

Saskatchewan Surgical Initiative

Year 4 Report

MAY 2014

Big Gains in Access, Safety and Quality

Just over four years ago, the Government of Saskatchewan set out to improve the surgical patient experience and shorten wait times for surgery to three months by March 2014. The ambitious wait time target along with the focus on safety and quality helped capture the imagination of patients and health providers alike, and led the system to think and act as one.

Regions are expected to meet the target by late fall 2014 and March 2015 respectively. Improvements to the surgical system went far beyond reducing wait times for patients. An unprecedented commitment to improving safety and the quality of services was seen across the province.



“Since the introduction of this initiative, there has been a dramatic improvement in access to surgical care for the people of Saskatchewan.”

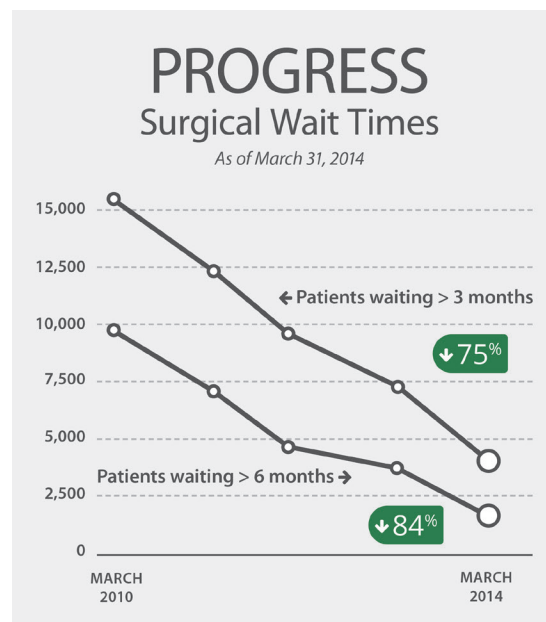
Dustin Duncan, Minister of Health

Now, at the end of the four year Saskatchewan Surgical Initiative, we can say with pride that major progress has been made toward sooner, safer, smarter surgical care for Saskatchewan residents. While the three-month wait time target has not yet been achieved in every region, tremendous progress has been made.

On March 31, 2014, there were 11,528 fewer patients waiting more than three months for surgery than at the beginning of the Surgical Initiative in March 2010. Saskatoon and Regina Qu’Appelle Health

Truly Transformational

When the Surgical Initiative began four years ago, long waits had become the norm, and there was a backlog of more than 27,500 patients awaiting surgery. It was common to hear of people who had waited two years or more. Demographic trends indicated the problem would only get worse. The Surgical Initiative brought together patients, physicians, providers and health system leaders to develop and execute the plan for large-scale change.



Keys to success:

- A Patient First philosophy;
- A common vision and goal;
- Commitment of senior leaders and physicians;
- Collaboration amongst patients, providers and organizations;
- A willingness to work together and learn from each other;
- Timely course corrections; and
- Visible incremental targets and measures, with results reported transparently.

Preparing for Future Transformation

Now that the Surgical Initiative has concluded, work is underway to shorten the wait time after a primary care provider refers a patient to a specialist or diagnostic services.

Under the Surgical Initiative, a working group collaborated with various specialties to explore why treatment varies for some frequently performed procedures. The group will continue to build consensus around common service guidelines, to help reduce variations in care.

Sooner

On March 31, 2014 there were 3,824 patients waiting longer than three months for surgery, 75 per cent fewer than the 15,352 patients waiting that long at the start of the Initiative in 2010. Between January 1 and March 31, 2014 nearly 81 per cent of patients had their surgery within three months of being referred for surgery, with an additional one per cent who were offered surgery within three months, but chose to delay their procedure.

Highlights

- The online Specialist Directory helps patients – and their primary care providers – make informed decisions based on factors such as surgeon specialty, location, and length of wait.
- Pooling referrals amongst a group of specialists gives patients the option to choose the first available appointment or wait for a particular specialist.
- New clinical “pathways” help patients receive timely and appropriate care.
- Surgical safety checklists and surgical site infection prevention protocols have been implemented province-wide.
- Expanded capacity through third-party surgical and diagnostic services.
- The health system is adopting a culture of continuous improvement using Lean methodology.

Of the 10 health regions that perform surgery, four regions met the wait time target and four others were very close to meeting the target. Regina Qu’Appelle and Saskatoon health regions made tremendous progress toward reaching the target, however they continue to have patients waiting longer than three months

for surgery. Both regions faced unexpectedly high demand for surgeries. The regions have corrective action plans in place. Saskatoon expects to meet the wait time target by fall 2014 and Regina Qu’Appelle by March 2015.

Surgical Patients Waiting More Than Three Months			Reduction in Cases from 2010-2014	
Health Region*	March 31, 2010	March 31 2014	Number	Percentage
Cypress	60	0	-60	-100%
Five Hills	84	2	-82	-98%
Heartland	3	1	-2	-67%
Kelsey Trail	21	0	-21	-100%
Prairie North	191	0	-191	-100%
Prince Albert Parkland	898	24	-874	-97%
Regina Qu’Appelle	5816	2314	-3502	-60%
Saskatoon	7776	1469	-6307	-81%
Sun Country	88	0	-88	-100%
Sunrise	415	14	-401	-97%
Provincial	15352	3824	-11528	-75%

*Indicates the health region where the procedure will take place, not where the patient lives.

Innovation

Pooling referrals has shortened the time patients wait to see a specialist. Patients have the option of seeing the first available specialist or waiting to see a particular specialist if they prefer. This has more evenly distributed the workload amongst a group of specialists. There are currently 14 groups of specialists pooling referrals in the province, and another seven groups are working toward implementing this model.

The online Specialist Directory provides patients and their referring providers with a valuable tool to help tailor referral options based on the criteria that are important to the individual patient, whether it is the location of a surgical specialist or the length of the wait to see them. The Specialist Directory lists relevant information on every surgeon practicing in the province, and has been accessed over 88,000 times through the Saskatchewan Surgical Initiative website: sasksurgery.ca.

Increased funding enabled **training of additional operating room nurses** through the perioperative-

nurse training program at the Saskatchewan Institute of Applied Science and Technology (SIAST). Following some interim funding since 2010 to allow more training, the number of core funded seats at SIAST will double from 18 to 36 in 2014-15 to help ensure the supply of operating room nurses meets the needs of the health system in the future. This will allow health regions to continue to perform a higher volume of surgeries and improve use of their operating rooms.

Saskatchewan continues to use **third-party providers** in Regina and Saskatoon to increase surgical and diagnostic capacity in the publicly-funded health system. Third-party facilities offer a range of day procedures in the area of orthopedics, ophthalmology, dental, and ear/nose/throat. Consistently high patient

satisfaction ratings illustrate that this service option is embraced by patients.

“At the very beginning of the sasksurgery.ca website, you have the choice to enter as a patient or a health care provider. Then you can find explanations for projects like multi-disciplinary clinics and pooled referrals - two things that I think will result in a considerable reduction in wait times.”

Diane Nixon, patient advisor,
Regina Qu'Appelle Health
Region

“I had a very positive experience. Getting there was easy, with lots of parking, and the staff were very welcoming. They put me at ease by explaining everything they were going to do so there were no surprises.”

Gloria Erb – A patient whose publicly-funded surgery was handled by a private surgical centre



Surgeries and diagnostics in community settings help patients receive care sooner.



“I believe that ‘catches’ happen all the time, and we have become so accustomed to them that we underestimate the value of the Surgical Safety Checklist. It has become a part of our routine... we just do it.”

Lynn Cushway, Clinical Nurse Educator,
Royal University Hospital

Safer

The Saskatchewan health system is taking a provincial approach to setting safety priorities and protocols. The evidence of this is growing.

Surgical safety checklists have been adopted in all regions that perform surgery, with audits demonstrating near 100 per cent compliance. The checklists enhance communication among the surgical team members as they perform the checks before, during, and after surgery. The list of “good catches” that have resulted is a poignant motivator to drive compliance to 100 per cent.

Surgical site infection (SSI) prevention protocols, such as the Safer Healthcare Now! SSI prevention bundle, have been implemented and will be audited provincially in 2014-15. Work is also underway to develop a provincial SSI surveillance program.

Medication reconciliation (MedRec) is being implemented in recognition of the fact that patients face increased risks for medication

errors when transfers of care occur. MedRec is being used on admission and during transfers involving acute care (including discharge and internal transfers). Through this formal process, health providers work with patients, families and other providers to ensure accurate and complete medication information is communicated across each transition of care.

A falls prevention initiative has helped identify risk factors and measures that will prevent injuries from falls. The work of identifying factors that can contribute to patients and residents falling began with the acknowledgement that every fall is preventable. Some significant successes have been achieved by addressing common risk factors and implementing fall prevention programs.

Mistake-proofing projects are underway in health regions, throughout the surgical stream and beyond. Each project focuses on a specific issue, such as the use of antibiotics, administering medications and preventing blood clots. Often using Lean methods, mistake-proofing examines the root cause of errors and aims to prevent them before they can cause harm

to patients and service providers. The focus in these projects is not on the individuals doing the work but on identifying and improving processes so mistakes can be prevented.

Smarter

One of the priorities for the Saskatchewan Surgical Initiative was to ensure that the most-appropriate care is provided to patients across the province. Numerous tools have been developed.

Patient pathways were introduced to streamline the care process and ensure patients receive appropriate, timely care, whether or not they require surgery. Shared decision-making tools have been introduced in most pathways to support patients in making treatment decisions based on their preferences.

Saskatchewan’s health regions have successfully applied the pathway model to several common health conditions that may require surgery, including:

- Hip and knee replacement;
- Lower-back pain;
- Bariatric surgery;
- Prostate assessment; and
- Pelvic floor conditions

Two more pathways are in development to support acute stroke care and lower-extremity wound care.

A group of physicians, researchers, Ministry of Health representatives and measurement specialists from the Health Quality Council formed the **Variation and Appropriateness Working Group.**

They are currently working with four groups of surgeons studying clinical variation. Their goal is to put mechanisms in place to reduce unnecessary variation and standardize care as much as possible so that patients can expect the same quality of care regardless of where in the province they seek services.

The Lean Management System

has been introduced across all health regions and is leading to improvements in patient care, more efficient processes, and engagement of health care providers. Continuous improvement is about always striving to do things smarter, reducing waste and eliminating



More and more members of our health care teams, including management, frontline staff and patients and families are becoming active in the (improvement) process. The more we work together, the better the improvements.

Cindy Dumba, patient advisor, Regina Qu'Appelle Health Region

activities that don't add value. Regular team huddles enable staff to problem solve in real time, and teams throughout organizations post their progress toward meeting

targets on visibility walls. Front line workers can see how their work contributes to the goals of the organization and the health system.



Staff at the Saskatoon Pelvic Floor Pathway Clinic help patients explore their options.

2014-15 Budget Highlights

Over the four years of the Surgical Initiative, \$176 million has been invested in surgical services. To sustain the new standard of offering surgery within three months, and to continue to deliver surgical care in ways that are Sooner, Safer and Smarter, the provincial government is investing an additional \$60.5 million in 2014-15. Health regions are expected to achieve and sustain the three-month wait time target.

Some budget highlights:

- Over \$44 million for hospital costs to sustain three-month wait times in eight health regions and to achieve this target in Regina and Saskatoon in 2014-15;
- Approximately \$8.1 million for home care and post-operative

rehab support to improve patient recovery;

- \$2.5 million to continue improving the quality and safety of surgical services. (For example, expand pooled referrals, reduced clinical variation, and improved access to specialists and diagnostic services); and
- \$2.5 million for improved assessment clinics and pathways to improve patient access to care.

Sustaining the Gains

While the four-year Saskatchewan Surgical Initiative formally ended on March 31, 2014, the continuous improvement of the surgical patient's experience is ongoing. The health system is committed to the three-month surgical wait time target. The Initiative's Executive

Sponsorship Group and Guiding Coalition will pass their strategic leadership and advisory roles to the newly-established Provincial Surgical Oversight Team (PSOT). This team is a small group of patients, health providers, health region and ministry representatives who will monitor results to ensure that continuous improvement remains entrenched in surgical services.

The success of the Surgical Initiative was a direct result of the vision, commitment and passion of the patient advisors, front line workers, physicians, and senior leaders who worked together to transform surgical services. By putting the patient first, and focusing on a common goal, sooner, safer, smarter surgical care has been achieved.

The learning and improvement never ends. It's now our job to continue to provide high-quality health care to the people of Saskatchewan while searching for ways to make it even better!

For more information, visit: www.sasksurgery.ca

**SOONER
SAFER
SMARTER**



**Saskatchewan
Surgical Initiative**
putting the Patient First

