

COVID-19

A Commitment to Surgical Renewal in BC

MEDIA TECHNICAL BRIEFING

May 7, 2020

- This plan
 - Puts patients in B.C. at the centre.
 - Is an ambitious plan.
 - Each element is under active discussion with health authorities & stakeholders to identify challenges & find solutions.
 - Going forward, the plan can be thrown off course by a variety of elements including a fall/winter resurgence.

Commitment to patients

- Our commitment:
 - *We will call patients to confirm they want to proceed with surgery while COVID-19 is a concern.*
 - *Patients who indicate they want to wait will have the decision shared with their surgeon for follow up.*
 - *We will move forward with surgery based on patient needs.*
 - *We will do this in the safest way possible which will mean additional steps to make sure you and your surgical team are safe.*

Commitment to patients cont.

- *We will increase capacity in the surgical system to care for as many patients as possible.*
- *We will resume the screening and diagnostic programs that help patients & care providers reach the decision for surgery.*
- *Every effort will be made toward timely implementation.*

- Past strategy was making progress
 - Over the last three years, we have seen over 35,000 more patients access surgery; and have grown our current annual surgical activity by 5.7% (18,230 procedures) and increased OR hours by 5.5% (30,000 hours) compared to 2016/17.
 - Improvement in targeted hip/knee & dental surgeries wait times (11 and 6.8 percentage points improvements)
 - Expansion of priority programs (hip/knee & dental programs).
- Despite these improvements, the number of patients being added to the waitlist continued to grow and is currently at 93,000 patients
 - As a result, planning was underway for multi-year strategy to further invest/improve surgical services.
- COVID-19 has wiped-out those gains.

Impact cont.

- From March 16 to May 18 an estimated 30,000 cases have been lost
 - ~14,000 people had surgeries postponed
 - ~16,000 who would have normally been scheduled from the waitlist

Estimated Lost Cases by May 18, 2020

Division	Total	% of Total
Cardiac	147	0%
Dentistry/Oral Surgery	1,208	4%
Endoscopy	111	0%
General Surgery	4,216	14%
Neurosurgery	562	2%
Obs & Gyne	2,554	8%
Ophthalmology	10,154	34%
Orthopedics	5,466	18%
Otolaryngology	2,093	7%
Plastic Surgery	1,148	4%
Thoracic	126	0%
Urology	2,116	7%
Vascular	397	1%
Total	30,298	100%

- Productivity decreases
 - Health authorities report a productivity decrease of approx. 30%
 - Where 10 cases may have been completed in a day now only seven are.
 - This 30% loss of productivity is due to the fears of COVID-19 and the safety precautions implemented to prevent COVID-19 transmission
 - Additional time has been allocated for air exchange after intubating / extubating, etc.

Impact cont.

- In addition to the 30,000 a further 24,000 cases have not been added to the waitlist due to slowdown in surgeon referrals.
- At this point there is no way to quantify when these additional cases will reach the system.

- When combined (cancelled cases, productivity decreases, potential increased referrals) it is impossible to catch up without significant program changes and increased capacity.
- Without these changes:
 - Patients would wait much longer, well outside clinical benchmarks
 - Non-urgent cases would become urgent
 - Incoming urgent cases could exceed capacity .

A Safe Approach – Clinical Protocols



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A safe approach – clinical protocols

- As COVID-19 cases began to rise in the community & hospitals, new clinical protocols were established for managing patients during surgery
 - Enhanced infection prevention and control measures (i.e. patient flow, added time for air exchanges, expanded PPE).
- The protocols put in place were based on evidence available at the time, and have been reviewed by an expert clinical reference group, who recommended changes based on our current epidemiology curve.

A safe approach – clinical protocols

- Based on our current status, we anticipate that the vast majority of surgical patients will not be infected with COVID-19.
- The revised clinical guidance includes a comprehensive assessment:
 - Screening tool and risk assessment guidelines
 - Pre-Surgical Patient Assessment 24-72 hours before surgery
 - Assessment is repeated again on arrival the day of surgery.
- Based on this assessment, for patients with no risk factors and no symptoms of COVID-19, standard infection prevention and control measures and PPE should be used.
- With these new screening processes in place, we are confident we can resume surgeries both effectively and safely for our patients and healthcare providers.

How do we catch up?

The BC COVID-19 Surgical Renewal Commitment



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- In a COVID-19 environment the following must be confirmed and/or completed for renewal to be successful:
 - Confirm patients are willing to have their surgery and are ready
 - Be ready to implement clinical protocols for assessing and treating patients
 - Confirm availability of PPE and surgical supplies
 - Beds and critical care capacity must be available to support both the needs of surgical patients as well as possible surges of COVID-19 patients.
 - As recent events have shown, the system is able to readily create this capacity if needed.
 - Ensure pre/post op care services are available
 - Recruit adequate staff to match initial capacity increases
 - Add new funding
 - Operationalize general screening programs i.e. breast, colon, etc.
 - Commitment by all to make change.

Five key steps

1. Increasing surgeries
2. Increasing essential personnel
3. Focusing on patients
4. Adding more resources
5. Reporting on progress

1 – Increasing surgeries

- There are several strategies to add surgical capacity, some being easier than others to implement:
 - Refine & update processes to minimize productivity loss
 - Extend daily operating room hours
 - Add Saturday and Sunday operating services
 - Optimize operations over the summer
 - Open new or unused operating rooms where available; and
 - Increase capacity at contracted private surgical clinics that agree to follow the Canada Health Act and not extra bill patients.
- Regional variation may occur due to rural/remote capacity; ramp up time for sites still actively dealing with COVID-19.

1 – Increasing surgeries cont.

- IF all of the strategies are implemented recovery of the 30,000 cases could take up to 17 – 24 months.
 - This timeline is highly vulnerable to external forces including future slow downs or losses in productivity due to additional COVID-19 surges
 - For every 10% of non-urgent cases not addressed each month, it extends the timeline by up to 0.5 months.

2 – Increasing essential personnel

- Targeted & proactive recruitment plan supported by HealthMatch to build up staffing required to deliver & sustain renewal
- Nursing:
 - Offer all existing, re-instated and graduating nurses the opportunity for regular permanent employment to support health care services including surgeries as well as ongoing COVID-19 response
 - 2,404 existing operating room nurses (1,331 FTE)
 - 1,131 re-instated nurses
 - 1,550 graduating nurses
 - Prioritize and accelerate training for operating room, and PACU nursing (~400 staff)
 - June – October

2 – Increasing essential personnel cont.

- Surgeons
 - Collaborate with surgeons to confirm adequate supply & recruit where needed
- Anesthesia
 - Targeted & proactive provincial recruitment of anesthesia to local care teams
 - Continue to pursue contract agreements
 - Work collaboratively on future care delivery models
- Unions
 - Work collaboratively to implement the changes required
- Other enabling support staff
 - Add & train staff to meet increased capacity requirements
 - Medical device reprocessing (~100 staff), booking, housekeeping, food services, etc.

3 – Focusing on patients

- Prioritize new and existing patients
 - Focus on urgent patients (wait time <4weeks)
 - Patients who had surgery postponed
 - Patients waiting more than twice their clinical benchmarks
 - Approximately 14,000 patients
- Increase day surgery & maximize cases done at other locations (i.e., cataracts).

4 – Adding resources

- Like many programs and services impacted by COVID-19, the delivery of this plan also requires added financial support.
- By making the investment now this accelerates the 5-year surgical strategy under development.

5 – Reporting on Progress

- Transparency key principle for public.
- Monitoring and reporting progress as strategies are implemented.
- Health authorities will prepare monthly reports on implementation and progress for ministry.

- Health authorities are fully committed to the renewal, local implementation planning is underway.
- Michael Marchbank will work closely with the Ministry to provide oversight and guidance to the implementation and monitoring of the plan.
- The Ministry and health authorities, with the Provincial Surgical Executive Committee, and stakeholders will work collaboratively to drive continuous improvement.

Target Timeline

- May 7 – 15 – patient outreach, pre-operative screening, implementation planning;
- May 18 – surgical services begin, increasing capacity over four weeks to near normal pre-COVID levels;
- May 31 – all private contracted facilities working at maximum available capacity
- June – begin recruitment and training of new staff;
- June 15 – all existing operating rooms running at full available capacity;
- June 15 – October 15 – incrementally bringing on additional capacity through:
 - extending daily hours of operation;
 - adding Saturdays and Sundays to the schedule; and
 - opening new operating rooms where available.
- July – Ministry of Health first monthly progress report on surgery renewal; and
- July – August – optimize capacity over the summer period.

Next Steps – Fall/Winter

- Developing a plan for fall/winter that could include:
 - Guidelines for continuing surgery & screening during a second wave of COVID-19
 - Move forward with surgical waitlist management and scheduling solutions
 - Examine potential for and implement models for high volume surgical centres
 - Build on expanded workforce
 - Continued & expanded use of virtual care options.

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