

Taming of the Surgical Queue One Patient at a Time



Susan Scrivens

Regional Surgical Executive Council

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How are we doing against FMM targets?

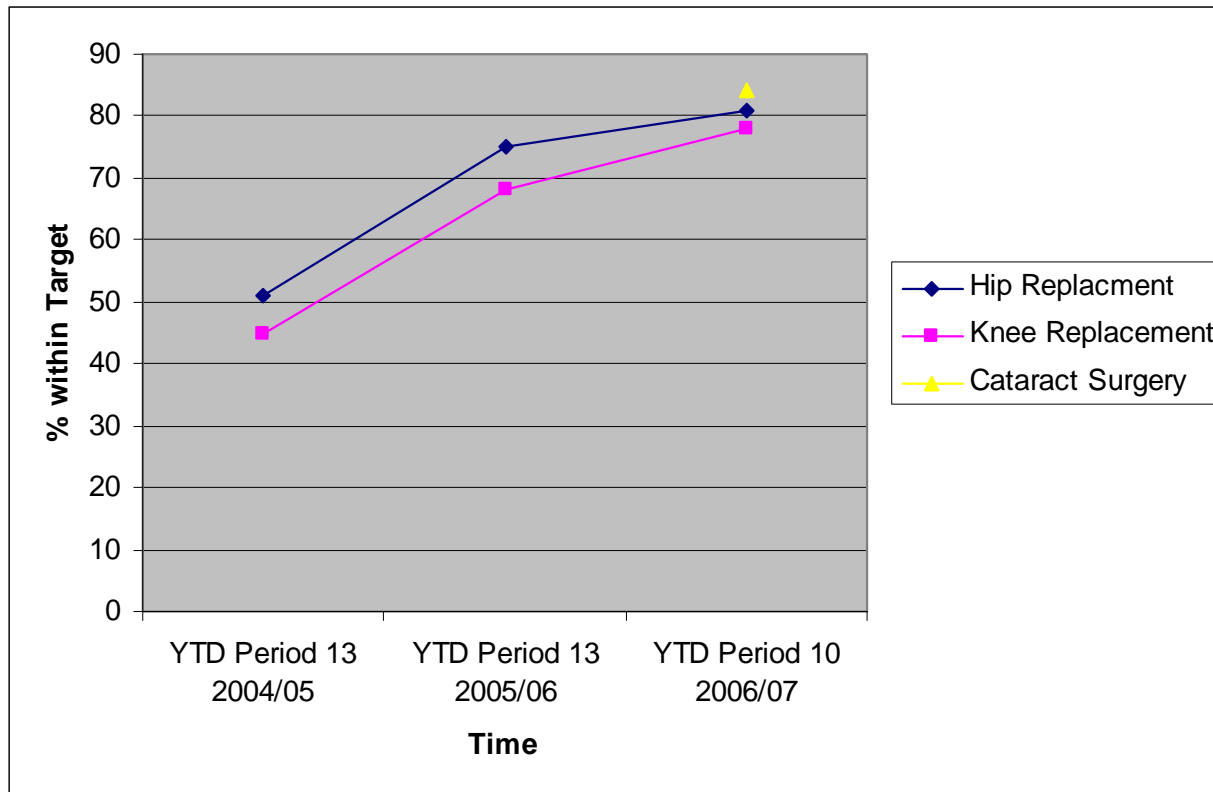


Patients treated within
target wait times
April 2006 to Jan 2007:

- 81% Hip Replacement
- 78% Knee Replacement
- 84% Cataract Surgery
(all cataracts)

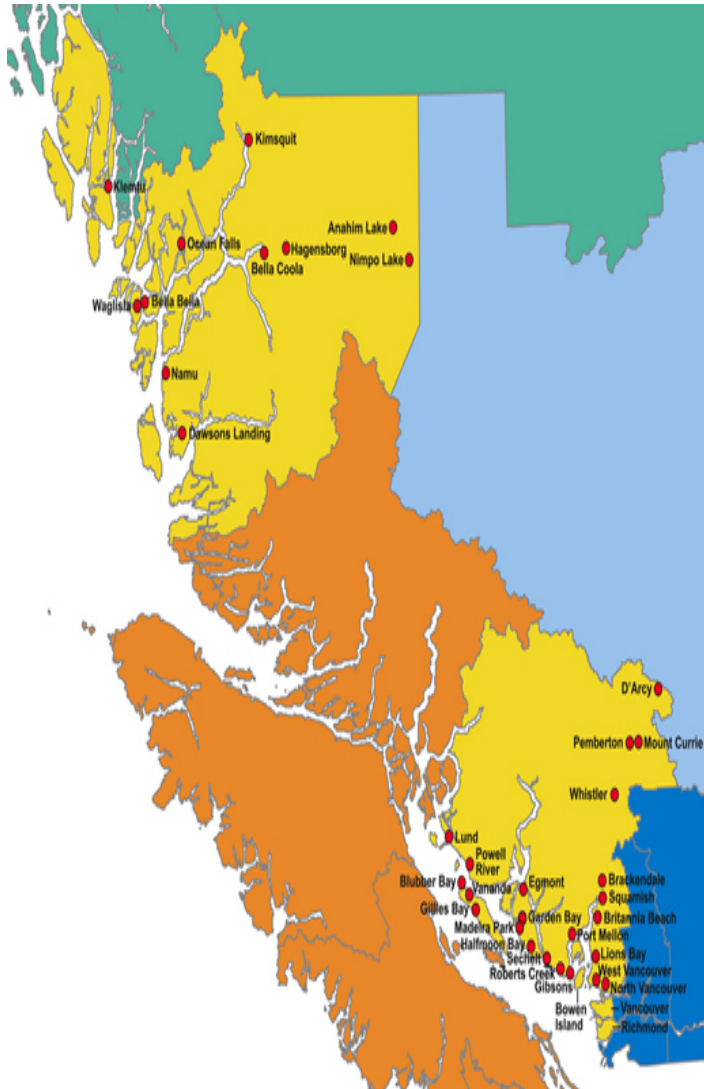
*BC Cardiac Registry in process
of capturing data to enable
reporting by FMM targets

Significant improvement over the last two years



- Up from 51% (hip) & 45% (knee)
- Over 80% of *all* cataract surgery patients continue to be treated within target

Who are we: Vancouver Coastal Health Authority

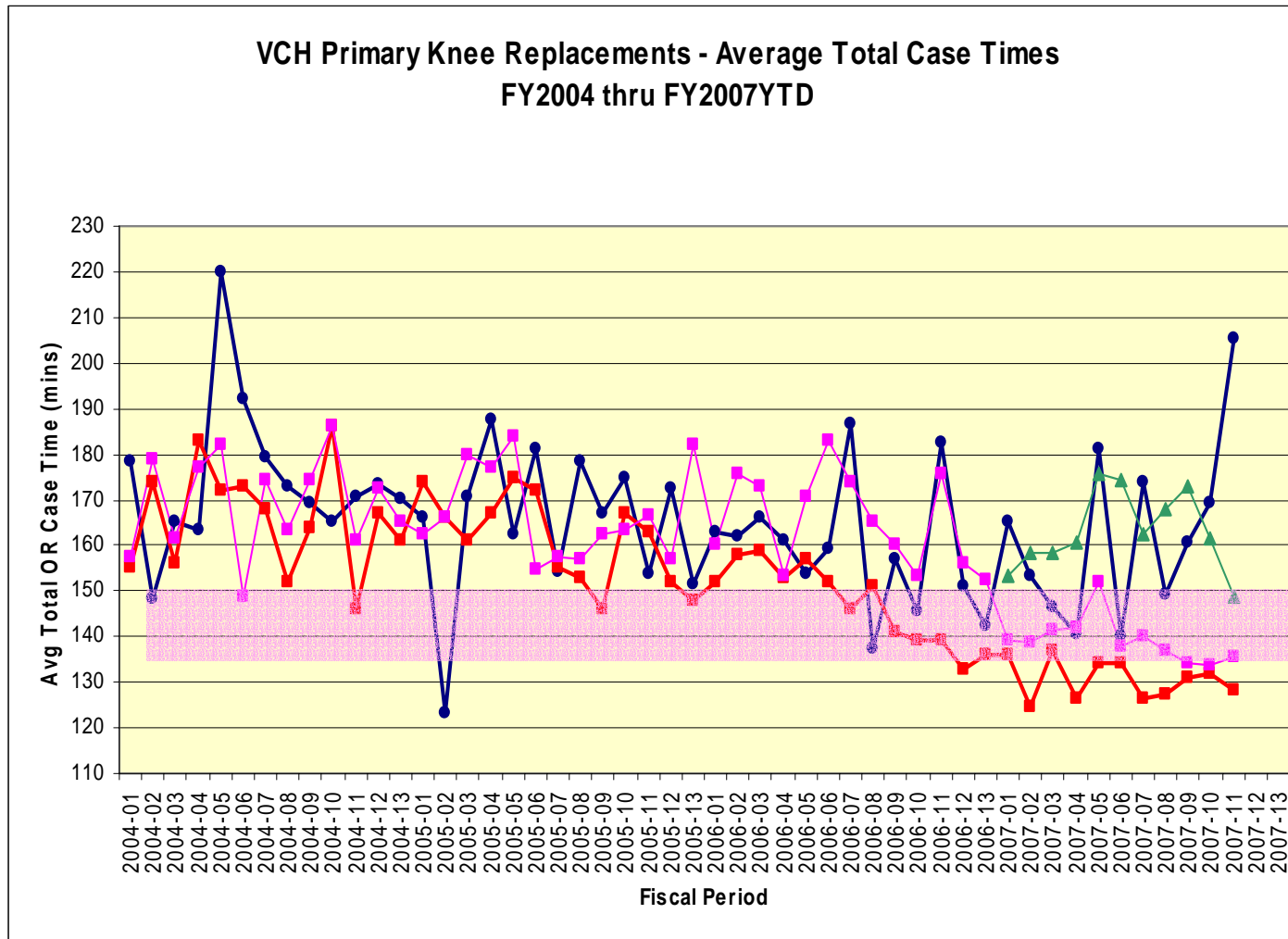


- Local residents 1,044,800
- 25% of BC population
- Plus specialized services for BC
- 14 acute hospitals
- 2 diagnostic & treatment centres
- 80,000 annual OR visits
- 300 surgeons

How are we reducing the wait?

- Improving Waitlist Management
- Increasing Capacity-25% more hips & knees in 06/07
- Consolidating high volumes with dedicated rooms & teams
- Swing rooms to increase surgeon capacity by 25%
- Early assessment through OASIS Clinics
 - Early access for assessment and treatment of osteoarthritis to manage condition non-surgically, or pre & post-op;
- Regional Hip & Knee Pathway
 - LOS of 4 & 3 days 'frees' 16 beds compared to annual expected length of stay
- Smoothing surgical bed flow
 - Plan OR cases to match beds
 - Maintain volume but avoid peaks & valleys in census
 - 11% savings in bed days on first pilot unit
- Monitoring & shortening total case time by surgeon/team

Total Case Time Knee Replacement



3rd Quartile: 134-151 min.

Is meeting the FMM targets easy?

Difficulty with.....

- Defining & measuring wait time for surgery
- Wait time for surgery only telling part of the story

Is meeting the FMM targets easy?

Defining & Measuring Wait Time

- HA must measure wait time for surgery from date of receipt of booking card to date of surgery;
- Date of decision provided by surgeon office difficult to audit and out of control of health authority;
- Do collect both dates and use BC Surgical Patient Registry to report wait times by both dates to surgeons;
- Able to monitor delay in submitting booking card.

Is meeting the FMM targets easy?

Defining & Measuring Wait Time

Two years just to develop clean, representative and consistent HA data

- Standard definitions/policies for wait time, unscheduled and scheduled surgery, when patients are added to waitlist;
- Standard waitlist clean-up/removal policy (goal is to phone new patients over target every period);
- Amount of ongoing time & effort required for understandable, consistent, & clean data is considerable, expensive and always under-estimated;
- You have to check & check again-can't assume the data is consistent, accurate or that requested changes made;

Is meeting the FMM targets easy?

Defining & Measuring Wait Time

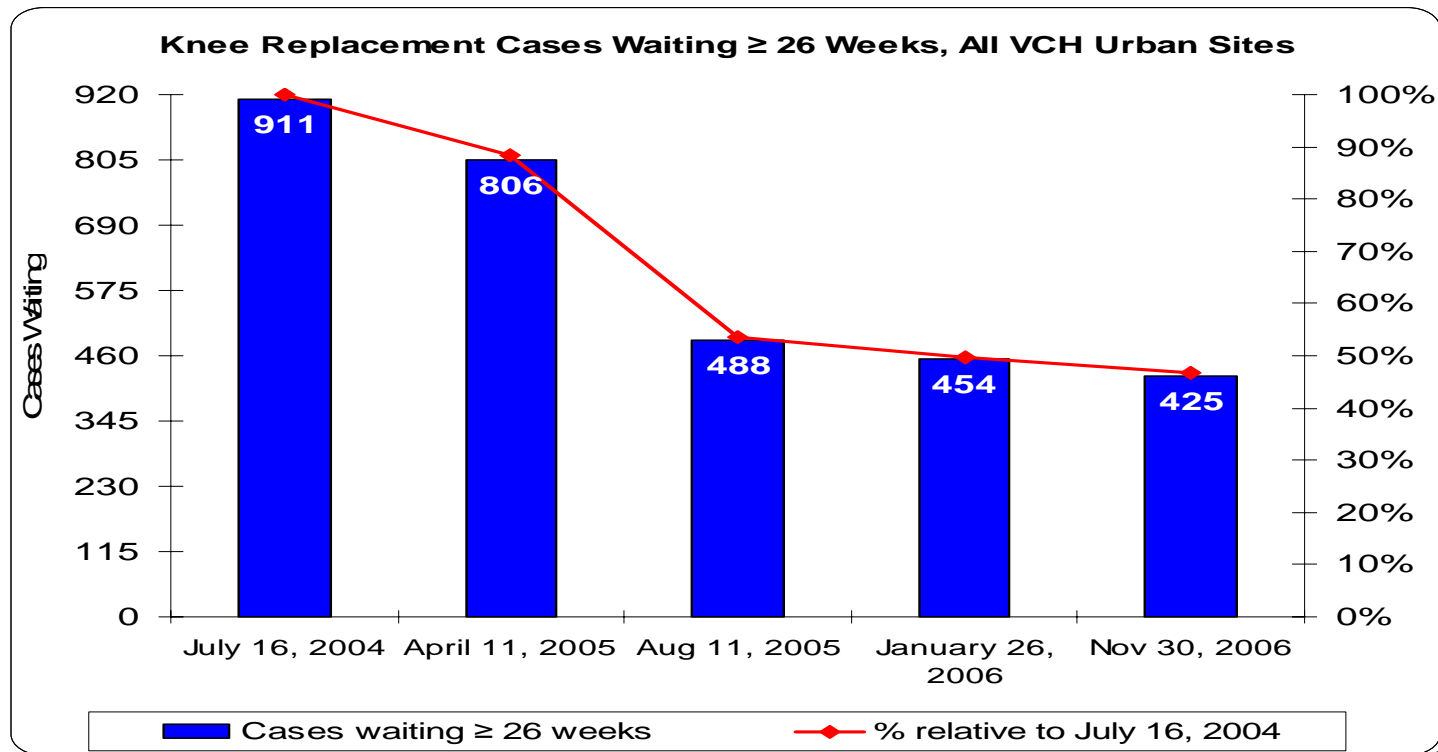
- Now all BC HA agreeing on criteria and policies for adding and removing patients from waitlist for BC Surgical Patient Registry;
 - eg. Patient added to waitlist with phone call or booking card, or booking card & consent, or booking card, consent, history & physical, or?
 - Wait time clock stopped when patient refuses first date for surgery, second date for surgery, third date, or.....?
 - Patient removed from waitlist if can't contact patient after three tries in one month, six tries in two months, or?
- Is consensus and policy change at every site in each HA possible/appropriate?
- ***Provincial wait times are not comparable until this happens***

Is meeting the FMM targets easy?

Wait time for surgery only part of the story

Must also measure:

1) How long patients on waitlist have been waiting; &



Must also measure:
2) Net Arrival Rate



Patients added to waitlist minus patients who have had surgery or are removed from waitlist

➤ Net arrival rate for hips & knees well over 100% still

Require 500 more cases per year to meet comparable use rates for aging population

*Cataracts already at comparable use rate

Is meeting the FMM targets easy?

Wait time for surgery only part of the story

And we've just begun to measure the wait for consult.....

Is meeting the FMM targets fair?

- Five years ago, RSEC began Surgical Access Strategy to improve access for all surgery;
- Found residents of VCH only using 65% as much surgery as other Canadian residents
(75% as much as other BC residents);

Source: 2000/01 age & sex standardized comparison of use rates by HSDA across Canada from CIHI by surgical specialty and by selected surgical procedures in each specialty

- ***Do not/will not focus on ‘the big five’ at the expense of other surgery***



Is meeting the FMM targets fair?

- OR Allocation Model and MoH augment funding applied to **all** scheduled surgery based on:
 - 1) net arrivals to the waitlist; &
 - 2) difference between actual and target wait times for completed cases
 - Regional Surgical Specialty Working Groups established target wait times for 90% of all scheduled surgery

Is meeting the FMM targets fair?

Hips, knees and cataracts not the most significant access issue;

- 80% of non-oncology patients treated within target

But.....

- 70% of oncology patients treated within target
(urologic oncology less than 60%)
- Women needing delayed breast reconstruction post-mastectomy waiting up to 4 years after long wait for consult

And.....

Patients on wait list already over target (as of July 2006):

- Disc/Lami 55%
- Tertiary Foot & Ankle 81%-plus 3919 pt waiting for consult
- Specialized Inner Ear 77%
- Specialized Sino-nasal 96%

- **Implementing regional initiatives in each of these areas**

Is meeting the FMM targets fair?

Must constantly guard against:

- Orthopedic surgeons emphasizing hip & knee replacements at expense of other procedures;
- Ophthalmologists emphasizing cataract surgery at expense of other procedures;
- Annual volume targets, capacity, resources, attention, and time devoted to 'the big five' at the expense of other patients.....
- *HA without targets for **all** surgery will have difficulty monitoring these effects, and protecting/adjusting capacity accordingly*

The fight to Tame the Queue has just begun...



susan.scrivens@vch.ca