



IMPROVING SURGICAL ACCESS IN THE INTERIOR HEALTH AUTHORITY

TAMING THE QUEUE VI: Improving Patient Flow

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“Timely, Appropriate and Equitable Surgical Care for all Interior Health Residents”





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Overview

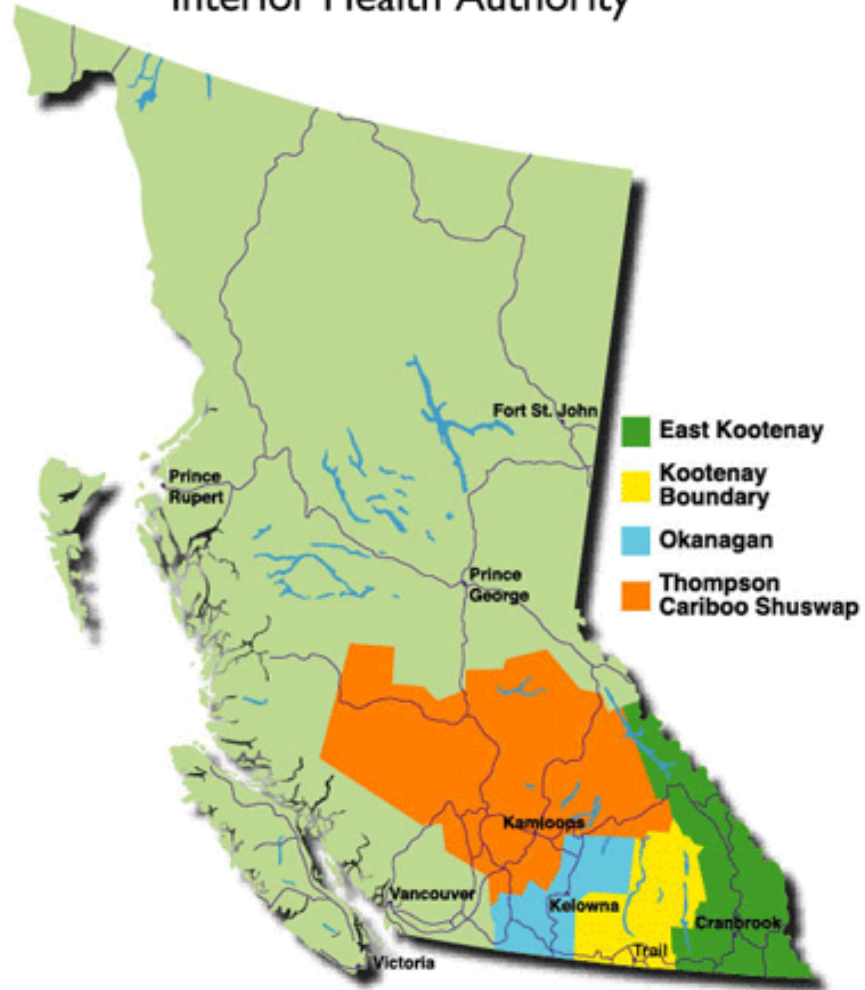
- Evolution of the IHA Surgical Council
- OR Manager/ PICIS
- Surgical Provincial Registry
- Urgency profiling and reporting project in Interior Health



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Interior Health Authority





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- “Surgical Review Committee”
- Identified key priority areas necessary for integrating 18 sites into a regional surgical program
 - Governance
 - Presurgical screening
 - Information management
 - Safety and standardization
 - Education and training



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Senior Executive Team

SURGICAL COUNCIL

Core Project Team

OR Managers Committee

Working Groups



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- Sullivan Report (2003) identified:
 - “Inefficient/ inconsistent regional OR booking procedures”
 - “Absence of IHA wide surgical registry”
 - “Ineffective/ nonexistent regional wait list management”



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- Booking and Scheduling
 - PICIS OR Manager implemented at 9 hospitals and 2 health centers
 - Standardization of dictionaries, inventories and processes
 - Regional OR booking guidelines
 - Concurrent charting
 - Regional OR booking form



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- Surgical assessment tools
 - Specialty specific
 - Score may not reflect true urgency of the procedure
 - Electronic input by surgeon possible but not practical
 - Absence of useful information to surgeons



BC Surgical Patient Registry

Urology Surgery Assessment Tool Version 2.0 (with scores) British Columbia

Patient: Last Name	_____	HA Procedure Code:	_____
Given Name	_____	Procedure Description:	_____
Postal Code:	_____		_____
PHN:	_____	Surgeon's MSP #:	_____
Date of Birth:	_____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Referral to Surgeon:	_____
	(DD/MM/YYYY)		(DD/MM/YYYY)

Date of Decision for Surgery: _____ Is cancer proven or suspected?
(DD/MM/YYYY) (Circle appropriate response): Yes / No

Please check the box that most accurately describes the patient's current situation.

- Usual FREQUENCY of symptoms/suffering (e.g. hematuria, incontinence, nocturia, pain, weight loss, fatigue):
 None (0) Occasional (3) Often (6) Constant (9)
- How INTENSE are the symptoms/suffering at their worst?
 None (0) Mild (3) Moderate (7) Severe (11)
- Usual INTENSITY of other forms of suffering such as psychological (stress, anxiety, depression):
 None (0) Mild (4) Moderate (8) Severe (12)
- Recent history of: Major complications of condition OR significant physical exam/test results:
 No (0) Yes (8)
- Degree of impairment in usual activities (such as managing ones' family, relationships, work life and activities) due to clinical condition:
 Not impaired at all/mildly impaired (0)
 Able but difficult and/or somewhat impaired (5)
 Able but very difficult and at much reduced level (10)
 Totally dependent (Unable to perform any usual activities) (15)
- Life-expectancy implications of condition without surgery:
 Minimal threat to life (0)
 Patient faces somewhat reduced life expectancy (10)
 Patient faces substantially reduced life expectancy (15)
 Patient has condition that is likely to be fatal between six months and two years (20)
 Patient has condition that is likely to be fatal within six months (25)
- Expected improvement on quality of life with surgery:
 Minimal (5) Moderate (10) Major (20)



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- B.C. Surgical Provincial Registry
 - Nightly upload
 - Data available to health authority
 - No useful data to surgeon



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- Urgency profiling
 - Improve validity of assessment tool
 - Provide utility to surgeons
 - Insure that most urgent patients are getting priority



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- Validity of the assessment tool score can be improved by “banding” the raw score to a priority range for that procedure (based on the Sask. model)



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- Create urgency “profiles” for each procedure in the procedure dictionary
- Profile range reflects the “relative” urgency of the procedure
 - Eg. *Thoracotomy for cancer* 80-100
 - Eg. *Operations for urinary incontinence* 1-50
 - Eg. *Arthroplasty hip replacement* 30-70



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- “Raw” score from the assessment tool is banded to the priority range for that procedure to determine the “clinical” priority score
- Limit priority ranges
 - 1-20
 - 1-50
 - 30-70
 - 50-100
 - 80-100



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- Distinguish between cancer/ non cancer indications
 - Eg. Nephrectomy (benign) 30-70
 - Nephrectomy (malignant) 80-100



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- *Sample calculation for clinical priority scores comparing a score of “60” for urinary incontinence operation and “60” for nephrectomy for cancer*

Operations for Urinary Incontinence

Raw Assessment Score = 60

1 ————— 50

Final Assessment Score = 30

Calculation:
 $1 + (60\% \times (50-1)) = 30$

Priority 4 patient

Nephrectomy (cancer)

Raw Assessment Score = 60

80 ————— 100

Final Assessment Score = 92

Calculation:
 $80 + (60\% \times (100-80)) = 92$

Priority 1 patient



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- Establish target time frames for clinical priority levels

- | | | |
|--------------|--------|----------------------|
| • Priority 1 | 80-100 | 95% within 3 weeks |
| • Priority 2 | 65-79 | 90% within 6 weeks |
| • Priority 3 | 50-64 | 90% within 3 months |
| • Priority 4 | 1-49 | 90% within 12 months |

- All cases within 18 months



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- IHA has begun to collect data on patients not “ready, willing or able” to have surgery



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- Surgeon specific, color coded reports generated to help identify most urgent patients



Patient Name	Surgical Procedure Description	Actual Wait Time (wks)	Raw Clinical Priority Score	Priority Range		Final Clinical Priority Score	Priority	Target Time Frame	Actual Wait vs. Target Wait Time	Unavailable Dates	
				High	Low						
● A	HYDROCELECTOMY	56.4	36	50	1	19	4	within 12 mths	4.4	16-Mar-09	28-Mar-09
● D	NEPHRECTOMY	4.0	60	100	80	92	1	within 3 wks	1.0		
● C	OPERATIONS FOR URINARY INCONTINENCE	50.4	60	50	1	30	4	within 12 mths	-1.6		
▲ F	NEPHRO/PYELO/URETHROLITHOTOMY	4.0	39	100	50	70	2	within 6 wks	-2.0		
▲ G	NEPHRO/PYELO/URETHROLITHOTOMY	4.0	44	100	50	72	2	within 6 wks	-2.0		
▲ N	NEPHRO/PYELO/URETHROLITHOTOMY	0.6	62	100	50	81	1	within 3 wks	-2.4		
■ H	TRANSURETHRAL RESECTION PROSTATE	4.0	54	70	30	52	3	within 3 mths	-9.0		
■ J	CYSTOLITHOPAXY/CYSTOLITHOTOMY	2.7	54	70	30	52	3	within 3 mths	-10.3		
■ K	TRANSURETHRAL RESECTION PROSTATE	2.7	54	70	30	52	3	within 3 mths	-10.3	01-Apr-09	15-Apr-09
■ L	TRANSURETHRAL RESECTION PROSTATE	2.6	62	70	30	55	3	within 3 mths	-10.4		
■ M	TRANSURETHRAL RESECTION PROSTATE	1.6	54	70	30	52	3	within 3 mths	-11.4		
■ R	TRANSURETHRAL RESECTION BLADDER TUMOR	1.6	0	100	50	50	3	within 3 mths	-11.4		
■ S	TRANSURETHRAL RESECTION BLADDER TUMOR	1.6	0	100	50	50	3	within 3 mths	-11.4		
■ P	TRANSURETHRAL RESECTION PROSTATE	0.6	67	70	30	57	3	within 3 mths	-12.4		
■ B	BLADDER/ URETHRAL DIVERTICULECTOMY	15.4	36	70	30	44	4	within 12 mths	-36.6	21-Dec-09	05-Jan-10
■ O	TRANSURETHRAL RESECTION PROSTATE	0.6	44	70	30	48	4	within 12 mths	-51.4		



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- Needs to be integrated into the BC SPR
 - Provide surgeons with useful data from assessment tools and SPR
- Could be available on-line to surgeons/booking offices