the surgical postponements. See numbers above.
- I also want to be clear that these are postponements. I want to be very clear that these are postponements not cancellations. There is a big difference for patients.
- If people are in need of surgery, we are committed to getting them the procedures they need.
- If you were on the wait list you still are.

- I also want to say that at the ministry and health authorities and the surgeons, anesthesiologists, nurses, are all dedicated to making sure patients across B.C. are able to move forward with their surgeries as soon as possible.
- As I mentioned yesterday we will see all of our resources to get us back on track as quickly as possible and have enlisted the support of a former administrator Michael Marchbank to help us.
 - *If the minister wants to he could say that in support of that FH has signed a contract with False Creek and VCH is in the process of signing.*

Q1. How many surgeries will be postponed/re-scheduled?

- Pre-COVID19 in a typical 4-week period there are approximately 19,500 of scheduled surgeries completed in BC
- Of these nearly 7,200 are considered urgent (target wait time of 6 or less weeks) and over 12,000 are considered scheduled (target wait time of 12 or less weeks)

Q2. What is happening?

- British Columbia's health authorities are directed to immediately move all hospitals in the province to Outbreak Response phase two.
- This means hospitals will only undertake urgent and emergency procedures and will postpone all non-urgent scheduled surgeries.
- Hospitals will review operating room capacity daily to prioritize urgent cases including urgent oncology and emergency cases.

Q3. Why are you postponing surgeries?

- Moving to Stage 2 is an effective way to create capacity in our hospitals.
- By doing this now we are taking steps to make sure that the capacity is there when and if it is needed.
- If we did not take this step, we would be at risk of not having enough hospital capacity for those effected by COVID19 should we see a rapid increase in the need for it like other countries have.

Q4. How long will this be in place/when will my surgery be rescheduled?

- It is difficult to say how long this measure will be necessary, but we will assess this action over the coming weeks.

Q5. What is an urgent and non-urgent scheduled surgery?

- 'Scheduled' or 'elective' as it is sometimes known is defined as:
 - Adult patients with as a wait time target of greater than 12 weeks with some variability between specialties.
 - Pediatric patients with a wait time target of 6-12 weeks with some variability between specialties.
- 'Urgent' is defined as:

- Adult patients with a wait time target of 2, 4, or 6 weeks.
- Pediatric patients with a wait time target of <3 weeks, with some variability between specialties.
- 'Emergent' is defined as patients requiring unscheduled surgery within 24-48 hours.
- At this time only scheduled surgeries are being postponed.

Q6. Do patients go to the bottom of the wait list now?

- No. For those patients who have a "scheduled" surgery, they will remain on the waitlist as the province works to respond to COVID19.
- The ministry and health authorities will be ensuring that when these surgeries resume that their surgeries are completed.

Q7. How are patients whose surgeries were postponed being supported?

- The health authorities and surgeons offices are working to inform patients of the status of their surgery.

Q8. What is phase 3 – and do you think we will get there?

- Phase 3 would be where we cancel all scheduled and urgent patients, preserving access for emergent patients only.
- What we will most likely see, **IF NEEDED** to maintain critical care and ICU capacity, individual hospitals moving to phase 3.
- Lions Gate hospital is at that phase now.

Brown, Stephen R HLTH:EX

From: Pokorny, Peter HLTH:EX
Sent: April 3, 2020 2:13 PM
To: Dix, Adrian HLTH:EX
Cc: Brown, Stephen R HLTH:EX; Moulton, Holly HLTH:EX; van Baarsen, Amanda HLTH:EX; Prevost, Jean-Marc GCPE:EX; Henry, Bonnie HLTH:EX; Yeung, Lucinda HLTH:EX; Lawrie, Hannah GCPE:EX; Shewchuk, Chris GCPE:EX; 'nicola@nlkstrategies.ca'
Subject: RE: COVID Update (April 2)
Attachments: Daily Update April 3.docx; SURGERY INFORMATION.docx

Hi Minister – I've attached today's update on some key COVID information.

Information on cancelled surgeries is also attached.

Thanks,
Peter

Peter Pokorny
Associate Deputy Minister
Corporate Services
Ministry of Health
(778) 698-8046

SURGERY INFORMATION

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BC total	1,208	240	7,801	11,276

Suggested Key Messages

- I want to get back to you on the surgical postponements. See numbers above.
- If people are in need of surgery, we are committed to getting them the procedures they need.
- If you were on the wait list you still are.
- I also want to say that the ministry and health authorities and the surgeons, anesthesiologists, nurses, are all dedicated to making sure patients across B.C. are able to move forward with their surgeries as soon as possible.
- *If the minister wants to he could say that in support of that FH has signed a contract with False Creek and VCH is in the process of signing.*

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- Of these nearly 7,200 are considered urgent (target wait time of 6 or less weeks) and over **12,000 are considered scheduled** (target wait time of 12 or less weeks)

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- At this time only scheduled surgeries are being postponed.

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- The ministry and health authorities will be ensuring that when these surgeries resume that their surgeries are completed.

Q7. How are patients whose surgeries were postponed being supported?

- The health authorities and surgeons offices are working to inform patients of the status of their surgery.

Q8. What is phase 3 – and do you think we will get there?

- Phase 3 would be where we cancel all scheduled and urgent patients, preserving access for emergent patients only.
- What we will most likely see, **IF NEEDED** to maintain critical care and ICU capacity, individual hospitals moving to phase 3.
- Lions Gate hospital is at that phase now.

Brown, Stephen R HLTH:EX

From: Collins, Teri HLTH:EX
Sent: April 14, 2020 2:31 PM
To: Pokorny, Peter HLTH:EX; Brown, Stephen R HLTH:EX
Subject: SURGERY INFORMATION.docx
Attachments: SURGERY INFORMATION.docx

Importance: High

As requested.

SURGERY INFORMATION

POSTPONED SURGERIES: BC Total March 16-April 12:

NEW #s – April 3 – 12 Surgeries Postponed

HA	Hip/Knee	Dental	All Other	Total*
IHA	5	9	166	180
FHA	77	12	904	993
VCHA	112	1	633	746
VIHA	68	26	524	618
NHA	4	0	43	47
PHSA	n/a	0	9	9
BC total	266	48	2279	2593

*slates are booked approx. 3 weeks in advance. Postponements may be lower as non-urgent cases are not being booked and therefore do not need to be postponed – previous postponements may capture surgery dates in this date-range. Average non-urgent scheduled surgeries in BC over 4 week period is 12,000.

March 16-April 2 – Surgeries Postponed

HA	Hip/Knee	Dental	All Other	Total
IHA	509	116	2,320	2,945
FHA	227	34	1,962	2,223
VCHA	400	24	2,545	2,969
VIHA	343	76	1,677	2,096
NHA	72	48	451	571
PHSA	n/a	18	523	541
BC total	1,551	316	9,478	11,345

*postponements may capture surgeries booked into future.

COMPLETED SURGERIES: (INCLUDES ALL: URGENT/EMERGENCY)

HA	MARCH 16-APRIL 2			APRIL 3 – APRIL 12*			TOTAL
	Sched	Unsched	Sub total	Sched	Unsched	Sub total	
IHA	738	461	1199	157	267	424	1623
FHA	1437	1030	2467	308	148	456	2923
VCHA	tbd	tbd	tbd	397	250	647	647
VIHA	796	657	1453	284	302	586	2039
NHA	102	210	312	28	83	111	423
PHSA	284	150	434	77	55	132	566
BC total	3357	2508	5865	1251	1005	2356	8221

*some case profiles may not yet be entered reflecting lower than actual for the period (data will stabilize by end week)

Suggested Key Messages

- Earlier, I gave you the numbers of postponed surgeries up to April 2; I can now give you the numbers from April 2-12. (*see above)
- If people are in need of surgery, we are committed to getting them the procedures they need.
- If you were on the wait list you still are.
- I also want to say that the ministry and health authorities and the surgeons, anesthesiologists, nurses, are all dedicated to making sure patients across B.C. are able to move forward with their surgeries as soon as possible.

Q1. How many surgeries will be postponed/re-scheduled?

Pre-COVID19 in a typical 4-week period there are approximately 19,500 of scheduled surgeries completed in BC

- Of these nearly 7,200 are considered urgent (target wait time of 6 or less weeks) and over 12,000 are considered scheduled, non urgent (target wait time of 12 or less weeks)

Q2. What is happening?

- British Columbia's health authorities have moved all hospitals in the province to Outbreak Response phase two.
- This means hospitals will only undertake urgent and emergency procedures and will postpone all non-urgent scheduled surgeries.
- Hospitals will review operating room capacity daily to prioritize urgent cases including urgent oncology and emergency cases.

Q3. Why are you postponing surgeries?

- Moving to Stage 2 is an effective way to create capacity in our hospitals.
- By doing this now we are taking steps to make sure that the capacity is there when and if it is needed.
- If we did not take this step, we would be at risk of not having enough hospital capacity for those effected by COVID19 should we see a rapid increase in the need for it like other countries have.

Q4. How long will this be in place/when will my surgery be rescheduled?

- It is difficult to say how long this measure will be necessary, but we will assess this action over the coming weeks.

Q5. What is an urgent and non-urgent scheduled surgery?

- 'Scheduled' or 'elective' as it is sometimes known is defined as:
 - Adult patients with as a wait time target of greater than 12 weeks with some variability between specialties.
 - Pediatric patients with a wait time target of 6-12 weeks with some variability between specialties.
- 'Urgent' is defined as:
 - Adult patients with a wait time target of 2, 4, or 6 weeks.
 - Pediatric patients with a wait time target of <3 weeks, with some variability between specialties.
- 'Emergent' is defined as patients requiring unscheduled surgery within 24-48 hours.
- At this time only non-urgent, scheduled surgeries are being postponed.

Q6. Do patients go to the bottom of the wait list now?

- No. For those patients who have a "scheduled" surgery, they will remain on the waitlist as the province works to respond to COVID19.
- The ministry and health authorities will be ensuring that when these surgeries resume that their surgeries are completed.

Q7. How are patients whose surgeries were postponed being supported?

- The health authorities and surgeons offices are working to inform patients of the status of their surgery.

Q8. What is phase 3 – and do you think we will get there?

- Phase 3 would be where we cancel all scheduled and urgent patients, preserving access for emergent patients only.
- What we will most likely see, **IF NEEDED** to maintain critical care and ICU capacity, individual hospitals moving to phase 3.
- Lions Gate hospital is at that phase now.

Q9. How are you planning ahead to pick the cancelled surgeries up?

- We are actively assessing the impact, and planning for what recovery will look like across the Province. This includes:

- developing an immediate recovery plan that:
 - prioritizes those most in need
 - utilizing all available capacity (private and public)
- exploring further options to catch up and ensure long term recovery and sustainability of our surgical services throughout BC

Brown, Stephen R HLTH:EX

From: Pokorny, Peter HLTH:EX
Sent: April 22, 2020 1:12 PM
To: Dix, Adrian HLTH:EX
Cc: Brown, Stephen R HLTH:EX; Moulton, Holly HLTH:EX; van Baarsen, Amanda HLTH:EX; Prevost, Jean-Marc GCPE:EX
Subject: Surgical Info
Attachments: SURGERY INFORMATION April 22.docx

Hi Minister – I've attached updated surgery numbers (to Sunday April 19).

Thanks,
Peter

Peter Pokorny
Associate Deputy Minister
Corporate Services
Ministry of Health
(778) 698-8046

SURGERY INFORMATION

- With the updated data for April 13 – 19 there has been:
 - a total of **13,998** postponed for the period March 16 – April 19
 - a total of **11,936** urgent/emergent surgeries completed for the period March 16 – April 19

TOTAL Postponed Cases: March 16-April 19				
HA	Hip/Knee	Dental	All Other	Total
IHA	420	91	2028	2539
FHA	340	59	3080	3479
VCHA	397	36	3188	3621
VIHA	470	117	2504	3091
PHSA	n/a	68	532	600
NHA	76	60	522	658
BC Total	1,703	431	11,854	13,988

**slates are booked approx. 3 weeks in advance. Postponements may be lower as non-urgent cases are not being booked and therefore do not need to be postponed – previous postponements may capture surgery dates in this date-range.*

TOTAL Completed Cases: March 16-April 19			
HA	Scheduled	Unscheduled	Total
IHA	795	1090	1885
FHA	2089	1775	3864
VCHA	1424	1093	2517
VIHA	1245	1166	2411
PHSA	458	276	734
NHA	165	360	525
BC Total	6,176	5,760	11,936

**some data from previous weeks has been re-stated*

**some case profiles may not yet be entered reflecting lower than actual for the period (data will stabilize by end week)*

Q1. How many surgeries will be postponed/re-scheduled?

Pre-COVID19 in a typical 4-week period there are approximately 19,500 of scheduled surgeries completed in BC

- Of these nearly 7,200 are considered urgent (target wait time of 6 or less weeks) and over 12,000 are considered scheduled, non-urgent (target wait time of 12 or less weeks)

Q2. What is happening?

- British Columbia's health authorities have moved all hospitals in the province to Outbreak Response phase two.
- This means hospitals will only undertake urgent and emergency procedures and will postpone all non-urgent scheduled surgeries.
- Hospitals will review operating room capacity daily to prioritize urgent cases including urgent oncology and emergency cases.

Q3. Why are you postponing surgeries?

- Moving to Stage 2 is an effective way to create capacity in our hospitals.
- By doing this now we are taking steps to make sure that the capacity is there when and if it is needed.
- If we did not take this step, we would be at risk of not having enough hospital capacity for those effected by COVID19 should we see a rapid increase in the need for it like other countries have.

Q4. How long will this be in place/when will my surgery be rescheduled?

- It is difficult to say how long this measure will be necessary, but we will assess this action over the coming weeks.

Q5. What is an urgent and non-urgent scheduled surgery?

- 'Scheduled' or 'elective' as it is sometimes known is defined as:
 - Adult patients with as a wait time target of greater than 12 weeks with some variability between specialties.
 - Pediatric patients with a wait time target of 6-12 weeks with some variability between specialties.
- 'Urgent' is defined as:
 - Adult patients with a wait time target of 2, 4, or 6 weeks.

- Pediatric patients with a wait time target of <3 weeks, with some variability between specialties.
- 'Emergent' is defined as patients requiring unscheduled surgery within 24-48 hours.
- At this time only non-urgent, scheduled surgeries are being postponed.

Q6. Do patients go to the bottom of the wait list now?

- No. For those patients who have a "scheduled" surgery, they will remain on the waitlist as the province works to respond to COVID19.
- The ministry and health authorities will be ensuring that when these surgeries resume that their surgeries are completed.

Q7. How are patients whose surgeries were postponed being supported?

- The health authorities and surgeons offices are working to inform patients of the status of their surgery.

Q8. What is phase 3 – and do you think we will get there?

- Phase 3 would be where we cancel all scheduled and urgent patients, preserving access for emergent patients only.
- What we will most likely see, **IF NEEDED** to maintain critical care and ICU capacity, individual hospitals moving to phase 3.
- Lions Gate hospital is at that phase now.

Q9. How are you planning ahead to pick the cancelled surgeries up?

- We are actively assessing the impact, and planning for what recovery will look like across the Province. This includes:
 - developing an immediate recovery plan that:
 - prioritizes those most in need
 - utilizing all available capacity (private and public)
- exploring further options to catch up and ensure long term recovery and sustainability of our surgical services throughout BC

Brown, Stephen R HLTH:EX

From: Pokorny, Peter HLTH:EX
Sent: April 29, 2020 11:51 AM
To: Dix, Adrian HLTH:EX
Cc: Brown, Stephen R HLTH:EX; Moulton, Holly HLTH:EX; van Baarsen, Amanda HLTH:EX; Prevost, Jean-Marc GCPE:EX
Subject: Surgical Info
Attachments: Min Rpt BC Postpone Complete_April 29 2020_FINAL_1030am.docx

Hi Minister – I've attached updated surgery numbers (to Sunday April 26).

Thanks,
Peter

Peter Pokorny
Associate Deputy Minister
Corporate Services
Ministry of Health
(778) 698-8046

SURGERY INFORMATION – April 28, 2020

BC TOTAL POSTPONED SURGERIES: March 16 – April 26 [16,101]

BC TOTAL COMPLETED SURGERIES: March 16 – April 26 [14,597]

BC Breakdown

All HA Postponed Cases:	Hip/Knee	Dental	All Other	Total
Cumulative total inclusive of March 16- April 26	2,016	524	13,561	16,101

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.*

All HA Completed Cases:	Scheduled	Unscheduled	Total
Cumulative total inclusive of March 16- April 26	8,767	5,830	14,597

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.*

HA Breakdown

TOTAL Postponed Cases: March 16 -April 26				
Health Authority	Hip/Knee	Dental	All Other	Total
IHA	520	132	2,508	3,160
FHA	434	72	3,849	4,355
VCHA	462	48	3,447	3,957
VIHA	528	131	2,796	3,455
NHA	72	64	521	657
PHSA	0	77	440	517
BC Total	2,016	524	13,561	16,101

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.*

TOTAL Completed Cases: March 16 -April 26			
Health Authority	Scheduled	Unscheduled	Total
IHA	1207	1306	2,513
FHA	2441	2148	4,589
VIHA	2762	157	2,919
VIHA	1505	1418	2,923
NHA	352	481	833
PHSA	500	320	820
BC Total	8767	5830	14,597

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.*

Suggested Key Messages

- The total of postponed surgeries from March 16 – April 26 is now 16,101
- The total completed surgeries from March 16 – April 26 is now 14,597
- If people are in need of surgery, we are committed to getting them procedures they need.
- If you were on the waitlist you still are.
- I also want to say that the ministry and health authorities and the surgeons, anesthesiologists, nurses, are all dedicated to making sure patients across B.C. are able to move forward with their surgeries as soon as possible.

Q1. How many surgeries will be postponed/re-scheduled?

Pre-COVID19 in a typical 4-week period there are approximately 19,500 of scheduled surgeries completed in BC

- Of these nearly 7,200 are considered urgent (target wait time of 6 or less weeks) and over **12,000 are considered scheduled, non-urgent** (target wait time 12 weeks)

Q2. What is happening?

- British Columbia's health authorities have moved all hospitals in the province to Outbreak Response phase two.
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 - Adult patients with a wait time target of 2, 4, or 6 weeks.
 - Pediatric patients with a wait time target of <3 weeks, with some variability between specialties.
- 'Emergent' is defined as patients requiring unscheduled surgery within 24-48 hours.
- At this time only non-urgent, scheduled surgeries are being postponed.

Q6. Do patients go to the bottom of the wait list now?

- No. For those patients who have a "scheduled" surgery, they will remain on the waitlist as the province works to respond to COVID19.
- The ministry and health authorities will be ensuring that when these surgeries resume that their surgeries are completed.

Q7. How are patients whose surgeries were postponed being supported?

- The health authorities and surgeons offices are working to inform patients of the status of their surgery.

Q8. What is phase 3 – and do you think we will get there?

- Phase 3 would be where we cancel all scheduled and urgent patients, preserving access for emergent patients only.
- What we will most likely see, **IF NEEDED** to maintain critical care and ICU capacity, individual hospitals moving to phase 3.
- Lions Gate hospital is at that phase now.

Q9. How are you planning ahead to pick the cancelled surgeries up?

- We are actively assessing the impact, and planning for what recovery will look like across the Province. This includes:
 - developing an immediate recovery plan that:
 - prioritizes those most in need
 - utilizing all available capacity (private and public)
- exploring further options to catch up and ensure long term recovery and sustainability of our surgical services throughout BC

Brown, Stephen R HLTH:EX

From: Pokorny, Peter HLTH:EX
Sent: May 6, 2020 11:53 AM
To: Dix, Adrian HLTH:EX
Cc: Brown, Stephen R HLTH:EX; Moulton, Holly HLTH:EX; van Baarsen, Amanda HLTH:EX; Prevost, Jean-Marc GCPE:EX
Subject: Surgical Info
Attachments: Min Rpt BC Postpone Complete_May 6.docx

Hi Minister – I've attached updated surgery numbers (to Sunday May 3).

Thanks,
Peter

Peter Pokorny
Associate Deputy Minister
Corporate Services
Ministry of Health
(778) 698-8046

ADVICE TO MINISTER

SURGERY INFORMATION – May 6, 2020

BC TOTAL POSTPONED SURGERIES: March 16 – May 3 [16,621]

BC TOTAL COMPLETED SURGERIES: March 16 – May 3 [17,308]

BC Breakdown

All HA Postponed Cases:	Hip/Knee	Dental	All Other	Total
Cumulative total inclusive of March 16- May 3	2,172	563	13,886	16,621

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.*

All HA Completed Cases:	Scheduled	Unscheduled	Total
Cumulative total inclusive of March 16- May 3	9,109	8,199	17,308

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.*

HA Breakdown

TOTAL Postponed Cases: March 16 - May 3				
Health Authority	Hip/Knee	Dental	All Other	Total
IHA	525	131	2,425	3,081
FHA	441	76	3,932	4,449
VCHA	471	48	3,580	4,099
VIHA	662	159	2,975	3,796
NHA	73	71	527	671
PHSA	0	78	447	525
BC Total	2,172	563	13,886	16,621

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.*

TOTAL Completed Cases: March 16 - May 3			
Health Authority	Scheduled	Unscheduled	Total
IHA	1,450	1,521	2,971
FHA	2,779	2,612	5,391
VCHA	2,203	1,328	3,531
VIHA	1,663	1,774	3,437
NHA	422	588	1,010
PHSA	592	376	968
BC Total	9,109	8,199	17,308

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.*

ADVICE TO MINISTER

Suggested Key Messages

- The total of postponed surgeries from March 16 – May 3 is now 16,621
 - The total completed surgeries from March 16 – May 3 is now 17,308
 - If people are in need of surgery, we are committed to getting them procedures they need.
 - If you were on the waitlist you still are.
 - I also want to say that the ministry and health authorities and the surgeons, anesthesiologists, nurses, are all dedicated to making sure patients across B.C. are able to move forward with their surgeries as soon as possible.
-

Q1. How many surgeries will be postponed/re-scheduled?

Pre-COVID19 in a typical 4-week period there are approximately 19,500 of scheduled surgeries completed in BC

- Of these nearly 7,200 are considered urgent (target wait time of 6 or less weeks) and over 12,000 are considered scheduled, non-urgent (target wait time of 12 or less weeks)

Q2. What is happening?

- British Columbia's health authorities have moved all hospitals in the province to Outbreak Response phase two.
- This means hospitals will only undertake urgent and emergency procedures and will postpone all non-urgent scheduled surgeries.
- Hospitals will review operating room capacity daily to prioritize urgent cases including urgent oncology and emergency cases.

Q3. Why are you postponing surgeries?

- Moving to Phase 2 is an effective way to create capacity in our hospitals.
- By doing this now we are taking steps to make sure that the capacity is there when and if it is needed.
- If we did not take this step, we would be at risk of not having enough hospital capacity for those effected by COVID19 should we see a rapid increase in the need for it like other countries have.

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Q4. How long will this be in place/when will my surgery be rescheduled?

- It is difficult to say how long this measure will be necessary, but we will assess this action over the coming weeks.

Q5. What is an urgent and non-urgent scheduled surgery?

- 'Scheduled' or 'elective' as it is sometimes known is defined as:
 - Adult patients with as a wait time target of greater than 12 weeks with some variability between specialties.
 - Pediatric patients with a wait time target of 6-12 weeks with some variability between specialties.
- 'Urgent' is defined as:
 - Adult patients with a wait time target of 2, 4, or 6 weeks.
 - Pediatric patients with a wait time target of <3 weeks, with some variability between specialties.
- 'Emergent' is defined as patients requiring unscheduled surgery within 24-48 hours.
- At this time only non-urgent, scheduled surgeries are being postponed.

Q6. Do patients go to the bottom of the wait list now?

- No. For those patients who have a "scheduled" surgery, they will remain on the waitlist as the province works to respond to COVID19.
- The ministry and health authorities will be ensuring that when these surgeries resume that their surgeries are completed.

Q7. How are patients whose surgeries were postponed being supported?

- The health authorities and surgeons offices are working to inform patients of the status of their surgery.

Q8. What is phase 3 – and do you think we will get there?

- Phase 3 would be where we cancel all scheduled and urgent patients, preserving access for emergent patients only.
- What we will most likely see, **IF NEEDED** to maintain critical care and ICU capacity, individual hospitals moving to phase 3.
- Lions Gate hospital is at that phase now.

Q9. How are you planning ahead to pick the cancelled surgeries up?

- We are actively assessing the impact, and planning for what recovery will look like across the Province. This includes:
 - developing an immediate recovery plan that:

ADVICE TO MINISTER

- prioritizes those most in need
 - utilizing all available capacity (private and public)
- exploring further options to catch up and ensure long term recovery and sustainability of our surgical services throughout BC

Brown, Stephen R HLTH:EX

From: Collins, Teri HLTH:EX
Sent: May 6, 2020 6:02 PM
To: Prevost, Jean-Marc GCPE:EX; Lindstein, Sarah GCPE:EX; Brown, Stephen R HLTH:EX
Cc: Anderson, Kristy HLTH:EX; Collins, Teri HLTH:EX; Gudaitis, Paul HLTH:EX
Subject: QA_Surgical Renewal_DRAFT_May 6_456pm.docx
Attachments: QA_Surgical Renewal_DRAFT_May 6_456pm.docx

Q/A for Minister.

Brown, Stephen R HLTH:EX

From: Moulton, Holly HLTH:EX
Sent: May 21, 2020 12:59 PM
To: Dix, Adrian HLTH:EX
Cc: Brown, Stephen R HLTH:EX; Yeung, Lucinda HLTH:EX; van Baarsen, Amanda HLTH:EX
Subject: Surgical Update as of May 20
Attachments: Min Rpt BC Postpone Complete_May 20_1230pm.docx

Good afternoon Minister

Please find attached this week's surgical update.

Regards,

Holly

SURGERY INFORMATION – May 20, 2020

BC TOTAL POSTPONED SURGERIES: March 16 – May 17 [17,028]

BC TOTAL COMPLETED SURGERIES: March 16 – May 17 [23,385]

BC TOTAL PATIENTS CALLED: May 7 – May 17 [12,016]

BC TOTAL SURGERIES BOOKED FOR: May 18 – May 24 [2,586]

BC Breakdown

All HA Postponed Cases:	Hip/Knee	Dental	All Other	Total
Cumulative total inclusive of March 16- May 17	2,182	596	14,250	17,028

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.*

All HA Completed Cases:	Scheduled	Unscheduled	Total
Cumulative total inclusive of March 16- May 17	12,369	11,016	23,385

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.*

All HA Callouts	# of patients contacted	# available patients	# unavailable patients (COVID related reason)	# unavailable patients (non-COVID reason)	# patients removed from WL
Cumulative total inclusive of May 7-May17	12,016	9,967	340	295	569

** The volume of patients contacted may be greater than the sum of the other columns as the HAs are conducting further follow up with the patient to confirm their availability.*

**The patients removed from wait list no longer require/want surgery*

All HAs Scheduled Surgeries Booked	Total
Cumulative total inclusive of May 18 - May 24	2,586

**These are projected scheduled volumes which remain subject to change*

HA Breakdown

TOTAL Postponed Cases: March 16 - May 17				
Health Authority	Hip/Knee	Dental	All Other	Total
IHA	521	150	2,400	3,071
FHA	450	77	4,147	4,674
VCHA	474	49	3,703	4,226
VIHA	664	162	3,060	3,886
NHA	73	73	550	696
PHSA	0	85	390	475
BC Total	2,182	596	14,250	17,028

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.*

TOTAL Completed Cases: March 16 - May 17			
Health Authority	Scheduled	Unscheduled	Total
IHA	1,983	2,032	4,015
FHA	3,574	3,547	7,121
VCHA	3,090	1,789	4,879
VIHA	2,367	2,353	4,720
NHA	562	803	1,365
PHSA	793	492	1,285
BC Total	12,369	11,016	23,385

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.*

Surgical Callout Progress Report May 7 - May 17					
Health Authority	# of patients contacted	# available patients	# unavailable patients (COVID related reason)	# unavailable patients (non-COVID reason)	# patients removed from WL
IHA	3,561	3,238	136	117	70
FHA	1,839	1,599	10	18	5
VCHA	2,374	1,213	133	100	417
VIHA	1,701	1,611	42	23	25
NHA	260	198	11	15	36
PHSA	2,281	2,108	8	22	16
BC TOTAL	12,016	9,967	340	295	569

** The volume of patients contacted may be greater than the sum of the other columns as the HAs are conducting further follow up with the patient to confirm their availability.*

**The patients removed from wait list no longer require/want surgery*

Surgeries Booked May 18 - May 24	
Health Authority	Total Scheduled Surgeries
IHA	450
FHA	758
VCHA	490
VIHA	638
NHA	124
PHSA	126
BC TOTAL	2,586

**These are projected scheduled volumes which remain subject to change*

Suggested Key Messages

- The total of postponed surgeries from March 16 – May 17 is now 17,028
- The total completed surgeries from March 16 – May 17 is now 23,385
- The total calls made to patients from May 7 – 17 is now 12,016
- Health authorities expect to complete approx. 2,586 surgeries this week, we will continue to report surgeries completed each week.

- If people are in need of surgery, we are committed to getting them the procedures they need.
 - On May 7 we announced our surgical renewal plan.
 - On May 18 we resumed non-urgent scheduled surgeries in addition to the urgent and emergency surgeries that continued under our initial response to COVID-19.
 - All health authorities have started performing non-urgent cases.
 - If you were on the waitlist you still are.
 - I also want to say that the ministry and health authorities and the surgeons, anesthesiologists, nurses, are all dedicated to making sure patients across B.C. are able to move forward with their surgeries as soon as possible.
-

What is happening?

- As the rate of COVID-19 transmission slows, the province has launched a surgical renewal strategy that includes resuming scheduled surgeries as well as adding capacity and health care providers to address the surgeries waiting.
 - On May 7, 2020, patient outreach and pre-operative screening began.
 - On May 18, 2020, surgical services began. We will be increasing capacity over the next four weeks to near normal pre-COVID-19 levels.
- Surgeries booked during this time will be prioritized based on:
 - Urgent surgeries. These will be identified as surgeries with waiting times of less than four weeks and will capture many cancer cases.
 - Delayed surgeries. Patients who have had their surgery postponed or who have waited more than twice than their clinical benchmark.
 - Day surgeries. This includes surgeries that do not require patients to stay overnight in hospital.
 - Non-operating room surgeries. This includes surgeries that are done outside an operating room, such as cataract surgery.
- To add surgical capacity, the health-care system will incrementally implement a number of priorities, including:
 - Extending daily operating room hours;
 - Adding Saturday and Sunday operating services;
 - Optimizing operations over the summer;
 - Opening new or unused operating rooms; and,
 - Increasing capacity through contracts with surgical clinics that follow the Canada Health Act.
- Sustainable staffing levels is critically important to the surgical recovery strategy. Health authorities will work to develop staffing plans that consider new ways of working to meet demand and address waitlists. Hospitals will review operating room capacity daily to prioritize urgent cases including urgent oncology and emergency cases.

How long will it take to restore surgeries/when will my surgery be rescheduled?

- Restoring surgeries in B.C. will take some time. Our goal is to significantly increase the number of surgeries performed beyond pre-COVID-19 levels. This will enable us to keep up with demand for new surgeries and complete all delayed surgeries within 17-24 months.
- A surgical booking clerk from your health authority will reach out to you in the coming days and weeks to determine whether you are ready to proceed with the surgery or if you would prefer to wait until the pandemic has been resolved.
- If you prefer to wait, your decision will be shared with your surgeon for follow up. If you choose to proceed, you will be asked to take additional steps to make sure you and your surgical team are safe.
- Non-urgent, scheduled surgeries are expected to resume May 18, 2020.

Didn't you say 30,000 surgeries would have been postponed?

- Yes, we estimated that from March 16 to May 18 approx. 30,000 cases would have been lost.
- This was a best estimate at the time and included:
 - ~14,000 people had surgeries postponed
 - ~16,000 who would have normally been scheduled from the waitlist
- We are continuing to update our data to get the most accurate picture of the postponements.

Why did you postpone surgeries?

- Moving to Phase 2 was an effective way to create capacity in our hospitals.
- If we did not take this step, we would have been at risk of not having enough hospital capacity for those effected by COVID19 should we see a rapid increase in the need for it like other countries have.

What is an urgent and non-urgent scheduled surgery?

- 'Scheduled' or 'elective' as it is sometimes known is defined as:
 - Adult patients with as a wait time target of greater than 12 weeks with some variability between specialties.
 - Pediatric patients with a wait time target of 6-12 weeks with some variability between specialties.
- 'Urgent' is defined as:
 - Adult patients with a wait time target of 2, 4, or 6 weeks.
 - Pediatric patients with a wait time target of <3 weeks, with some variability between specialties.
- 'Emergent' is defined as patients requiring unscheduled surgery within 24-48 hours.
- At this time only non-urgent, scheduled surgeries are being postponed.

Do patients go to the bottom of the wait list now?

- No. For those patients who have a “scheduled” surgery, they will remain on the waitlist as the province works to respond to COVID19.
- Having stopped all non-urgent scheduled surgeries, the composition of the waitlist, as well as some patient priorities will have changed. These must be reviewed and prioritized for booking using the surgical priorities outlined in our surgical renewal strategy.

Why are some patients removed from the waitlist?

- Patients who are removed from the waitlist no longer require/want surgery

Why is the number of patients contacted greater than the total of available, unavailable and removed?

- The health authorities are conducting further follow up with a number of patients to confirm their availability, therefore the volume of patients contacted may be greater than the sum of the available, unavailable, and patients removed from waitlist.

Brown, Stephen R HLTH:EX

From: Moulton, Holly HLTH:EX
Sent: May 28, 2020 12:06 PM
To: Dix, Adrian HLTH:EX
Cc: Brown, Stephen R HLTH:EX; van Baarsen, Amanda HLTH:EX; Yeung, Lucinda HLTH:EX
Subject: Revised Surgical Report
Attachments: Min Rpt BC Postpone Complete_FINAL_May 27_v2_11am.docx

Good morning Minister,

Revised surgical report with the B.C. weekly breakdown.

Holly Moulton
Director of Operations
Office of the Deputy Minister
Cell: 250 508 0641

SURGERY INFORMATION – May 27, 2020

BC TOTAL POSTPONED SURGERIES: March 16 – May 24 [17,076]

BC TOTAL COMPLETED SURGERIES: March 16 – May 24 [27,349]

BC TOTAL PATIENTS CALLED: May 7 – May 24 [17,978]

BC Breakdown

All HA Postponed Cases:	Hip/Knee	Dental	All Other	Total
Cumulative total inclusive of March 16- May 24	2,184	597	14,295	17,076

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.*

All HA Completed Cases:	Scheduled	Unscheduled	Total	Change from Previous Week	
				#	%
Cumulative total inclusive of March 16- May 17	12,420	11,112	23,532	n/a	n/a
Cumulative total inclusive of March 16- May 24	14,984	12,365	27,349	3,817	16.2%

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.*

All HA Callouts	# of patients contacted	# available patients	# unavailable patients (COVID-related reason)	# unavailable patients (non-COVID reason)	# patients removed from WL
Cumulative total inclusive of May 7 - May24	17,978	14,198	499	630	1,019

** The volume of patients contacted may be greater than the sum of the other columns as the HAs are conducting further follow up with the patient to confirm their availability.*

**The patients removed from wait list no longer require/want surgery (could include waitlist clean up [duplicate records or patient not removed from WL once surgery was complete, deceased patient, procedure completed elsewhere]).*

HA Breakdown

TOTAL Postponed Cases: March 16 - May 24				
Health Authority	Hip/Knee	Dental	All Other	Total
IHA	522	150	2,379	3,051
FHA	450	77	4,147	4,674
VCHA	474	49	3,772	4,295
VIHA	664	162	3,060	3,886
NHA	74	75	566	715
PHSA	0	84	371	455
BC Total	2,184	597	14,295	17,076

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.*

TOTAL Completed Cases: March 16 - May 24				Change from Previous Week		
Health Authority	Scheduled	Unscheduled	Total	Total (March 16-May17)	#	%
IHA	2,441	2,290	4,731	4,029	702	17.4%
FHA	4,309	3,949	8,258	7,173	1,085	15.1%
VCHA	3,609	2,033	5,642	4,890	752	15.4%
VIHA	3,022	2,656	5,678	4,720	958	20.3%
NHA	683	890	1,573	1,404	169	12.0%
PHSA	920	547	1,467	1,316	151	11.5%
BC Total	14,984	12,365	27,349	23,532	3,817	16.2%

*Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range.

Surgical Callout Progress Report May 7 - May 24					
Health Authority	# of patients contacted	# available patients	# unavailable patients (COVID related reason)	# unavailable patients (non-COVID reason)	# patients removed from WL
IHA	4,931	4,415	164	236	116
FHA	2,383	1,765	14	22	8
VCHA	4,484	2,261	206	222	737
VIHA	2,772	2,598	69	51	54
NHA	643	496	28	57	62
PHSA	2,765	2,663	18	42	42
BC TOTAL	17,978	14,198	499	630	1,019

* The volume of patients contacted may be greater than the sum of the other columns as the HAs are conducting further follow up with the patient to confirm their availability.

*Patient unavailable includes (work reason, vacation reason, other personal reason [i.e., child or elder care], or a health and medical reason).

*The patients removed from wait list no longer require/want surgery (could include waitlist clean up [duplicate records or patient not removed from WL once surgery was complete, deceased patient, procedure completed elsewhere]). VCHA is higher due to approach to calling wait listed patients (i.e., oldest first), historical gaps in wait list management processes (i.e. not removing patients from the waitlist where they have already had their procedure and waitlist clean up for long waiters).

Weekly Breakdown

All HA Postponed Cases:				
Week Inclusive of:	Hip/Knee	Dental	All Other	Total
March 16-March 22	1,240	297	7,101	8,638
March 23-March 29	555	79	3,323	3,957
March 30-April 5	181	55	1,516	1,752
April 6-April 12	78	42	773	893
April 13 - April 19	26	77	431	534
April 20-April 26	56	18	267	341
April 27-May 3	27	11	329	367
May 4-May 10	17	11	319	347
May 11-May 17	1	4	134	139
May 18-May 24	3	3	102	108
May 25-May 31	-	-	-	-
June 1-June 7	-	-	-	-
Cumulative total Inclusive of March 16- May 24	2,184	597	14,295	17,076

*Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range. Numbers may have been updated since the were first publicly reported as data is updated.

All HA Completed Cases:			
Week Inclusive of:	Scheduled	Unscheduled	Total
March 16-March 22	2,177	1,312	3,489
March 23-March 29	1,157	1,096	2,253
March 30-April 5	1,142	1,035	2,177
April 6-April 12	972	1,105	2,077
April 13 - April 19	991	1,238	2,229
April 20-April 26	1,277	1,268	2,545
April 27-May 3	1,432	1,300	2,732
May 4-May 10	1,508	1,301	2,809
May 11-May 17	1,764	1,457	3,221
May 18-May 24	2,564	1,253	3,817
May 25-May 31	-	-	-
June 1-June 7	-	-	-
Cumulative total inclusive of March 16- May 24	14,984	12,365	27,349

**Volumes are as entered at the time of reporting - and may not be reflective of all surgical cases in the date range. Numbers may have been updated since the were first publicly reported as data is updated.*

Suggested Key Messages

- The total of postponed surgeries from March 16 – May 24 is now 17,076
- The total completed surgeries from March 16 – May 24 is now 27,349
- The total calls made to patients from May 7 – 24 is now 17,978
- If people are in need of surgery, we are committed to getting them the procedures they need.
- On May 7 we announced our surgical renewal plan.
- On May 18 we resumed non-urgent scheduled surgeries in addition to the urgent and emergency surgeries that continued under our initial response to COVID-19.
- All health authorities have started performing non-urgent cases.
- If you were on the waitlist you still are.
- I also want to say that the ministry and health authorities and the surgeons, anesthesiologists, nurses, are all dedicated to making sure patients across B.C. are able to move forward with their surgeries as soon as possible.

What is happening?

- As the rate of COVID-19 transmission slows, the province has launched a surgical renewal strategy that includes resuming scheduled surgeries as well as adding capacity and health care providers to address the surgeries waiting.
 - On May 7, 2020, patient outreach and pre-operative screening began.
 - On May 18, 2020, surgical services began. We will be increasing capacity over the next four weeks to near normal pre-COVID-19 levels.

- Surgeries booked during this time will be prioritized based on:
 - Urgent surgeries. These will be identified as surgeries with waiting times of less than four weeks and will capture many cancer cases.
 - Delayed surgeries. Patients who have had their surgery postponed or who have waited more than twice than their clinical benchmark.
 - Day surgeries. This includes surgeries that do not require patients to stay overnight in hospital.
 - Non-operating room surgeries. This includes surgeries that are done outside an operating room, such as cataract surgery.
- To add surgical capacity, the health-care system will incrementally implement a number of priorities, including:
 - Extending daily operating room hours;
 - Adding Saturday and Sunday operating services;
 - Optimizing operations over the summer;
 - Opening new or unused operating rooms; and,
 - Increasing capacity through contracts with surgical clinics that follow the Canada Health Act.
- Sustainable staffing levels is critically important to the surgical recovery strategy. Health authorities will work to develop staffing plans that consider new ways of working to meet demand and address waitlists. Hospitals will review operating room capacity daily to prioritize urgent cases including urgent oncology and emergency cases.

How long will it take to restore surgeries/when will my surgery be rescheduled?

- Restoring surgeries in B.C. will take some time. Our goal is to significantly increase the number of surgeries performed beyond pre-COVID-19 levels. This will enable us to keep up with demand for new surgeries and complete all delayed surgeries within 17-24 months.
- A surgical booking clerk from your health authority will reach out to you in the coming days and weeks to determine whether you are ready to proceed with the surgery or if you would prefer to wait until the pandemic has been resolved.
- If you prefer to wait, your decision will be shared with your surgeon for follow up. If you choose to proceed, you will be asked to take additional steps to make sure you and your surgical team are safe.
- Non-urgent, scheduled surgeries are expected to resume May 18, 2020.

Why are some patients removed from the waitlist? Why is VCHA's number so much greater than the other HAs?

- Patients who are removed from the waitlist no longer require/want surgery.

- All health authorities conduct waitlist management to ensure the accuracy of their wait lists. During this process they remove duplicate entries, update records where patients have already had their procedure or have resolved their medical need through other means (i.e., physiotherapy, better health/fitness etc.) This process leads to a number of entries being removed from the waitlist.
- In calling all patients now, all health authorities are removing some records but VCHA has removed a significant amount improving the accuracy of their waitlist.
- The effort to call all patients now VCHA has been focusing on the priorities and reaching out to some of the longer waiters, in recognition of the number of patients waiting over 2x the clinical benchmark, many of whom no longer require surgery, as well as improving their internal records management.

Why is the number of patients contacted greater than the total of available, unavailable and removed?

- The health authorities are conducting further follow up with a number of patients to confirm their availability and scheduling, therefore the volume of patients contacted may be greater than the sum of the available, unavailable, and patients removed from waitlist.

Didn't you say 30,000 surgeries would have been postponed?

- Yes, we estimated that from March 16 to May 18 approx. 30,000 cases would have been lost.
- This was a best estimate at the time and included:
 - ~14,000 people had surgeries postponed
 - ~16,000 who would have normally been scheduled from the waitlist
- We are continuing to update our data to get the most accurate picture of the postponements.

Why did you postpone surgeries?

- Moving to Phase 2 was an effective way to create capacity in our hospitals.
- If we did not take this step, we would have been at risk of not having enough hospital capacity for those effected by COVID19 should we see a rapid increase in the need for it like other countries have.

What is an urgent and non-urgent scheduled surgery?

- 'Scheduled' or 'elective' as it is sometimes known is defined as:
 - Adult patients with as a wait time target of greater than 12 weeks with some variability between specialties.
 - Pediatric patients with a wait time target of 6-12 weeks with some variability between specialties.
- 'Urgent' is defined as:

- Adult patients with a wait time target of 2, 4, or 6 weeks.
- Pediatric patients with a wait time target of <3 weeks, with some variability between specialties.
- 'Emergent' is defined as patients requiring unscheduled surgery within 24-48 hours.
- At this time only non-urgent, scheduled surgeries are being postponed.

Do patients go to the bottom of the wait list now?

- No. For those patients who have a "scheduled" surgery, they will remain on the waitlist as the province works to respond to COVID19.
- Having stopped all non-urgent scheduled surgeries, the composition of the waitlist, as well as some patient priorities will have changed. These must be reviewed and prioritized for booking using the surgical priorities outlined in our surgical renewal strategy.