Section 8

Update on the implementation of recommendations from:

Interior Health Authority:
Working to Improve Access to Surgical Services

August 2008

October 2009

Interior Health

October 7, 2009

Norma Glendinning
Assistant Auditor General
Office of the Auditor General of British Columbia
8 Bastio Square
Victoria, British Columbia

Dear Ms. Glendinning:

Re: *Interior Health Authority: Working to Improve Access to Surgical Services*

The Interior Health Authority (IHA) is pleased to provide a formal response to the Office of the Auditor General's request for follow up on the recommendations contained in the 2008 report *Interior Health Authority: Working to Improve Access to Surgical Services*

The audit report observed that IHA was working towards improving access to surgical services through our information management and information technology systems, authority-wide pre-surgical screening program, indicator monitoring and performance reporting. Over the past year, IHA has continued to improve access to surgical services by addressing the recommendations in the report through standardization and quality improvement in all areas. Much progress has been made in the areas of information management and reporting, patient safety, human resource planning and alignment of the IH Surgical Council within the new network structure and mandate. I am pleased to report that IH has fully or substantially completed six of the recommendations, with the remaining six well on their way to completion.

IHA will continue to conscientiously work towards improving the delivery of healthcare services for our population and ensuring we have appropriate systems in place to provide safe, efficient and effective surgical care.

If you have any further questions, please contact Janine Johns, Network Director, Surgical Services, at 250-870-4625.

Sincerely,

Dr. Robert Halpenny
Senior Medical Director, Interior Health Authority

Dr. Robert Halpenny
Senior Medical Director
Telephone: (250) 862-4264 Fax: (250) 862-4201
e-mail: robert.halpenny@interiorhealth.ca

CORPORATE ADMINISTRATION
#220-1815 Kirschner Road
Kelowna BC V1Y 4N7
Web: interiorhealth.ca

RECOMMENDATION STATUS SUMMARY

Interior Health Authority: Working to Improve Access to Surgical Services

As at September 30, 2009

(*Please tick implementation status for each recommendation*)

Auditor General's Recommendations We recommend that the Interior Health Authority:	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
1. put in place a focused approach to human resource planning for surgical services, including succession planning		X			
2. provide direction for surgical services by clarifying the Surgical Council's role in developing a regional surgical program		X			
3. assess the adequacy of the various methods used at individual sites to allocate surgical time			X		
4. standardize equipment and surgical policies and practices as appropriate across all sites that provide surgical services			X		
5. develop a standardized basic orientation program for surgical services staff		X			
6. undertake a formal assessment of training needs of surgical services staff and use the results to support continuing education		X			
7. develop and implement an authority-wide continuing medical education program			X		
8. ensure that all surgical services staff receive regular performance reviews			X		
9. implement a standardized patient incident tracking and reporting system	X				
10. clarify the role of the Surgical Council in advancing patient quality and safety and how that role integrates into the quality management structure	X				
11. assess and implement strategies using PICIS OR Manager information to better inform bed management			X		
12. report to the public on their performance including that of surgical services.			X		

PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM

Interior Health Authority: Working to Improve Access to Surgical Services

As at September 30, 2009

General comments

The Interior Health Authority (IH) is pleased to provide a formal follow up to the Office of the Auditor General's review entitled, Working to Improve Access to Surgical Services. Over the past year, IHA has continued to work towards improving access to surgical services by addressing the recommendations in the report and working towards standardization and quality improvement in all areas. Much progress has been made in the areas of information management and reporting, patient safety, human resource planning and alignment of the IH Surgical Council within the new network structure and mandate.

Progress by recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 1: put in place a focused approach to human resource planning for surgical services, including succession planning		
S	IH completed the development of a comprehensive surgical workforce action plan that addresses attraction, retention and productivity. This plan currently addresses Operating Room/Post-Anaesthetic Recover, Surgical Intake and Medical Device Reprocessing. This information has been updated as of September 2009 and will be reviewed and plans adjusted as necessary by December 31 2009. Medical Device Reprocessing (MDR) has completed recruitment for 3 MDR Coordinators to oversee planning and activities in each Health Service Area, as well as a clinical standards development position. IH hired a Leader, Physician Recruitment in order to centralize and coordinate high priority recruitment efforts across the health authority. This position is responsible for the collation of the authority-wide Physician Human Resource Plans and ultimate presentation to the Health Authority Medical Advisory Committee (HAMAC) for approval. The Rural Strategy is one area that will be used to inform service needs and	Implementation of the Human Resource Plans will take place over the next 4 years (it is a rolling 5 year plan with new information provided regularly to update future retirements and turnover in these areas). To augment Operating Room staffing resources, IH is currently exploring the opportunity of introducing a staff mix of Operating Room Registered Nurses and Licensed Practical Nurses to IH facilities and mediate the significant demand for RNs. The Physician Resource Plan will be reviewed and prioritized by the Health Authority Medical Advisory Committee in October 2009. After this point, the plan will be aligned with current service reviews to provide a clearer picture of recruitment needs across the organization. The draft Rural Health Plan should be completed by October 2009. Further data collection will be occurring over the next month in relation to the Acute Care Services Review. This data and information will assist the

Status

F or **S** – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will addresses OAG finding
NA – No substantial action has be taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	gaps in physician human resources. The draft Physician Resource Plan was reviewed by Surgical Council in September 2009. In its present form, this plan serves as a solid foundation to understanding the current proportion of active staff to approved vacancy, as well as giving a strong projection of vacancy requirements due to replacement reaching out to 2012. A Rural Health Plan is nearing completion. Several committees and working groups have been collaborating to provide input and direction on the service delivery models for rural communities into the future. As this planning process evolved, it became evident it could not be completed in isolation of an Acute Care Service review. Therefore, an Acute Care Services Review has been initiated.	steering committee in determining the core and specialty services provided within IH acute care facilities. The tentative completion date for the first draft of the Acute Care Service Review document is January 2010.
Recommendation 2: provide direction for surgical services by clarifying the Surgical Council's role in developing a regional surgical program		
S	In September 2008, Interior Health designated Surgical Services as a Network responsible for IH-wide planning, policy development, standard-setting linking to national and provincial standards, and monitoring of policies and standards to ensure compliance. New Terms of Reference for IH Surgical Council were approved on Sept 17th, 2009. These terms of reference strengthen links to the Health Authority Medical Advisory Committee, Senior Executive Team and site specific Operating Room Management Committees. The scope of this Council encompasses all strategic and operational decision-making that is regional in nature and involves all of surgical services throughout Interior Health. While the coordination of regional planning, implementation and delivery of services will be the responsibility of the Council; the day-to-day responsibility for service delivery rests with surgical sites. The Surgical Executive Sponsor is now the Senior Medical Director. A Steering Committee has been formed as part of the Surgical Council structure to guide specific initiatives that are part of the IH Budget	Surgical Council is responsible for recommending strategies to ensure patients needing surgical services, within the geographic boundaries of Interior Health, will receive such services seamlessly across the system, from local site to regional services to provincial programs. In addition, the Surgical Council will approve Interior Health surgical standards, monitor quality and recommend corrective actions, and recommend future directions for the health authority related to the provision of surgical services. The Council will ensure alignment of the development and delivery of the continuum of surgical services with the needs of the Interior Health population. Standardized terms of reference for site level Operating Room Management Committees will be completed by October 31, 2009; implementation will take place between November 2009 and March 31, 2010.

Status

F or **S** – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will addresses OAG finding
NA – No substantial action has be taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	Management Plan in 2009/10 and forward. The Senior Executive Team approved the Surgical Council mandate to standardize the process and terms of reference for site Operating Room Management Committees. The draft Terms of Reference have been created to strengthens the linkages and information flow between sites and Surgical Council. The IH Surgical Council is linked through its Chair and the Network Director, Surgical Services to the Provincial Surgical Advisory Council within the Ministry of Health. The Provincial Surgical Advisory Council oversees strategic planning related to the delivery of surgical care in British Columbia.	
Recommendation 3: assess the adequacy of the various methods used at individual sites to allocate surgical time		
P	The IH Surgical Network Team has completed a review of: ♦ Site processes in place to allocate surgical times. ♦ Models used in other jurisdictions to schedule surgeries within operating rooms. ♦ IH surgeons' perspectives of Operating Room Allocation models ♦ literature review of successful indicators to use when considering Operating Room time Allocation models Operating Room Booking guidelines have been implemented (January, 2009) and are applicable to all sites across the health authority.	Several principles and metrics have been identified for potential inclusion in a future allocation modelling exercise. The Senior Executive Team is exploring options to pilot implementation of a new model and common approach across all IH sites. It is likely that a pilot project will be trialed in one or two sites to evaluate effectiveness and impact on efficiency, waiting times and satisfaction with the new system. It is unlikely that this pilot will occur in 2009 due to current focus on budget management initiatives and other competing priorities. Physician engagement in the process has been an issue.
Recommendation 4: standardize equipment and surgical policies and practices as appropriate across all sites that provide surgical services		
P	A Surgical Product Formulary (SPF) process was initiated February 2, 2009. This allows IH to proactively review and make recommendations on all new surgical supplies/equipment, requests for trial and evaluation as well as loaner equipment. It applies to all IH facilities providing surgical services. A six month review has occurred and this initiative appears to be successful. The minor and major capital equipment lists are maintained to ensure the	The IH Surgical Network team is working closely with staff of the British Columbia Shared Services Organization (SSO) to ensure robust physician engagement in future equipment/supply initiatives. As a result of the Surgical Product Formulary, all new or one-time product requests are reviewed and funding secured prior to purchase at sites. The Surgical Network Team has a representative on the Ministry of Health Services consultation group to develop a provincial health

Status
F or **S** – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will addresses OAG finding
NA – No substantial action has be taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	needs of sites are articulated. A final review and prioritization of 2010/11minor and major capital items was completed by the Operating Room managers group on October 7, 2009. A process has been implemented for sharing of Operating Room equipment between IH sites in partnership with IH Biomedical Engineering and Materials Services departments. Clinical Standards have been developed and implemented for Operating Room Booking. Clinical Standards have been developed for the Operating Room, with approximately 60% implemented to date. This development includes review and input by affected stakeholders, such as physicians, workplace health and safety, etc. As each standard is completed, implementation plans are drafted and reviewed by managers. Any potential budget impacts are reviewed and appropriate issue papers to address resources are developed. An Operating Room non-salary working group has been formed to review 10 high volume procedures with a goal of further standardizing supplies used for similar procedures in efforts to contain costs.	technology assessment process. Nurse resource and working group members are meeting regularly to complete development and implementation plans for all Clinical standards. Pre-Surgical Screening standards to be completed by March 2010. Day Care Surgery and Post Anaesthetic Recovery standards have been started, with a completion date set for early 2010. Implementation to occur thereafter. Implementation of standards has taken longer than anticipated due to competing priorities and sites' capacity to implement.
Recommendation 5: develop a standardized basic orientation program for surgical services staff		
S	Orientation standards and checklists are in place for all Operating Room and Post Anaesthetic Recovery staff and physicians. This work was done in conjunction with the development of standards from recommendation 4.	Currently working on final drafts of the actual orientation materials/processes for Operating Room clerks and Operating Room booking clerks.
Recommendation 6: undertake a formal assessment of training needs of surgical services staff and use the results to support continuing education		
S	People Planning strategies and action plans have been completed for Operating Room/Post Anaesthetic Recovery, Medical Device Reprocessing and surgical intake. This includes action plans for meeting training needs within the organization. A review of Operating Room nursing education programs was completed	Ongoing work currently in progress on Surgical and MDR action items (5 year plan). IH is collaborating with the Vancouver Coastal Health Authority to explore the introduction of their Operating Room Nurses Association of Canada (ORNAC) approved perioperative program. The target for this is

Status

F or **S** – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will addresses OAG finding
NA – No substantial action has be taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	in Spring 2009. A decision was made to stay with the Grande Prairie Regional College (Operating Room Registered Nurse) and Grant McEwan College (Operating Room Licensed Practical Nurse) program. A Briefing Note and plan were completed outlining the need for an internal Operating Room Manager Development program. This is currently on hold pending identification of resources. 13 applicants have indicated interest in participating in this when it becomes available. Completed universal student placement policy. Student placement strategies are being managed through an electronic tool called HSPnet. IH completed the implementation of a clinical education policy as well as standardized the intake and assessment process of all Operating Room/Post Anaesthetic Recovery education applicants. A preceptorship link was shared with IH educators and the website is hyperlinked within IH InsideNet.	2010/11. Revisions to the Student Placement policy will be required in 2010 to match new legislation. Medical Device Reprocessing is hosting Medical Device Reprocessing Leaders education/training days in October 2009. This will set a baseline for any further training needs in this area across the health authority.
Recommendation 7: develop and implement an authority-wide continuing medical education program		
P	Interior Health designated a task force, reporting to the Health Authority Medical Advisory Committee, to plan for an authority-wide continuing medical education program. This program will use information from peer review activities and incident report trends to determine targeted education needs for physicians. The focus of continuing medical education has been via quality reviews and utilization of the Patient Safety Learning System information. There is no formal program to date, although physicians are funded through the British Columbia Medical Association for continuing education initiatives. Competing priorities have delayed the rollout of a formal IH continuing medical education program.	A meeting for all Chiefs of Staff is scheduled for October 8, 2009. Target for completion of this activity is now July 2010.
Recommendation 8: ensure that all surgical services staff receive regular performance reviews		
P	Excluded staff 2008/2009 performance reviews were completed April to June 2009	Managers are performing and tracking performance reviews in the new performance management system.

Status

F or **S** – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will addresses OAG finding
NA – No substantial action has be taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	A new Performance Management system was implemented in 2009. IH has developed a Performance Management process for bargaining unit staff. The system was piloted in May and June 2008 and an evaluation of the pilot sites was then completed. Training sessions for managers on the new e-staffing tracking and resource program are complete. IH managers are currently using the new system and implementation is complete. Interior Health continues to review its credentialing process. It is recognized that there are inconsistencies with this process from site to site. Education for the Chiefs of Staff at each site regarding their roles and responsibilities specifically related to quality assessment has begun, with a health-authority wide meeting scheduled for October 8th.	Recent Accreditation survey indicates that performance reviews for bargaining unit staff continue to be an issue in the health authority.
Recommendation 9: implement a standardized patient incident tracking and reporting system		
F	IH completed the regional incident management policy to support open disclosure of adverse events. Starting a year ago, IH focused efforts to assist physicians to understand Disclosure as a process. Nearly all Chiefs of Medical Staff have now participated (with their administrative leads) in a four hour workshop on Disclosure and Incident Management. Dr. Rob Robson is in IH the week of October 5th to assist IH Quality and risk staff to develop the first course of its kind in BC, to develop better skills at critical incident investigation while focusing on improving processes of care. A free Patient Safety Seminar on Disclosure is being held on October 6th. Implementation of the Patient Safety Learning System was completed at all sites (PSLS). Monthly reports are being extracted, analyzed and discussed for both Surgical Services and Medical Device Reprocessing. Data is used to analyze trends and assess current practices toward developing strategies for improving patient safety and quality of care at healthcare facilities.	Continue reporting and analyzing information from the PSLS to inform patient safety and quality of care initiatives.

Status

F or **S** – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will addresses OAG finding
NA – No substantial action has be taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 10: clarify the role of the Surgical Council in advancing patient quality and safety and how that role integrates into the quality management structure		
F	In 2008, IH created four Patient Safety Coordinator positions. One of these was designated for Surgical Services and works with the IH Surgical Network team and IH Quality Improvement and Patient Safety Committee. This position is responsible for surgical site infection monitoring, accreditation rollout, Safer Healthcare Now and other quality of service initiatives. The position provides regular reporting and updates to IH Surgical Council. A work plan has been developed to address gaps and implement changes in the organization. An audit of the status of surgical site infection and venous thromboembolism initiatives is complete. The IH Surgical Network also expanded to include a clinical practice standards development position. This position is responsible for assisting with the research, development and implementation of all surgical clinical practice standards, including those aimed at quality and patient safety. The new terms of reference for IH Surgical Council include a mandate to set standards, monitor quality of care and address the strategic direction of the organization related to the delivery of surgical services.	Much progress has been made on Surgical Site Infection and Safer Healthcare Now initiatives. An accreditation survey was completed in September 2009. Future plans include the implementation of a standardized Surgical Safety Checklist at IH sites (currently being tested as a pilot in 3 IH sites).
Recommendation 11: assess and implement strategies using PICIS OR Manager information to better inform bed management		
P	The information system for surgical services management (PICIS OR Manager) has been integrated with the larger IH Data Warehouse development. This enables the health authority to produce reports using data from several systems and report on key indicators. The Data Warehouse links the PICIS OR Manager system information with the following applications: admissions, abstracting, Medical Records Index and the Management Information System Provider Dictionary. Most of the past year has been spent developing a robust set of operational indicators for site and health authority management and physicians to use to monitor and identify areas for improvement in	The next phase of report development will include advancement of bed management indicators to assist sites with operationalizing change. The final review of a surgical indicator dashboard is underway and plans are in place to launch this in November 2009.

Status
F or **S** – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will addresses OAG finding
NA – No substantial action has be taken to address this recommendation

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
	surgical services. These indicators include comparable information on first case start times and delay reasons, Add-on wait times, Post Anaesthetic Recovery delays, surgical postponements within 2 days of surgery, slate under and over runs, Time Out monitoring, and turnover times, as well as wait time monitoring for key First Ministers Meeting identified procedures (hips/knees and cataracts). This suite of reports was rolled out in August 2009. In-service training is ongoing with key managers, administrators and physicians across the organization. These reports will be reviewed regularly as part of the Operating Room Management Committee function at individual sites as well as monthly at the Operating Room Managers/Leaders team meetings. A physician education program is scheduled for October 8 2009 for the Interior Health Chiefs of Staff and Medical Directors. An assessment of Emergency Department bed congestion reports has been completed, along with sharing of information from another health region in Canada that has a robust bed management information system.	
Recommendation 12: report to the public on their performance including that of surgical services		
P	IH has participated in Ministry of Health Services working groups to help guide the development of a new provincial website for patients. IH continues to provide quarterly wait time reporting to all surgeons, site administration and managers.	The Ministry of Health Services website is slated to be launched in the Fall 2009.

Status

F or **S** – Recommendation has been fully or substantially implemented
P – Recommendation has been partially implemented
AA – Alternative action has been undertaken, general intent of alternative action will addresses OAG finding
NA – No substantial action has be taken to address this recommendation