



# **RQHR Revised 2012 Surgical Initiative Plan**

**Prepared by: Surgical Program Services  
May 2012**

# Table of Contents

<b>LETTER OF TRANSMITTAL.....</b>	<b>3</b>
<b>EXECUTIVE SUMMARY.....</b>	<b>4</b>
<b>RQHR SURGICAL INITIATIVE GOALS .....</b>	<b>6</b>
<b>SOONER – INCREASED CAPACITY .....</b>	<b>8</b>
1. THEATRE AVAILABILITY WILL NEED TO INCREASE TO 25.5 THEATRES PER DAY .....	8
<i>a. Increase Orthopedics capacity by 88 percent .....</i>	<i>8</i>
<i>b. Move Ophthalmology to Third Party Provider (TPP) .....</i>	<i>9</i>
<i>c. Move More Day Surgery to Third Party Provider (TPP) .....</i>	<i>9</i>
<i>d. Decant 600 procedures per year to Women’s Health Centre .....</i>	<i>9</i>
<i>e. Access Increase capacity utilizing evenings and weekends .....</i>	<i>10</i>
<i>f. Access increased capacity utilizing OR resources in Saskatoon Health Region and Five Hills Health Region .....</i>	<i>10</i>
2. INPATIENT BED CAPACITY AND MANAGEMENT .....	10
3. HUMAN RESOURCES PLAN .....	10
OR NURSES .....	10
ANESTHESIOLOGY .....	11
OR SCHEDULING .....	11
<b>SAFER - BEST PRACTICES AND PATIENT SAFETY .....</b>	<b>12</b>
<b>SMARTER.....</b>	<b>12</b>
1. CONFIRMING READINESS FOR SURGERY .....	12
2. OFFER PATIENT SURGICAL BOOKING THREE MONTHS IN ADVANCE OF SURGERY DATE.....	12
3. DEFERRAL RULE CHANGE .....	13
4. ENGAGEMENT .....	13
5. PLAN FOR ORTHOPEDICSS .....	13
<i>a. Patient Flow.....</i>	<i>13</i>
<i>b. Musculoskeletal Clinic Access for Elective Orthopedics Patients .....</i>	<i>14</i>
<i>c. High Efficiency Orthopedics Theatre .....</i>	<i>14</i>
3. OR ALLOCATION PROCESS IMPROVEMENTS .....	14
3. ELIMINATE ELECTIVE PRIORITY CLASSIFICATION.....	15
<b>TABLE OF SURGERY INITIATIVES COSTING SUMMARY.....</b>	<b>16</b>
<b>TABLE OF SURGERY INITIATIVES VOLUMES .....</b>	<b>17</b>
<b>TABLE OF SURGERY INITIATIVES MEASURES .....</b>	<b>18</b>
<b>TABLE OF SURGERY INITIATIVES TIMELINES.....</b>	<b>20</b>

**May 24, 2012**

**Letter of Transmittal**

To: The Honourable Don McMorris  
Minister of Health

Dear Minister McMorris:

On behalf of the Regina Qu'Appelle Health Region and Regional Health Authority, we are pleased to present you with the revised 2012-13 Saskatchewan Surgical Initiative plan.

We remain aligned with the health system's goal to transform the surgical experience for the citizens of our province. The plan is structured to achieve shorter waits for surgery, an improved experience for patients, and facilitate care that is higher in quality and safer. While the plan is multifaceted to address all aspects of the goals of the Saskatchewan Surgical Initiative, the most critical measure of success is ensuring all surgical patients are provided an offer of surgery within six months of booking by March 2013.

We acknowledge that this transformational plan challenges our organization and people must be rigorously implemented, monitored and evaluated. To that end, weekly reports to monitor the targets, milestones and progress toward the successful achievement of the plan will be provided to the Senior Management Team by the Vice President leads and Chief Operating Officer. The Regional Health Authority Board will receive monthly reports from the President and Chief Executive Officer. Progress reports to the Deputy Minister of Health will be provided by the President and Chief Executive Officer monthly.

In support of the successful execution of this plan, the Region will engage an external medical consultant. This objective expertise will focus on physician engagement and change management. We will expect to receive recommendations to ensure success with all aspects of the plan. A statement of work will be finalized in the coming days.

The enclosed document proposes numerous solutions, including increasing capacity, improving our daily work and best practices, adapting a robust human resources plan, and strengthening our leadership, accountability and engagement among all staff. Many of these initiatives are already underway. Others will take time and resources to get underway this fiscal year.

We accept this challenge, and to fulfill it, we will be exploring new and innovative solutions beyond what had previously been explored. Countless members of our organization, from point of care staff through to members of the executive have been engaged to help us with this task, as we all strive towards achieving Sooner, Safer and Smarter surgical care.

Respectfully submitted,

Dwight Nelson  
President & Chief Executive Officer  
Regina Qu'Appelle Health Region

Lloyd Boutilier  
Chairperson  
Regina Qu'Appelle Health Region

## Executive Summary

**Background** – The Regina Qu'Appelle Health Region has achieved some success in the first two years of the surgical initiative. The previous two fiscal years have seen the Region provide surgical care to more patients with shorter wait times. We have implemented the Surgical Safety Checklist and surgical site infection protocols aimed at making the experience safer for patients. We have transformed the patient experience and care processes by engaging patients and staff in Releasing Time to Care and Lean improvements.

The Region's funded surgery plan for fiscal 2012-13 is being revisited to ensure achievement of the six month target. The plan needs further transformation in order for the Regina Qu'Appelle Health Region to achieve the three prevailing goals of Sooner, Safer, Smarter. Specifically, increased capacity to meet surgical wait times, increased surgery volumes, and further improvements in care processes are required. This is a major overhaul of the existing funded 2012-13 surgical plan which requires many stakeholders to engage and commit to changes and transformations which will stretch the limits of existing thinking, processes and resources, including people. The entire 2012-13 Surgical Initiative plan is estimated to cost \$33 million. Of that amount, \$11.9 million is already allocated to Regina Qu'Appelle for a balance of \$21 million. Achieving the target wait time for patients this fiscal year will require the Region to increase its surgery volume from 21,750 to 27,000 surgery procedures. This volume of surgery is an important milestone in working toward achieving the ultimate goal of the three month wait time target in the Saskatchewan Surgical Initiative .

Highlights of the plan include:

Sooner:

- ◆ Operating room (OR) theatre availability – including third party, other health regions, elective evenings and weekends and decanting to Women's Health Centre (WHC)
- ◆ Inpatient bed capacity management – including short stay units, repatriation to home hospital and convalescent bed capacity
- ◆ Human Resource plan – supportive workplace with sufficient number and mix of service providers

Safer:

- ◆ Best practices to reduce variation in processes
- ◆ Improve compliance with Surgical Safety checklist
- ◆ Clinical pathways

Smarter:

- ◆ Confirming patient readiness for surgery
- ◆ Offer surgical bookings to patients further in advance
- ◆ Deferral policy change
- ◆ Engagement opportunities
- ◆ Orthopedics surgery and patient flow process improvements
- ◆ OR allocation
- ◆ Elimination of Elective priority category

The Regina Qu'Appelle Health Regional Authority and Senior Management Team (SMT) is committed to the successful execution of this plan, and in doing so will actively engage many stakeholders over the course of its implementation. This will require focused leadership, measurement, communication and rigor to deliver on the goals set out for the citizens of our province. The Region's engagement of its patients, physicians, staff, management, neighbouring Regions, and Ministry staff will be guided by our corporate values of Compassion, Respect, Collaboration, Knowledge and Stewardship. Our values foster respect and accountability while enhancing relationships and engagement. We have fostered a blame-free culture in the Regina Qu'Appelle Health Region and we must retain this positive milieu as a key factor for success in this challenging work. This will ensure that all involved feel safe to engage, safe to lead and safe to change.

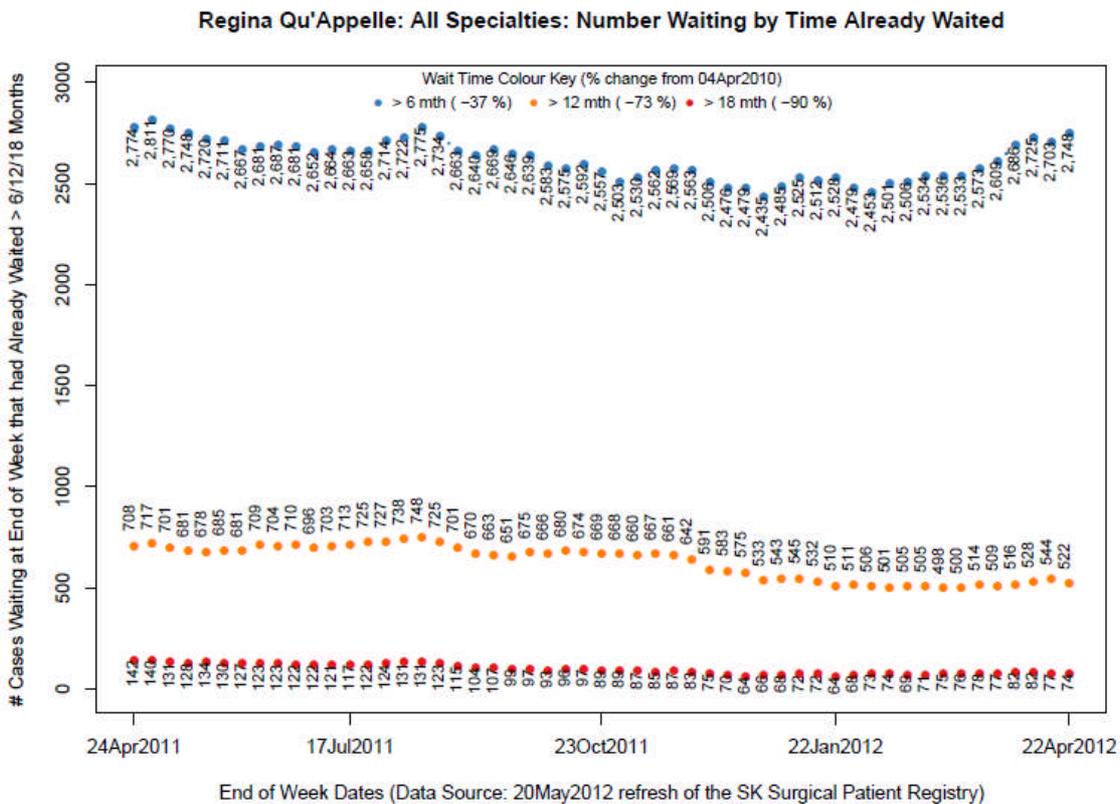
We acknowledge that this transformational plan challenges our organization and people must be rigorously implemented, monitored and evaluated. To that end, weekly reports to monitor the targets, timelines, milestones and progress toward the successful achievement of the plan will be provided to the Senior Management Team by the Vice President leads and Chief Operating Officer. This regular reporting is the opportunity to take corrective action as needed on a timely basis. The Regional Health Authority Board will receive monthly reports from the President and Chief Executive Officer. Progress reports to the Deputy Minister of Health will be provided by the President and Chief Executive Officer monthly.

The three prevailing goals of Sooner, Safer, Smarter remain the vision for a transformed surgical experience in Regina Qu'Appelle Health Region through the remainder of the Saskatchewan Surgical Initiative. We are confident that this plan, if fully implemented, will achieve the goals. This plan is not without risk and we acknowledge that further consultation and cooperation will be critical to success. The challenges lie in our ability to fully access out of region resources, third party providers, successfully recruit, and in change management itself.

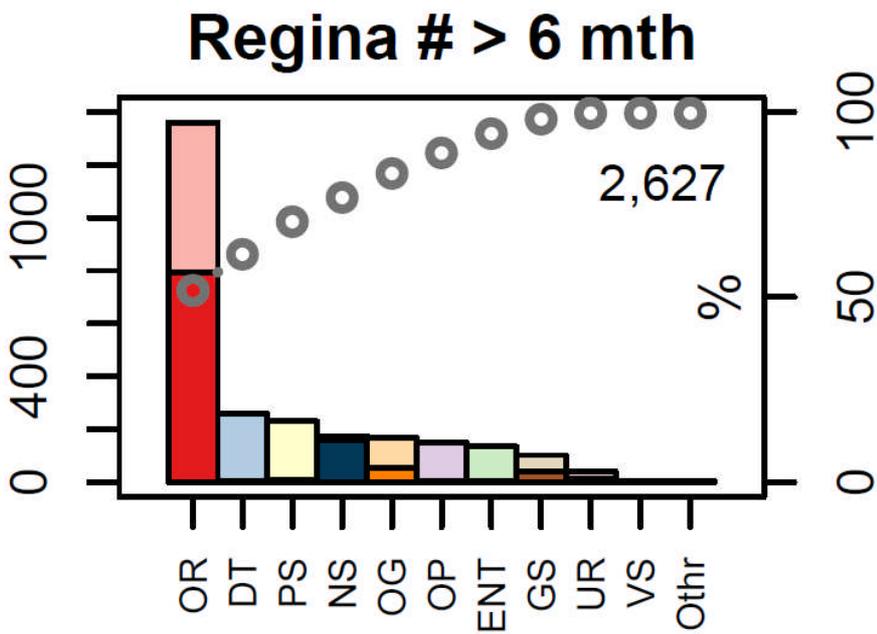
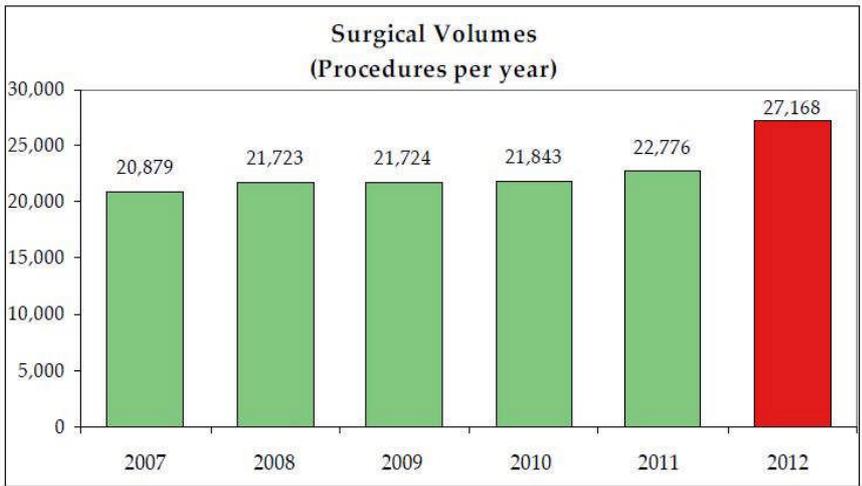
**RQHR SURGICAL INITIATIVE GOALS**

The Regina Qu'Appelle Health Region has achieved some success in the first two years of the surgical initiative. The previous two fiscal years have seen the Region provide more surgeries to long waiting patients, transform the patient experience by engaging patients and staff in Releasing Time to Care and Lean improvements, implement the Surgical Safety Checklist and other initiatives aimed at making the experience safer and of higher quality for patients.

The Region's funded surgery plan for fiscal 2012-13 is being revisited to ensure achievement of the six month target. The following revised Surgical Initiative plan proposes numerous solutions, including increasing capacity, improving our daily work and best practices, adapting a robust human resources plan, and strengthening our leadership, accountability and engagement among all staff. This plan is an enormous challenge for RQHR. However, delivering on it is key to the successful achievement of a three month wait time for all patients by March 2014.



The achievement of the plan will be rigorously measured and monitored. Each initiative will have targets and performance measures. These measures will be tracked and reported regularly so that corrective action may be taken on a timely basis. Reporting will occur at the program, Senior Management, Board and Ministry levels.



### Specialty Colour Key

- Cardiac Surg ■ ENT ■
  - General Surgery ■ Plastic Surg ■
  - Neurosurgery ■ Thoracic Surg ■
  - Obs/Gyn ■ Urology ■
  - Ophthalmology ■ Vascular Surg ■
  - OMFS/Dental ■ Other ■
  - Orthopedic Surg ■
- Dark: Inpatient, Light: Day Surgery

The priorities of the surgical program for 2012/13 are as follows:

1. Meet the goals of:
  - ♦ The Patient First review.
  - ♦ The Saskatchewan Surgical Initiative.
  - ♦ By March 31, 2013, all patients are offered the option to have surgery within six months.
  - ♦ By March 31, 2013 all cancer surgeries are done within the consensus based timeframes from the time of suspicion or diagnosis of cancer.
  - ♦ The anticipated number of surgeries required to meet this goal is 27,000 in this fiscal year.
2. Apply Lean within the surgical service line across the Regina Qu'Appelle Health Region.
3. Build safe, supportive, quality workplaces that support patient-and family-centred care, collaborative practice and include a sufficient number and mix of service providers.
4. Full and meaningful engagement of physicians and point of care staff in the plan to achieve our targets.
5. Measure, monitor and take corrective action.

### **SOONER - INCREASED CAPACITY**

In order to meet the mandate, increased capacity in our operating rooms (OR) and across all peri-operative areas is required. This will mean increasing the number of operating rooms, the number of inpatient beds and our human resource complement. Some increases in capacity will be achieved through our “Smarter” projects to increase productivity and efficiency (see page 12).

Operating room theatre availability must increase to 25.5 theatres per day (utilizing all sites, other Regions, and third party locations). All services will require additional surgical time, making increasing capacity imperative to the success of our Region’s surgical plan.

Principally this increase is driven by the needs of orthopedic patients, which requires an 88 per cent increase from 14 to 26 procedures per day.

1. Theatre availability will need to increase to 25.5 theatres per day
  - a. Increase Orthopedic capacity by 88 per cent  
Principally this increase will be driven by orthopedics, which will see an 88 per cent increase from approximately 14 procedures per day to approximately 26. Within orthopedics we will increase joint replacements to meet the demand and to provide surgery to our longest waiting patients. Hip and Knee Replacements will rise from 1 and 2 procedures per day respectively to 3 and 7.

Timeline: September 2012

b. Move Ophthalmology to Third Party Provider (TPP)

Currently, Ophthalmology is performed in operating theatres daily at Pasqua Hospital, placing a significant demand on the Day Surgery (DS) unit of Pasqua Hospital. The vast majority of these cases are cataract surgery. These patients do not typically require intensive anesthesiology care, although, currently, they often have an anesthesiologist present. Also, they do not require Post-Anesthesia Care Unit (PACU), or in-patient beds. These surgeries will be performed at Third Party Provider's location, freeing up to two full theatres daily, significant anesthesiology resource and capacity in DS. The operating theatre time will be re-allocated to our longest waiting patients, with emphasis on Orthopedic surgery.

Timeline: September 2012

c. Move More Day Surgery to Third Party Provider (TPP)

Day Surgical patients account for 69 per cent of total surgical cases which must be completed this fiscal year in RQHR. A significant proportion of these cases are amenable to care at a Third Party Provider site. Currently, there are two TPP in Regina who have a combined seven operating theatres, meaning they have the potential to provide up to 56 hours per day of surgical capacity in RQHR. More immediately, realistic capacity in the two facilities is approximately 4.5 theatres per day, providing 36 additional hours of Day Surgery daily within RQHR. Potential exists for immediate relocation of some Orthopedic, Plastic, Dental, and Ear, Nose and Throat surgery into these TPP facilities, freeing up a further 2.5 theatres per day.

Timeline: September 2012

d. Decant 600 procedures per year to Women's Health Centre (WHC)

A number of procedures are currently done in the Women's Health Centre under moderate sedation. These hysteroscopic procedures have been moved out of the operating room over a number of years. Growing wait lists for these procedures has contributed to the movement of some of them back to the operating room. Additional resources are requested to facilitate providing approximately 600 more procedures per year in the Women's Health Centre.

In addition to procedures already done in the WHC, an additional 600 procedures per annum that are currently done in the operating room can be decanted to WHC with anesthesia support. Additional recovery room training will be required for nurses. Additional equipment will be necessary to support anesthesia, additional cases and new types of cases moving to the unit. Clear guidelines will need to be put in place to describe types of cases that can be managed in each location. Physicians and staff will need to be supported through a change management process as this is a more significant change than previous ones.

Timeline: August 2012

e. Access increase capacity utilizing evenings and weekends

In the past we have had success with short term increases in capacity by accessing nurses, anesthesiologists and surgeons who agree to work additional evenings and weekends. This strategy is being explored through ongoing discussions with physicians and staff.

Timeline: July 2012

f. Access increased capacity utilizing OR resources in Saskatoon, Five Hills and Sun Country Health Regions.

Discussions are underway with Saskatoon, Five Hills and Sun Country to explore available OR capacity and staff. We have specifically requested one OR theatre per day in both Saskatoon and Moose Jaw.

Timeline: September 2012

## 2. Inpatient Bed Capacity and Management

Increased bed capacity is essential to support increased OR capacity and patient flow. Recent Checklist software projections indicate we require an additional 35 funded beds. Strategies to achieve this include:

- ◆ Creating two – 10 bed short stay units will increase surgical capacity and allow more Day of Admission surgeries (patient requiring an overnight stay). The units will be designed to accommodate patients who need surgery that requires a stay in hospital of more than 23 hours.
- ◆ Implement best practice pathways
- ◆ Optimize patient flow across services
- ◆ Transfer patients to home hospital
- ◆ Increase the surgery bed allocation

Timeline: September 2012

## 3. Human Resources Plan

Effective human resourcing in a variety of areas including OR Scheduling, OR nursing, Physiotherapy and Anesthesiology is key to the surgical program's long term success.

### **OR Nurses**

- ◆ Determine surgical nurse requirements within RQHR surgical program.
- ◆ Collaborate with Ministry and SIAST to determine the OR nurse requirements and increase seats accordingly.
- ◆ Identify, develop and implement retention strategies with point of care peri-operative staff.
- ◆ Increase scope of non-nursing positions in OR.
- ◆ Project & plan for future vacancies.

- ◆ Review suitability of potential recruited staff for sites.
- ◆ Investigate the potential use of Travel Nurses.
- ◆ Continue to actively recruit on a national and international level.

Timeline: Underway

### **Anesthesiology**

The University of Saskatchewan, College of Medicine, Anesthesiology Residency Program has several excellent residents who are predicted to complete their training and obtain their license to practice in June 2013. While this is too late for the targets for 2012-13 fiscal year, these near-future colleagues will be great benefit to meeting the Region's targets for 2013-14, and will be outstanding permanent additions to the Department of Anesthesiology in RQHR.

In the interim, anesthesiology shortfalls can be managed with locums, when available, and the short term use of an itinerant anesthesiology agency.

Timeline: Underway

### **OR Scheduling**

In order to increase the number of patients scheduled by approximately 5,000 surgeries to 27,000 surgeries per year, the RQHR would need to retain four additional schedulers. These schedulers will focus on scheduling patients in numerous sites across the province and will be dealing with significant process changes.

The plan to increase surgical volumes includes patient surgeries being booked on evenings and weekends. The scheduling office hours of work will be extended to carry out these duties.

Timeline: Underway

We anticipate other human resource impacts across the organization in areas such as housekeeping, health records, portering. However, these impacts have not yet been fully articulated and costed.

We are exploring hiring a Medical Director for Clinical Capacity Optimization. We believe this position is essential to the success of patient flow through the health system as clinical practice drives length of stay. This position will support standardization and best practice in patient flow both in our urban tertiary and rural referral centres. More work is needed, including costing this position.

## **SAFER – BEST PRACTICES AND PATIENT SAFETY**

We have built teams responsible for driving improvement and integrating quality improvement in surgical care initiatives. Continuous improvement is becoming part of our infrastructure and we are developing strategies and actions for measurable results.

The achievement of the plan will be rigorously measured and monitored. Each initiative will have targets and performance measures. These measures will be tracked and reported regularly so that corrective action may be taken on a timely basis. Reporting will occur at the program, Senior Management, Board and Ministry levels.

Over the next ten months we plan to:

- Deploy Lean continuous improvement system across the surgical value stream.
- Use A3 reporting, visibility walls and huddles to monitor and manage targets.

The following is a sample of the improvement and patient safety initiatives we are engaged in:

1. Improve Day Surgery Patient Flow and Experience (Breakthrough Project)
2. Surgical Checklist
3. Surgical Site Infection Prevention
4. Continue to monitor and sustain improvement in the following initiatives:
  - ♦ Releasing Time to Care
  - ♦ Pain management
  - ♦ Falls Prevention
  - ♦ Two client identifiers
5. Medication Reconciliation

## **SMARTER**

1. Confirming Patient Readiness for Surgery

The scheduling office has initiated the practice of contacting all patients as their booking form is received to inform them that they have been added to the surgery waitlist. At this time the Region will confirm with the patient their desire, readiness and ability to have the surgery stated on the booking form.

Timeline: July 2012

2. Offer Patient Surgical Booking Three Months in Advance of Surgery Date

Scheduling elective patients three months ahead of their surgery date enables patients to manage their personal schedules and prepare for surgery. We can better coordinate support services, such as physiotherapy, lab results, investigations, and Pre Admission Clinic visits, to ensure our patients are better prepared for their surgery.

Timeline: July 2012

### 3. Deferral rule change

Currently patients have the option to make themselves unavailable for surgery for up to six months. We will consult patients and test a new rule that shortens the unavailable time to two months. If successful, we will bring a recommendation to the provincial operations committee for restructuring the provincial surgery rules for patients who defer surgery. This is meant to facilitate achievement of the three month target for all patients to be offered a date of surgery by March 2014.

Timeline: June 2012

### 4. Engagement

The Region recognizes the need to increase physician and staff engagement in the planning, goal setting and provision of surgical care. This will be achieved by increasing and formalizing communication processes to ensure key messages from point of care staff are received by senior management and vice versa. Strategies include:

- ♦ Surgery visibility walls – SMT, Surgical Program, Point of Care.
- ♦ Implementation of the breakthrough project for physician engagement, including a physician compact.
- ♦ Regular leadership reporting.
- ♦ Engage point of care staff and physicians in Rapid Process Improvement Workshops in the surgical value stream.
- ♦ Regular Board and CEO meetings with surgeons and OR staff over the course of the plan.

Timeline: Immediate and ongoing

### 5. Plan for Orthopedics

Resources must be aligned to support the completion of 4,620 additional orthopedic procedures this year.

#### a. Patient Flow

Orthopedic volumes will require eight theatres a day starting in September. We will start to maximize orthopedic capacity in June utilizing existing theatre capacity and streamlining joint replacement surgery in the OR.

A significant increase in the flow of all surgical patients, especially orthopedics patients will be required. Hip and knee pathways that reduce length of stay have been developed and will be supported by Orthopedic Coordinators on Unit 4C at Pasqua and Unit 5F at RGH. Success is contingent on standardized physician practice, clinical pathways and reduction in length of stay.

The Region will maximize convalescent capacity at Wascana Rehabilitation Centre and could access community facilities with additional convalescent bed capacity.

Additional bed capacity will be required at both Pasqua and RGH, along with hospitals outside of the Region. This is described above at Inpatient Bed Capacity and Management.

Timeline: September 2012

b. Musculoskeletal (MSK) Clinic Access for Elective Orthopedic Patients

Explore with patients, surgeons and staff having all potential elective joint replacement patients assessed at the MSK clinic. This will allow patients to:

- ◆ partner in informed decision making;
- ◆ have access to standardize education, treatment pathways and follow-up;
- ◆ have consistent coordination of care; and
- ◆ optimize conservative treatment options.

Timeline: November 2012

c. High Efficiency Orthopedic Theatre

Developing a High Efficiency Orthopedic Theatre provides the opportunity to increase surgical volumes for total hip and knee replacements, rapidly reducing the number of longest waiting patients.

Selected theatre teams will work to improve the patient experience, safety, outcomes, effective use of theatre time and the staff experience.

Timeline: September 2012

6. OR Allocation Process Improvements

We are actively redeveloping our OR allocation process in consultation with key stakeholders including physicians, point of care staff and patients.

OR Allocation Process improvements will be made to ensure that capacity is targeted to ensure that both Urgent (three week) cases and Elective cases (six months) are performed within target timeframes.

Further multidisciplinary meetings will occur in June. A new OR allocation methodology will be trialed in September which:

- ◆ Engages point of care physicians and staff;
- ◆ Removes incentives to inflate wait lists; and
- ◆ Provides incentive for best practices.

Timeline: June 2012

#### 7. Eliminate Elective Priority Classification

We will seek surgical input to devolve and eliminate the Elective priority category in our booking system starting in orthopedic and neurosurgery. This will result in “first in first out” booking process and minimize long waiters. By changing to a two category model (Urgent and Elective) we will have substantial decreases in patient wait times without any additional cost or increase in capacity. A process is available to surgeons to expedite a patient’s surgery date, due to change in their clinical condition, while on the wait list.

Timeline: September 2012

The three prevailing goals of Sooner, Safer, Smarter remain the vision for a transformed surgical experience in Regina Qu'Appelle Health Region through the remainder of the Saskatchewan Surgical Initiative. We are confident that this plan, if fully implemented, will achieve the goals. This plan is not without risk and we acknowledge that further consultation and cooperation is critical to success. The challenges lie in our ability to fully access out of region resources, third party providers, successfully recruit, and in change management itself.

### 2012-13 Surgery Initiative Costing Summary

	<b>Capital Costs</b>	<b>Staffing Costs</b>	<b>Volumes</b>	<b>Multiplier</b>	<b>Funds Required</b>
Theatre Availability - additional volumes over base			5,250		
volume breakdown - day surgery			2,943	\$1,515	\$4,458,645
volume breakdown - inpatient			1,260	\$10,680	\$13,456,800
volume breakdown - total joint			1,047	\$10,680	\$11,181,960
Decant 600 procedures per year to Women's Health Centre	\$325,000				\$325,000
Inpatient Bed Capacity and Management	\$150,000				\$150,000
Anesthesiology		\$200,000			\$200,000
High Efficiency Orthopedic Theatre	\$100,000				\$100,000
Medical Director					\$300,000
External Medical Consultant					\$100,000
				<b>Subtotal</b>	<b>\$30,272,405</b>
Other Hospital Costs					\$371,000
Lab Services (Pathology)					\$150,000
Other Equipment and Renovations					\$175,000
Improved Assessment of Surgical Patients					\$157,500
Home Care					\$689,505
Post Operative Rehabilitation					\$926,250
Quality Improve, Safety & Engagement					\$200,000
				<b>Subtotal</b>	<b>\$32,941,660</b>
Less 2012-13 Originally Proposed Funding					<b>-\$11,901,455</b>
				<b>Total funding required</b>	<b>\$21,040,205</b>

### 2012-13 Surgery Initiative Volumes

Base Funded Procedures	2012-13 Target Procedures
Baseline	21,750
12/13 Target	27,000
<b>Total increase</b>	<b>5,250</b>
<b>Location of additional procedures</b>	
RQHR operating theatres	2,350
Move ophthalmology to third party provider (backfill with longer cases)	900
Move more day surgery to TPP	750
Decant 600 procedures per year to WHC	400
Access increase capacity utilizing evenings & weekends	450
Access increased capacity utilizing OR resources in Saskatoon and Five Hills Health Regions (costing included in theatre availability above)	400
<b>TOTAL</b>	<b>5,250</b>

## 2012-13 Surgery Initiative Measures

Initiative	Measure	Frequency	Report to:	Frequency of Report
Volume and wait time targets	♦ # of patients waiting longer than 18 months, 12 months, 6 months	Weekly	SMT/Program Board/Ministry	Weekly Monthly
	♦ Total volume of cases	Weekly	Program SMT/Board/Ministry	Weekly Monthly
Increase Theatres	# of theatres available	Daily	SMT/Program Board	Weekly Monthly
Contract external medical consultant	<ul style="list-style-type: none"> <li>♦ Develop statement of work</li> <li>♦ Retain consultant</li> <li>♦ Receive consultant services</li> </ul>	Monthly	SMT/Board/Ministry	Monthly
Third Party Provider Expansion	# of procedures	Daily	SMT/Program Board/Ministry	Weekly Monthly
Decant Procedures to Women's Health Centre	# of OR procedures in WHC	Daily	SMT/Program Board/Ministry	Weekly Monthly
Access Increase Capacity (Evenings/Weekends)	# of procedures	Weekly	SMT/Program Board/Ministry	Weekly Monthly
Access out of Region Operating Room Capacity	# of procedures by City	Weekly	SMT/Program Board/Ministry	Weekly Monthly
Inpatient Bed Capacity and Management	♦ Length of stay by unit and procedure types	Monthly	SMT/Board/Program	Quarterly
	♦ Hospital capacity	Daily	SMT/Board/Program	Monthly
Human Resources Plan	♦ # of OR Nurses trained	Quarterly	SMT/Board/Program	Quarterly
	♦ # of nurses hired	Monthly	SMT/Board/Program	Quarterly
	♦ Retention rate	Monthly	Ministry	Quarterly
Confirming Patient Readiness for Surgery (Confirmation calls by OR Scheduling)	Percentage of booked patients called	Daily	SMT/Board/Program/ Ministry	Monthly
Offer Surgical Booking Date 3 months in Advance (elective patients)	# of weeks patients called in advance	Monthly	SMT/Board/Program/ Ministry	Monthly
Deferral rule change	# of patients who defer 1 <sup>st</sup> date of offer	Weekly	SMT/Board/Program/ Ministry	Monthly

Initiative	Measure	Frequency	Report to:	Frequency of Report
Engagement	♦ Re-survey Staff/physicians	Annually	SMT/Board/Program/Ministry	Annually
	♦ # of physicians who have signed compact	Annually	SMT/Board/Program/Ministry	Annually
	♦ # of physicians participating in Rapid Process Improvement workshops (RPIW) in surgical value stream	To be determined		
Plan for Orthopedic Surgery	♦ Total # of joint replacements	Daily	SMT/Board/Program	Weekly
	♦ Total # of other ortho procedures	Daily	SMT/Board/Program	Weekly
	♦ Total # of patients through the MSK clinic	Weekly	SMT/Board/Program	Weekly
OR Allocation Process Improvements	Under development			
Eliminate Elective Priority category	Under development			
Best Practices and Patient Safety	♦ % of OR cases rescheduled and reasons why	Weekly	SMT/Board/Program	Weekly
	♦ Percentage of Surgical checklist compliance	Monthly	SMT/Board/Program	Weekly
	♦ # of falls on surgical inpatient units	Monthly	SMT/Board/Program	Weekly
	♦ # of patients on urogynecology pathway	Monthly	SMT/Board/Program	Weekly
	♦ decrease in OR changeover time	Monthly	SMT/Board/Program	Weekly
	♦ # of surgical site infections for neurosurgery and cardiac surgery	Monthly	SMT/Board/Program	Weekly

## 2012-13 Surgery Initiative Timelines

Initiative	Estimated Start Date	Estimated Completion Date	Comments
Increase Theatres	Sept. 2012	March 2014	Ramp up begins in September but needs to run until the end of the Surgical Initiative
Contract external medical consultant	June 2012	March 2013	Statement of work in progress
Third Party Provider Expansion	July 2012	Dec. 2013	Third party provider arbitration agreement expires Dec. 2013
- Ophthalmology	June 2012	Dec. 2013	
- General Expansion	July 2012	Dec. 2013	
Decant Procedures to Women's Health Centre	June 2012	March 2014	Project can begin immediately with procedures beginning in August 2012
Access Increase Capacity (Evenings/Weekends)	June 2012	Sept. 2012	Cases may be able to be started as early as July 2012, however access to more stable resources will not be available until September 2012
Access out of Region Operating Room Capacity	May 2012	Sept. 2012	Discussions started with Saskatoon and Five Hills - no accurate timelines at this time
Inpatient Bed Capacity and Management	June 2012	March 2014	Beds must be available until the end of the Surgical Initiative
Human Resources Plan	Underway	On-going	
Confirming Patient Readiness for Surgery	July 2012	July 2012	
Offer Surgical Booking Date three months in Advance	July 2012	Dec. 2012	Offers three months out will begin in July, and will reach full target in December
Deferral rule change	June 2012	June 2012	
Engagement	Underway	On-going	
Plan for Orthopedic Surgery	Underway	Dec. 2012	For all subcomponents
OR Allocation Process Improvements	May 2012	On-going	
Eliminate Elective Priority category	Immediately	Sept. 2012	
Best Practices and Patient Safety	Underway	On-going	All components