

SELF-ASSESSED PROGRESS IN IMPLEMENTING RECOMMENDATIONS



Report 6, 2008/09 – Interior Health Authority: Working to Improve Access to Surgical Services

As at July 2010

Introductory comments from the Interior Health Authority

Interior Health is pleased to provide this update on the recommendations from the Office of the Auditor General of BC report Interior Health Authority: Working to Improve Access to Surgical Services. Since the last update, many initiatives have been started to address outstanding recommendations and move the organization forward in the delivery of service to our patients. Many of the outstanding recommendations have required long term planning and strategies that are not quickly implemented in a health authority of this size. Our health authority is committed to continuing to move forward in all areas of service delivery to ensure we provide needed health services in a timely, caring and efficient manner, to the highest professional and quality standards.

Recommendations addressed in previous follow-up report(s)

RECOMMENDATION	STATUS
Recommendation 1: The Interior Health Authority put in place a focused approach to human resource planning for surgical services, including succession planning.	Substantially implemented
Recommendation 2: The Interior Health Authority provide direction for surgical services by clarifying the Surgical Council's role in developing a regional surgical program.	Substantially implemented
Recommendation 4: The Interior Health Authority standardize equipment and surgical policies and practices as appropriate across all sites that provide surgical services.	Substantially implemented
Recommendation 5: The Interior Health Authority develop a standardized basic orientation program for surgical services staff.	Substantially implemented
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.	Fully implemented
Recommendation 9: The Interior Health Authority implement a standardized patient incident tracking and reporting system.	Fully implemented
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.	Fully implemented
Recommendation 12: The Interior Health Authority report to the public on their performance including that of surgical services.	Alternative action taken



Outstanding recommendations

RECOMMENDATION AND SUMMARY OF PROGRESS

STATUS

Recommendation 3: The Interior Health Authority assess the adequacy of the various methods used at individual sites to allocate surgical time.

Partially implemented

Actions taken, results and/or actions planned

The IH Surgical Council has recommended the formation of a small working group to determine principles and priorities for allocation of operating room (OR) time amongst specialties. Interior Health (IH) has prepared information for both Service Area and Tertiary Service Hospitals. Preliminary reports were prepared in Spring 2010 and circulated to IH Leads for review and comment. These reports are currently being updated and finalized. The reports utilize PICIS OR Manager data and Discharge Abstract Data to assist facilities with planning and monitoring of surgical services focusing on the areas of operating room efficiencies, waitlist management, operating room time utilization and surgical volumes. The BC Provincial Surgical Advisory Council has developed a new process for assessing the urgency and timeliness of surgical services for patients. This new model will be implemented in the fall 2010 at which time IH will be in a better position to evaluate if internal resource allocation will allow hospitals to meet new wait time criteria. This information will form the basis of future discussions on allocation of both existing and new operating room time available.

Recommendation 7: The Interior Health Authority develop and implement an authority-wide continuing medical education program.

Alternative action taken

Actions taken, results and/or actions planned

CME is a requirement for medical professionals to maintain their license. IH has not focused specifically on the development of a CME program, but has been working on creating stronger connections with physicians for internal planning and operational changes. In particular, physicians are being linked into our operational structures and committees to ensure they are informed and provided with an opportunity for input on surgical services initiatives and planning. The IH Surgical Network has implemented standardized terms of reference for site level OR Management Committees that link to the IH Surgical Council. These OR Management Committees plan for service delivery at the site level, and provide input on health authority wide initiatives being led by the Surgical Council.

Recommendation 8: The Interior Health Authority ensure that all surgical services staff receive regular performance reviews.

Fully or substantially implemented

Actions taken, results and/or actions planned

Excluded staff receive annual performance reviews as per the IH Performance Management process. The new Performance Management process for bargaining unit staff has been fully implemented across the health authority.

Interior Health has a credentialing process in place for physicians. Education was provided for Chiefs of Staff at each site regarding their roles and responsibilities specifically related to quality assessment in October 2009. Further leadership education and training will continue in 2010/11 with a focus on medical leadership in the new organizational structure.



Outstanding recommendations continued...

RECOMMENDATION AND SUMMARY OF PROGRESS	STATUS
<p>Recommendation 11: The Interior Health Authority assess and implement strategies using PICIS OR Manager information to better inform bed management.</p> <p>Actions taken, results and/or actions planned</p> <p><i>Strategic Information, Information Management has been using PICIS OR Manager data for analyses and reporting for surgical services projects, including:</i></p> <ul style="list-style-type: none"> • OR slate optimization using PICIS OR Manager data to analyze operating room booking practices at Kelowna General Hospital to better understand the reasons behind case cancellations and PAR pressures. Further analysis and modelling was completed around optimization of booking practices to maximize bed utilization in PAR and initial work is underway to develop a simulation model of patient flow from the OR through PAR and/or ICU and into inpatient beds. This modelling will be used to determine bottlenecks in the system and to test strategies to improve flow and smooth downstream resources. Focus is on inpatient capacity, patient discharge times, slate scheduling, and the number of day care and add on cases being performed. Final results will be available in the coming months. • OR Manager data is also being used for surgical services reporting for both Service Area and Tertiary Service Hospitals as noted in Recommendation 3. 	<p>Partially implemented</p>