

Surgical Services External Review - December 2014 Northern Health Review of Recommendations

Corrected bed numbers to those outlined in the Surgical Services External Review Report:

Hospital	Bed Numbers outlined in the Surgical Services External Review	Corrected baseline bed numbers (note: actual bed utilization may fluctuate up and down from this baseline)
Prince Rupert Regional Hospital	25	24
Terrace - Mills Memorial Hospital	44	44 (includes 10 psychiatry beds)
Kitimat General Hospital	31	18
Smithers - Bulkley Valley District Hospital	25	24
Hazelton - Wrinch Memorial Hospital	10	10
Vanderhoof - St John Hospital	24	24
Prince George - UHNBC	212	211 (includes 30 psychiatry beds)
Quesnel - GR Baker Hospital	38	36 (includes 5 psychiatry beds)
Dawson Creek District Hospital	31	45 (includes 15 psychiatry beds)
Fort St John Hospital	55	55
Fort Nelson General Hospital	25	25

ST - Short Term or MT - Medium Term

1. Recommendations that need to be implemented and have a good likelihood of successful implementation (will need prioritization, a short term plan or medium term plan)

NF - Not Feasible

2. Recommendations that are not feasible for implementation and will be revisited in the future

Inv/H - Investigate or on Hold

3. Recommendations that there are concerns about and NH disagrees with or would like to either investigate further or place on hold until they can be considered further

Abbreviated descriptions of recommendations that address creation of an integrated network of surgical sites in NH are as follows:

Recommendation	ST	MT	NF	INV / H
NH to adopt a Service Delivery Plan in surgery based upon a hub-and-spoke model of surgical site role definition within each HSDA in which hospitals and health centres working together within a system will be categorized as: hub hospitals; urban/rural community hospitals; or, rural community hospitals. Not every hospital in each category will look exactly the same. Within the hub and spoke model each hospital with surgery services will have important roles including maternity, general surgery and visiting specialist's services, and with a focus on preserving and enhancing General Practitioner anaesthesia (GPA) and GP-surgeon services in the smaller facilities.				X
The NH Surgery Program Council to work with the HSDA-based Surgery Councils to initiate and supervise enhancement of Orthopaedic Surgery throughout NH, with the goals of: improving patient access; ensuring consistent, sustainable call within each HSDA; improving efficiency; increasing care provided 'close-to-home' and decreasing clinical pressures at UHNBC. The above to be achieved by: <ul style="list-style-type: none"> • a) Planning for consolidation of joint replacement surgery at the hub hospital in each HSDA. • b) Considering the recruitment of additional Orthopaedic Surgeons, first in the NW and subsequently in the NE; • c) Ensuring availability of fully-functioning central intake facilities for joint replacement surgery in each HSDA. • d) Increasing outreach Orthopaedic Surgery. 				X X X X
NH, working with the Leadership of the NH Surgery Program and its Council, to explore ways of reducing clinical pressure in surgery at UHNBC by creating a maternity services Operating Room (OR), by enhancing visiting surgeon activity at rural/urban community hospitals, and by exploring the potential for the contracting of cataract and other surgical procedures to private surgery centres.				X
Having accomplished the above, NH to review surgical work being performed on NH patients elsewhere in BC and out-of-province and explore the potential for repatriation of such work.	X			

Recommendation	ST	MT	NF	INV / H
Capital redevelopment of the Dawson Creek and District Hospital, the Mills Memorial Hospital (MMH) in Terrace, the ORs at UHNBC in Prince George, an OR for emergency C-sections at UHNBC and the Sterile Processing Unit at Dawson Creek and District Hospital to be supported.				X
NH to explore the manner in which a Low-Risk Obstetrical Service could be potentially developed in Fort Nelson Hospital; surgery services at the Fort Nelson Hospital to be discontinued.		X		
Under the direction of the NH Critical Care Program, the Intensive Care Units (ICU)s at the Fort St. John Hospital and the MMH in Terrace to become regional ICUs, improving surgery patient safety and flow.		X		
The NH Surgery Program Council to work with each HSDA-based Surgery Council to initiate and supervise work that will ultimately result in creation of a Breast Diagnostic and Surgical Service Centre in each HSDA, at which standardized, evidence-based practice will occur.	X			
Each HSDA Surgical Council to ensure that cataract surgery in the HSDA is conducted with maximum efficiency, using contemporary practice approaches. At UHNBC, this will require performing cataract surgery outside of the main Operating OR, and exploring the option of developing a contract with the Prince George Surgery Centre (see above).	X			
The UHNBC Administration, working with NH and the NH Surgery Program Council, to negotiate formal arrangements with BC centres that have Bariatric Surgery Programs, thus ensuring access to such services for NH patients.				X
The UHNBC Administration, working with NH and with the NH Surgery Program Council, to obtain and review data on NH patients receiving cardiac care in other jurisdictions and, on the basis of this data, decide whether to initiate a planning process for a Cardiac Program in NH at UHNBC.		X		

Abbreviated descriptions of recommendations related to the optimization of delivery of surgical services throughout NH are as follows:

Recommendation	ST	MT	NF	INV / H
Representatives from NH Human Resources (HR) to collaborate with representatives from the NH Surgery Program to determine how they will work as a partnership to address the serious staff recruitment and retention issues that confront every Surgery Program site, and most urgently at the Prince Rupert Regional Hospital.	PR/ST	Others		
The NH Surgery Program Council, working with the HSDA Surgery Councils and others, will explore options to improve the Nursing Educator support provided to surgical sites and to standardize and enhance nursing professional development opportunities in surgery.		X		
The NH Surgery Program Council to work with the Surgery Council in each HSDA to develop and implement a pro-active, data-driven and contemporary physician HR planning process, one involving both Administration and physicians. This to ensure that each HSDA has an actionable Physician HR Plan in surgery. Note: current data strongly supports the recruitment of a replacement Urologist in the NW.	X			
The NH Surgery Program Council, working with others, to initiate and supervise work to optimize the NH surgery patient journey, including: <ul style="list-style-type: none"> • Informed by best practices, and beginning at UHNBC, ensuring the availability and optimum functioning of central intake facilities for prospective joint replacement surgery patients in each HSDA. Over time, similar intake centres to be developed for patients with cancer and for those requiring bowel surgery. • Informed by best practices and the current LEAN project at MMH in Terrace, developing an approach that will lead to standardization of all processes related to pre-admission care and post-anaesthesia care in NH. • Informed by the best of innovative practices, improving the post-discharge care of NH surgery patients by addressing issues related to communication and rehabilitation and by exploring options related to technology-assisted follow-up. 				X X X

Recommendation	ST	MT	NF	INV / H
<p>The NH Surgery Program to initiate and supervise work that will ensure maximally efficient surgical services throughout NH, including:</p> <ul style="list-style-type: none"> ▫ Working with the Administration of UHNBC and the NI Surgery Council to ensure that the sophisticated management of data resulting from full implementation of Surginet at UHNBC leads to: electronic booking and scheduling of surgery; data on surgeon operating times for specific surgeries; patient-driven and efficient surgical slate development; availability of prioritized surgeon wait-lists; and, the patient-driven allocation of resources to surgeons based on prioritized wait-lists. ▫ Working with the NW and NE HSDA Surgery Councils to plan for implementation of Surginet or its equivalent at MMH in Terrace and Fort St. John Hospital. ▫ Standardizing processes related to the timely, efficient performance of emergency surgery. ▫ Ensuring the process of resource allocation of OR time to surgeons better reflects patient need, recognizing it is important to ensure that sufficient OR time is allocated to make recruitment attractive and to ensure the ability to generate a reasonable income. ▫ Using available approaches, and beginning at UHNBC by working with the UHNBC Administration and NI HSDA Surgery Council, linking the actual costs of surgeons' surgical work to the supply chain for the necessary equipment and supplies, to achieve significant cost savings. ▫ Developing guidelines regarding provision of infrastructure support to surgeons throughout NH. 	X	X		X X X

Abbreviated descriptions of recommendations related to clinical quality are as follows:

Recommendation	ST	MT	NF	INV / H
The NH Surgery Program Council, working with others, to develop a detailed Quality Assurance and Quality Improvement Plan for the Program, this Plan to be implemented by the Surgery Council in each HSDA.	X			
The Plan to focus particularly on the full implementation at UHNBC of NSQIP and CUSP. Learnings from UHNBC will then inform performance goals in other surgical sites. In time, NSQIP and CUSP to be introduced at MMH in Terrace and Fort St. John Hospital. The Quality Plan also to address the other quality issues and opportunities described in the Report.		X		
Suitable quality resources to be provided the NH Surgery Program. This to be achieved, in part, by assignment of new resources to the Program and, in part, by improving coordinated access of the Surgery Program to quality resources in each HSDA.				X
Staff satisfaction data in the Surgery Program to be developed, widely circulated, discussed and acted upon.			X	

Abbreviated description of recommendations related to enhancing the relationship between NH and surgery program physicians are as follows:

Recommendation	ST	MT	NF	INV / H
The NH VP Medicine to plan and initiate processes designed to enhance the engagement of physicians within the NH Surgery program and to ensure that the physicians of the NH Surgery Program and NH work in partnership.		X		
The NH VP of Medicine to continue to work with Medical Directors, Chiefs-of-Staff and Department Heads to ensure each fully understands their unique medical administrative role and how they are to work together in each HSDA to ensure that: <ul style="list-style-type: none"> • Physicians within the NH Surgery Program comply with NH’s Medical Staff Bylaws; • Patient Safety Learning System (PSLS) files and patient complaints related to physicians are followed-up in a timely way, and acted and reported upon. 		X		

Abbreviated descriptions of recommendations related to program governance and management are as follows:

Recommendation	ST	MT	NF	INV / H
NH to create a strengthened NH Surgery Program and Surgery Program Council headed by a dyad of an Executive and Medical Program Lead reporting directly to a senior leadership dyad comprised of the Vice President (VP) Medicine and the VP Primary Care, Community and Clinical Programs.		X		
Re-invigorated Surgery Councils in each Health Service Delivery Area (HSDA) to implement work flowing from the NH Surgery Program Council and manage local issues such as ensuring co-ordination of regional call schedules and ensuring full availability while on call.	X			
Suitable administrative support to be provided for the Program, facilitating centralized planning and policy development initiatives, promoting standardized solutions to issues and avoiding duplication of effort.	X			
The NH Surgery Program Council, supported by the VP Medicine and the VP Primary Care, Community and Clinical Programs, to facilitate development of a compelling Surgery Program goal/purpose and a Program Action Plan that will allow the Vision to be achieved. The NH Surgery Program Council, suitably supported, will then initiate and manage the elements of the Action Plan.	X			
NH to obtain and analyze data related to surgical care provided to NH patients outside of BC, thus permitting development of guidelines in this area, and monitoring of activity relative to them.		X		