Section 9

Update on the implementation of recommendations from:

Interior Health Authority: Working to Improve Access to Surgical Services

August 2008

April 2010

March 4, 2010

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

Dear Ms. Glendinning:

Re: *Interior Health Authority: Working to Improve Access to Surgical Services – Follow Up on Outstanding Recommendations*

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 18 months, 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.

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. We will also continue to coordinate quarterly updates on our progress and monitor all initiatives as we move forward.

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

Sincerely,

Dr. Robert Halpenny
CEO, Interior Health Authority

Interior Health
Web: interiorhealth.ca
Email: robert.halpenny@interiorhealth.ca
Tel: (250) 862-4264

Dr. Robert Halpenny
Chief Executive Officer
#220 – 1815 Kirschner Road
Kelowna, B.C. V1Y 4N7

RECOMMENDATION STATUS SUMMARY

Interior Health Authority: Working to Improve Access to Surgical Services

as at January 31, 2010

(*Please tick implementation status for each recommendation*)

Auditor General's Recommendations	Implementation Status				
	Fully	Substantially	Partially	Alternative Action	No Action
3. **The Interior Health Authority assess the adequacy of the various methods used at individual sites to allocate surgical time.**			X		
4. **The Interior Health Authority standardize equipment and surgical policies and practices as appropriate across all sites that provide surgical services.**		X			
7. **The Interior Health Authority develop and implement an authority-wide continuing medical education program.**			X		
8. **The Interior Health Authority ensure that all surgical services staff receive regular performance reviews.**			X		
11. **The Interior Health Authority assess and implement strategies using PICIS OR Manager information to better inform bed management.**			X		
12. **The Interior Health Authority report to the public on their performance including that of surgical services.**		X		X	

PROGRESS IN IMPLEMENTING RECOMMENDATIONS FROM
Interior Health Authority: Working to Improve Access to Surgical Services
as at January 31, 2010

General comments

Please provide an introductory statement summarizing progress since the previous follow-up.

Progress by recommendation

For each recommendation, provide your assessment of implementation status as per the legend at the bottom of the page, and information on actions taken and results to support the status reported. Also include a work plan schedule for any recommendations not yet implemented.

Self-Assessed Status	Actions Taken Since Report Issued	Results of Actions and/or Actions Planned (with information on implementation, including dates)
Recommendation 1: The Interior Health 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 Recovery (PAR), Surgical Intake and Medical Device Reprocessing (MDR). This information has been updated as of September 2009. 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 educating Operating Room Licensed Practical Nurses to mediate the significant demand for RNs. MDR has completed recruitment for three 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 gaps in physician human resources. The IH Physician Resource Plan was reviewed and updated in September 2009 and service reviews are pending. In its present form, this plan serves as a solid foundation to	Once the Physician Resource Plan is completed further approvals and vacancy prioritization will be determined by the Health Authority Medical Advisory Committee in March 2010. IH intends to have substantial completion of the overall Service Review activities by early summer 2010. Further data collection will be occurring over the next months to assist the steering committee in determining the core and specialty services provided within IH acute care facilities.

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)
	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. The IH Rural Health Plan was completed in the fall and is now serving as background information to the larger Service Review activities being undertaken by IH Senior Executive Team.	
Recommendation 2: The Interior Health 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 Director, Medical Administration. A Steering Committee has been formed as part of the Surgical Council structure to guide specific initiatives that are part of the IH Budget 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. Site level implementation occurred over the winter 2009/10. The 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	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. All IH Surgical Council physician members are also members of their site level OR Management Committees.

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)
	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: The Interior Health Authority 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 As part of the Health Service Planning process, IH is reviewing current OR Allocation based on average blocks per specialty and surgeon across comparable sites. Operating Room Booking guidelines were 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 the 2009/10 fiscal year due to current focus on budget management initiatives and other competing priorities. Physician engagement will be key to the success of this initiative. Discussions are occurring at a senior leadership level regarding the equitable allocation of resources amongst specialties and surgeons within comparable sites.
Recommendation 4: The Interior Health Authority standardize equipment and surgical policies and practices as appropriate across all sites that provide surgical services.		
S	A Surgical Product Formulary (SPF) process was initiated in February 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. IH participates in the new provincial Shared Services Organization (SSO) which will facilitate ongoing standardization of products and supplies across the province. This includes participation in group purchasing organizations. The minor and major capital equipment lists are maintained to ensure the needs of sites are articulated. A final review and prioritization of 2010/11 minor and major capital items was completed by the Operating Room managers group on October 7, 2009. Under the leadership of the OR Managers' Committee, with input from	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. Several potential RFP opportunities for supplies/equipment have been identified by SSO for the 2010/11 fiscal year. IH will be a key participant in these RFP processes from both a clinical and administrative perspective. Work on standards development will continue well into the future as new areas are identified and needs arise.

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

<table>
<tr><th>Self-Assessed Status</th><th>Actions Taken Since Report Issued</th><th>Results of Actions and/or Actions Planned
(with information on implementation, including dates)</th></tr>
<tr><td></td><td>physicians and HAMAC, IH continues to develop standards for all areas of surgical services including OR booking, Operating Room, Pre-Surgical Screening (PSS), Post Anaesthetic Recovery (PAR), and Day Care Surgery. As each standard is completed, implementation plans are drafted and reviewed by managers and/or physicians as appropriate. Any potential budget impacts are reviewed and identified for funding sources.
<table>
<tr><th>Standard Area</th><th># Completed</th><th># In Progress</th></tr>
<tr><td>General</td><td>11</td><td>3</td></tr>
<tr><td>Operating Room</td><td>54</td><td>60</td></tr>
<tr><td>PAR</td><td>17</td><td>33</td></tr>
<tr><td>OR Booking</td><td>2</td><td>1</td></tr>
<tr><td>Daycare Surgery</td><td>1</td><td>26</td></tr>
<tr><td>PSS</td><td>1</td><td>32</td></tr>
<tr><td>Anaesthetic Assistant</td><td>0</td><td>4</td></tr>
</table>
An Operating Room non-salary working group continues to focus on cost per case analysis. The goal is further standardization of supplies used for similar procedures in efforts to contain costs.</td><td></td></tr>
<tr><td colspan="3">Recommendation 5: The Interior Health Authority develop a standardized basic orientation program for surgical services staff.</td></tr>
<tr><td>S</td><td>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. As standards develop for each area, they are added to the orientation package.

Data collection has started for the development of orientation processes for Day Care Surgery and Pre-Surgical Screening staff.</td><td>IH is moving to an online orientation process for all staff. Surgical Services will align our orientation with this initiative.</td></tr>
<tr><td colspan="3">Recommendation 6: The Interior Health Authority undertake a formal assessment of training needs of surgical services staff and use the results to support continuing education.</td></tr>
<tr><td>S</td><td>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</td><td>Ongoing work on Surgical and MDR action items (5 year plan).</td></tr>
</table>

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)
	training needs within the organization. A review of Operating Room nursing education programs was completed in Spring 2009. 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. As of Jan 2010, IH has partnered with SIAST which offers both RN (ORNAC certified) and LPN training in a combination of online and practicum modalities. Medical Device Reprocessing provided Medical Device Reprocessing Leaders education/training days in October 2009. This set a baseline for any further training needs in this area across the health authority. 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.	IH has 16 LPN's enrolled in the OR training course at SIAST. Future plans include enrolment of up to 60 LPN's in the OR program over the next 3 years.
Recommendation 7: The Interior Health Authority 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 HAMAC executive committee has a priority to negotiate an authority-wide contract for access to a web-based education tool. A meeting for all Chiefs' of Staff occurred October 8, 2009. This was the first step in communication under a strengthened medical leadership structure in the health authority. With the hiring of an Executive Medical Director, this position will be responsible for physician engagement, particularly in key aspects of continuous quality improvement, physician professional conduct and physician leadership development.	Target for completion of this activity is Fall 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)
Recommendation 8: The Interior Health Authority ensure that all surgical services staff receive regular performance reviews.		
P	Excluded staff receive annual performance reviews as per the IH Performance Planning process. A new Performance Management system was implemented in 2009. IH 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 has been completed. Training sessions for managers on the new e-staffing tracking and resource program are complete and IH managers are currently using the new system. Physicians: 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, and a health-authority wide meeting was held in October 2009.	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. Recent Accreditation survey indicates that performance reviews for bargaining unit staff continue to be an issue in the health authority. This is a workload issue for many front line managers.
Recommendation 9: The Interior Health Authority 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 in 2008, 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 consulted with IH Quality and risk staff to develop the first course of this 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 was held in October 2009. Implementation of the Patient Safety Learning System has been 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.
Recommendation 10: The Interior Health Authority clarify the role of the Surgical Council in advancing patient quality and safety and how that role integrates into the quality management structure.		

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)
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. Much progress has been made on these initiatives, and regular reports are provided 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. Implementation of a Surgical Safety Checklist and Best Possible Medication History (through Presurgical Screening) are underway. The IH Surgical Network also expanded to include a clinical practice standards development position, shared with Medical Device Reprocessing. 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. An accreditation survey was completed in September 2009. Surgical Services received a resurvey in January 2010 at the request of IH.	IH continues to work on implementation of a Surgical Safety Checklist. An evaluation of participating sites will be completed in the next 6 months. This Checklist process will be mandatory as part of the next Accreditation Canada Required Organizational Practices (2012). Best Medication History initiatives are being trailed in presurgical screening. In the future, IH will build this into discharge planning etc.
Recommendation 11: The Interior Health Authority 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. This enables the health authority to produce reports using data from several systems and report on key indicators. IH has developed and implemented a robust set of operational indicators for site and health authority management and physicians to use to monitor and identify areas for improvement in surgical services. These indicators include comparable information on first case start times and delay reasons, add-on wait times, post anaesthetic recovery (PAR) delays, surgical postponements within 2 days of surgery, slate under and over runs, time out monitoring, and turnover times, as well as wait time	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. According to the data in the system, IH has discovered that lack of beds is not the top reason for postponement of surgical cases at most sites. The next phase of report development will include advancement of bed management indicators to assist sites with operationalizing any changes. In 2010, IH will be undertaking a project utilizing Operations Research techniques to assist with both OR Allocation and bed management.

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)
	monitoring for key First Ministers Meeting (FMM) identified procedures (hips/knees and cataracts). This suite of reports was rolled out in August 2009. Physicians were educated on the use of these reports at the October 2009 Interior Health Chiefs of Staff and Medical Directors meeting. 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.	The final review of a surgical indicator dashboard is underway and plans are in place to launch this in April 2010.
Recommendation 12: The Interior Health Authority report to the public on their performance including that of surgical services.		
S AA	IH has participated in the 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. Wait times for key FMM benchmarks are reported at each board meeting.	IH will continue to participate in this consultation and planning process and align with the Ministry timelines for completion of the new patient reporting on the provincial website rather than create a stand-alone IH reporting structure. The Ministry of Health Services website is slated to be launched in the Spring of 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