

## Chapter 26

# Regina Qu'Appelle Regional Health Authority—Use of Surgical Facilities

### 1.0 MAIN POINTS

Regional health authorities (RHAs), under *The Regional Health Services Act*, are responsible for the planning, organization, delivery, and evaluation of health services within their respective health regions. As part of this mandate, RHAs are responsible for the provision of surgical services within their health regions.

In 2013, we assessed the effectiveness of Regina Qu'Appelle Regional Health Authority's (Regina Qu'Appelle) processes to support the efficient use of its surgical facilities. By March 31, 2015, Regina Qu'Appelle had implemented eight of the nine recommendations we made in 2013. Also, Regina Qu'Appelle was making good progress to meet the Ministry of Health's target of delivering all surgeries within three months.

### 2.0 INTRODUCTION

In our *2013 Report – Volume 1*, Chapter 20, we concluded Regina Qu'Appelle Regional Health Authority did not have effective processes to support the efficient use of surgical facilities. We made nine recommendations.

This chapter describes the results of our first follow-up to assess Regina Qu'Appelle's progress towards addressing our recommendations.

To conduct this review engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance*. To evaluate Regina Qu'Appelle's progress towards meeting our recommendations, we used the relevant criteria from the original audit. Regina Qu'Appelle's management agreed with the criteria in the original audit.

We interviewed Regina Qu'Appelle staff, and reviewed Regina Qu'Appelle's policies and procedures, Surgical Executive Committee<sup>1</sup> minutes, and other relevant documents.

### 3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at March 31, 2015, and Regina Qu'Appelle's actions up to that date. We found that Regina Qu'Appelle has implemented eight recommendations and needs to do more work to fully implement the remaining one recommendation.

<sup>1</sup> Regina Qu'Appelle's Surgical Executive Committee consists of senior management (vice presidents, executive directors, staff surgeons) of the Region. Senior management from the Ministry of Health also periodically attend.



According to Regina Qu'Appelle's statistics, it has made a significant improvement in the timeliness of surgeries. For example, in 2014-15, 98.9% of the patients requiring surgeries received their surgery within six months, whereas in 2012-13, 78.0% of patients received their surgery in six months. Since 2012-13, the Ministry of Health has had a new target that all patients should receive their surgery within three months. In 2014-15, 87.4% of the patients received their surgery within three months.

### 3.1 Standards and Guidelines for the Use of Surgical Facilities in Place

We recommended that Regina Qu'Appelle Regional Health Authority establish and approve standards for the use of surgical facilities. (2013 Report – Volume 1; Public Accounts Committee agreement September 9, 2014)

**Status – Implemented**

Since our 2013 audit, Regina Qu'Appelle has developed standards for the use of surgical facilities. For example, standards are now in place for patient screening and prioritization, and expected capacity and usage of surgical facilities.

Senior management and the Surgical Executive Committee approved these standards. They also approved the methodology for allocating surgical time and facilities to surgeons.

We recommended that Regina Qu'Appelle Regional Health Authority develop and approve clear policies and guidance for allocation of time and surgical facilities to physicians who provide surgical services. (2013 Report – Volume 1; Public Accounts Committee agreement September 9, 2014)

**Status – Implemented**

In March 2015, Regina Qu'Appelle was using external consultants to analyze average surgical wait times in the Region by type of surgery, and the related wait list for each surgeon<sup>2</sup> in the Region. Starting in March 2015, to manage each surgeon's wait list, the consultants allocated annual blocks of Operating Room (OR) time to these surgeons or surgical groups based on an approved methodology.

Regina Qu'Appelle management gave external consultants information (e.g., patient wait lists, standard hours of operation of surgical facilities, planned reductions in surgical services) to use to determine this annual allocation. The Surgical Executive Committee intends to review the allocation and wait list demand monthly to determine if any adjustments to the allocation are required.

<sup>2</sup> Surgeons are physicians who have been granted privileges to perform surgery in the Region's hospitals.

We recommended that Regina Qu'Appelle Regional Health Authority develop and approve clear policies and guidance for scheduling time and surgical facilities for individual patients receiving surgeries. (2013 Report – Volume 1; Public Accounts Committee agreement September 9, 2014)

**Status – Implemented**

Regina Qu'Appelle uses a two-step process for allocating time and usage of surgical facilities, and for developing the daily schedule (daily slate).

- ▶ The allocation (which is the master allotment of surgical facility time and location for surgeons and type of surgery) is done through the external consultants, as noted previously.
- ▶ The daily slate is the process of scheduling individual surgeries within the surgeon's allocation. The daily slate is the responsibility of OR scheduling staff. OR scheduling staff contact patients, prioritized based on set criteria, to notify them of surgery dates.

Regina Qu'Appelle has developed policies related to operational requirements for surgical bookings, deferral and cancellation of patients, reprioritization of surgical patients, and requiring notice of unfilled OR time. Regina Qu'Appelle has also revised its Operating Room Business Rules, which outline procedures for scheduling, contacting patients, dealing with cancellations, communicating the daily slate, notifying of unfilled OR time, and reprioritizing of surgical bookings. The business rules also give guidance for consistent patient screening and prioritization, and availability and coordination of equipment and staff.

By March 2015, Regina Qu'Appelle had completed 31 projects using “Lean” to identify inefficiencies in the process to develop and modify the daily slate, and keep standard equipment and support staff available as required.

### 3.2 Measures Established but Targets Needed for the Efficient Use of Surgical Facilities

We recommended that Regina Qu'Appelle Regional Health Authority establish efficiency-focused performance measures and targets for assessing the use of surgical facilities. (2013 Report – Volume 1; Public Accounts Committee agreement September 9, 2014)

**Status – Partially Implemented**

Since 2013, Regina Qu'Appelle has established many efficiency-focused measures such as unplanned closures of surgical facilities, cancellations and postponements of surgeries (tracked by reason for the cancellation), comparison of actual to planned surgery durations, delayed start or late finishing of surgeries, and delays caused by late



start of the first surgery of the day. Management, however, by March 31, 2015, had not set targets for improving the inefficiencies they now measure.

Some of the efficiency-focused reports are generated routinely; some are generated upon request. Regina Qu'Appelle is in the process of determining what reports to routinely generate, a standard time frame to generate the data, and what reports to prepare for the relevant stakeholders for action.

### 3.3 Standard Surgical Request Form Developed

We recommended that Regina Qu'Appelle Regional Health Authority work with surgeons to develop a standard surgical request form that surgeons must use. (2013 Report – Volume 1; Public Accounts Committee agreement September 9, 2014)

**Status** – Implemented

In 2013, Regina Qu'Appelle adopted the provincial standard surgical request form and since then has required all surgeons within the Region to use it. During our review, we found surgeons were using the standard provincial request form.

### 3.4 Formal Processes for Scheduling Daily Surgeries Established

We recommended that Regina Qu'Appelle Regional Health Authority establish formal processes for the composition, review, and approval of scheduling daily surgeries. (2013 Report – Volume 1; Public Accounts Committee agreement September 9, 2014)

**Status** – Implemented

A preliminary daily slate for each day of the following four weeks is distributed weekly to the OR manager, the day surgery manager, and the equipment resource technician. A shorter version is also provided to inpatient services to coordinate bed management. A surgeon-specific version is sent to each surgeon along with a copy of his or her wait list.

The actual daily slate for the next day is distributed daily at 11:00 a.m. to the OR scheduling coordinator for verification and approval. The actual daily slate is also distributed to each surgical facility's OR charge nurse and senior anesthesiologist for OR staffing allocations, and the equipment coordinator for equipment allocations. The daily slate is also sent to housekeeping for staffing allocations. Staff meet daily to discuss and agree to the daily slates. Staff also meet weekly to review actual versus planned performance.

### 3.5 System to Collect Information Related to the Efficient Use of Surgical Facilities Implemented

We recommended that Regina Qu'Appelle Regional Health Authority implement a system to collect all needed information related to the efficient use of surgical facilities. (2013 Report – Volume 1; Public Accounts Committee agreement September 9, 2014)

**Status** – Implemented

Management indicated that by March 2015, Regina Qu'Appelle had a Utilization Management Analyst who gathers information from the “Pathways” scheduling system and post-operative data repository. This analyst provides efficiency-focused information along with the volume-based historically collected information.

### 3.6 Efficiency-Focused Information Monitored

We recommended that Regina Qu'Appelle Regional Health Authority monitor efficiency-focused information about the use of surgical facilities. (2013 Report – Volume 1; Public Accounts Committee agreement September 9, 2014)

**Status** – Implemented

Every week, Regina Qu'Appelle monitored and reported some efficiency-focused information. Staff reviewed the information, and managers analyzed and assessed what could be improved to better serve patients.

For example, as described in **Section 3.2**, Regina Qu'Appelle identified that some surgeries were cancelled on short notice. Regina Qu'Appelle routinely tracked the number of cancelled surgeries, the cause of cancellation, and whether the cancelled time had been filled. In 2014-15, Regina Qu'Appelle had 5,325 hours of scheduled OR time cancelled for various reasons. It filled more than half of the cancelled time with other patients. Management indicated they continue to work with surgeons and staff to reduce underutilized surgical facilities.

### 3.7 Issues Identified and Actions Taken

We recommended that Regina Qu'Appelle Regional Health Authority take timely action to address issues that negatively impact the efficient use of surgical facilities. (2013 Report – Volume 1; Public Accounts Committee agreement September 9, 2014)

**Status** – Implemented



Regina Qu'Appelle has identified issues that could negatively impact the efficient use of surgical facilities and took actions to address those issues. For example, management indicated they analyzed root causes for cancelled surgeries weekly to reduce the unplanned underutilization of surgical facilities.