Lessons Learned

Saskatchewan Surgical Care Network

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Presentation: Key Topics

- Getting Started
- Strategic Elements
- Considerations
- Lessons Learned
- Model Application

Surgical Change Awareness Issues

History

- There have been three significant reports released in Saskatchewan, all of which make recommendations regarding the surgical care system:
  - The Commission on Medicare - Saskatchewan (2001)
  - The Provincial Wait List Strategy Team (2002)
  - The Action Plan for Saskatchewan Health Care (2001)

What Facilitated the Change?

- Provinces and territories all face challenges to improve access to surgical services times and resources for surgery.

- Increasing resources alone is not the solution. System processes and approaches require revision.

Surgical Access Strategies for Saskatchewan

- Strategy components included the following elements:

Knowledge

Communication

Structure

Capacity

Accountability

Evaluation

Quality
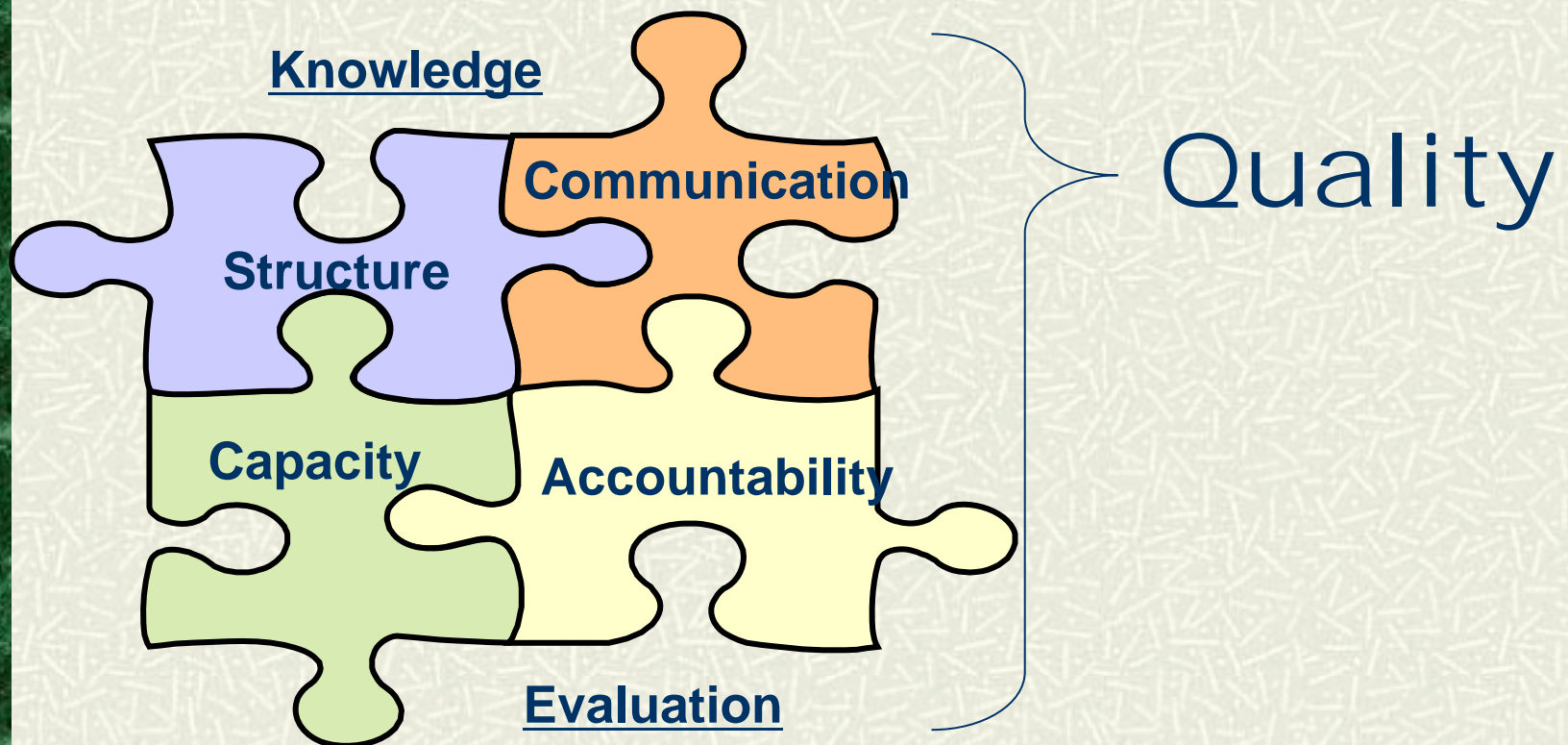
Wait List Strategy

- *Action Plan for Saskatchewan Health Care (2001)* listed several priority initiatives, including the establishment of:
  - ➢ The Saskatchewan Surgical Care Network (SSCN);
  - ➢ A Surgical Patient Registry;
  - ➢ A Clinical Prioritization Process & Target Time Frames for Surgery;
  - ➢ A Waiting List Web Site; and
  - ➢ Surgical Care Coordinators and Regional Contacts
  - ➢ 3 Year Provincial Surgical Plan developed

Pulling the Strategy Together

- To oversee development and implementation of the initiatives, the **Saskatchewan Surgical Care Network (SSCN)** was established as an advisory body to Saskatchewan Health in March 2002.

- 15 members representing surgeons, Health Regions, regulatory bodies and Saskatchewan Health.

- Two subcommittees: Surgical Services and Registry Operations
- SSCN's vision is:

  "**Timely and appropriate surgical care for all Saskatchewan residents**".

SSCN Mandate

- Surgical system planning and process improvements
- Target Time Frame development and management
- System information analysis and reporting
- Real time evaluation and monitoring outcomes

Surgical Patient Registry

Surgical Patient Registry:

➢ **Tracking patients booked for surgery in ten health regions.**

It produces accurate reports that include:

➢Patients waiting;
➢For how long;
➢For what procedure;
➢For which surgeon; and
➢At what level of priority.

Surgeons - are responsible for assessing patients, making the final determination as to which patients will be the next to receive their procedure and performing surgery**.**

Regions - responsible for patients and **managing surgical access**. This includes effective scheduling of patients, OR allocation, patient flow and management of financial and human resources.

Policy Considerations

- To achieve the initiatives outlined in *The Action Plan for Saskatchewan Health Care* it was necessary to allocate resources to:

  - ➤ **Establish the Network (SSCN)**

  - ➤ **Expertise Needed** –for development of assessment tools and Registry (e.g.) consultants

  - ➤ **Surgical Registry Office** – To support day to day operations and address policy questions.

  - ➤ **Saskatchewan Health** – Increased focus and support for initiatives.

Policy Considerations

- Regulatory support for the Registry was required. New regulations under *The Regional Health Services Act were* developed.

- The regulations identify the surgical related information that needed to be submitted by the Regional Health Authorities and prescribe the time frames for submitting this information to the Registry..

Surgical Patient Registry - Policy Considerations

- Throughout the development of the Registry, the SSCN was faced with many policy considerations. Some of the key policies include:

  - ➢ All patients needing surgery must be added to the Registry.

  - ➢ Patients will be entered on the Registry only once for a specific procedure.

  - ➢ Patients who refuse dates for surgery on three occasions are referred back to their surgeon.

- Regions are accountable for wait list management and access to surgery.
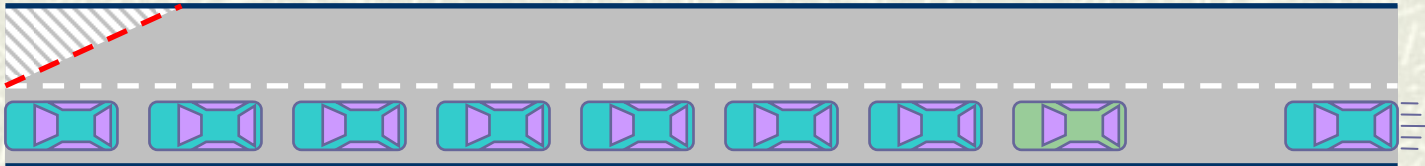
Surgeon's Perspective
Key Points

- The effect of management on the waiting time
- The orthopedic issue
  - Short term options
  - Long term options
- What is achievable?
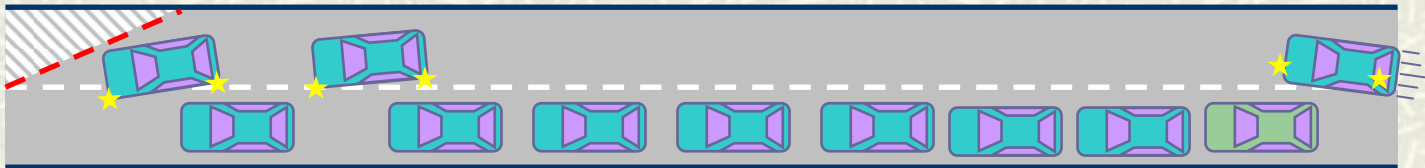
Wait List Strategies
How do waiting lists work?

If cars queue in turn

They all wait the same time

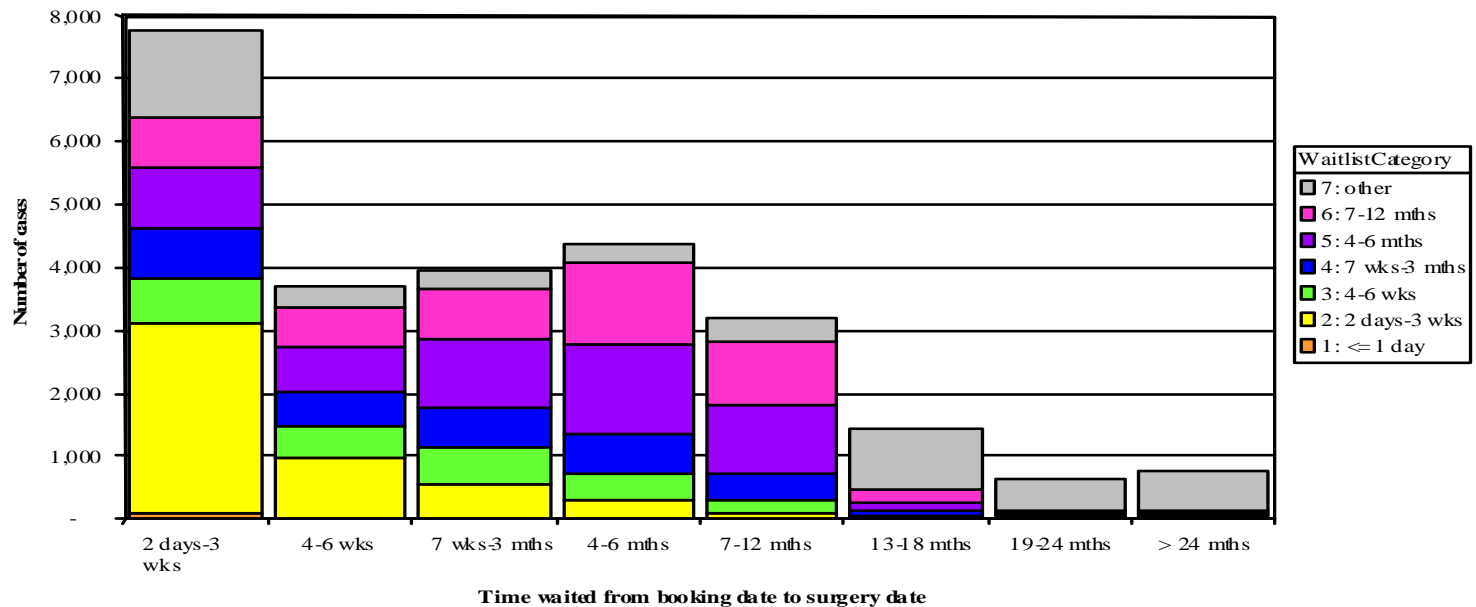If some cars jump the queue

The other cars wait longer

Queue-jumping means longer maximum waits

Wait List Strategies
Queue Jumping

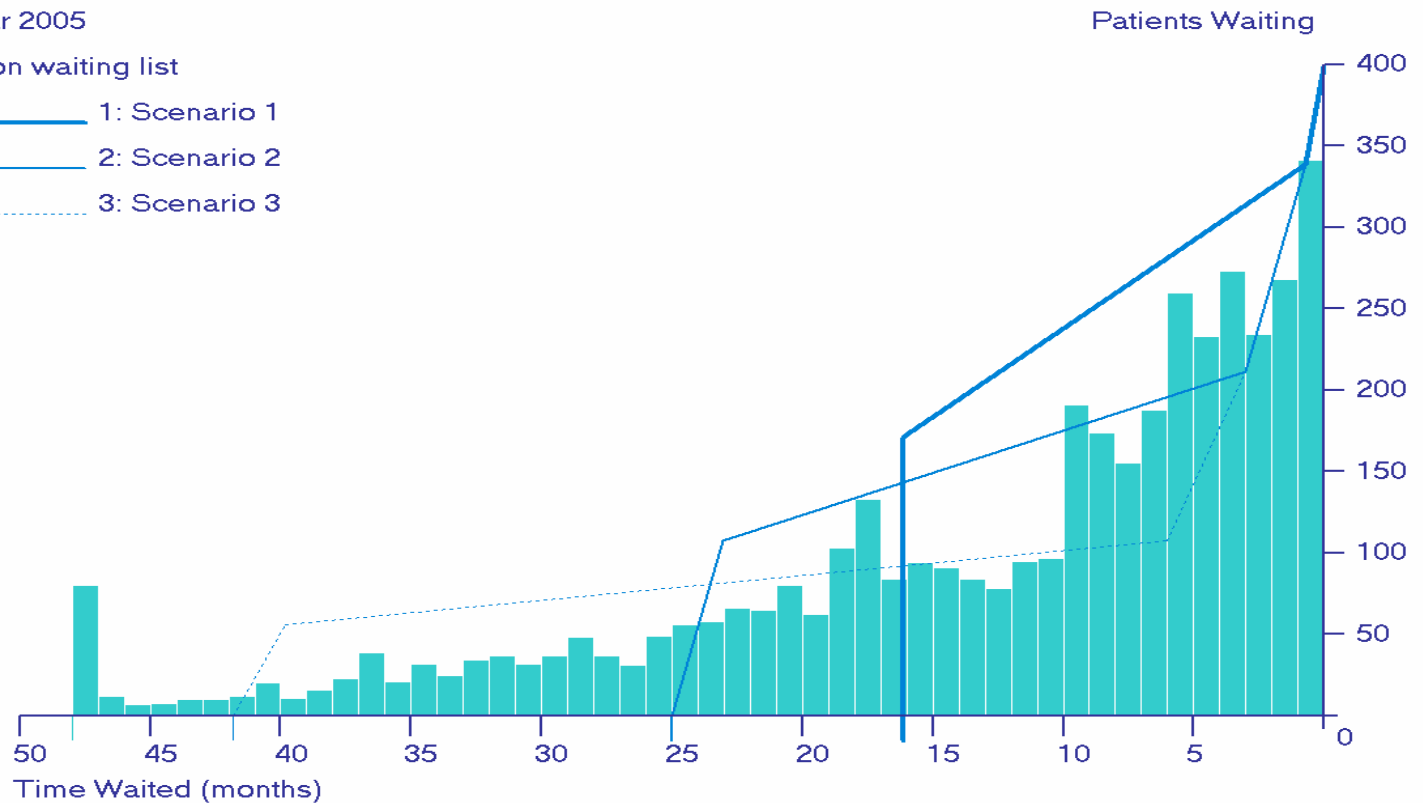SSCN Surgery Performed June to November 2004: Waits of 1 day or less are excluded

WaitlistCategory
- 7: other
- 6: 7-12 mths
- 5: 4-6 mths
- 4: 7 wks-3 mths
- 3: 4-6 wks
- 2: 2 days-3 wks
- 1: <= 1 day

Number of cases

Time waited from booking date to surgery date

Wait List Strategies
The Effect of Management
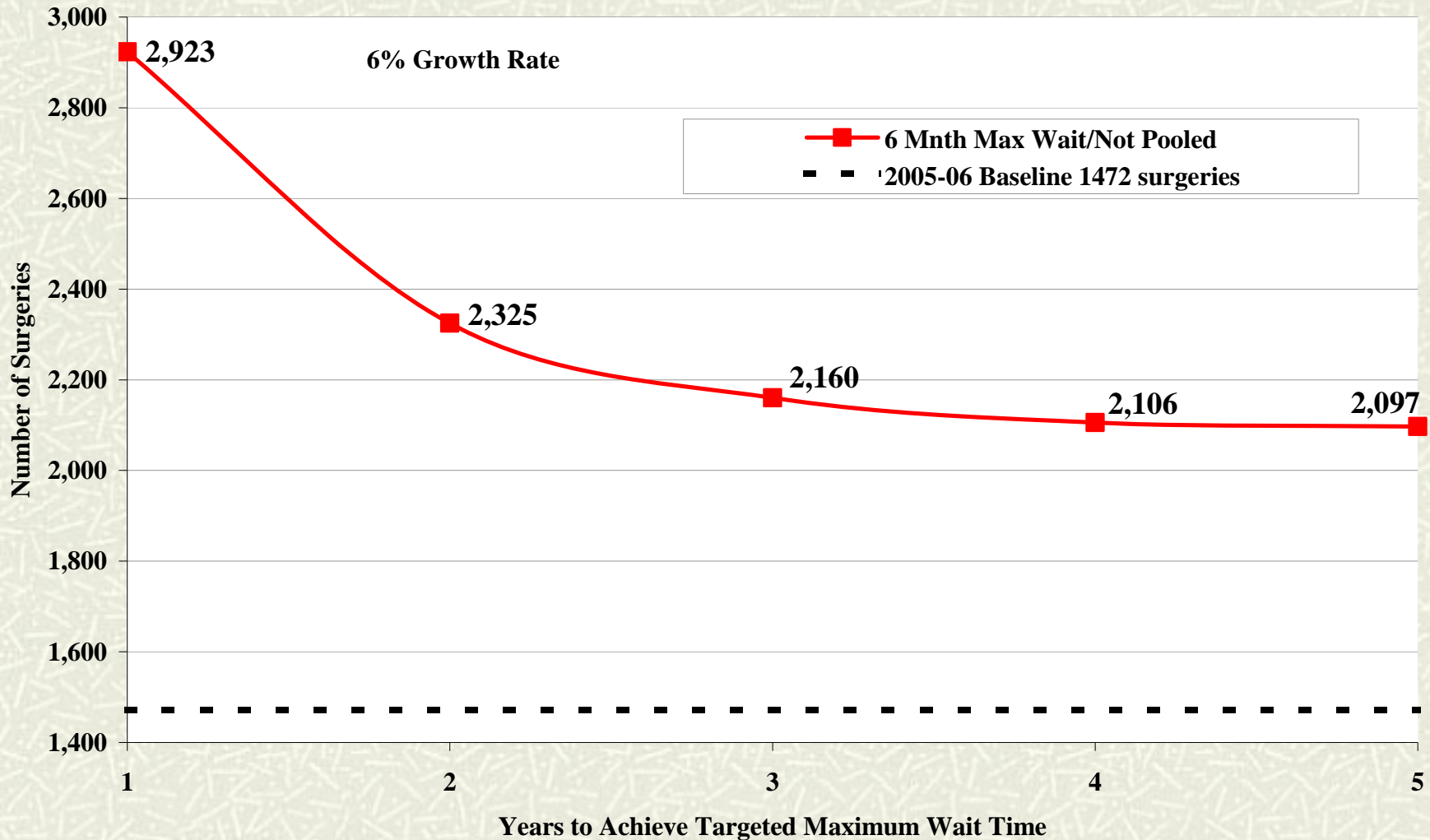
Wait List Strategies
Orthopedics

- The goal is to have major joint replacement surgery performed with a maximum wait time of six months

- Identify
  - Current status
  - Short term options
  - Long term options

Wait List Strategies
Orthopedics - Current Status

- Orthopedic surgery, and in particular major joint surgery make up a significant part of our waiting list

- A portion of these patients have been waiting for more then 18 months for their surgery

- The waiting list in orthopedics is not equally divided among surgeons

Average Number of Knee Replacements that would have to be Performed Annually to Achieve a 6-month Maximum Wait Time in 1 to 5 Years

Wait List Strategies
What is achievable?

- Short term
  - Recruitment successes will even the waiting list among surgeons
  - Better management of queues will decrease wait time but not increase capacity
  - A targeted increase of OR capacity to those surgeons with the most patients will reduce the actual list
- Medium / Long term
  - Redesigning the business processes will lead to a significant increase in throughput, but will take time to implement

Lessons Learned

- Managing surgical wait lists with accurate, comprehensive data along with newly established targets based on need, represents a **significant shift** in culture, responsibilities and business processes for the department, regions and surgeons.

Lessons Learned

- Leadership from Government, RHA's, and surgeon community.
- Communication of the Vision, Strategies, and Plan
- Commitment of resources and support by all stakeholders
- Effective organizational structure and communications system to facilitate change (e.g.) Minister's Forum, Leadership Council, SSCN, etc.

Lessons Learned

- Need for Information Technology involvement early in the initiative.
- Need to improve surgical access process and reduce system variations
  - OR booking & scheduling
  - OR allocation
- Challenge spreading change learning and information contained in the Registry
- Need for better communication system within the surgical community
- Focus future improvement on capacity improvements and system management

Lessons Learned

- Need to educate physicians on better management of their waiting lists (e.g.) queuing theory and urgency management.
- Continuous learning of facilitating cultural change to new business process and management.

Applying Lessons Learned-DI & Cancer

- Conducted a Provincial Review for Diagnostic Imaging (04) and Cancer (05)
- Announced Diagnostic Imaging Network (January 05) and Oncology Collaborative (06)
- Established an DI Equipment data base
- Established a 4 year Strategic Plan
- Implementing a Provincial RIS/PAC's system

Applying Lessons Learned

- Have developed 4 levels for DI target time frames.

- Developing a multi-year capital equipment replacement plan

- Modeling demand and queue management.

- Developing a DI Web site for the public.

Applying Lessons Learned

- Developing partnership agreements between Sask. Cancer Agency and RHA's.

- Integrated planning for Provincial cancer service delivery. (e.g.) oncology pharmacy services.

- Improving patient flow between Regions and SCA.

- Strengthening community oncology services.

Thank You