Saskatchewan Surgical Care Network

Toward Timely and Appropriate Surgical Care

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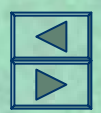
Peter Glynn, Ph.D.
Chair, SSCN

Topics

- Background
- Elements of the Surgical Access Strategy
- SSCN Vision
- Principles
- Surgical Patient Registry
- Target Time Frames
- Concluding Comments

Background:
Wait List Issues in Saskatchewan (2001)

- Lack of consistent, accurate data on surgical wait lists
- No consistent patient prioritization processes.
- Large differences in waiting time between surgeons for elective patients
- Referring physicians do not have sufficient information to inform patients of waiting time.



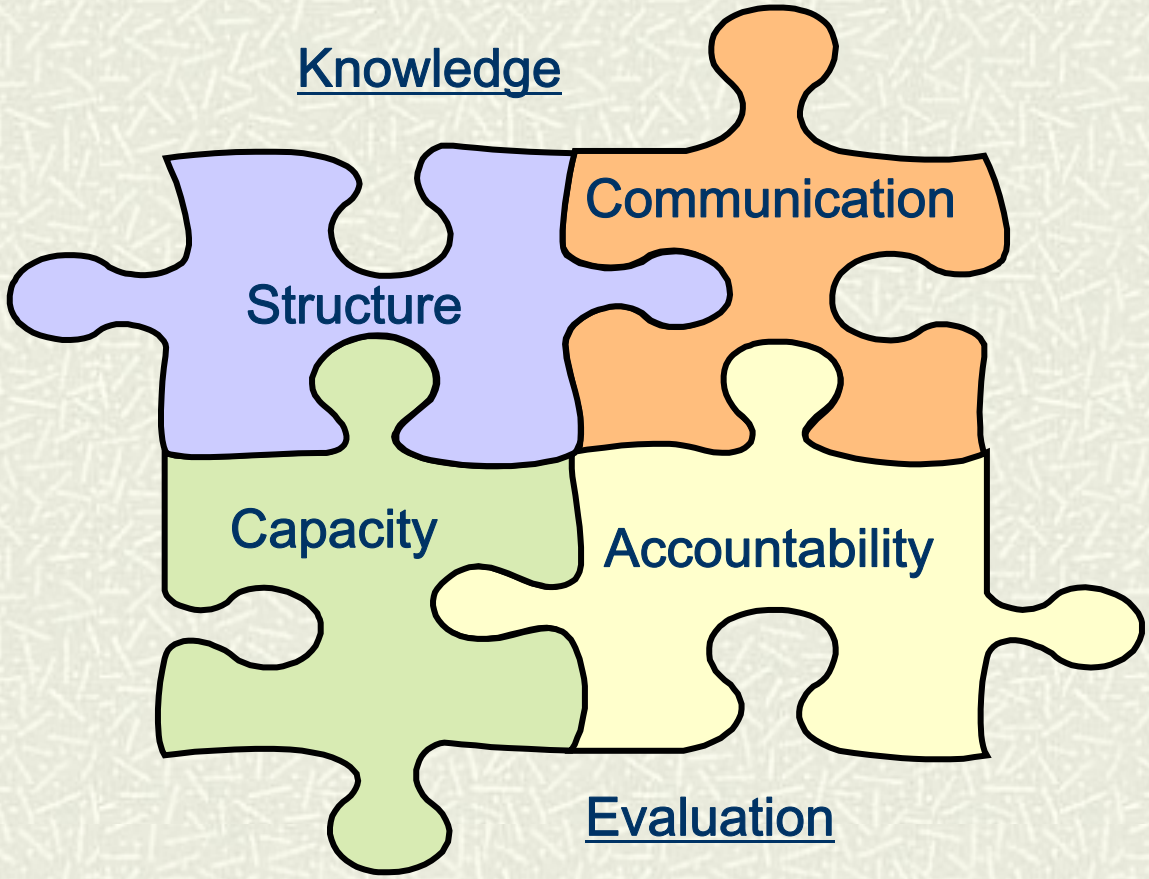
Background:
Wait List Issues in Saskatchewan(2001)

- Surgeons frustrated with inability to operate on elective patients in a timely manner.
- Public frustrated with lack of timely access to elective surgical procedures.
- Only intermittent coordination and cooperation between Health Regions on surgical services issues.

Background

- Produced Report (Glynn, Taylor, Hudson) in January 2002
  - Strategy with 6 elements
- Key Recommendations included:
  - Province-wide surgery registry
  - Standardized patient priority criteria and tools
  - Hospital role definition for surgical services
  - Creation of Saskatchewan Surgical Care Network

Surgical Access Strategy Elements



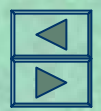
Surgical Care System Strategy - *Knowledge*

- Surgical Registry
- Clinical Prioritization Scoring
- Evaluation of data by hospital, service, surgeon, procedure
- Research

* those waiting, their waiting time and their relative need
* those served, what their need was and how long they waited.

Surgical Care System Strategy - *Structure*

- Role definition of hospitals providing surgical care
- Province-wide Integrated Care Pathways for high volume procedures
- Patient transfer protocols between hospitals and physicians
- Referral guidelines for Family Practitioners and enhanced patient-specific communication between referring physicians and surgeons



Surgical Care System Strategy - *Capacity*

- Assessment of capacity and efficiency
- Assessment of capacity enhancement proposals (staff, facilities, equipment, cost)
- Assessment of provider roles and human resource needs
- Encouragement of innovative approaches to care
- Sharing of “Best Practices” in OR management and surgical process improvement

Surgical Care System Strategy - *Accountability*

- Through Participation Agreements and the Surgical Services Business Plans of the Regional Health Authorities (RHA), linked to overall RHA accountabilities
- Providers accountable to the RHAs and the RHAs to the providers
- Active **management** of access to needed surgery by RHAs

Surgical Care System Strategy - *Communication*

- Regular reports to all stakeholders, including the public
- Web-site for the public, health care providers and physicians (WWW.SASKSURGERY.CA)
- Clarity of appropriate expectations of the public and providers
- Surgical Care Coordinator in each region

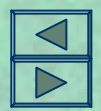
Surgical Care System Strategy - *Evaluation*

- Evaluation of Registry data re:
  - Timeliness
  - Appropriateness
  - Patient outcomes
- Evaluation of Clinical Prioritization “Tools”
- Evaluation of Processes

"Pulling the Strategy Together"

- The SSCN is an advisory body of physicians, health care providers, provincial regulatory agency members, health training organization representatives and health system administrators.

- Appointed in March 2002 by Minister of Health, John Nilson, it advises on and monitors improvements to Saskatchewan's surgical care system as described in the *Action Plan for Saskatchewan Health Care.*



SSCN Vision

"Timely and Appropriate Surgical Care for all Saskatchewan Residents"

- **"Appropriate"**
  - Indications for surgical care reflect "best practice"
  - Patient outcomes meet or exceed international "best practice"
  - Surgical care resources are effectively and efficiently utilized
  - "Best practice" follow-up care is consistent across the province
  - Providers meet national norms for education and skill

SSCN Vision

"Timely and Appropriate Surgical Care for all Saskatchewan Residents""

- **"Timely"**
  - Patients will receive care in accordance with relative need
  - All patients receive care within generally accepted wait times for their particular need

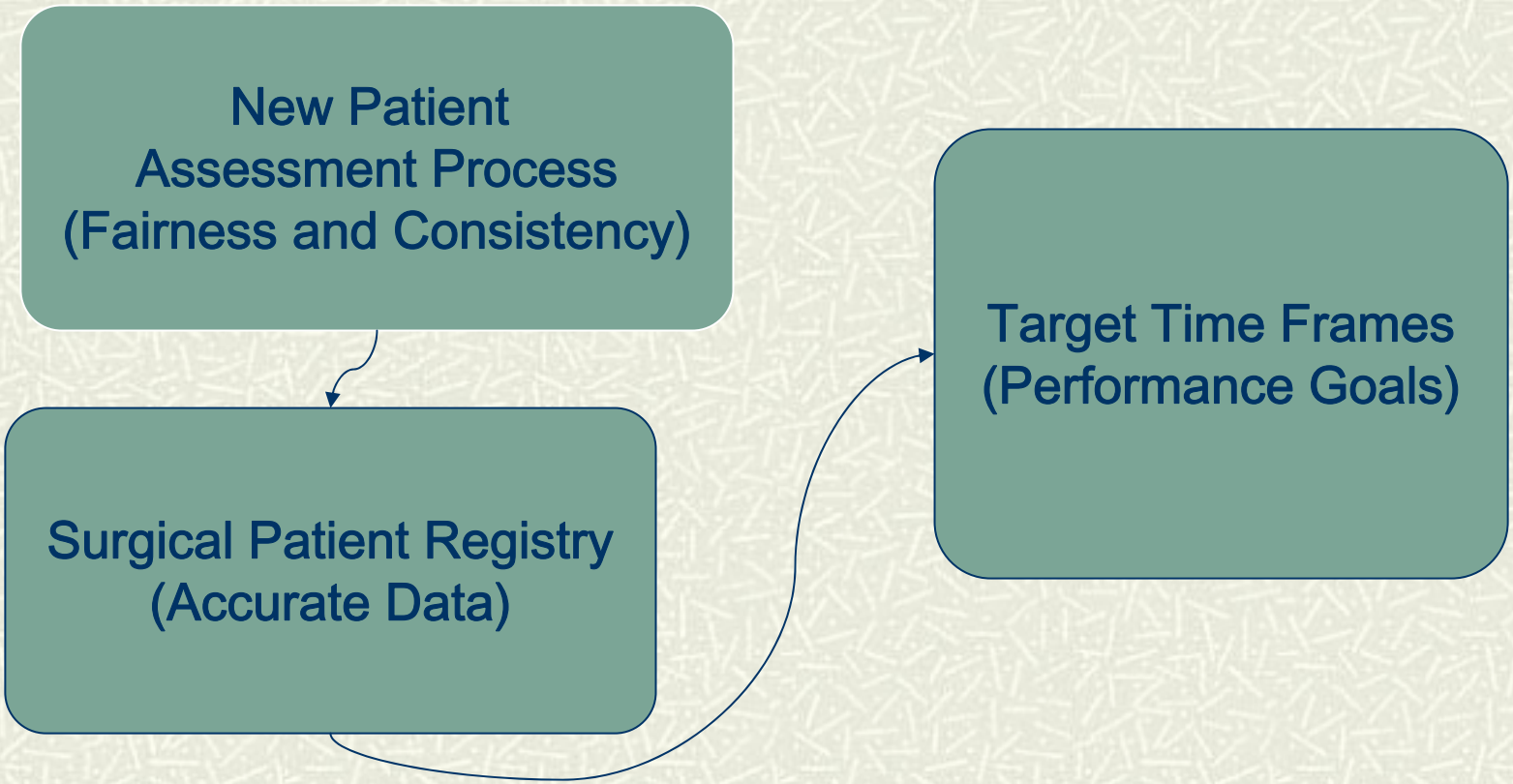
PRINCIPLES

- Individual patient confidentiality will be respected at all times.
- The final authority for deciding on the person to be operated on is retained by the individual surgeon and the patient.
- SSCN decision making and advice will be characterized by consensus and data (fact and evidence).

PRINCIPLES

- Fairness to Patients
- Fairness to Surgeons
- Linkages to other Saskatchewan health care organisations, committees, and policy and planning processes will be established and monitored.
- SSCN will succeed through the successes of its many partners.

Wait-Time Monitoring Initiative



Surgical Patient Registry

Surgical Patient Registry
(Accurate Data)

Surgical Patient Registry :

- Tracks all patients booked for surgery in the province.

It will produce accurate reports that will include:

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

Surgical Patient Registry Status

- Saskatoon and Regina Qu'Appelle Health Regions:
  - Nearing complete integration with Registry.

- Five Hills, Sunrise, Prairie North, Prince Albert Parkland and Cypress Health Regions are fully operational. "Live" Registry reports are available.

Patient Assessment Process

New Patient Assessment Process (Fairness and Consistency)

Patient Assessment Process includes:

1) Patient Assessment Questionnaire
2) Urgency Profiles for Surgical Procedures
3) Priority Classification Levels

Priority Classification

Priority Classification Table

Priority Level	Scoring Range
Priority I	100 to 95
Priority II	94 to 80
Priority III	79 to 65
Priority IV	64 to 50
Priority V	49 to 30
Priority VI	29 to 1

Redefines – Terms “Emergent”, “Urgent” and “Elective”

Patient Assessment Process – How the Elements Fit Together

A Patient Assessment Tool produces an
"Assessment Score" based on a patient's situation,

↓

that is combined with an "Urgency Profile" for a procedure,

Example of Urgency Profiles - General Surgery

General Surgery
Procedures and Urgency Profiles

PROCEDURE NAME	Urgency Profile Scoring Range
BREAST BIOPSY	**75 - 94**
CHOLECYSTECTOMY	**25 - 100**
UNCOMPLICATED HERNIA	**25 - 79**
COMPLICATED HERNIA (STRANGULATED/INCARCERATED)	**80 -100**
VASCULAR ACCESS	**80 - 97**
SCOPES (BRONCHOSCOPY/MEDIASTINOSCOPY)	**80 -99**

Patient Assessment Process – How the Elements Fit Together

A Patient Assessment Tool produces an "Assessment Score" based on a patient's situation,

↓

that is combined with an "Urgency Profile" for a procedure,

↓

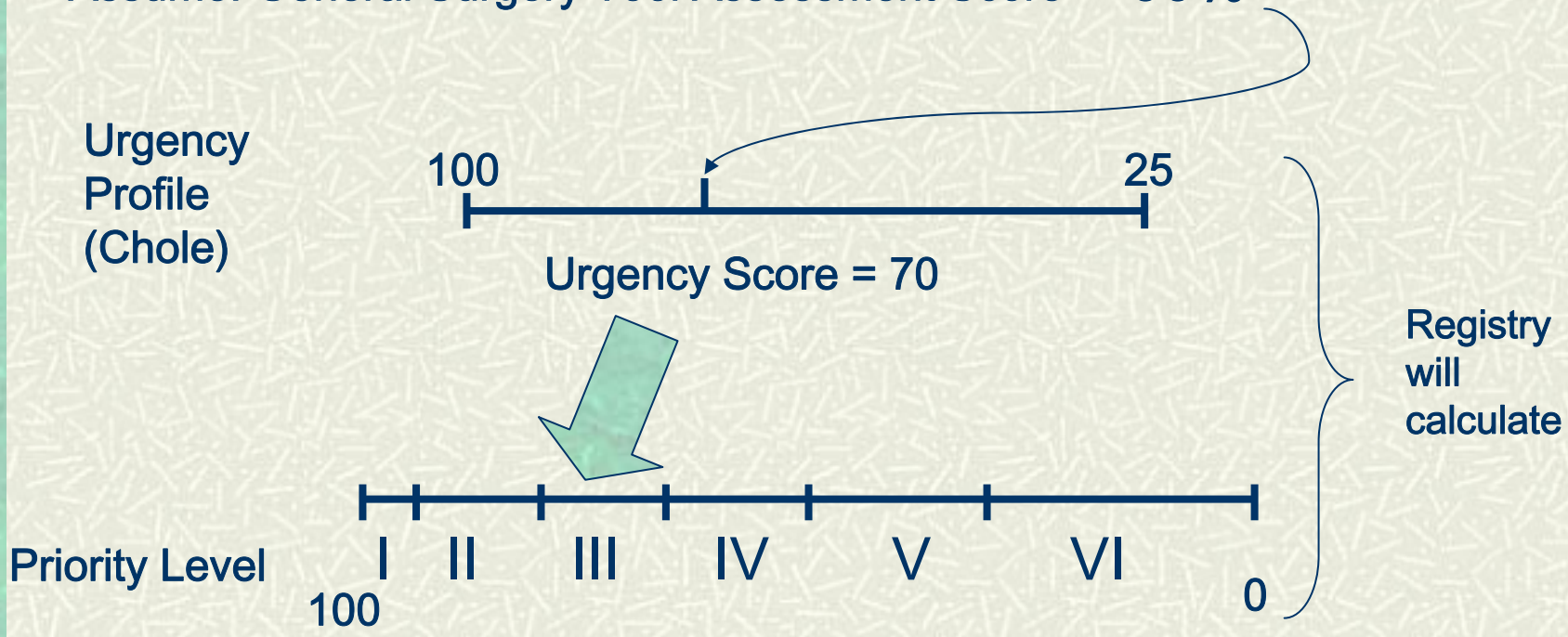
which generates an "Urgency Score",

↓

that places a patient into one of six "Priority Levels".

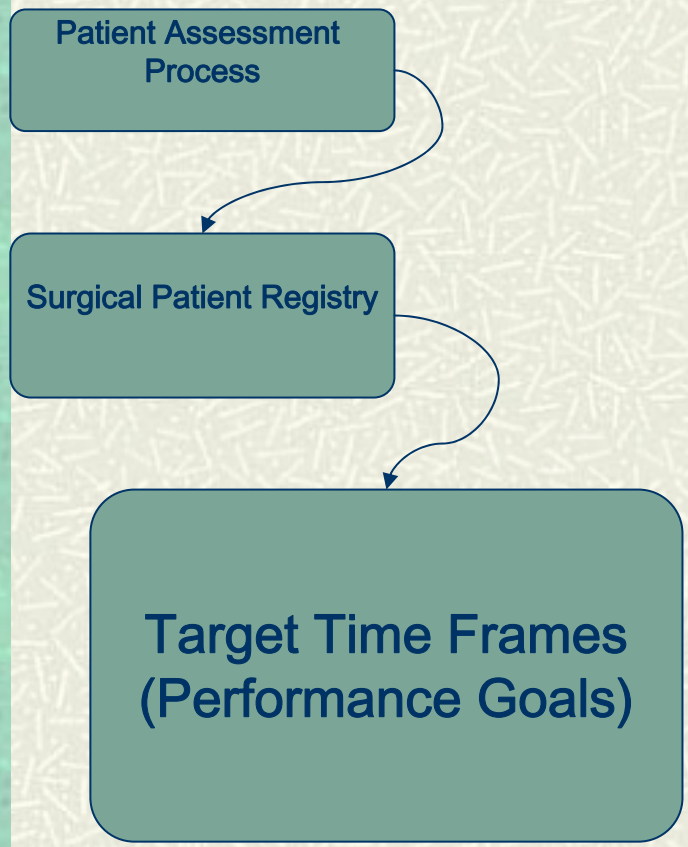
Patient Assessment Process--
Example of Cholecystectomy (Gall Bladder removal)

Assume: General Surgery Tool Assessment Score = 60%



Patient is classified as *Priority Level III.*

SSCN Initiatives – Target Time Frames for Surgery



Establishing Target Time Frames for Surgery:

The Surgical Services Subcommittee of the SSCN, has developed Target Time Frames that describe **performance goals** for the surgical care system.

SSCN Target Time Frames

Target Time Frames for Surgery

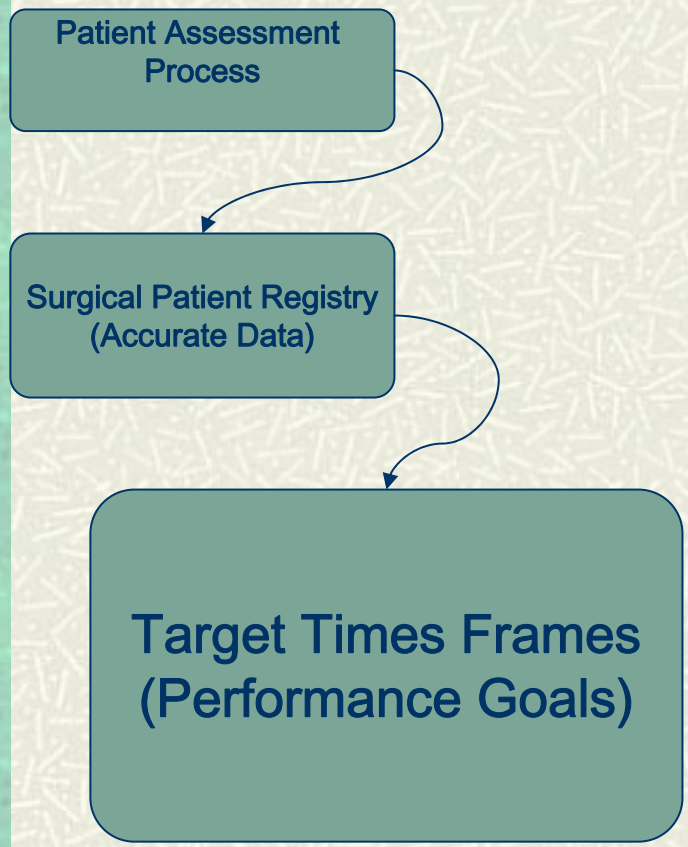
Priority Level	Scoring Range	Target Time Frame
Priority I	95 to 100	95% within 24 hours
Priority II	80 to 94	95% within 3 weeks
Priority III	65 to 79	90% within 6 weeks
Priority IV	50 to 64	80% within 3 months
Priority V	30 to 49	80% within 6 months
Priority VI	1 to 29	80% within 12 months
All Cases		Within 18 months

- Wait times are calculated from the day patient information is provided to the Regional Health Authority by the surgeon and will not count the time that patients have indicated they are unavailable for surgery.

How Targets Were Set

- The Surgical Services Subcommittee reviewed:
  - the experiences of other countries;
  - available data in Saskatchewan;
  - responses from surgeons regarding maximum waits; and
  - results of consultations with surgeons in Regina and Saskatoon.
- Through their best clinical judgment, the Subcommittee and the SSCN believe these are appropriate performance goals for the surgical care system at this time.

Target Time Frames - Benefits

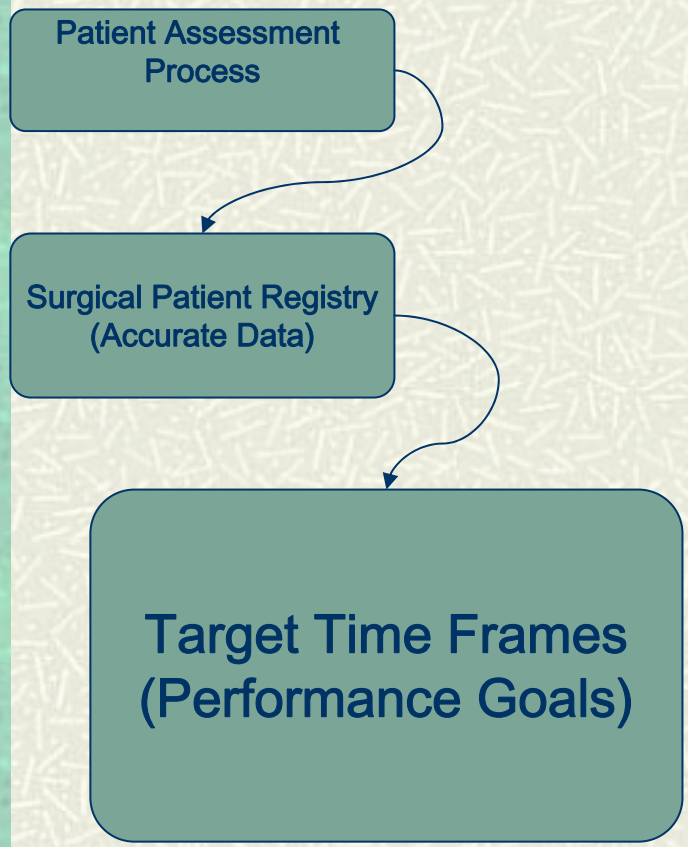


Benefits of Target Time Frames:

Target Time Frames will allow the surgical care system to better monitor and track **patients** and help to ensure they receive **care** according to their level of need.

Surgeons and Regions will be able to quickly and easily identify cases that have exceeded the Targets by Priority Level, and manage accordingly.

Target Times Frames - Benefits



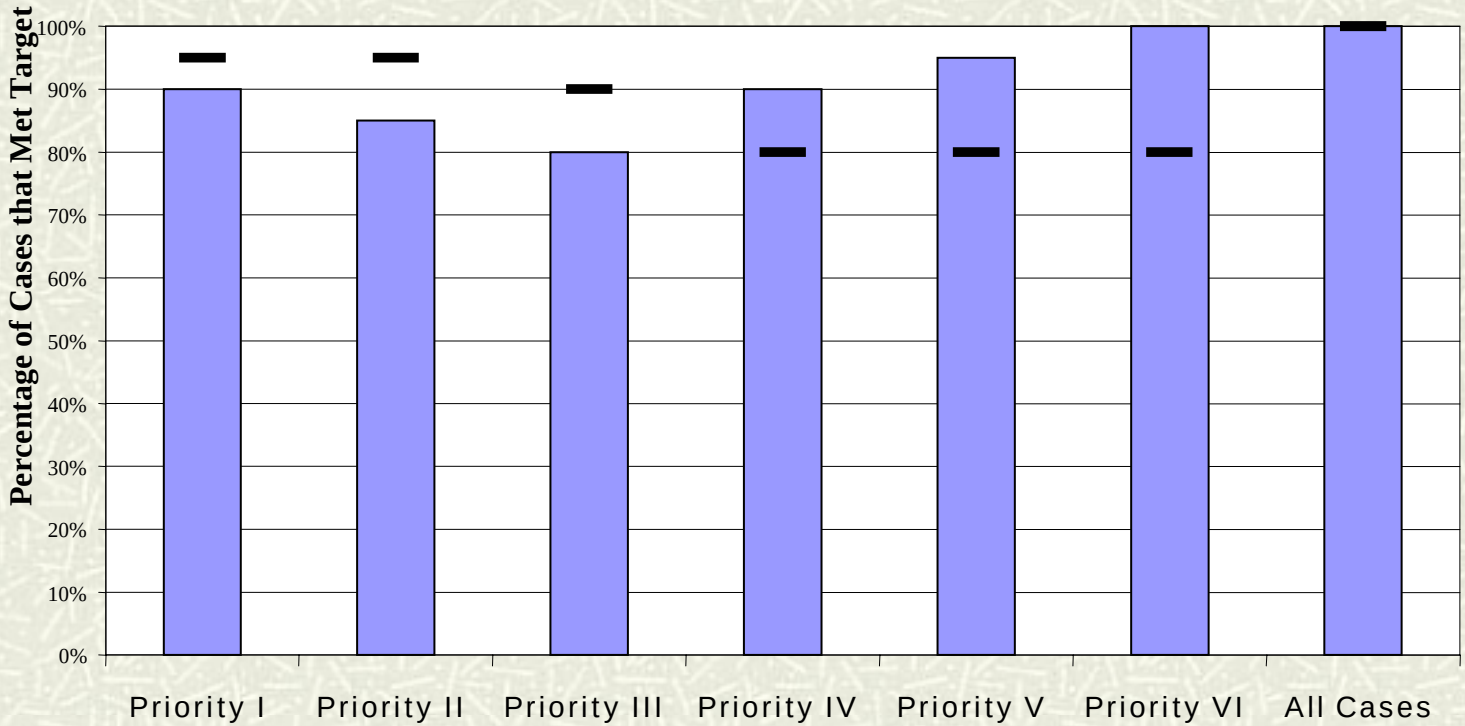
Benefits of Target Time Frames:

Surgeons, Regions and the Department will be able to use the accurate data produced by the Registry to measure the performance of the surgical care system in relation to the Target Time Frames.

This will be important when discussing access to surgery, management of wait lists and the human and financial resources required to meet the needs of all surgical patients.

Target Time Frames – Performance Goals
(Current Data Outside of Regina and Saskatoon)

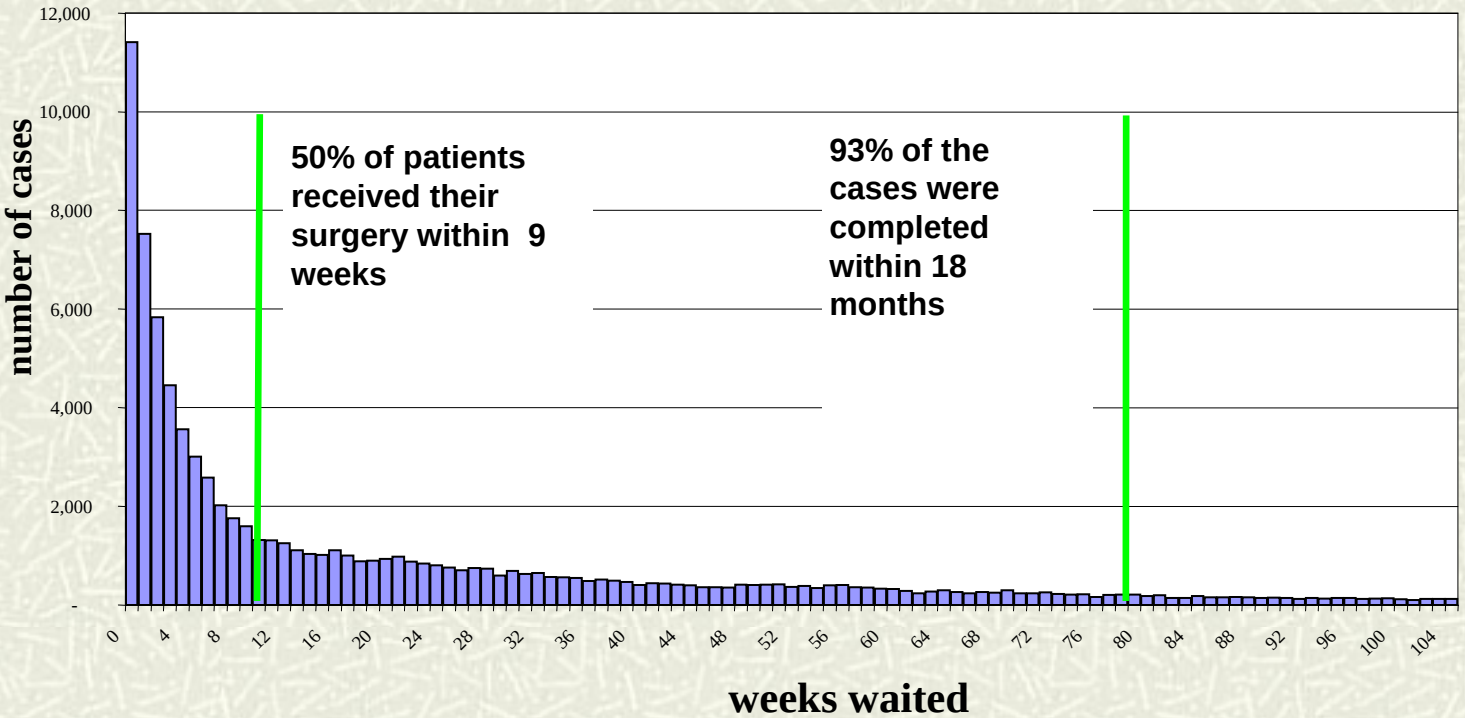
Surgery Performed: August 2003 to February 2004
Approximatley 6000 Cases (Preliminary Data)



Target Time Frames – Performance Goals (Regina and Saskatoon)

- **While many patients receive their surgery quickly, others wait too long.**

Regina and Saskatoon data combined
November 1, 2001 to October 31, 2003 (all surgery)



Target Time Frames – Performance Goals

Target – 100% of all patients within 18 months

Acutal Patient Waits
For Wait Listed (Non-Emergent)Procedures Performed
Regina and Saskatoon Combined
(April-September 2003)

Common Procedures	Cases Performed	Less than 3 weeks	3 wks. To 6 mos.	7-12 mos.	13-18 mos.	More than 18 mos.
Total Knee Replacement	506	1%	26%	28%	13%	32%
Total Hip Replacement	365	3%	44%	22%	10%	21%
Removal of Cataracts	3803	3%	41%	40%	11%	5%
Hysterectomy	470	19%	57%	9%	5%	10%

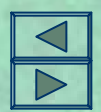
Target Time Frames – Performance Goals

Cancer Surgery (Suspected or Confirmed)

- Based on currently available data, approximately 96% of cancer-related surgery in Regina and Saskatoon (combined) were completed within six weeks of booking.
- More than 75% were completed within 3 weeks.

Process For Achieving Targets

- The Minister has indicated Saskatchewan Health will begin working with surgical care system partners to develop specific plans to achieve the targets of 95 % within 3 weeks for cancer cases and all cases within 18 months.
- Surgical system partners will begin to manage toward achieving other Priority Level related targets as:
  - ✓ the Registry begins to produce accurate **data for their region**;
  - ✓ the Patient Assessment Process is **confirmed**; and,
  - ✓ surgeons and managers become more **familiar** with the new information provided.



What we haven't done!

- Compared scoring across specialties!
- Told the surgeons which patient to operate on next!
- Allocated OR time – that's an RHA matter

What are our expectations??

- Governance Level Accountability for access to surgical care
- Assignment of responsibility within RHAs/Hospitals for managing access to surgical care
- Fairness and consistency for patients and surgeons
- Rational resource allocation and capacity planning

What are our expectations??

- Transparency for all:
  - Patients
  - Surgeons
  - Referring Physicians
  - RHA Management
  - RHA Governance
  - Government
  - General public

Do we have the perfect registry and clinical priorization?

- Probably not, this is an iterative work in progress
- But only by starting can we evaluate, revise and learn

Confirmation of Patient Assessment Process

- The SSCN recognizes the importance of evaluating the reliability and validity of the new Patient Assessment Tools/Process in real world settings.

- The SSCN has joined with the Western Canada Wait List Project (WCWL) to carry out this work through a Research and Evaluation Working Group.

Research and Evaluation Working Group

- Assess the reliability and validity of the Patient Assessment Tools and recommend any necessary changes.
- Determine how well the assessment scores work when used in combination with procedure-specific urgency profiles.
- Produce guidelines for the interpretation of scores and make recommendations for appropriate use of the priority tools.

Conclusions

- Collect wait time data in a consistent and standardized manner (i.e.. “the facts”)
- Share “the facts” with everyone!
- Actively manage surgical access from “the facts”
- Employ a comprehensive approach
- Insist on governance level accountability for surgical access

Focused effort

"It just requires huge effort, focused effort and somebody to decide what you are going to try and do. Any country can do it."

Dr. Allan Burns, Vice-chairman of England's National Health Service Confederation speaking to the Health Council of Canada, 25 March 2004.

Thank You