

PCAN PERIOPERATIVE
CLINICAL
ACTION
NETWORK

2024 PCAN SUMMIT

NOVEMBER 18, 2024
VANCOUVER, BC



**INDIGENOUS
WELCOME**

SAM GEORGE



PCAN PERIOPERATIVE
CLINICAL
ACTION
NETWORK

2024 PCAN SUMMIT

NOVEMBER 18, 2024
VANCOUVER, BC

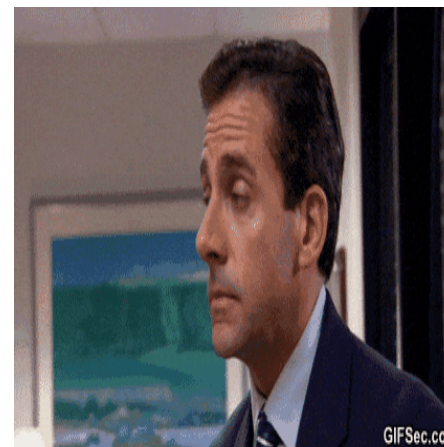


Disclosure

Geoff Schierbeck, Portfolio Liaison, Specialist Services Committee

- Enhanced Recovery After Surgery Canada Board Member
- Associate Faculty IHI Breakthrough Series College

Bathrooms & Exits!



WIFI:

**MARRIOTTBONVOY_
CONFERENCE**

PASSWORD: PCAN2024



PCAN... WHAT IS IT?

These are Pecans



These are Pea Cans

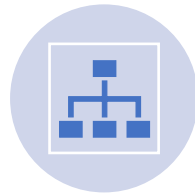


Periooperative
Clinical
Action
Network

Who is Here Today?



40% Physicians



50% Administrators



9% Nursing and Allied Health



7 Representatives from Ministry of Health



1 Patient partner

PCAN Passport... There will be a prize!



COMMUNITY-BASED
SPECIALISTS
Specialist Services Committee





PCAN Summit 2024

Welcome Letter & Speaker Bios

Agenda

Slido #PCAN2024

Event Evaluation

Physician Sessional Submission Portal

PCAN Webpage

Agenda PCAN Summit 2024

November 18, 2024, Vancouver Marriott Pinnacle Downtown

Wifi
MarriottBonvoy_
Conference

Password
PCAN2024

TIME	TITLE	SESSION TYPE	PRESENTERS
7:00 – 8:00	Registration & Breakfast Lobby	NETWORKING	
8:00 – 8:10 [10 mins]	Indigenous Welcome Pinnacle Ballroom	PLENARY	Sam George Elder/Knowledge Keeper, Sḱw̱x̱ wú7mesh & səlilwətał Nations
8:10 – 8:25 [15 mins]	Opening Remarks Pinnacle Ballroom	PLENARY	Geoff Schierbeck Liaison, Specialist Services Committee
8:25 – 8:45 [20 mins]	Welcome: PCAN Summit 2024 Pinnacle Ballroom	PLENARY	Shana Ooms Assistant Deputy Minister, MoH Ahmer Karimuddin President, Doctors of BC
8:45 – 9:45 [60 mins]	Prehabilitation: The road to routine multimodal optimization Pinnacle Ballroom	KEYNOTE	Dan McIsaac Anesthesiologist, Ottawa Hospital

9:45 - 10:15 [30 mins] | Coffee Break – Networking – Visit The Exhibitors

10:15 – 10:45 (30 mins)	Surgical System Priorities & PCAN Strategic Plan Pinnacle Ballroom	PLENARY	Paula Lott PCAN Advisory Co-Chair, OBGYN Laicy Ball PCAN Advisory Co-Chair, Director of Surgical Quality & Results Management, MOH
10:55 – 11:55 (60 mins)	The Elderly Patient Pinnacle Ballroom	BREAKOUT 1	Dan McIsaac Anesthesiologist, Ottawa Hospital
10:55 – 11:55 (60 mins)	The WHAT and HOW of Reducing Wait Times Shaughnessy Room	BREAKOUT 2	Laicy Ball PCAN Advisory Co-Chair, Director of Surgical Quality & Results Management, MOH Trevor Jarvis Director Clinical Operations Surgical Services, Abbotsford Regional Hospital Courtney Marusiak Registered Nurse, Provincial Health Services Authority
11:55 – 12:45 (50 mins) Lunch Break – Networking – Visit The Exhibitors			
12:45 – 13:30 (45 mins)	Mindset Equity Pinnacle Ballroom	KEYNOTE	Joe Britto Mindset Consultant, Innate Leaders
13:40 - 14:40 (60 mins)	Exploring Equity Pinnacle Ballroom	BREAKOUT 3	Joe Britto Mindset Consultant, Innate Leaders
13:40 – 14:40 (60 mins)	Supporting Patient Optimization - Tools! Tools! Tools! Shaughnessy Room	BREAKOUT 4	Geoff Schierbeck Liaison, Specialist Services Committee Juliet Batke Director of Surgical Strategy & Innovation, MoH Sooky Moore Project Specialist, Arctek Pro Lindi Thibodeau Anesthesiologist, Comox Valley Hospital Kyra Siemens Director Surgical Services Operations & Policy, MoH

14:40 – 15:00 (20 mins) | Coffee Break – Networking – Visit The Exhibitors

15:00 – 15:45
[45 mins]

Shared Decision Making
Pinnacle Ballroom

PANEL DISCUSSION

Dave Konkin · Moderator | Regional Medical Director
& Department Head of Surgery, Fraser Health Authority
Dan McIsaac | Anesthesiologist, Ottawa Hospital
Kelly Mayson | Anesthesiologist, Vancouver Coastal Health
Dara Lewis | Registered Nurse, Vancouver Coastal Health
John Street | Surgeon, Vancouver Coastal Health

15:45 – 16:00
[15 mins]

Evaluation, Summary & Closing
Pinnacle Ballroom

PLENARY

Geoff Schierbeck
Liaison, Specialist Services Committee

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Continuing Professional Development
Faculty of Medicine

PCAN

PERIOPERATIVE
CLINICAL
ACTION
NETWORK

SSC
SPECIALIST SERVICES
COMMITTEE

PCAN Trivia

How many Stanley Cups have the Vancouver Canucks won?

PCAN Trivia

How many Stanley Cups have the Vancouver Canucks won?

Technically zero, but they lead the league in "almost winning"

PCAN Trivia

What is the Canuck's unofficial motto?

PCAN Trivia

What is the Canuck's unofficial motto?

There is always next year...

PCAN Trivia

What is a Canucks fan's preferred workout?

PCAN Trivia

What is a Canucks fan's preferred workout?

Jumping to conclusions and lifting hopes...

PCAN Trivia

How do you know it is Grey Cup Day in Vancouver?

PCAN Trivia

How do you know it is Grey Cup Day in Vancouver?

Because the only thing louder than the fans is the sound of rain on their umbrellas

In Memoriam

Larry Laprise

Hokey Pokey

WELCOME: PCAN SUMMIT 2024

*SHANA OOMS & DR
AHMER KARIMUDDIN*

Introductions

Dr Ahmer
Karimuddin

Shana
Ooms

Disclosures

- Shana Ooms, Acting Assistant Deputy Minister, MoH
 - I have nothing to disclose.
- Ahmer Karimuddin, President, Doctors of BC
 - I have nothing to disclose.



KEYNOTE



**PREHABILITATION:
THE ROAD TO
ROUTINE
MULTIMODAL
OPTIMIZATION**

DAN MCISAAC

PREHABILITATION: THE ROAD TO ROUTINE MULTIMODAL OPTIMIZATION

DANIEL I MCISAAC MD, MPH, FRCPC

DEPARTMENT OF ANESTHESIOLOGY & PAIN MEDICINE,
UNIVERSITY OF OTTAWA



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CONFLICTS AND DISCLOSURES

- None
- Acknowledge and thank
 - Ongoing support
 - Operational support



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Inspired by research. Driven by compassion. Inspiré par la recherche. Guidé par la compassion.



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▶ Surgical patients in are exceptionally well-cared for

- High performing teams and hospitals
- 30-day mortality ~1%



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▶ Other adverse events and impaired recovery are common

- Morbidity 10-20%
- New patient-reported disability ~1 in 5



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Why?



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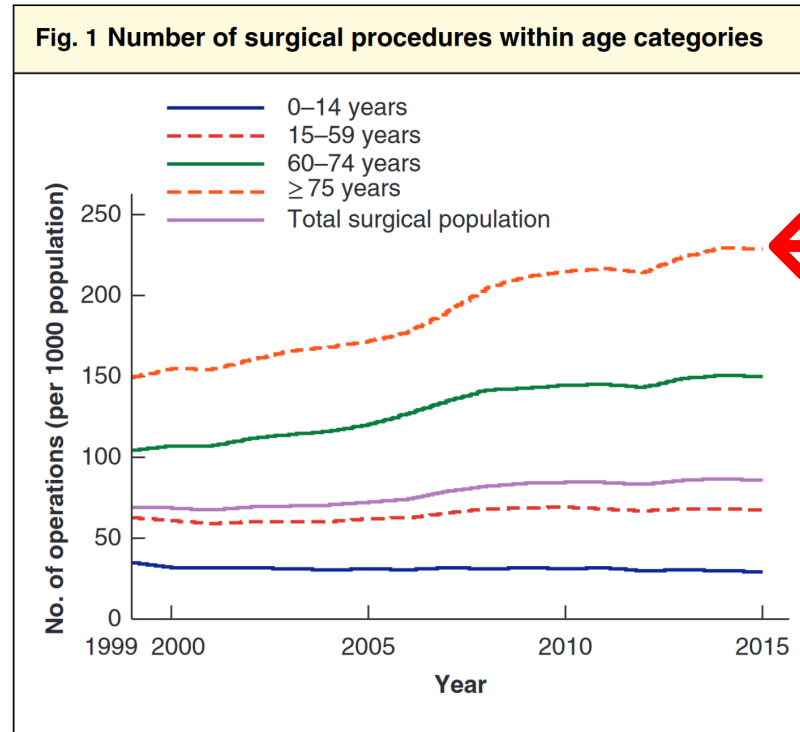
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CHANGING SURGICAL DEMOGRAPHICS

- Population aging



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Fowler et. al., *BJS*, 2019

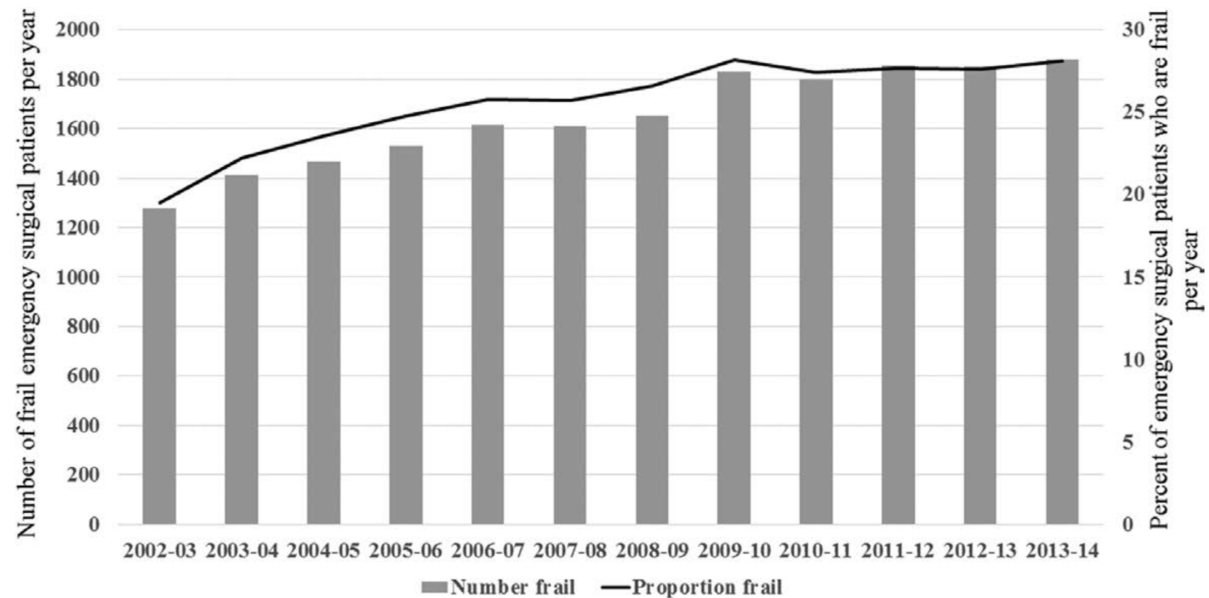
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CHANGING SURGICAL DEMOGRAPHICS

- Population aging
- Increasingly complex patients
 - Frailty
 - Multimorbidity



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Mclsaac et. al., A&A, 2017

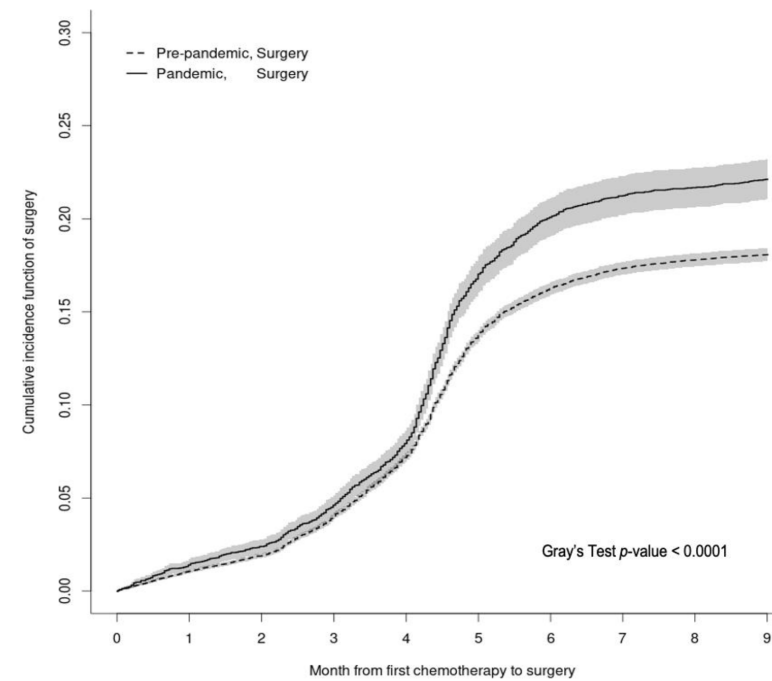
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CHANGING SURGICAL DEMOGRAPHICS

- Population aging
- Increasingly complex patients
- Increased use of neoadjuvant therapies



STRONG for SURGERY



THE NEW OLD AGE
The Elderly Are Getting Complex Surgeries. Often It Doesn't End Well.

PREHABILITATION?



RCOA
Royal College of Anaesthetists

Fitter Better Sooner

Endorsed by

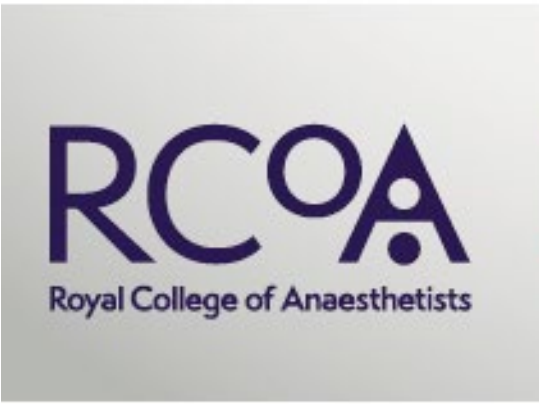
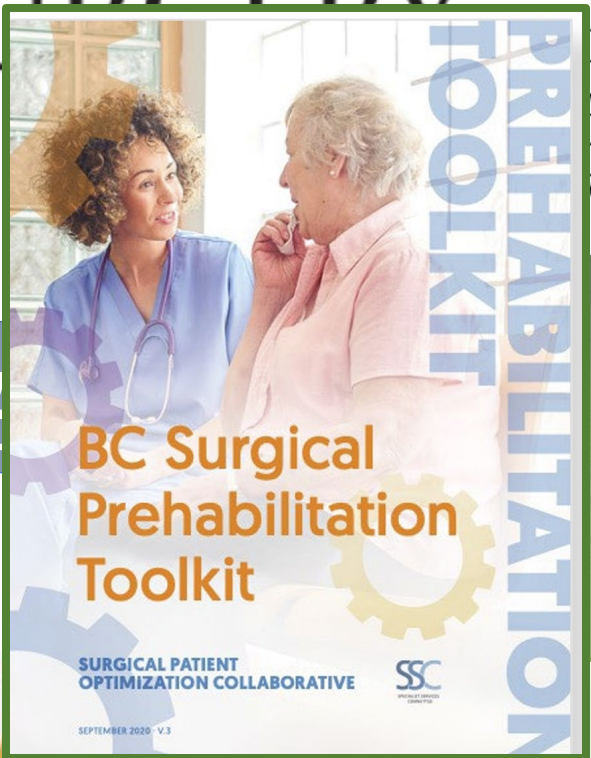


STRONG for SURGERY



THE NEW OLD AGE
The Elderly Are Getting
Complex Surgeries.
Often It Doesn't End
Well.

PREHABILITATION



Fitter Better Sooner

Endorsed by



outline

- How do we define prehabilitation?
- What evidence supports prehabilitation?
 - Big picture
 - Program design
 - Target populations
- What will it take to make prehabilitation a routine part of preop care?

DIAGNOSIS



SURGERY



RECOVERY



BASELINE FUNCTIONAL CAPACITY



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DIAGNOSIS



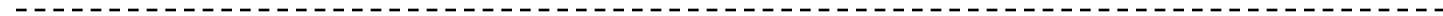
SURGERY



RECOVERY

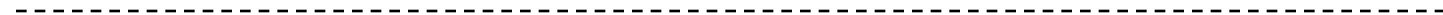


BASELINE FUNCTIONAL CAPACITY



Frailty
Multimorbidity
Neoadjuvant

BASELINE FUNCTIONAL CAPACITY



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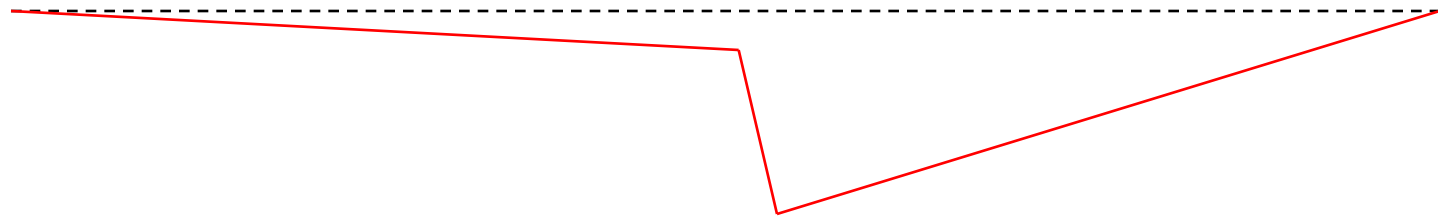
WITHOUT PREHAB

DIAGNOSIS

SURGERY

RECOVERED

BASELINE FUNCTIONAL CAPACITY



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WITH PREHAB

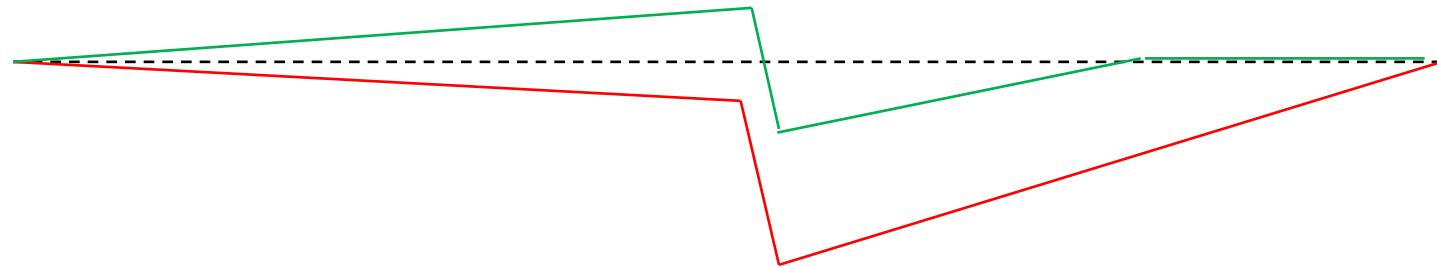
DIAGNOSIS

SURGERY

RECOVERED

RECOVERED

BASELINE FUNCTIONAL CAPACITY



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WHAT IS PREHABILITATION?



PREHABILITATION – A DEFINITION

- Uni- or multi-modal intervention:
 - Exercise
 - Nutrition
 - Cognitive/psychological
- Undertaken for ≥ 7 days before surgery



Prehabilitation Goals



ENHANCE reserve and capacity

Do it **BEFORE** surgery

PREVENT negative outcomes



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COMPONENTS OF PREHABILITATION



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COMPONENTS OF PREHABILITATION

- Caveat
 - There is no clear evidence on the 'best' prehab routine



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COMPONENTS OF PREHABILITATION

Exercise
The Foundation



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COMPONENTS OF PREHABILITATION

Exercise

The Foundation

- Ideally multimodal:
 - Aerobic (moderate intensity)
 - Strength
 - Stretching (+/-)



COMPONENTS OF PREHABILITATION

Exercise
The Foundation

Nutrition

- Address pre-existing deficits
- Meet increased new demands



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COMPONENTS OF PREHABILITATION

Exercise
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Nutrition

- Address pre-existing deficits
- Meet increased new demands
 - Protein (1.2g/kg/day)
 - Blood glucose
 - Iron, micro/macronutrients



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COMPONENTS OF PREHABILITATION

Exercise
The Foundation

Nutrition

Psychosocial &
Cognitive

- Anxiety management and reduction
- Motivation
- Build cognitive reserve



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COMPONENTS OF PREHABILITATION

Exercise
The Foundation

Nutrition

Psychosocial &
Cognitive

TRIMODAL PREHABILITATION



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Gillis Anes 2015

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PREHABILITATION: THE EVIDENCE



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PREHABILITATION: THE EVIDENCE

TAKE 1: THE BIG PICTURE



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Prehabilitation in adult patients undergoing surgery: an umbrella review of systematic reviews

Daniel I. McIsaac^{1,2,3,*†}, Marlyn Gill⁴, Laura Boland⁵, Brian Hutton^{1,3}, Karina Branje^{1,2}, Julia Shaw^{1,2}, Alexa L. Grudzinski¹, Natasha Barone⁶, Chelsia Gillis⁷ on behalf of the Prehabilitation Knowledge Network[†]

British Journal of Anaesthesia, 128 (2): 244–257 (2022)

doi: [10.1016/j.bja.2021.11.014](https://doi.org/10.1016/j.bja.2021.11.014)



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BIG PICTURE EVIDENCE FOR PREHABILITATION

- Umbrella review
 - 55 systematic reviews



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Mclsaac et al. *BJA* 2022

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EVIDENCE FOR PREHABILITATION

- Limitations
 - Single center trials



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EVIDENCE FOR PREHABILITATION

- Limitations
 - Single center trials
 - Small sample sizes



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EVIDENCE FOR PREHABILITATION

- Limitations
 - Single center trials
 - Small sample sizes
 - High risk of bias



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EVIDENCE FOR PREHABILITATION

- Limitations
 - Single center trials
 - Small sample sizes
 - High risk of bias
 - Heterogeneous interventions



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EVIDENCE FOR PREHABILITATION

- Limitations
 - Single center trials
 - Small sample sizes
 - High risk of bias
 - Heterogeneous interventions
 - Poor quality SRMAs



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DOES PREHAB WORK?



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DOES PREHAB WORK?

- Probably...



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DOES PREHAB WORK?

- Probably...
 - But it depends
 - Outcome
 - Intervention
 - ?Population



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FUNCTIONAL RECOVERY

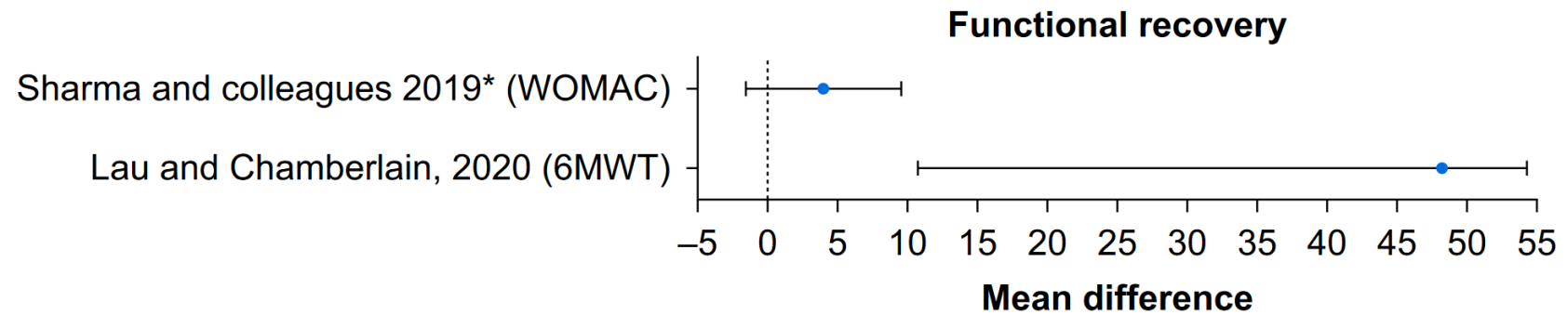


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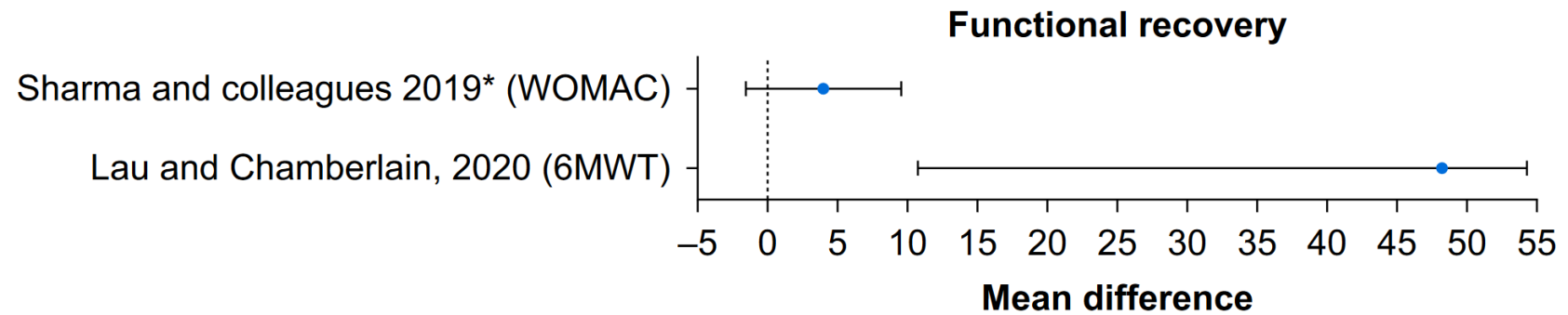
FUNCTIONAL RECOVERY

- Consistent protective signals



FUNCTIONAL RECOVERY

- Consistent protective signals



- OVERALL

- MODERATE

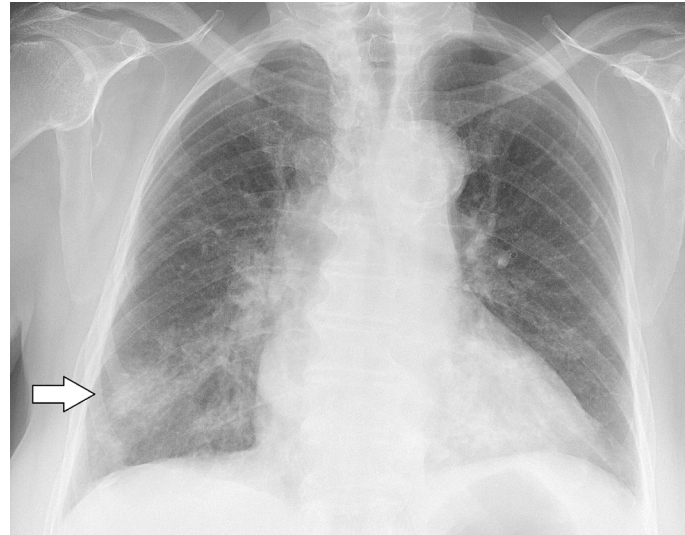
GRADE



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MEDICAL AND SURGICAL COMPLICATIONS



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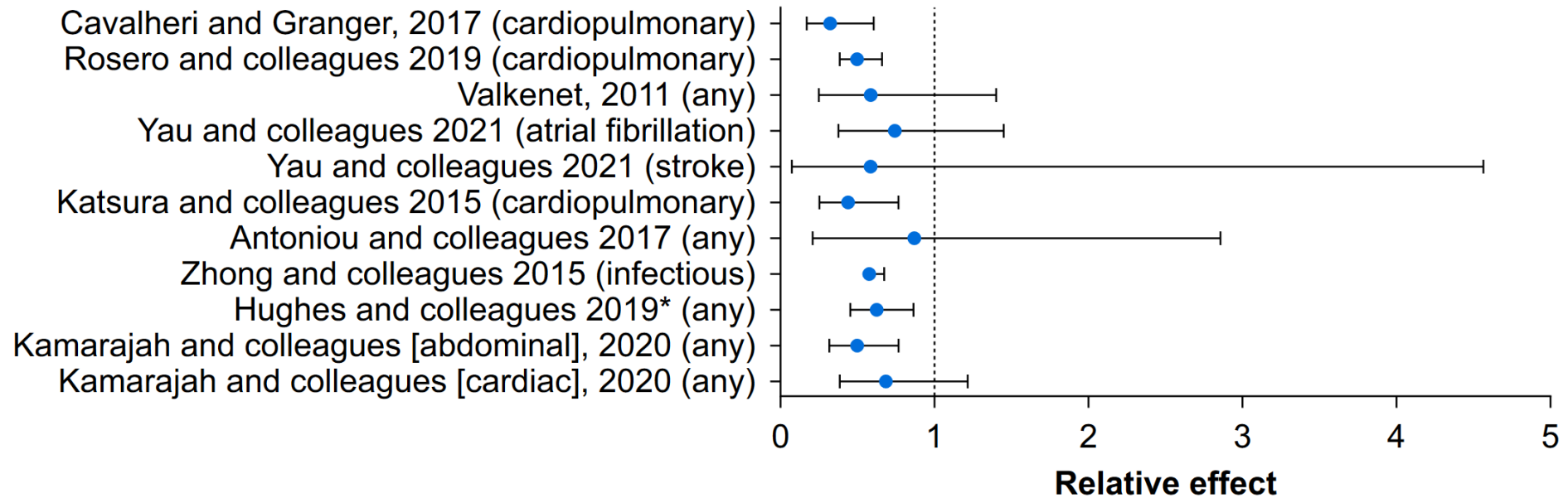
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COMPLICATIONS

- Consistent protective signals



COMPLICATIONS

- Consistent protective signals
 - RRR 20% to 50%
 - Strongest in abdominal and cardiovascular



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COMPLICATIONS

- Consistent protective signals
 - RRR 20% to 50%
 - Strongest in abdominal and cardiovascular
- OVERALL

• LOW to VERY

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LENGTH OF STAY

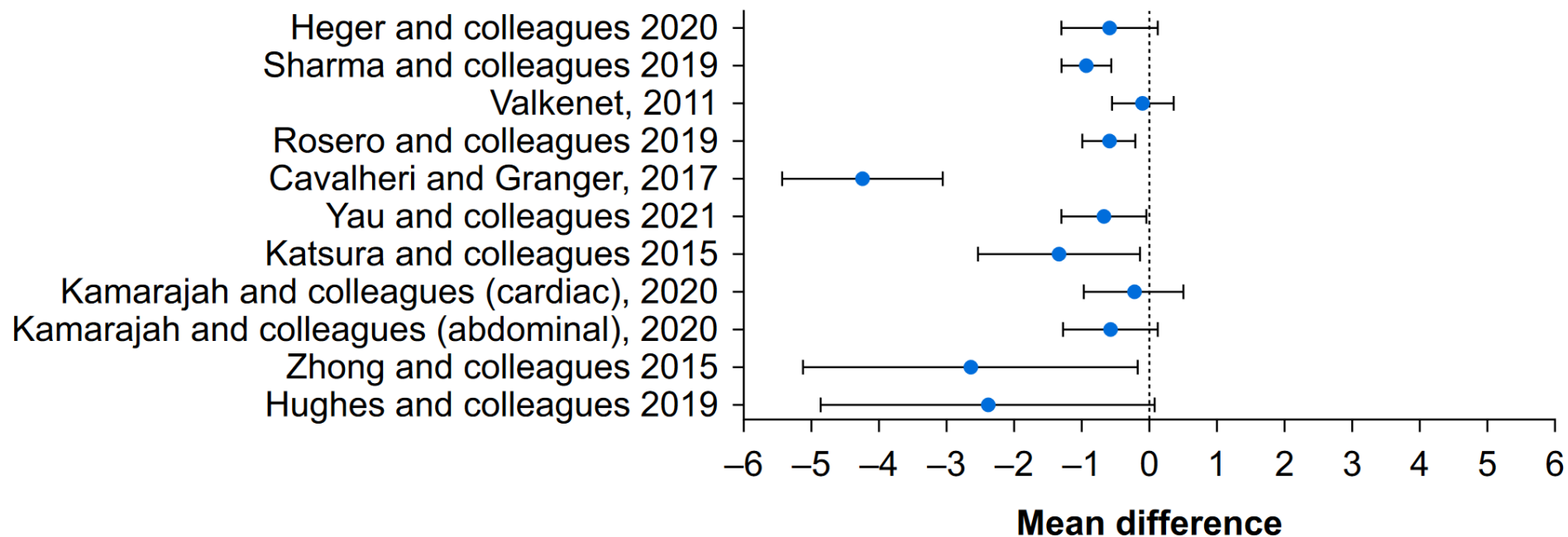


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LENGTH OF STAY

- Consistent protective signals



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LENGTH OF STAY

- Consistent protective signals
 - 1-2 day reduction
 - Strongest in cancer and cardiovascular



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LENGTH OF STAY

- Consistent protective signals
 - 1-2 day reduction
 - Strongest in cancer and cardiovascular
- OVERALL

• LOW to VERY

GRADE



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OTHER OUTCOMES



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OTHER OUTCOMES

- Non-home discharge
 - Possibly protective
- Mortality
 - No effect
- Costs
 - No effect

GRADE

VERY LOW certainty



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30,000 FOOT VIEW

PREHABILITATION: THE EVIDENCE

TAKE 2: PROGRAM DESIGN



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WHAT INTERVENTIONS WORK BEST?



EVIDENCE FROM A NETWORK META-ANALYSIS



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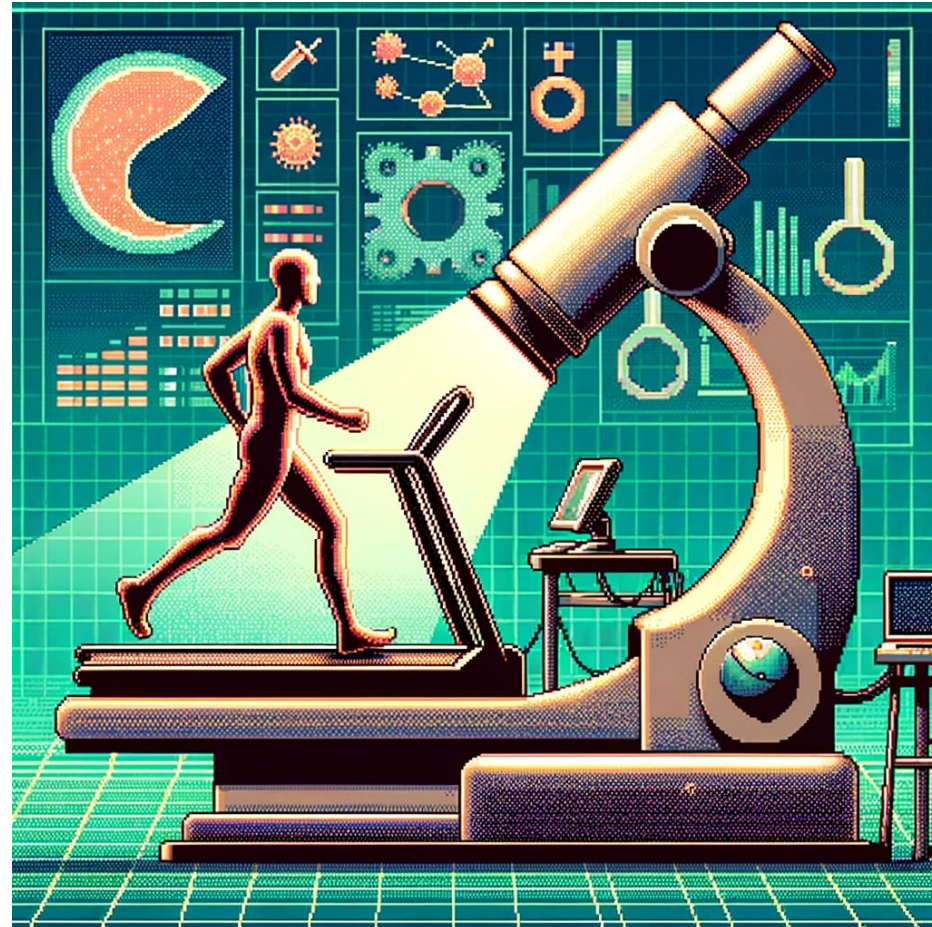
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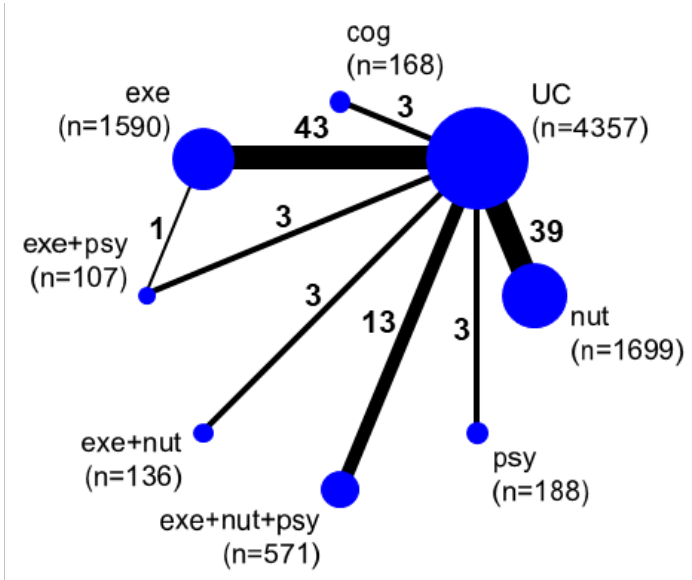
DRILLING DOWN

- Living SRMA/NMA
 - 186 RCTs
 - >8,800 participants

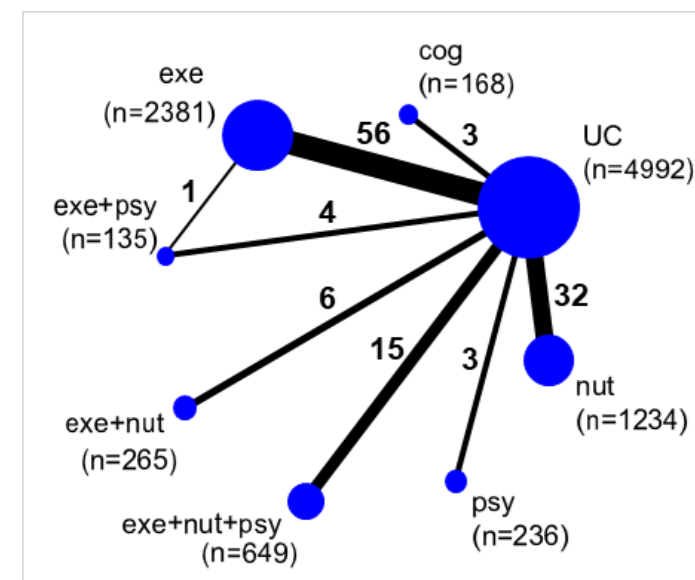


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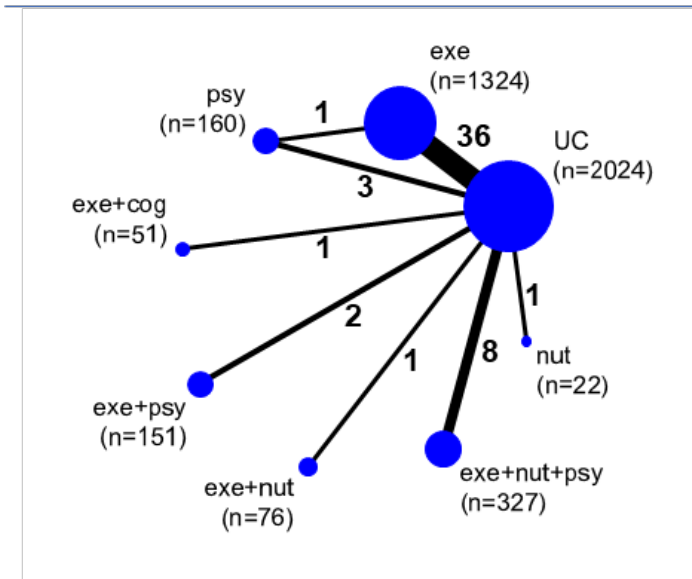
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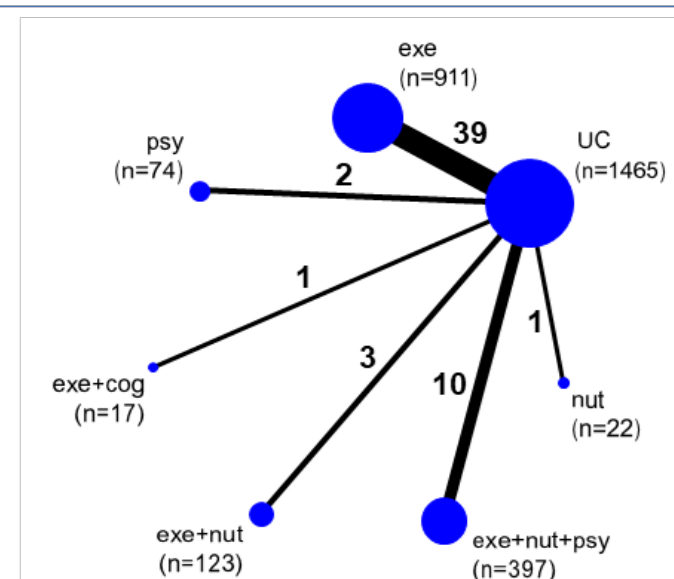
Complications (N = 106)



Length of stay (N = 118)



Quality of life (N = 53)

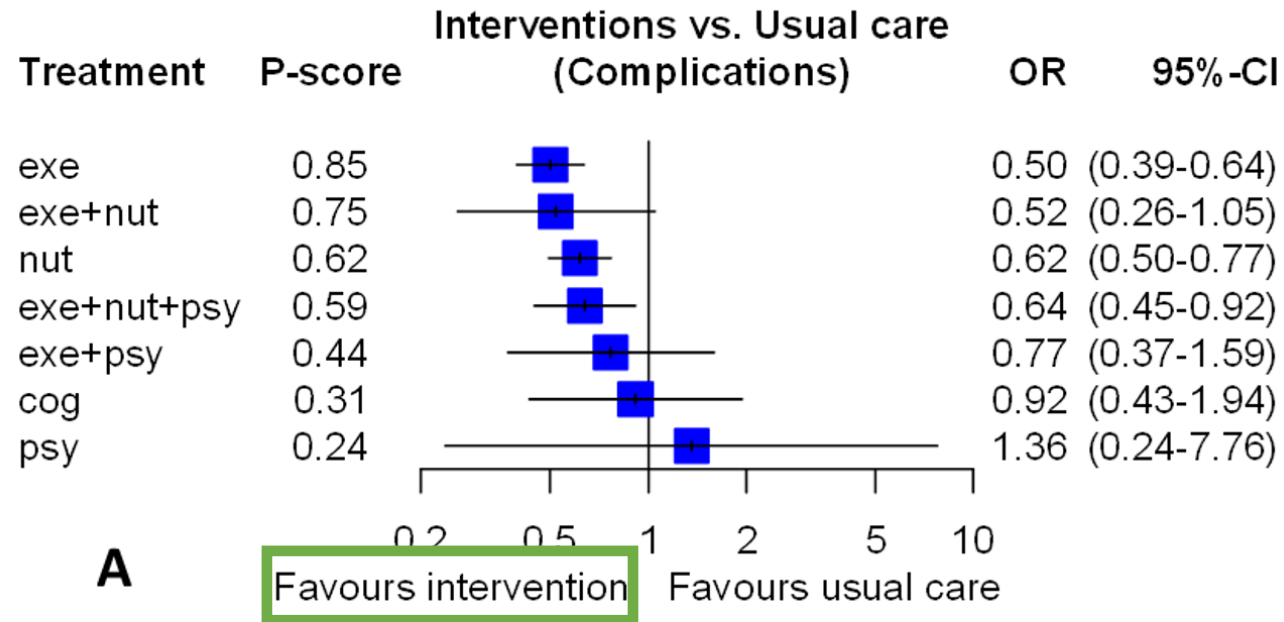


Physical recovery (N = 56)

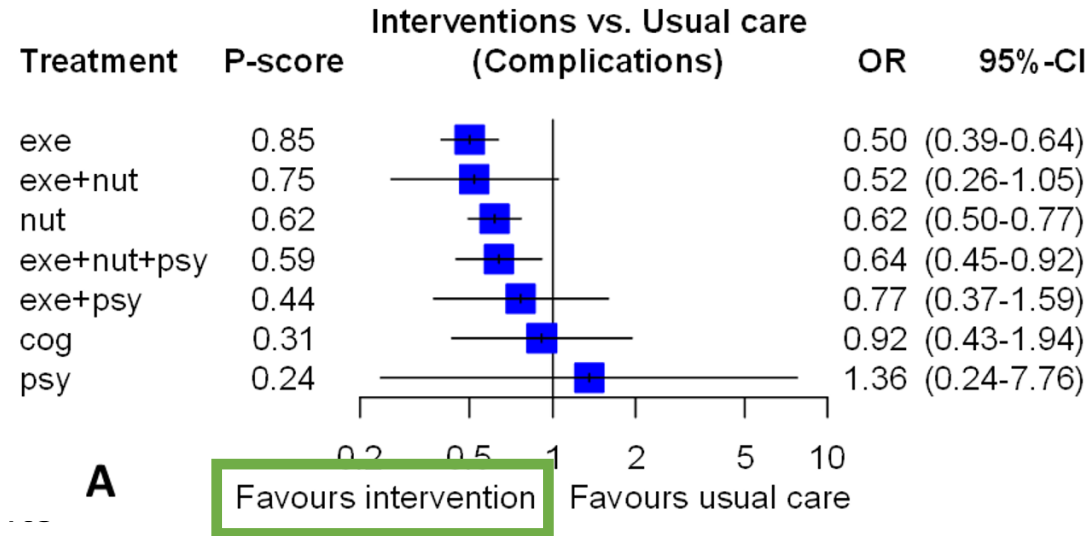


ve
ns

COMPLICATIONS



COMPLICATIONS



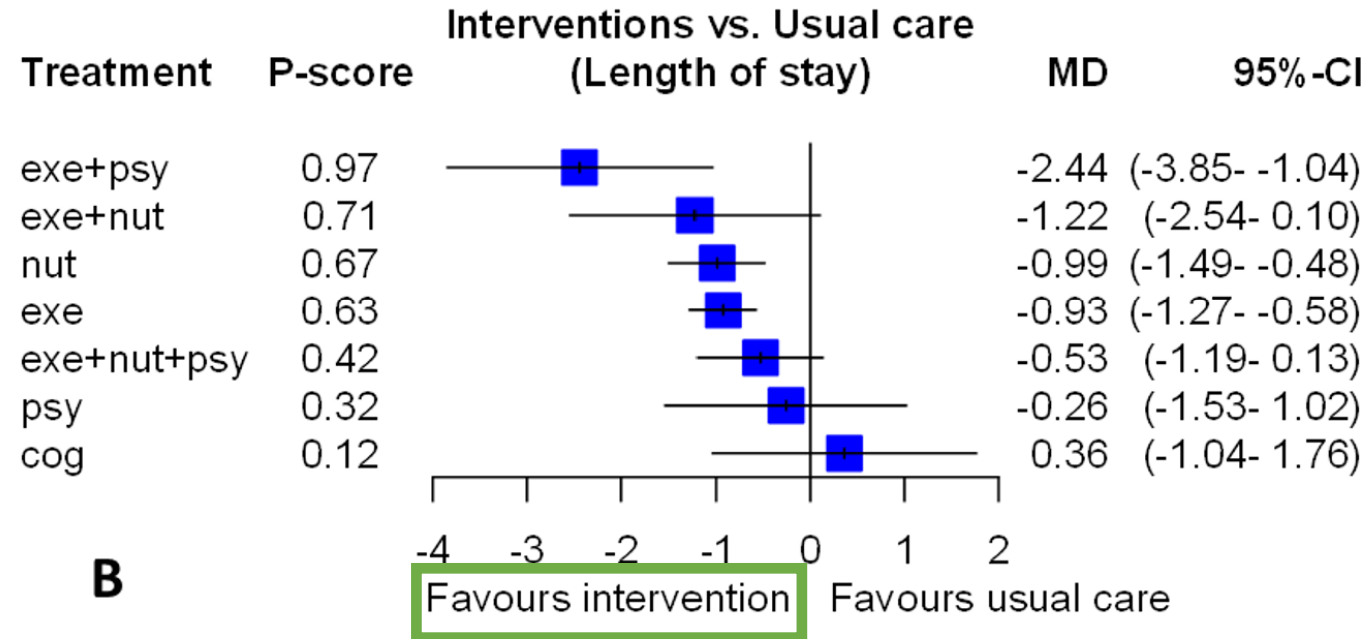
- Significant improvement
 - Exercise (OR 0.50)
 - Nutrition (OR 0.62)
 - Exercise+Nutrition+Psychosocial (OR 0.64)



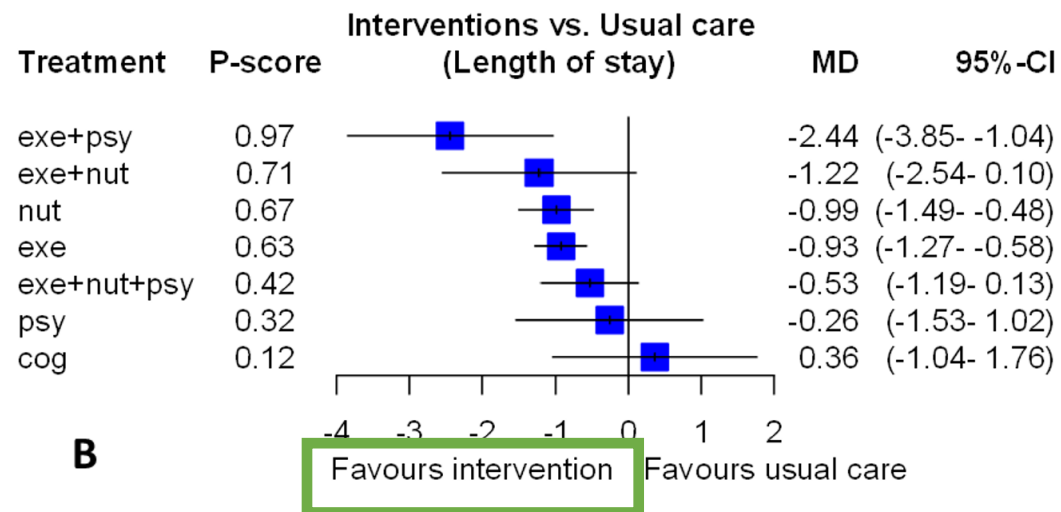


Length of stay

LENGTH OF STAY



LENGTH OF STAY



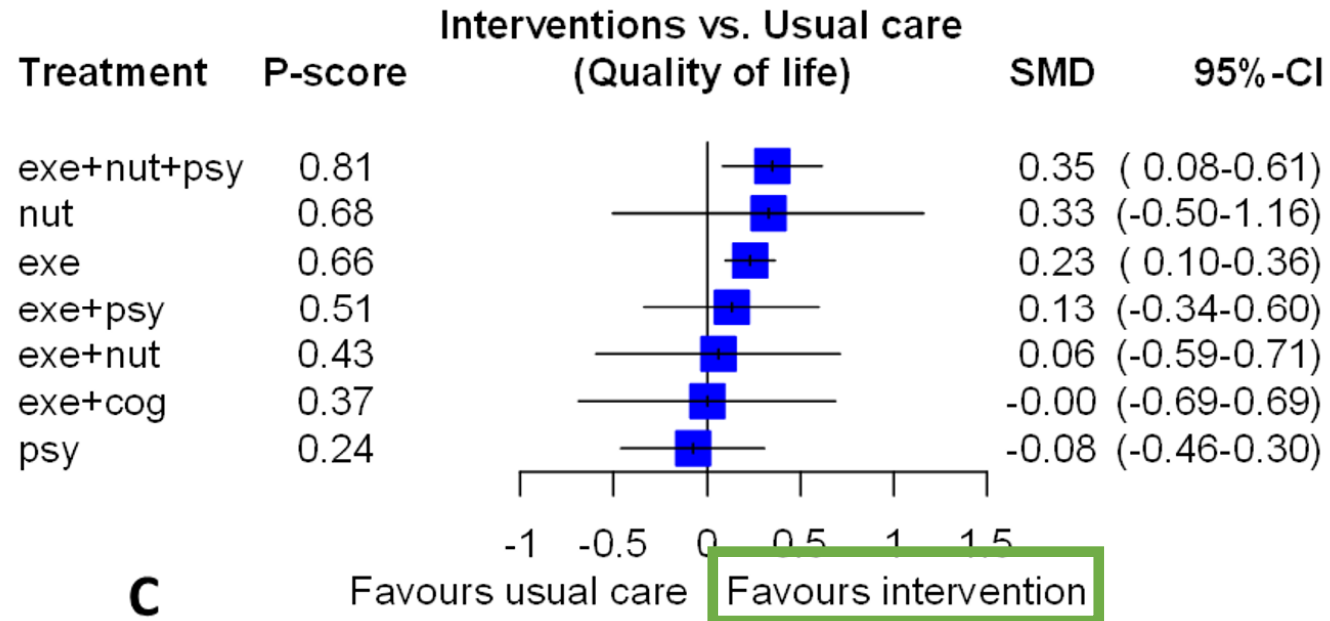
- Significant improvements
 - Exercise+Psychosocial (MD -2.4 days)
 - Nutrition (MD -1.0 days)
 - Exercise (MD -0.9 days)



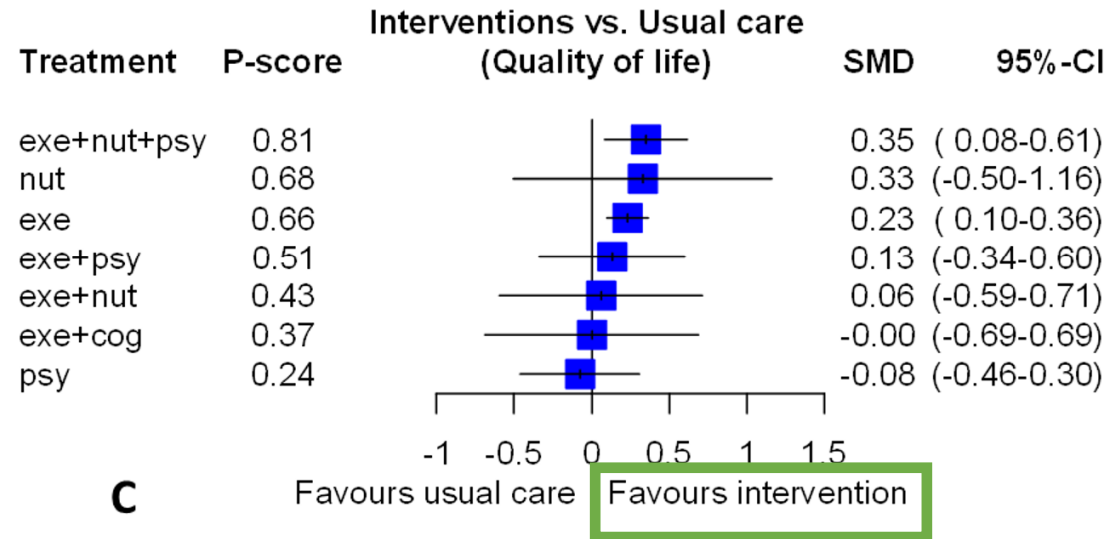


Quality of Life

QOL



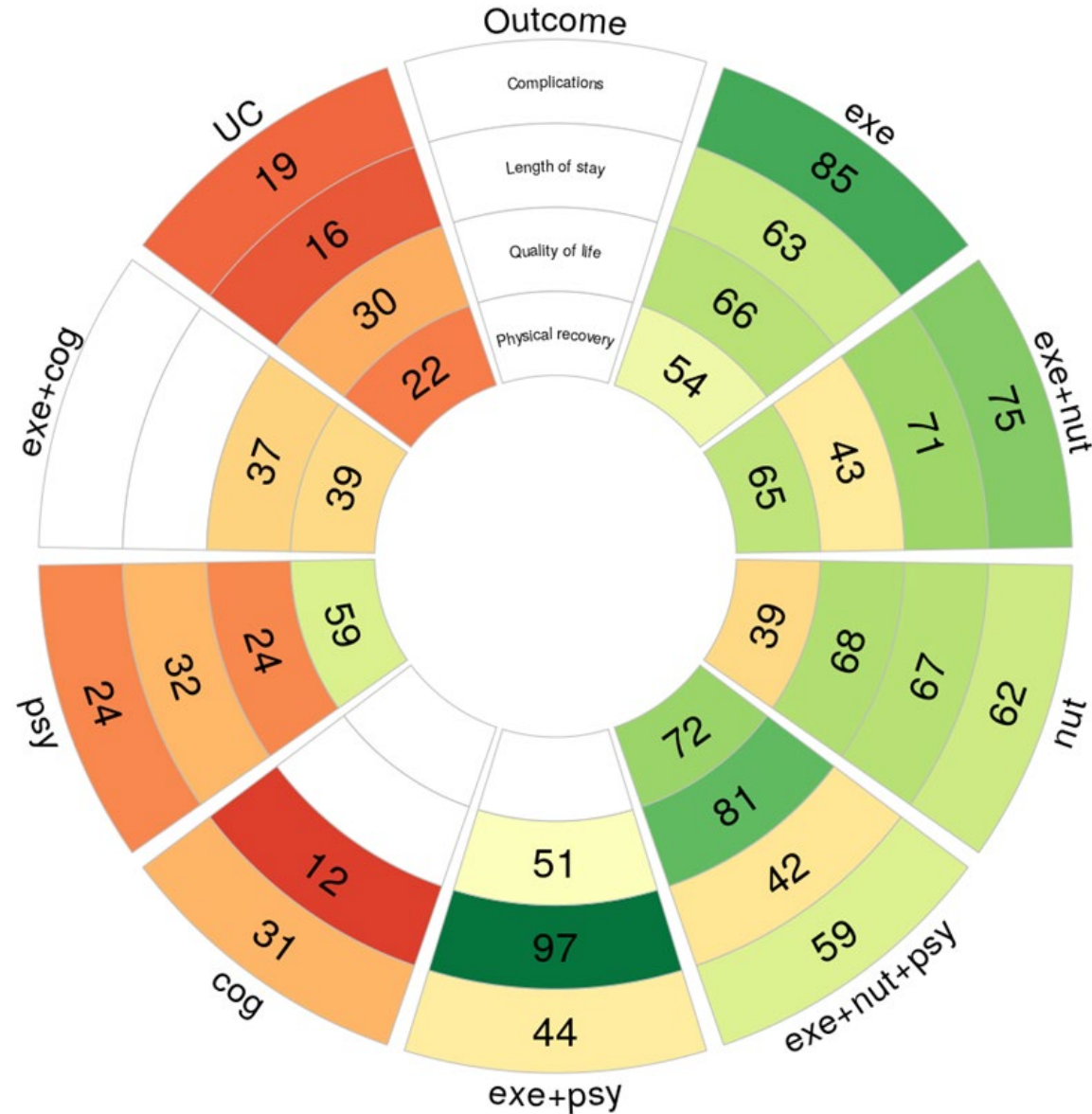
QOL



- Significant improvements
 - Exercise+Nutrition+Psychosocial (SMD 0.35)
 - Exercise (SMD 0.23)



Rank heat plot-treatments



Rank heat plot treatments

GRADE

All low to very low certainty



Rank heat plot-components

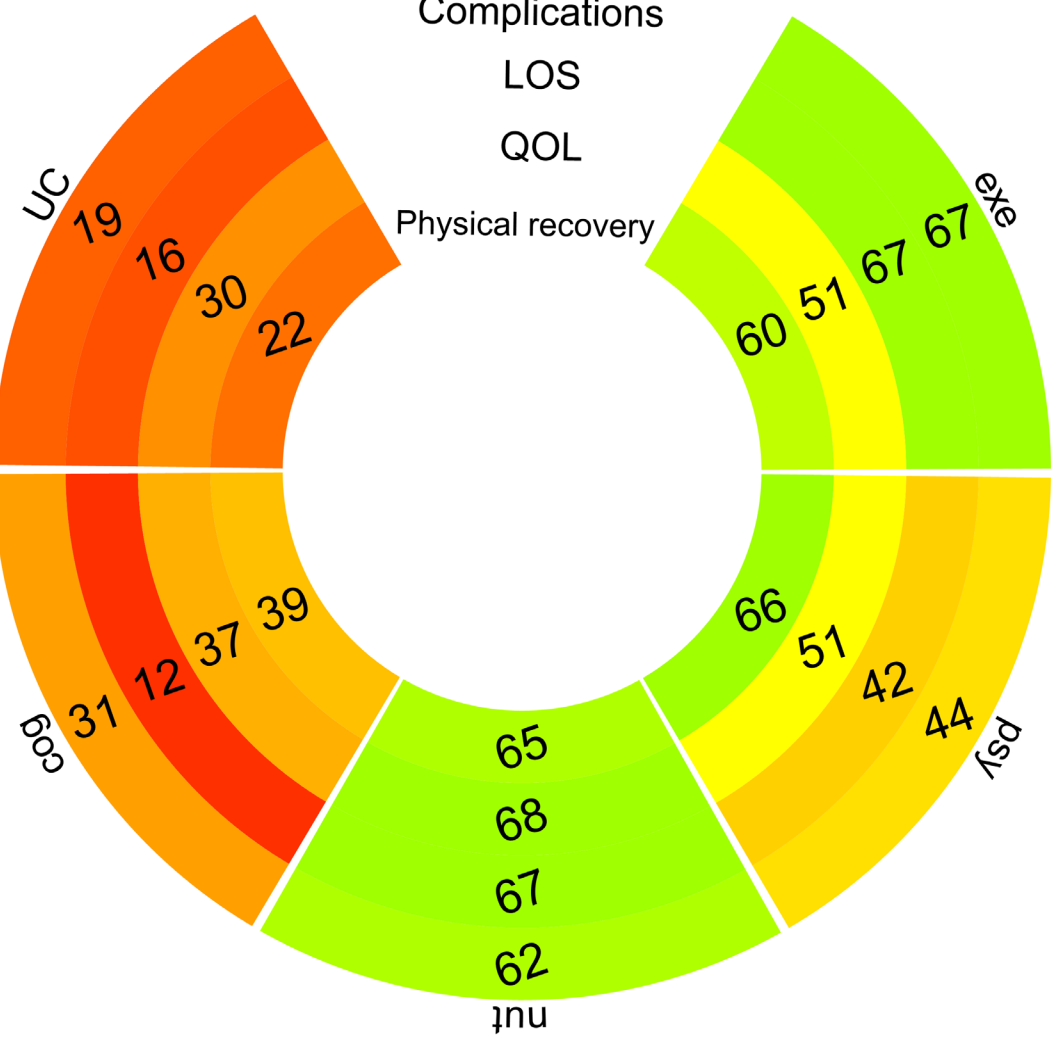
Outcomes

Complications

LOS

QOL

Physical recovery



GRADE

All low to very low certainty



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PREHABILITATION: THE EVIDENCE

TAKE 3: TARGET POPULATIONS



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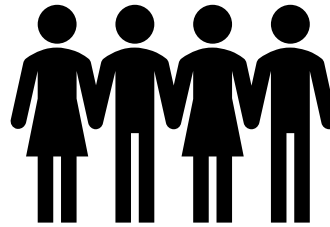
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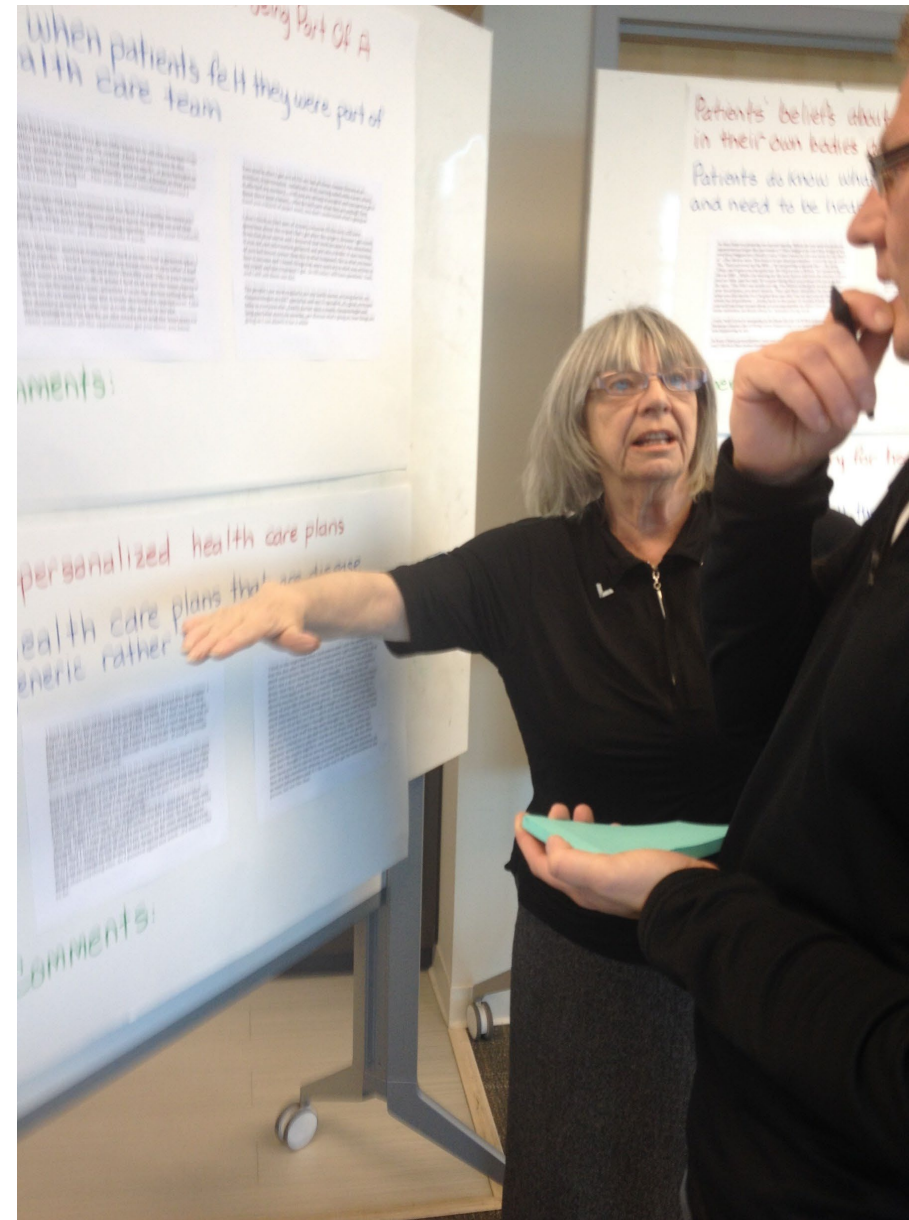
WHAT PATIENTS BENEFIT MOST FROM PREHAB?



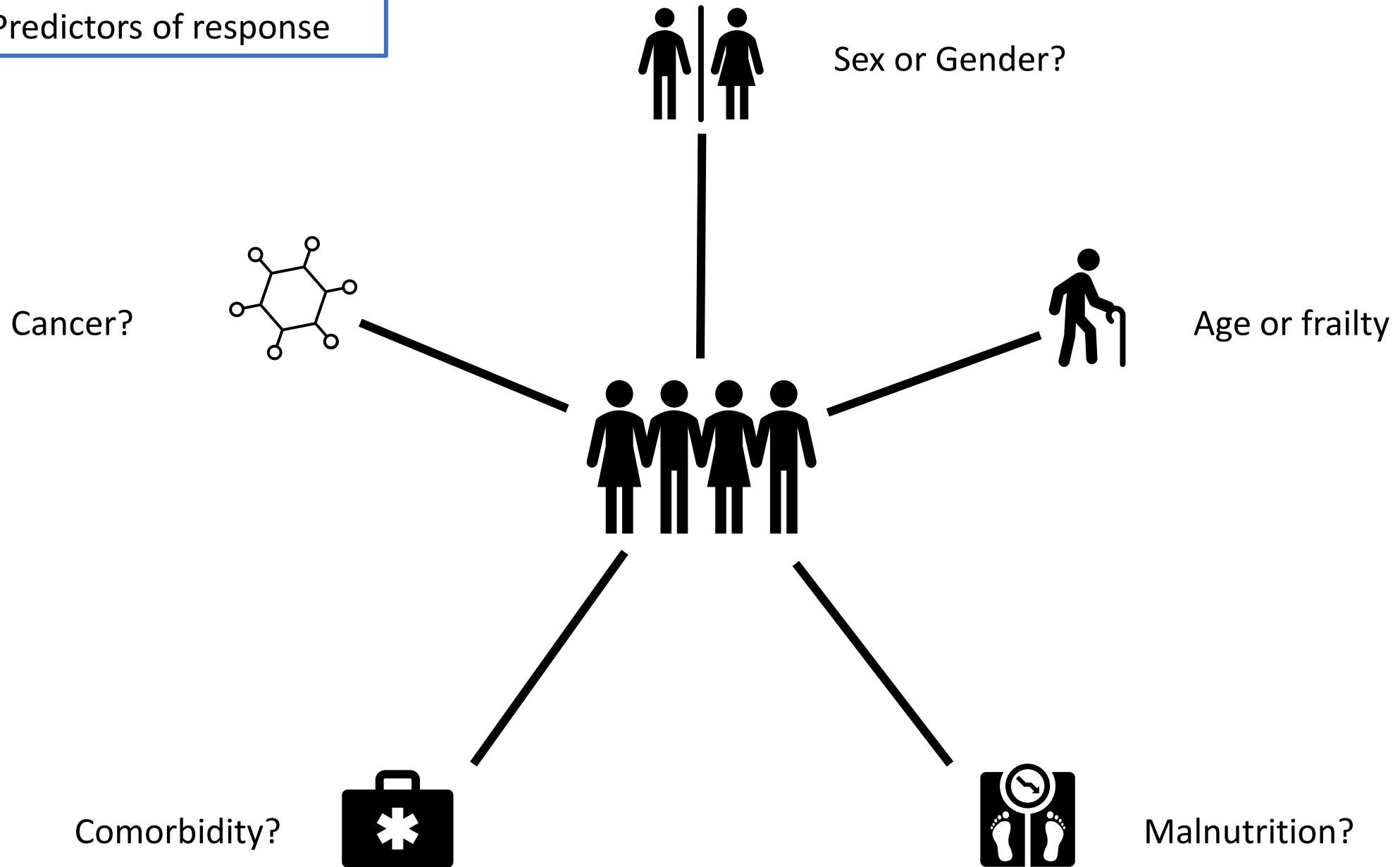
Gurlie Kidd



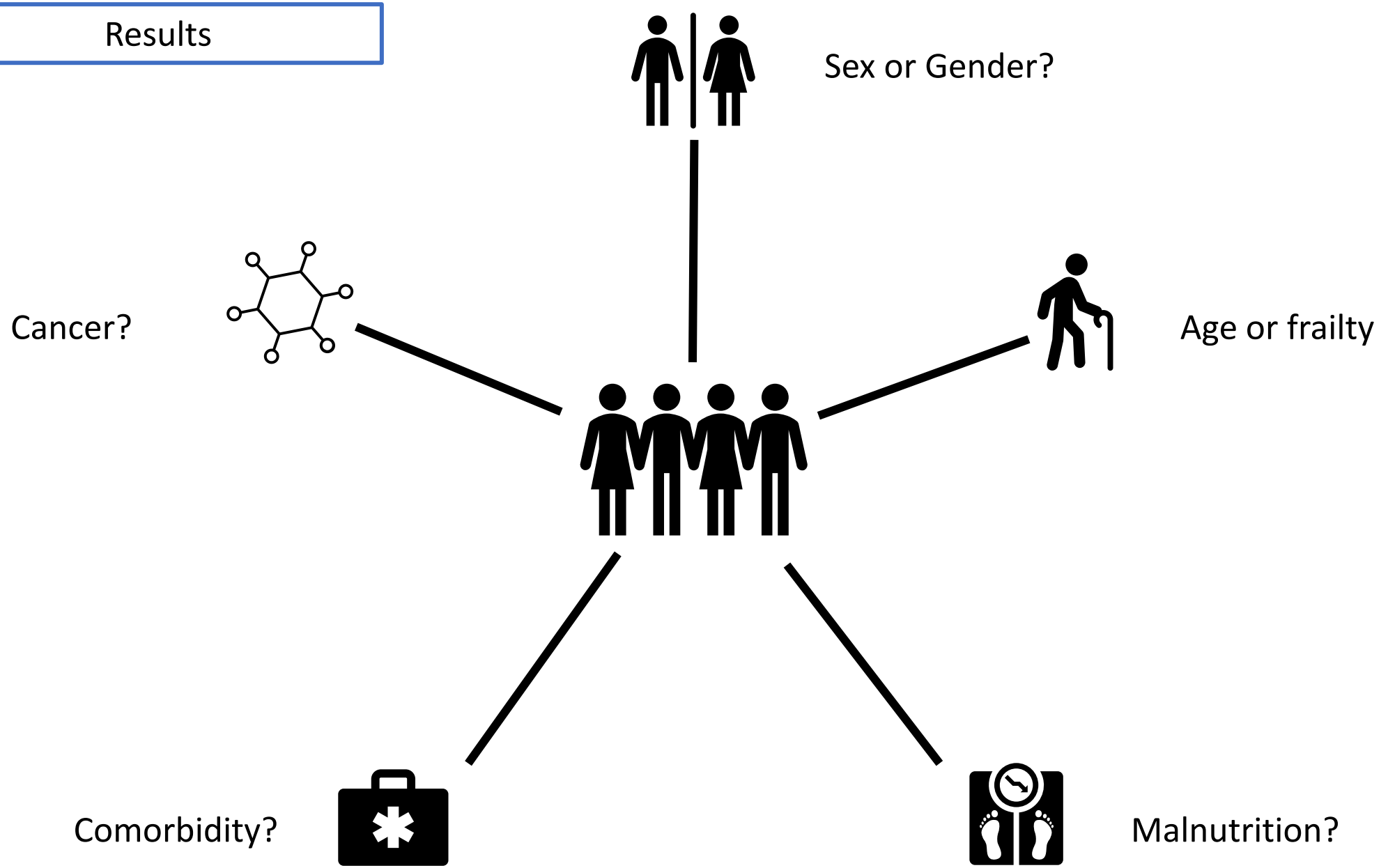
Marlyn Gill



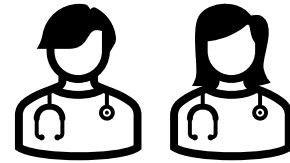
Predictors of response



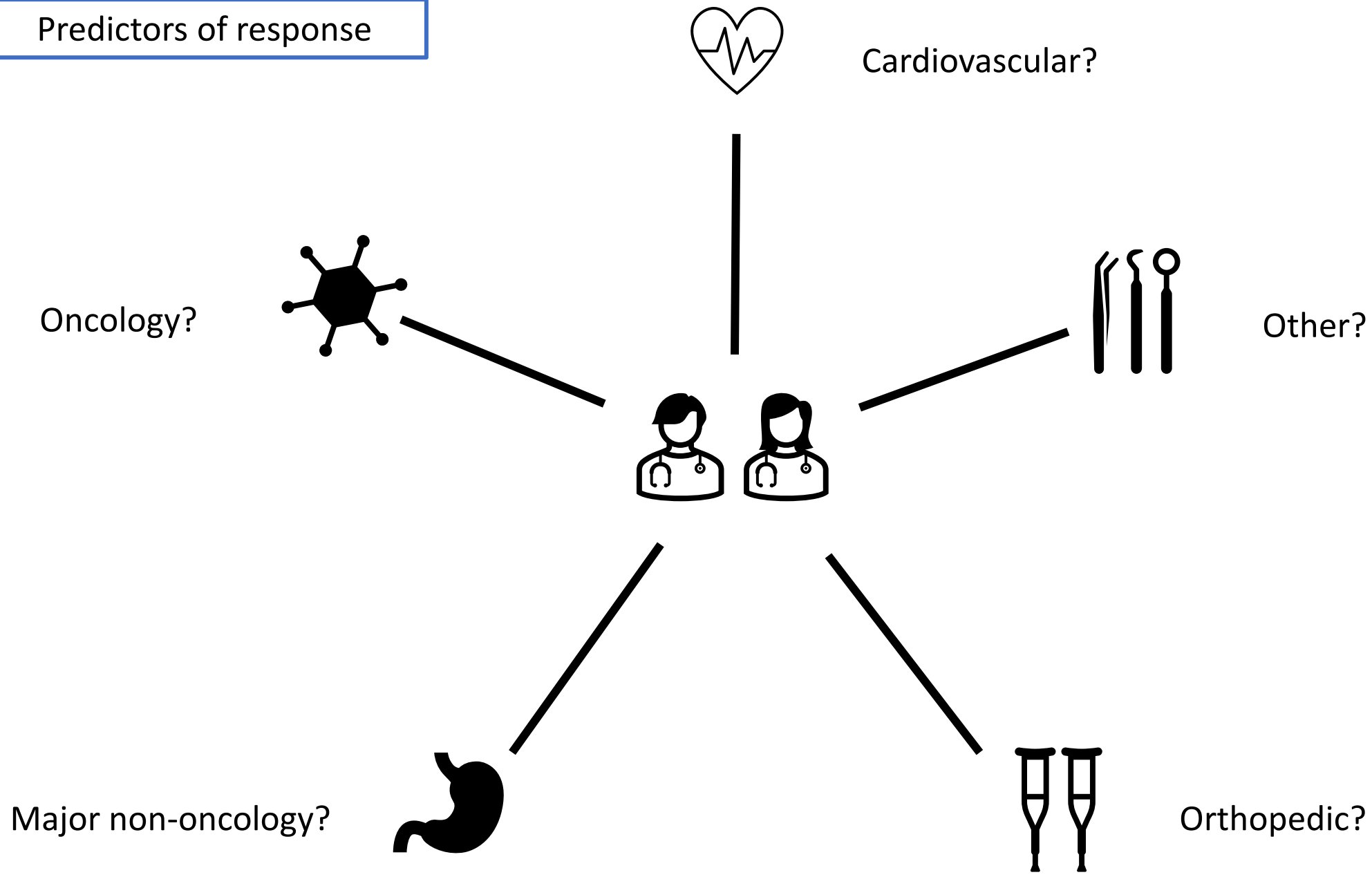
Results



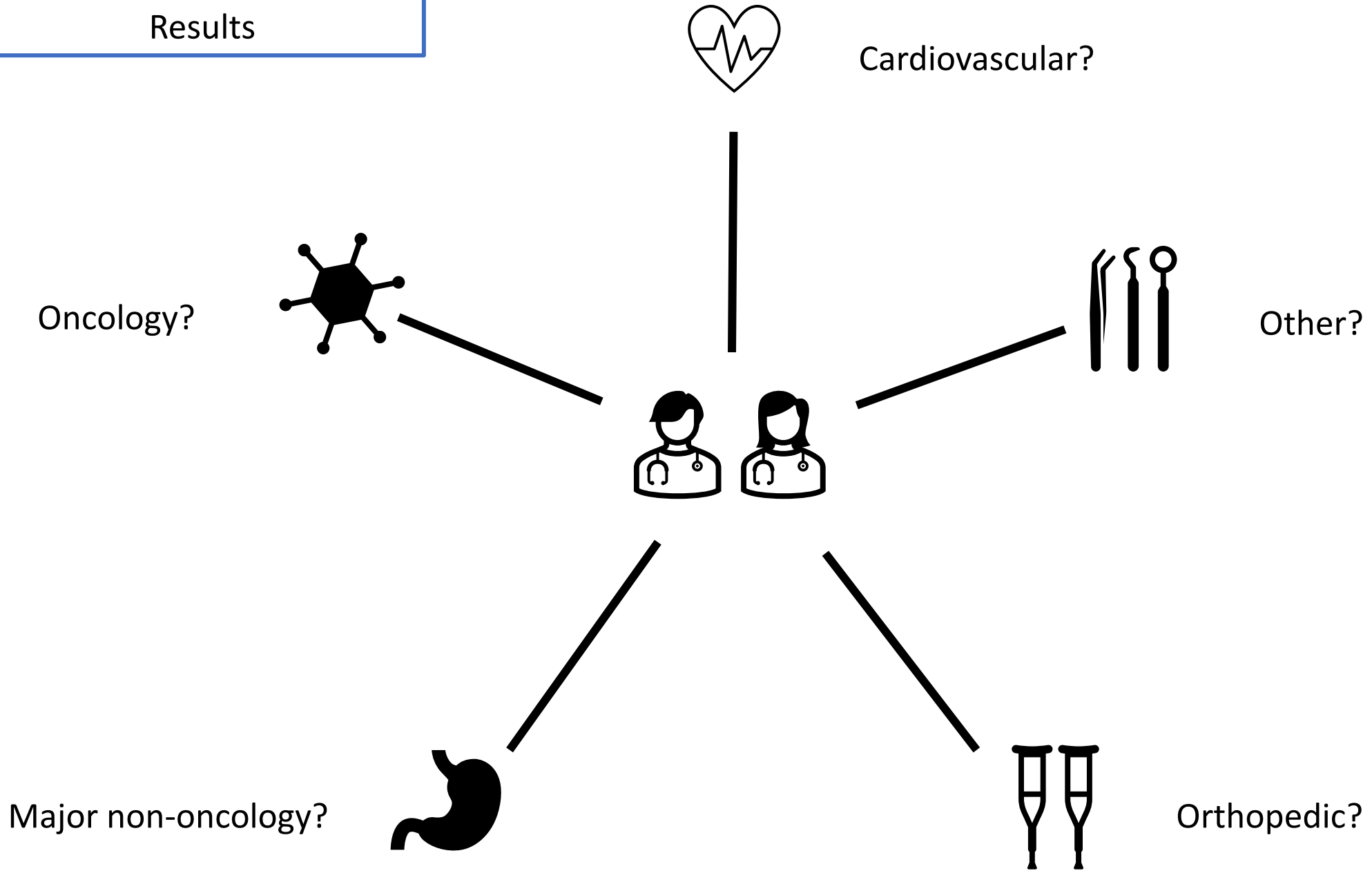
WHAT SURGICAL POPULATIONS BENEFIT MOST FROM PREHAB?



Predictors of response



Results



WHO BENEFITS MOST?

Universal benefit?

vs.

Not enough data?

- Inadequate data?



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THE ROAD TO ROUTINE AND EFFECTIVE PREHABILITATION

LOW
CERTAINTY

GRADE



ROUTINE,
EFFECTIVE
PREHAB



WHY DON'T WE JUST TELL PEOPLE TO:

-EXERCISE

-EAT WELL

-RELAX

BEFORE SURGERY?



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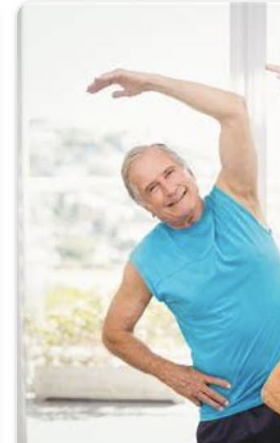
[Fitness for Active Older Adults: The FITT Principle | Alabama Mature Moves](#)



[Exercise Menu Workout Routines The Best Exercises for Older Adults ...](#)



[6 benefits of exercise for old Fitness Challenge](#)





2250 x 1500 · jpeg
pexels.com

[Crying woman feeling tired during training in gym - Free Stock Photo](#)



© dreamstime.com

[Fat Woman Crying after He...](#)



© dreamstime.com

[Image of Upset Blond Woman 20s Dressed in Sportswear Crying while ...](#)



© dreamstime.com

[Image Of Disappointed Blond Woman 20s Dressed In Sportswear Crying ...](#)



[Crying in the gym. | Workout, Fit, Adele](#)



[Fastest and most effective way to g...](#)



[CRYING AT THE GYM?? - YouTube](#)



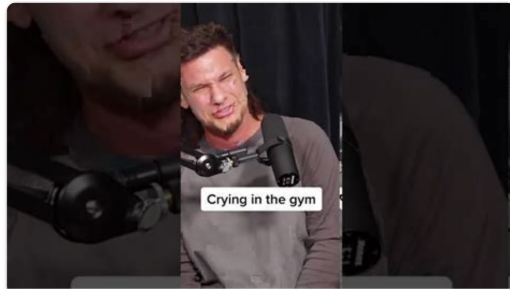
[Exercise More Fun When Friends Join You, New Research Shows | HuffPost](#)



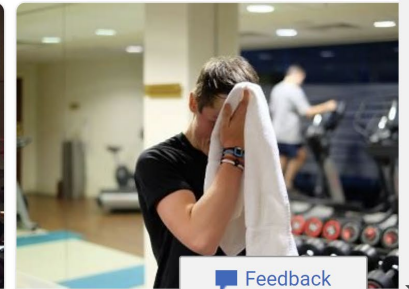
[Crying Sad Fitness Girl Is Hitting Something With Sledgehammer Stoc...](#)



[Why So Many Women Are Crying at the Gym | StyleCaster](#)



Crying in the gym



Feedback



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PREHABILITATION IS HARD



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RESEARCH

Open Access



Barriers and facilitators to participation in exercise prehabilitation before cancer surgery for older adults with frailty: a qualitative study

Keely Barnes¹, Emily Hladkowitz¹, Kristin Dorrance¹, Gregory L. Bryson^{1,2}, Alan J. Forster^{1,3}, Sylvain Gagné^{1,2}, Allen Huang^{1,4}, Manoj M. Lalu^{1,2}, Luke T. Lavallée^{1,5}, Chelsey Saunders^{1,2}, Hussein Moloo^{1,6}, Julie Nantel^{1,7}, Barbara Power^{1,4}, Celena Scheede-Bergdahl⁸, Monica Taljaard^{1,9}, Carl van Walraven^{2,10}, Colin J. L. McCartney^{1,2} and Daniel I. McIsaac^{1,2,9*}



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WHAT DO PATIENTS SAY?

'There's a degree of tired where I just can't do it'

'On those really hot humid days. You just didn't feel like doing [the exercises]'

I felt guilty. I was always frustrated because oh, come on I'd tell myself, you can do this

'It's been too cold to walk outside. Especially when I hate the cold to begin with'



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ADHERENCE

BJA

British Journal of Anaesthesia, xxx (xxx): xxx (xxxx)

doi: 10.1016/j.bja.2022.04.006

Advance Access Publication Date: xxx

Clinical Investigation

CLINICAL INVESTIGATION

Home-based prehabilitation with exercise to improve postoperative recovery for older adults with frailty having cancer surgery: the PREHAB randomised clinical trial

Daniel I. McIsaac^{1,2,3,*}, Emily Hladkovicz^{2,4}, Gregory L. Bryson^{1,2}, Alan J. Forster^{2,5}, Sylvain Gagne^{1,2}, Allen Huang^{2,6}, Manoj Lalu^{1,2}, Luke T. Lavallée^{2,7}, Husein Moloo^{2,8}, Julie Nantel⁹, Barbara Power^{2,6}, Celena Scheede-Bergdahl¹⁰, Carl van Walraven^{2,11,12}, Colin J. L. McCartney^{1,2} and Monica Taljaard^{2,3}

JAMA Surgery | Original Investigation

Effect of Multimodal Prehabilitation vs Postoperative Rehabilitation on 30-Day Postoperative Complications for Frail Patients Undergoing Resection of Colorectal Cancer A Randomized Clinical Trial

Francesco Carli, MD, MPhil; Guillaume Bousquet-Dion, MD; Rashami Awasthi, MSc; Noha Elsherbini; Sender Liberman, MD; Marylise Boutros, MD; Barry Stein, MD; Patrick Charlebois, MD; Gabriela Ghitulescu, MD; Nancy Morin, MD; Thomas Jagoe, MD; Celena Scheede-Bergdahl, PhD; Enrico Maria Minnella, MD, PhD; Julio F. Fiore Jr, PhD

- Mean adherence ~60%
 - ITT analysis null for functional recovery and complications



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ADHERENCE

BJA

British Journal of Anaesthesia, xxx (xxx): xxx (xxxx)

doi: 10.1016/j.bja.2022.04.006

Advance Access Publication Date: xxx

Clinical Investigation

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- In patients living with frailty
 - Statistically and clinically meaningful impacts only in adherent participants
 - 40% relative reduction in complications
 - 8% decrease in disability
 - >75m increase in 6MWT

JAMA Surgery | Original Investigation

Effect of Multimodal Prehabilitation vs Postoperative Rehabilitation on 30-Day Postoperative Complications for Frail Patients Undergoing Resection of Colorectal Cancer A Randomized Clinical Trial

Francesco Carli, MD, MPhil; Guillaume Bousquet-Dion, MD; Rashami Awasthi, MSc; Noha Elsherbini; Sender Liberman, MD; Marylise Boutros, MD; Barry Stein, MD; Patrick Charlebois, MD; Gabriela Ghitulescu, MD; Nancy Morin, MD; Thomas Jagoe, MD; Celena Scheede-Bergdahl, PhD; Enrico Maria Minnella, MD, PhD; Julio F. Fiore Jr, PhD



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PREHABILITATION IS COMPLEX



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PREHABILITATION – A COMPLEX INTERVENTION

- Multiple components
- Behavior change
- Delivery requires expertise



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BARRIERS AND FACILITATORS IN BC

- Barriers
 - Complexity
 - Structural characteristics
 - Readiness



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Prehabilitation
in British Columbia, Canada

BARRIERS AND FACILITATORS IN BC

- Barriers

- Complexity
- Structural characteristics
- Readiness

- ▶ Facilitators

- Patients need prehab
- External incentives
- Belief in benefits



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PREHABILITATION – A COMPLEX INTERVENTION

- Multiple components
- Behavior change
- Delivery requires expertise

Health System Intervention...



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PREHABILITATION – A COMPLEX INTERVENTION

- Multiple components
- Behavior change
- Delivery requires expertise

Health System Intervention...

..where PATIENTS do the hard work

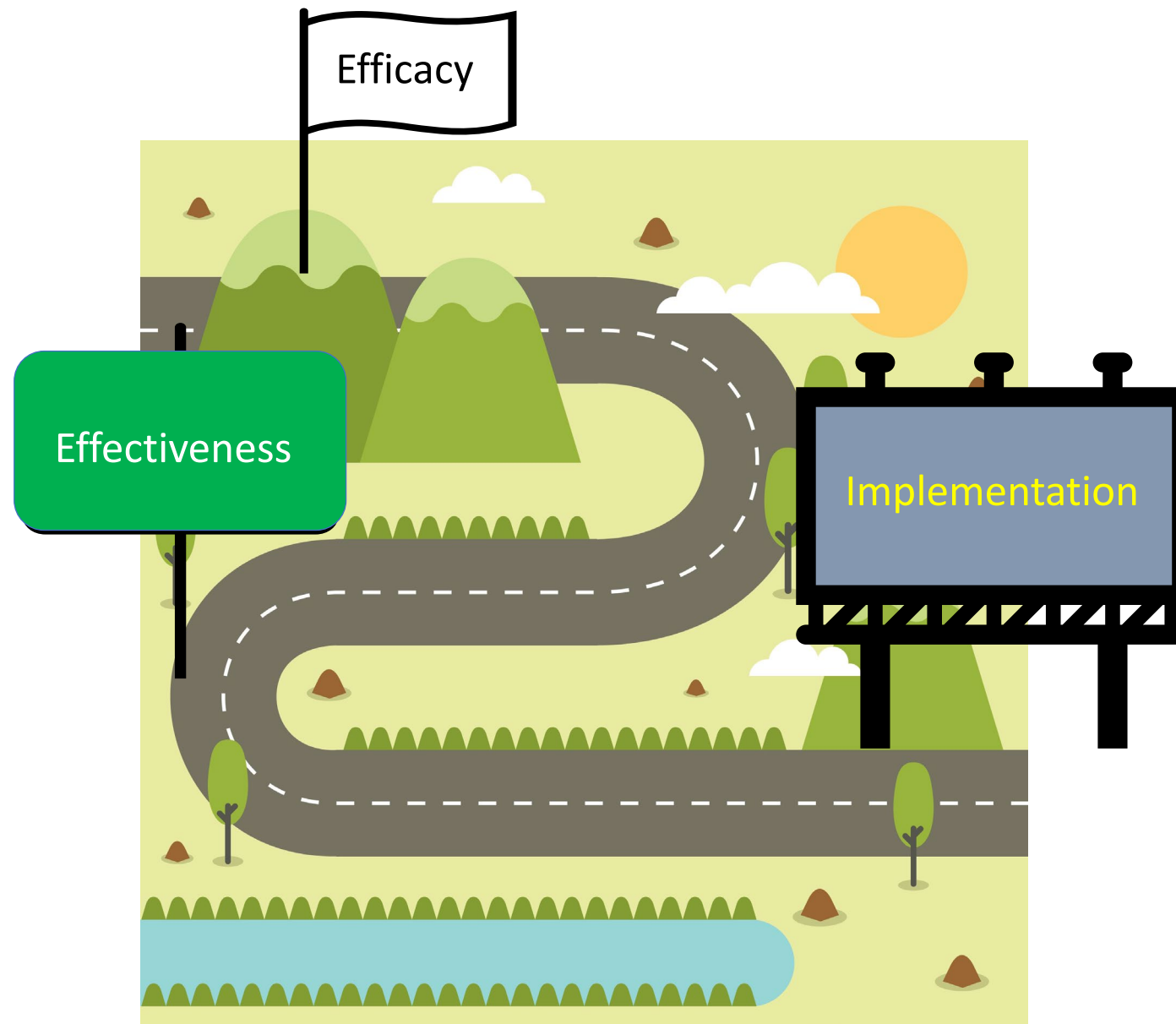


SURGERY IS A 'BEHAVIOR CHANGE MOMENT'

- People are willing to change behaviors for
 - A clearly defined reason
 - A fixed period of time



LANDMARKS ON THE ROAD TO ROUTINE PREHABILITATION



LANDMARKS ON THE ROAD TO EFFECTIVE PREHAB

- *Efficacy*
 - Does prehab work in small, highly controlled trials?



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LANDMARKS ON THE ROAD TO EFFECTIVE PREHAB

- *Efficacy*
 - Does prehab work in small, highly controlled trials?
 - Likely yes

Complications	Length of Stay	HRQoL	6 MWT
NNT ~10	1 day saved	~10% improvement	~25 meters



LANDMARKS ON THE ROAD TO EFFECTIVE PREHAB

- *Efficacy*
- *Effectiveness*
 - Does prehabilitation improve outcomes in a meaningful way in multicenter studies that reflect real world care?



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LANDMARKS ON THE ROAD TO EFFECTIVE PREHAB

- *Efficacy*
- *Effectiveness*
 - Does prehabilitation improve outcomes in a meaningful way in multicenter studies that reflect real world care?
 - We don't know...yet

F1000Research

F1000Research 2022, 10:952 Last updated: 20 SEP 2022



STUDY PROTOCOL

REVISED The Wessex Fit-4-Cancer Surgery Trial (WesFit): a protocol for a factorial-design, pragmatic randomised-controlled trial investigating the effects of a multi-modal prehabilitation programme in patients undergoing elective major intra-cavity cancer surgery [version 2; peer review: 2

N=1,560

Primary: LoS

Protocol

PREPARE trial: a protocol for a multicentre randomised trial of frailty-focused preoperative exercise to decrease postoperative complication rates and disability scores

N=850

Primary: PROs and complications

LANDMARKS ON THE ROAD TO EFFECTIVE PREHAB

- *Efficacy*
- *Effectiveness*
- *Implementation*
 - Can we deliver effective prehabilitation at a health system level?



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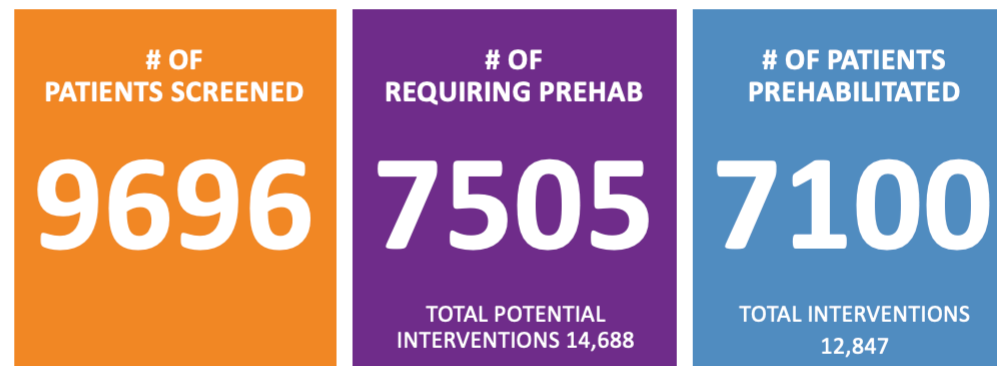
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LANDMARKS ON THE ROAD TO EFFECTIVE PREHAB

- *Efficacy*
- *Effectiveness*
- *Implementation*
 - Can we deliver effective prehabilitation at a health system level?
 - Probably

WHERE
ARE WE
NOW IN BC



78%

95%

LANDMARKS ON THE ROAD TO EFFECTIVE PREHAB

- *Efficacy*
- *Effectiveness*
- *Implementation*
 - Can we deliver effective prehabilitation at a health system level?
 - Probably...
 - But can we do it sustainably?



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KEY QUESTIONS FOR IMPLEMENTATION



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A FOCUS ON IMPLEMENTATION

- What patients will benefit most?



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A FOCUS ON IMPLEMENTATION

- What patients will benefit most?
- How do we get patients early enough in their surgical journey?



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A FOCUS ON IMPLEMENTATION

- What patients will benefit most?
- How do we get patients early enough in their surgical journey?
- How do we ensure high levels of adherence?



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A FOCUS ON IMPLEMENTATION

- What patients will benefit most?
- How do we get patients early enough in their surgical journey?
- How do we ensure high levels of adherence?
- How do we spread prehab across health systems
 - Facility vs home-based
 - Adequate support and coaching
 - Virtual innovation
 - Should every hospital have a prehab program?



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SUMMARY

- Is prehab good for patients and the system?
 - Yes, under idealized conditions at least



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SUMMARY

- Is prehab good for patients and the system?
- What types of prehab are most effective?
 - Exercise-based multimodal programs
 - Exercise, nutrition on their own



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SUMMARY

- Is prehab good for patients and the system?
- What types of prehab are most effective?
- Who benefits most from prehab?
 - Unclear, maybe everyone?



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SUMMARY

- Is prehab good for patients and the system?
- What types of prehab are most effective?
- Who benefits most from prehab?
- How do we deliver effective prehab systematically
 - A crucial question for all of use to consider...
 - ...and work together to answer



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THANK YOU





BREAK

PCAN PERIOPERATIVE
CLINICAL
ACTION
NETWORK

2024 PCAN SUMMIT

NOVEMBER 18, 2024
VANCOUVER, BC



SURGICAL SYSTEM PRIORITIES & PCAN STRATEGIC PLAN

***PAULA LOTT &
LAICY BALL***

Disclosures

- Paula Lott, PCAN Advisory Co-Chair, OBGYN
 - I have nothing to disclose.
- Laicy Ball, PCAN Advisory Co-Chair, Director of Surgical Quality & Results Management, MOH
 - I have nothing to disclose.

SURGICAL PRIORITIES

NOVEMBER 18, 2024





BC Ministry of Health Priorities

- OR hours - *increase*
- Patient wait times - *reduce*
- Health Human Resources – *recruit & retain*
- Patient optimization – *standardize & expand*
- Surgical efficiencies - *improve*



PCAN & PCAN Advisory Committee

- Network has 200+ members
- Committee has 19 members



PCAN Strategic Planning Session

October 22, 2024



**PCAN Advisory Committee Vision:
Improving Surgical Care in British Columbia**



PCAN Advisory Committee Mission:

Better patient outcomes through best practice, innovation and quality improvement

PCAN Strategic Focus Areas

Equitable Access

Optimization

Partnerships

PCAN & Ministry Alignment of Priorities

- Surgical patient optimization and enhanced recovery
- Provincial Pre-Surgical Screening (PSS) and Patient Notification digital solution
- OR efficiencies
- Surgical Waitlist Management Policy
- NHA travel program
- BC Diagnosis Prioritization Codes Review Project
- HHR recruitment, retention & training

Network Next Steps

- Newsletter
- Educational webinars
- Share communications
- Network sharing/contributions

Advisory Committee Next Steps

- SSC Workplan
- Roles and Responsibilities of Advisory Committee members
- Accountability
- Patient Voice
- Setting Priorities

DISCUSSION QUESTION & ANSWER PERIOD

JOIN AT:

SLIDO.COM
#PCAN2024



A man in a light-colored sweater and glasses stands at the front of a room, pointing towards a whiteboard. He is holding a pen in his right hand. The whiteboard behind him displays several charts and diagrams, including a bar chart and a pie chart. A group of people, seen from behind, are seated in the foreground, listening to the presentation. The room has large windows on the right side, with potted plants on a shelf. The entire image is overlaid with a semi-transparent blue filter. There are decorative white horizontal lines at the top and bottom of the image.

BREAK OUT

BREAKOUTS!

BREAKOUT SESSION

SPEAKER

LOCATION

The Elderly Patient

Dan McIsaac

Pinnacle Ballroom
(stay here)

The WHAT and HOW of
Reducing Wait Times

Laicy Ball, Trevor Jarvis,
Courtney Marusiak

Shaughnessy I
(down the hall)

THE ELDERLY PATIENT

DAN MCISAAC

SURGICAL POPULATION AGEING & FRAILTY: IMPLICATIONS FOR DAILY PRACTICE

DANIEL I MCISAAC MD, MPH, FRCPC

DEPARTMENT OF ANESTHESIOLOGY & PAIN MEDICINE,
UNIVERSITY OF OTTAWA



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CONFLICTS AND DISCLOSURES

- None
- Acknowledgements



OBJECTIVES



- Review the epidemiology of our aging surgical population
- Discuss frailty and postoperative outcomes
- Explore opportunities to improve outcomes

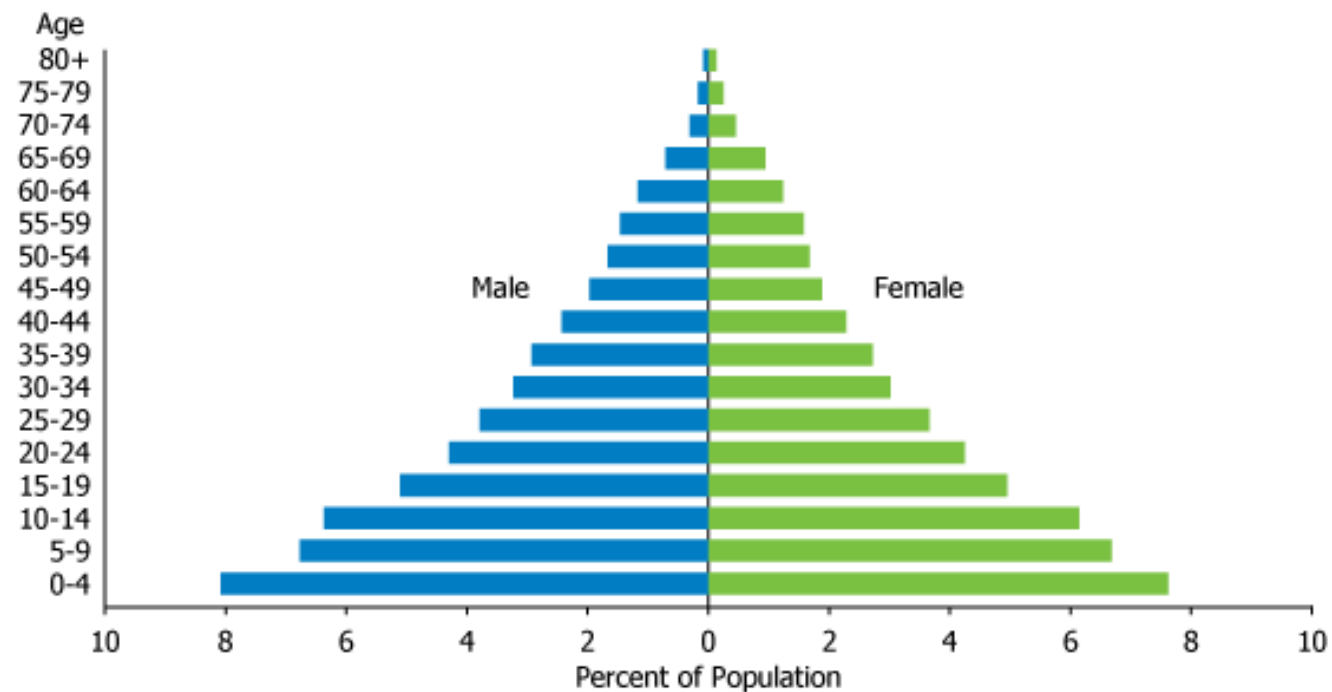


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Population age distribution 1950



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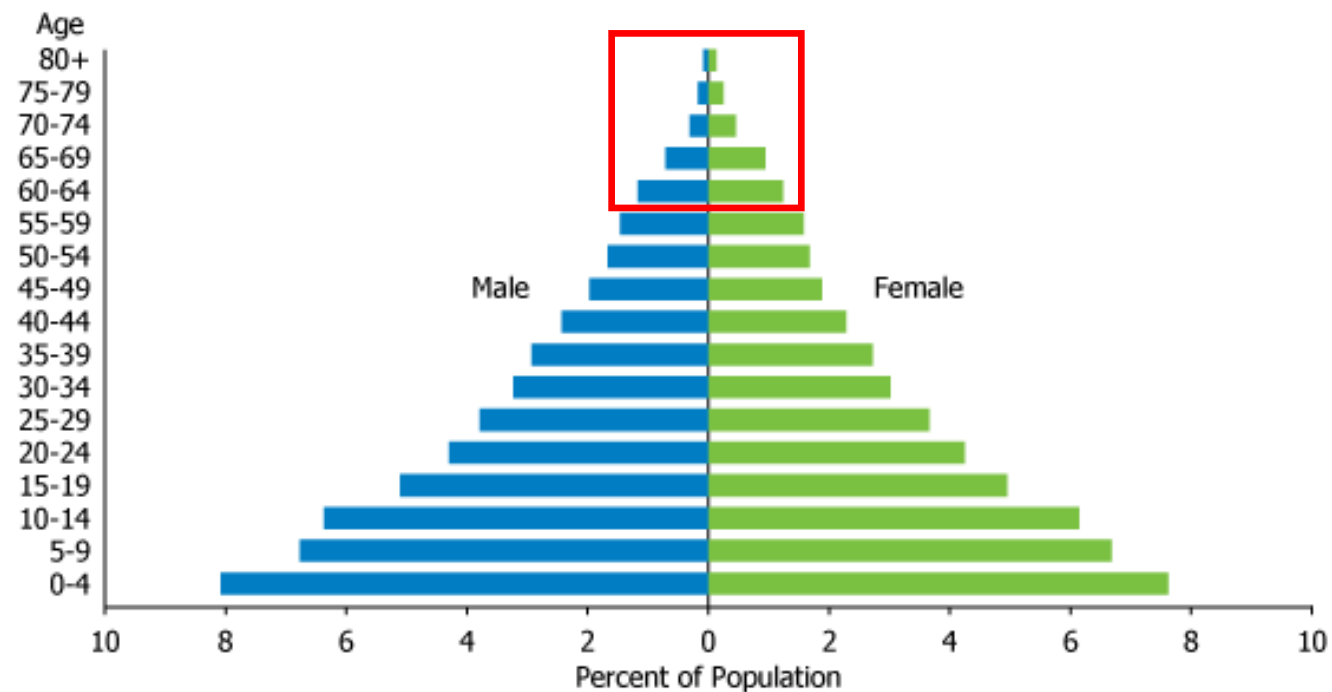
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Population age distribution 1950



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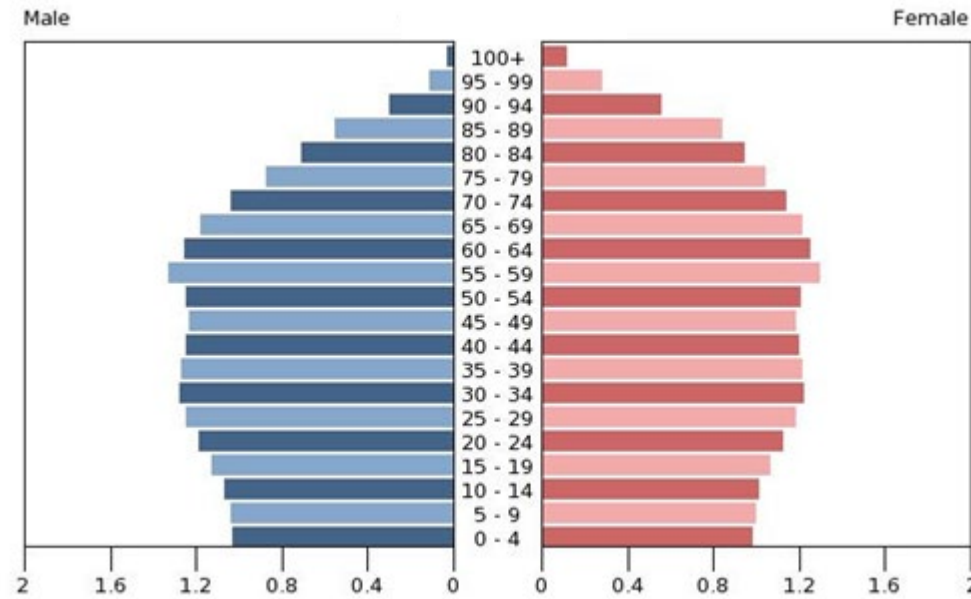
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Population age distribution 2050



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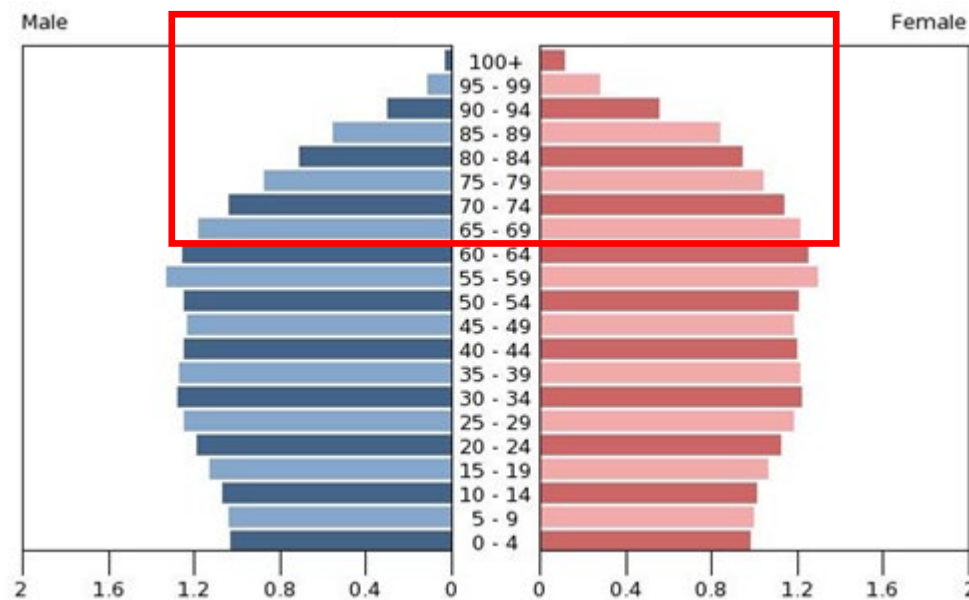


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Population age distribution 2050



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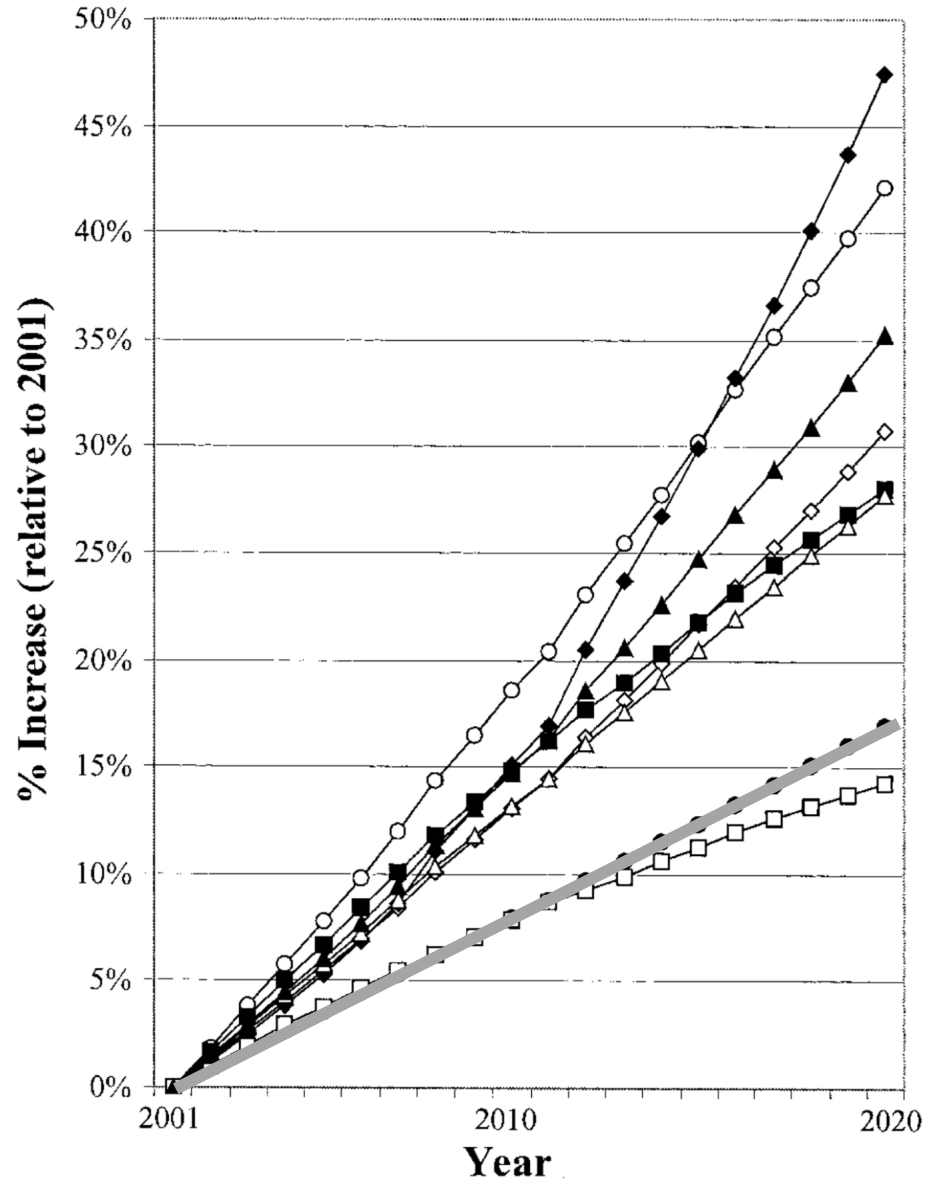
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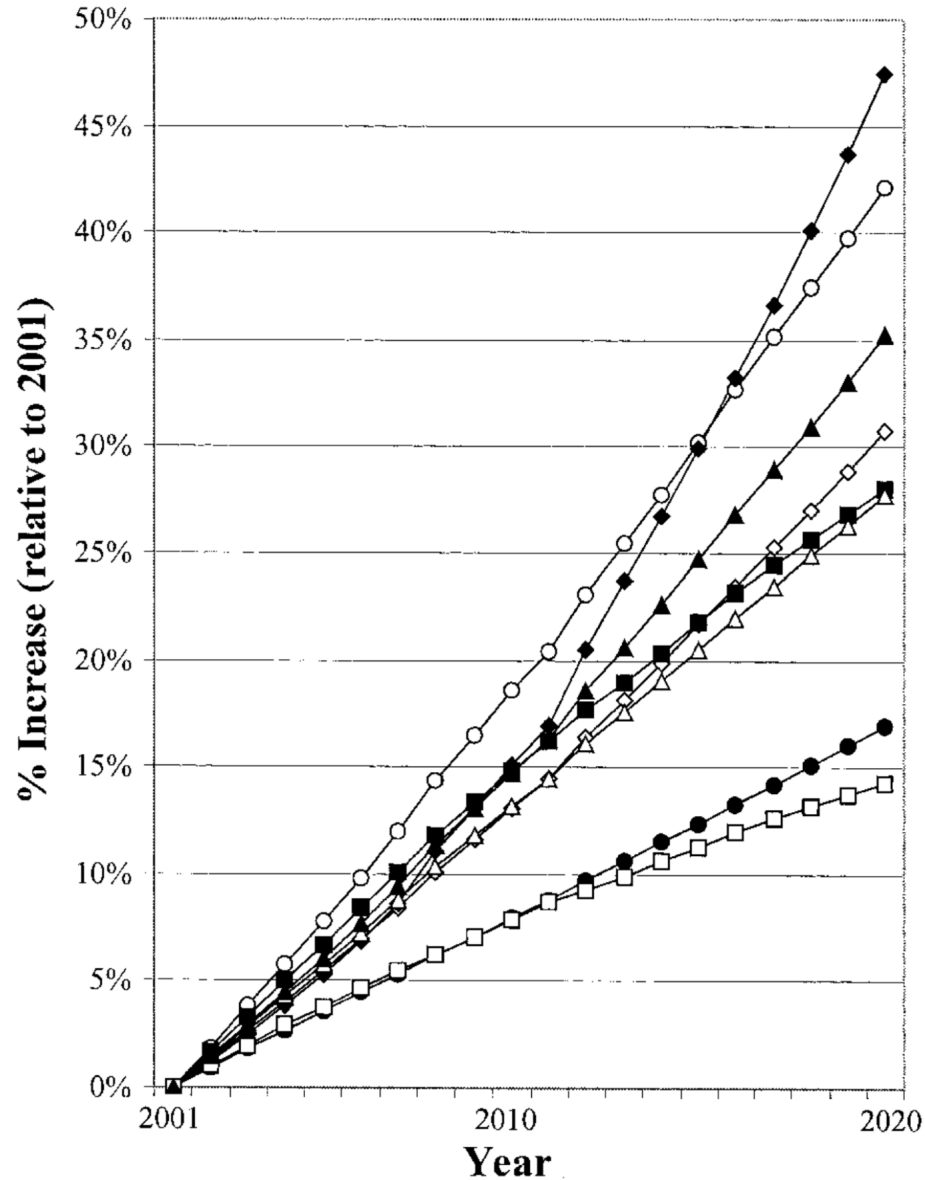
Population aging and perioperative care



Accounting definition

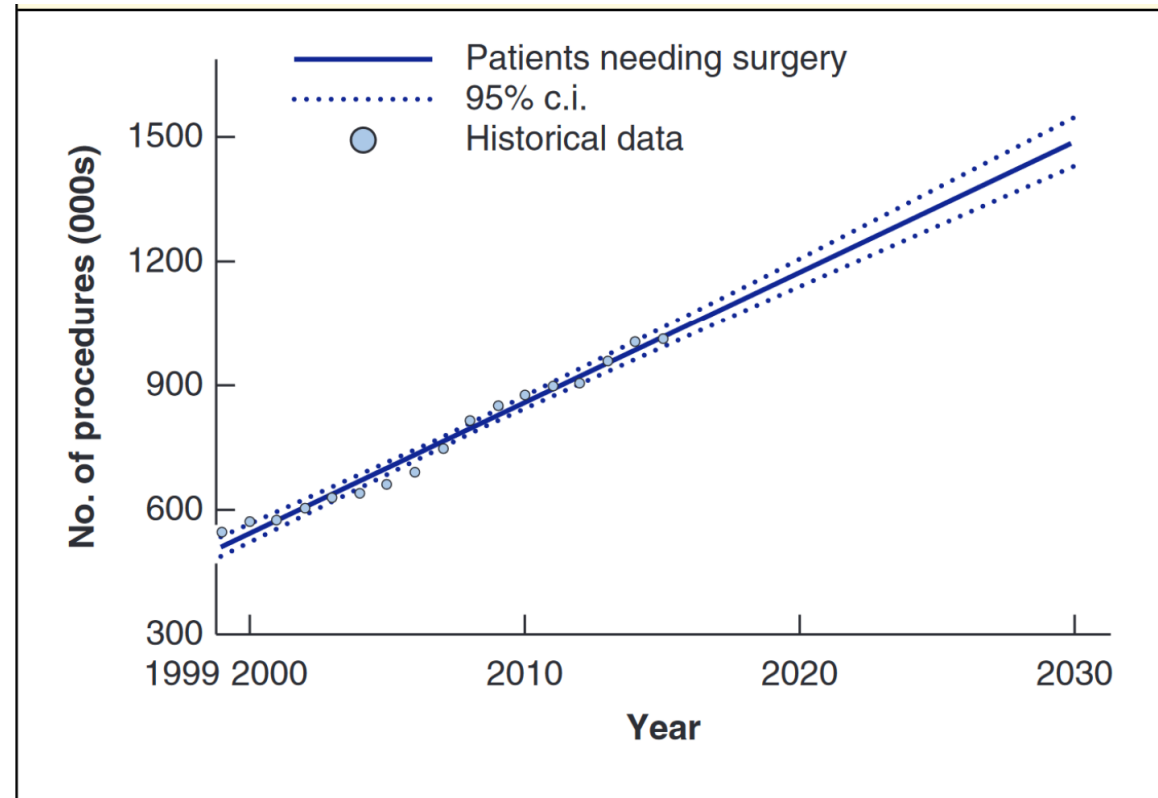


Projections - 2001

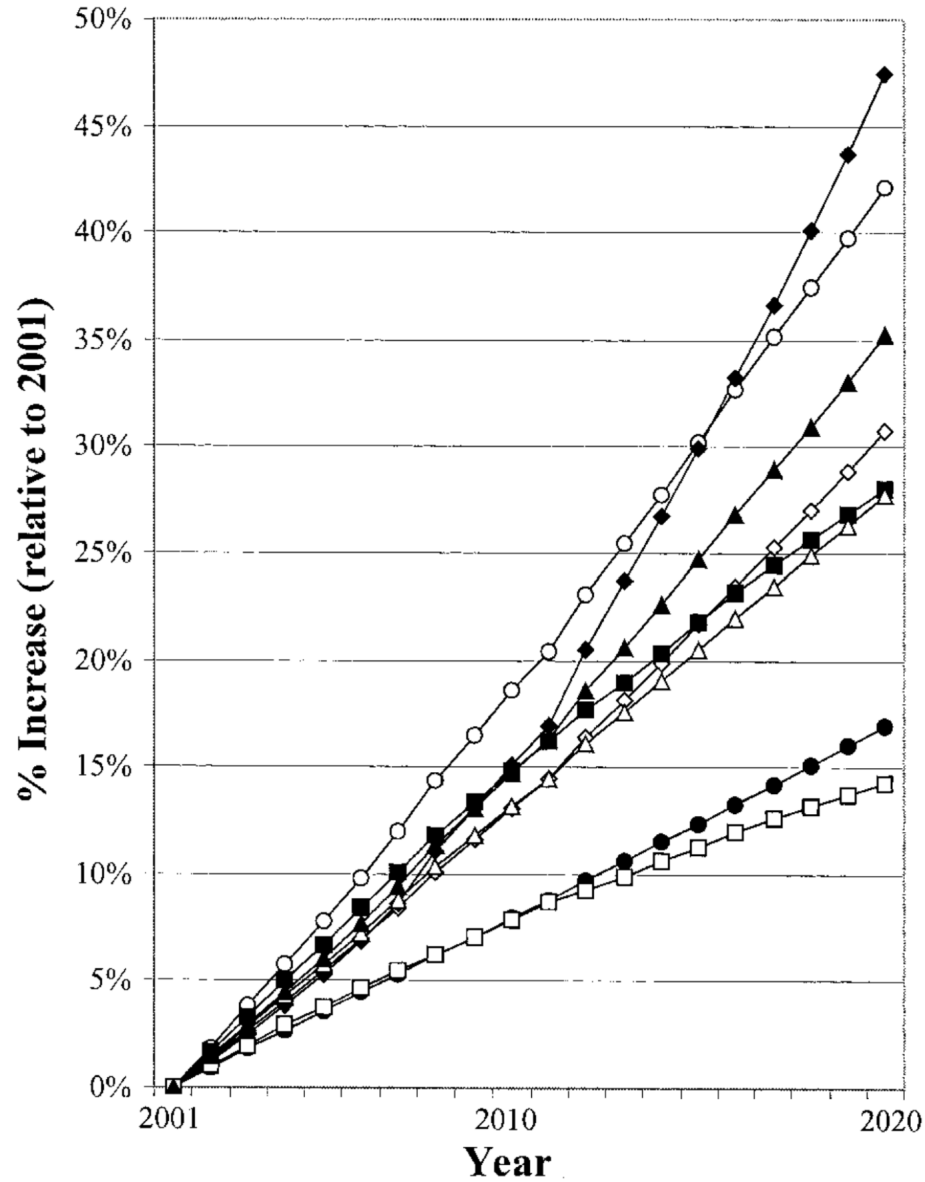


Ann Surg 2003; BJS 2019

Data & Projections - 2015

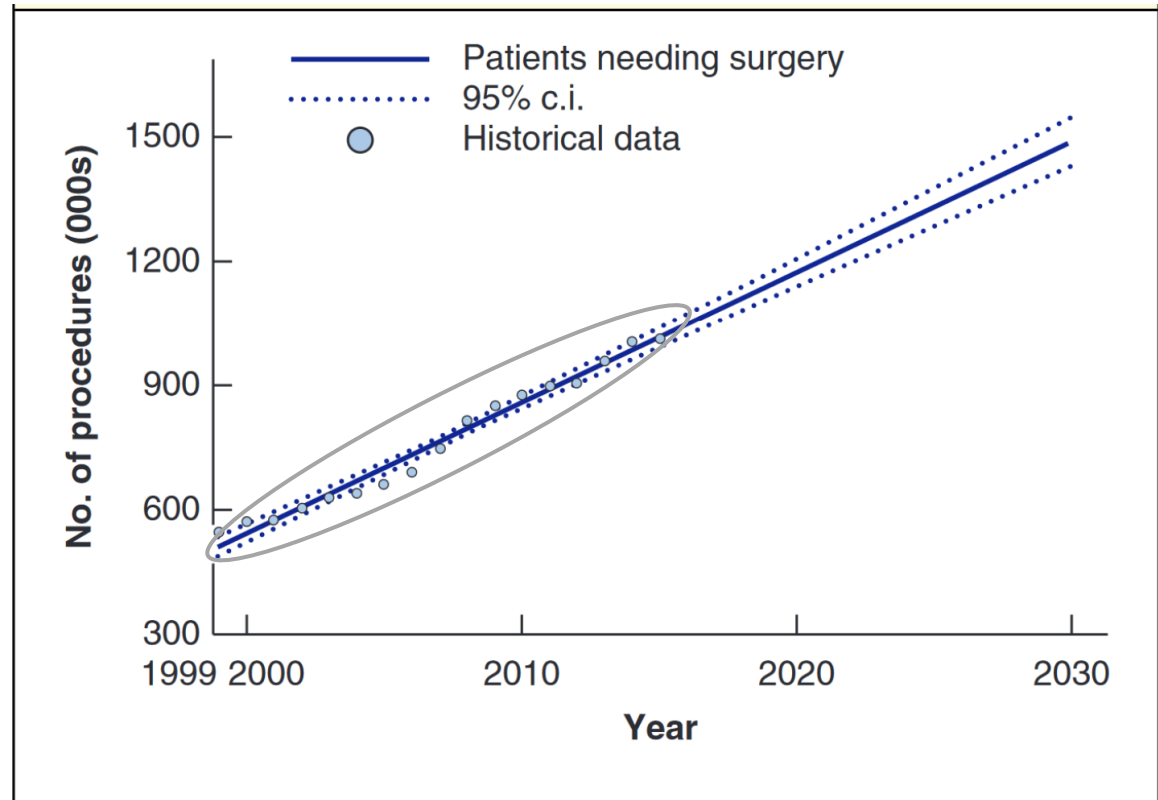


Projections - 2001

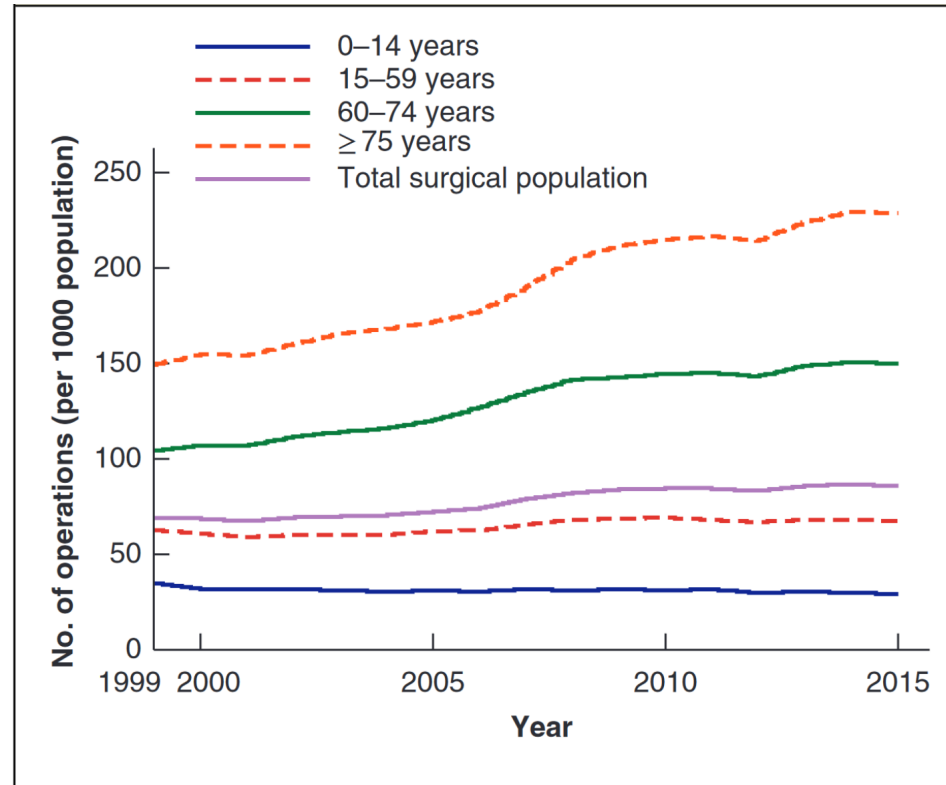


Ann Surg 2003; BJS 2019

Data & Projections - 2015



Older adults are the 'typical' surgical patient



Ida

- Lower limb bypass planned in 6 weeks
 - Severe claudication



IDA

- 84 y.o. female
- PMHx
 - Atrial fibrillation
 - HF, preserved ejection fraction
 - Diabetes, type 2
 - HTN
 - GERD
 - Osteoarthritis
 - Osteoporosis
 - Anxiety
- ▶ PSHx
 - Partial gastrectomy
 - Open cholecystectomy
- ▶ PAHx
 - No issues with GA or RA



IDA

- 84 y.o. female
- Meds
 - Rivaroxaban
 - ASA
 - Metformin
 - Long acting and correction insulin
 - Metoprolol
 - Ramipril
 - Pantoprazole
 - Acetaminophen
 - Risedronate
 - Vit D and calcium
 - Citalopram



IDA

- 84 y.o. female
- Allied health
 - Lives in a retirement home
 - Independent in IADLs
 - Needs some help with bathing
 - Uses a walker



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HOW DO WE SUM THIS UP?



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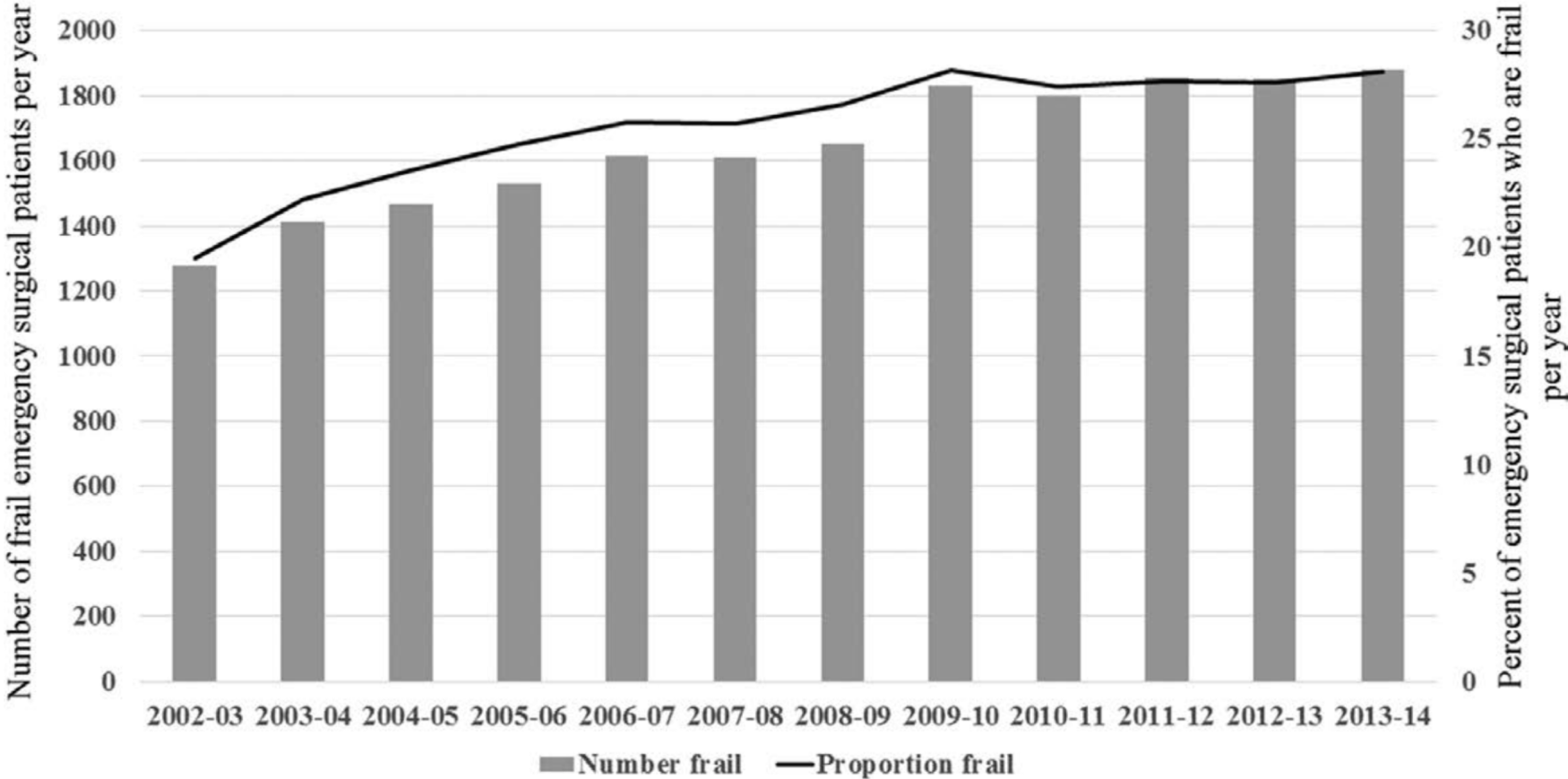
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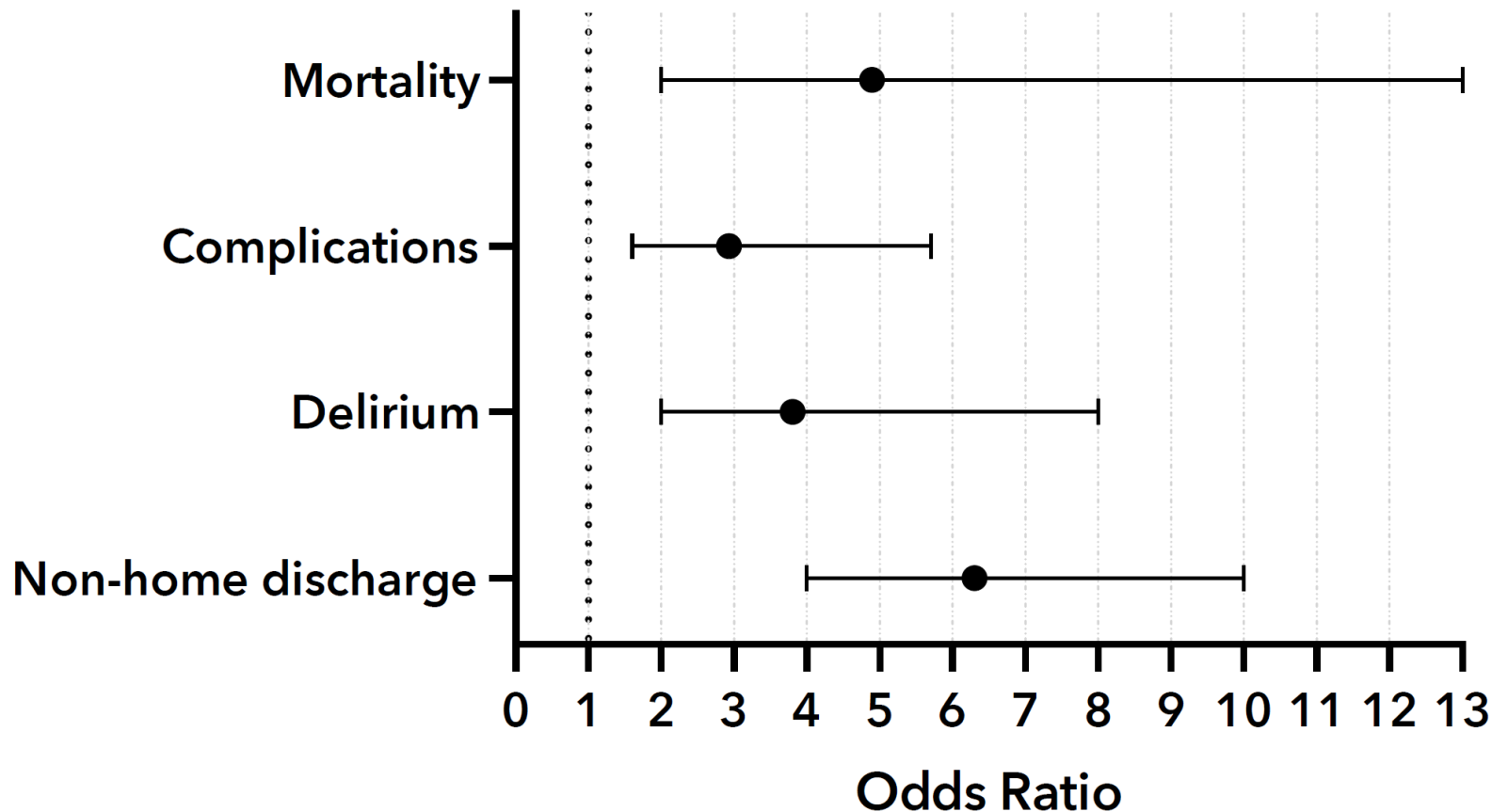
The 'typical' older surgical patient increasingly lives with frailty



SHORT TERM OUTCOMES

Accuracy and Feasibility of Clinically Applied Frailty Instruments before Surgery

A Systematic Review and Meta-analysis



Ida's goals

- Walk to retirement home dining hall
- Walk outside with friends and family
- Less pain/fewer ulcers



LONG TERM FUNCTIONAL OUTCOMES



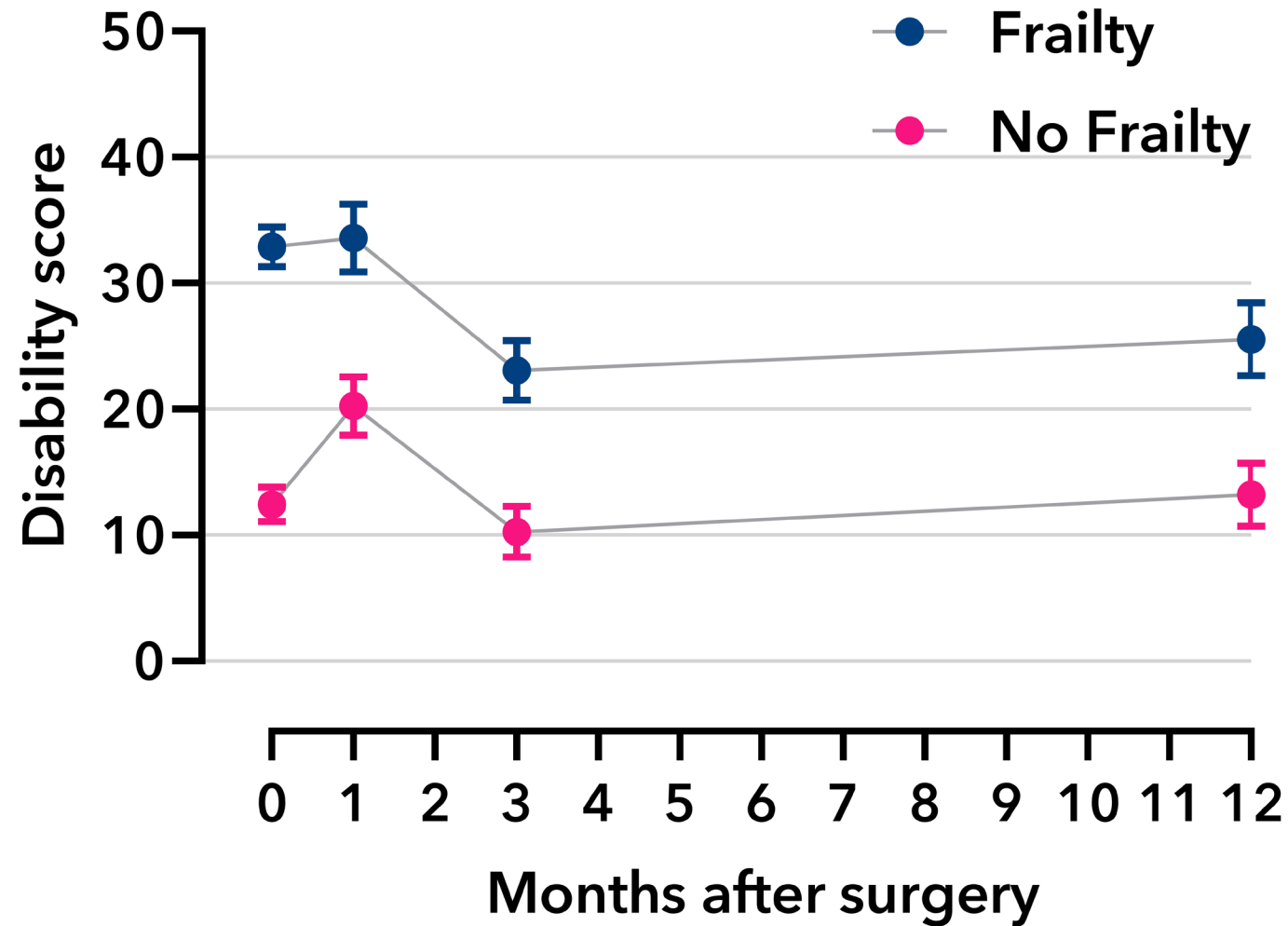
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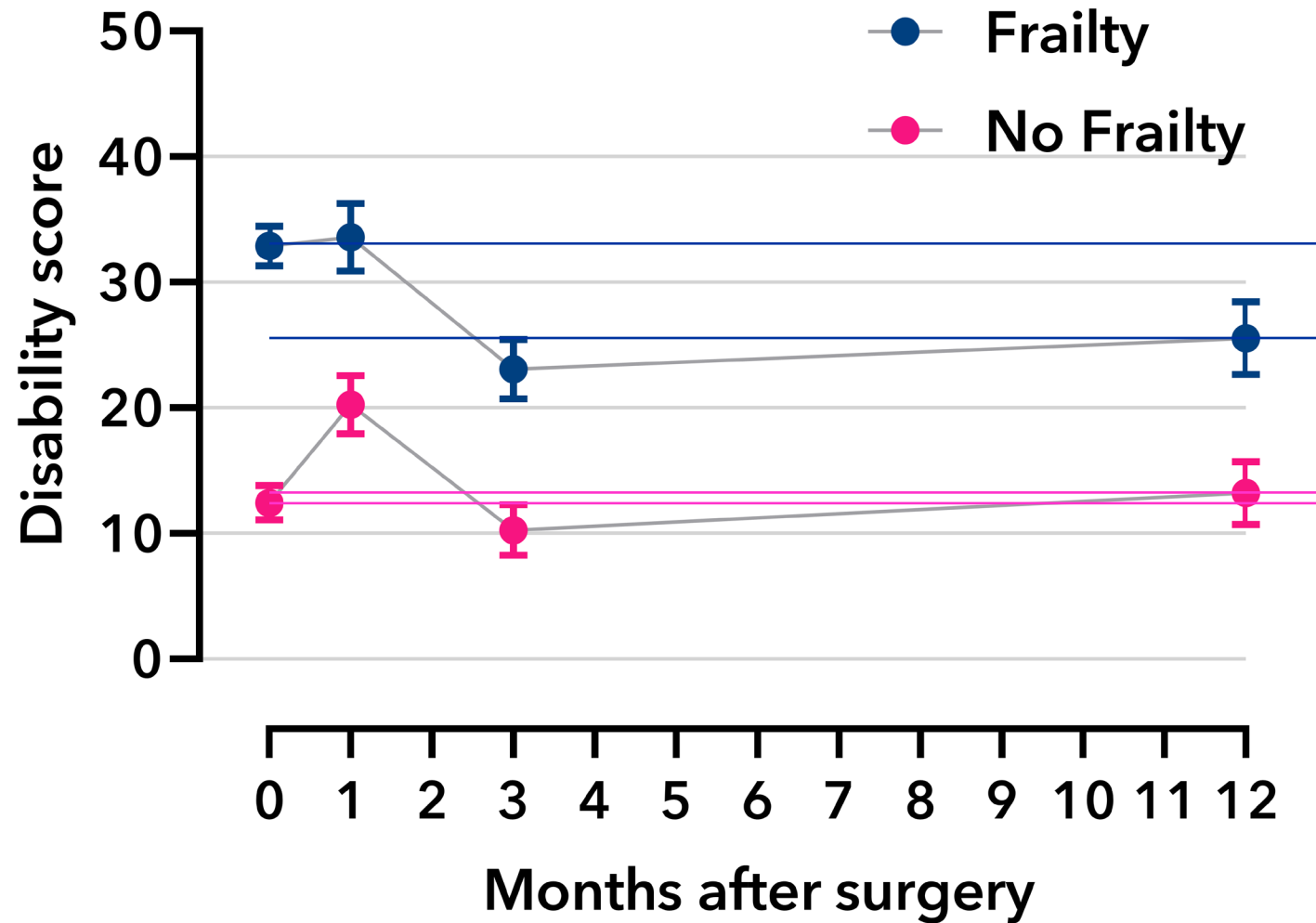
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LONG TERM FUNCTIONAL OUTCOMES




LONG TERM FUNCTIONAL OUTCOMES



FRAILITY=
GREATER DECREASE
in disability from baseline

Adj mean difference
-8.1 points, $P < 0.001$

WHAT CAN WE DO KNOWING IDA LIVES WITH FRAILITY?

 **5**

LIVING WITH MILD FRAILITY People who often have more evident slowing, and need help with high order instrumental activities of daily living (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.



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OPTIMAL PERIOPERATIVE MANAGEMENT OF THE GERIATRIC PATIENT:

Best Practices Guideline from ACS
NSQIP®/American Geriatrics Society



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**Geriatric
Surgery Verification**

QUALITY IMPROVEMENT PROGRAM

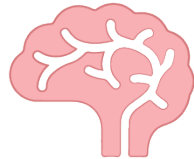
A **QUALITY PROGRAM**
of the **AMERICAN COLLEGE**
OF SURGEONS

Optimal Resources for
Geriatric Surgery

Contributors to frailty



Physical
performance



Cognition



Malnutrition



Mental health



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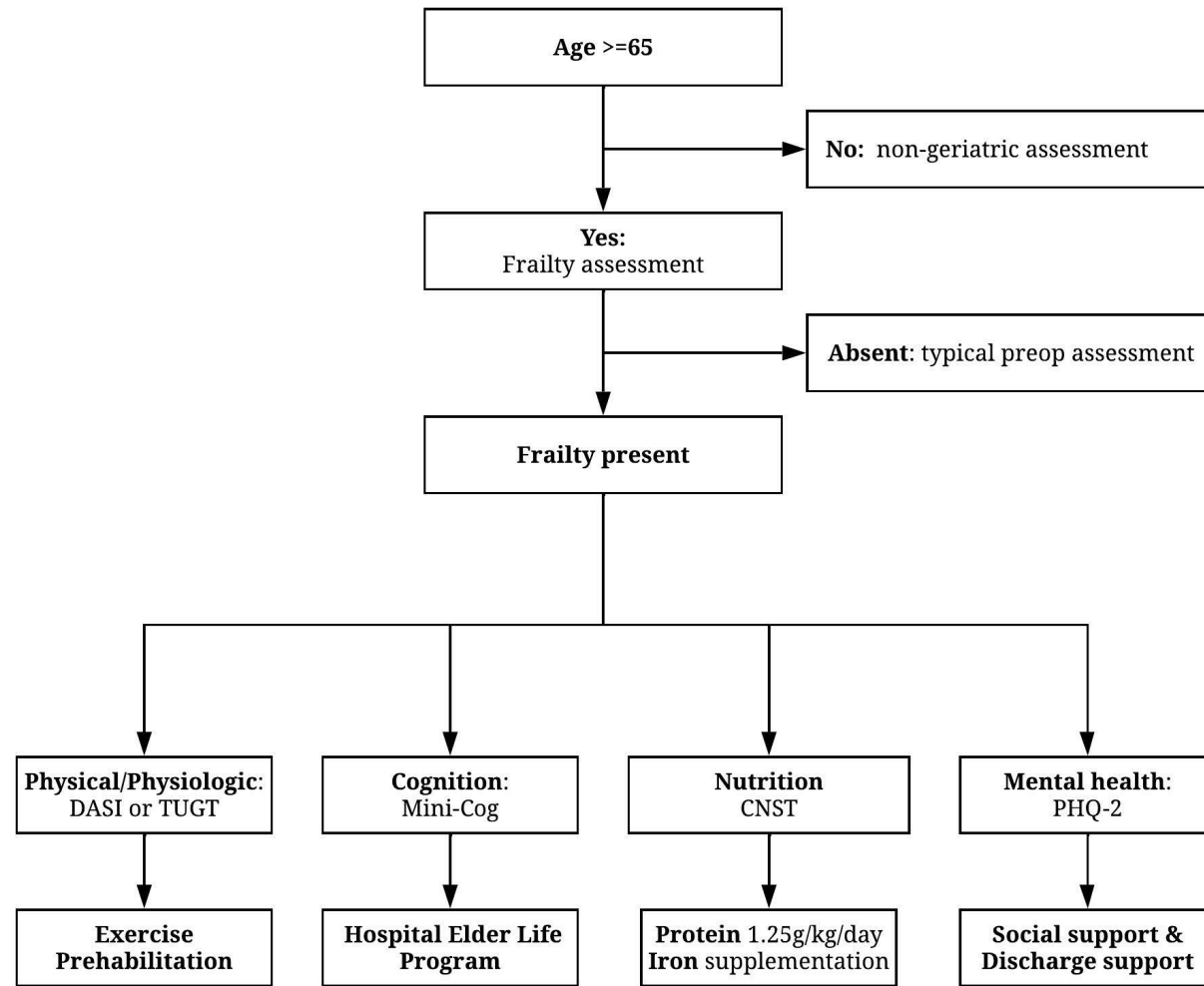
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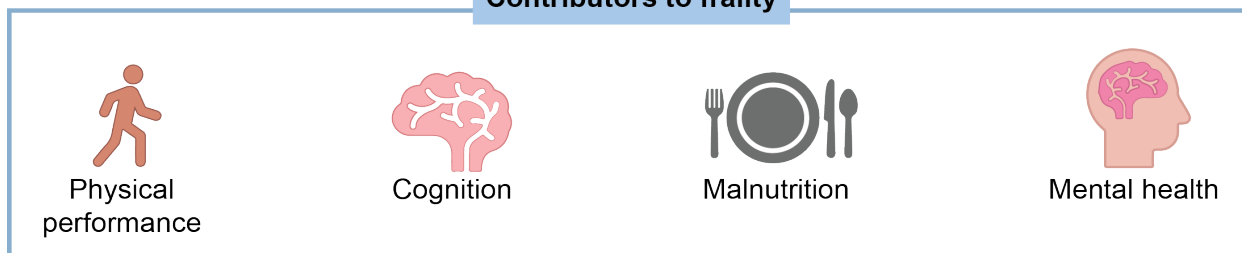


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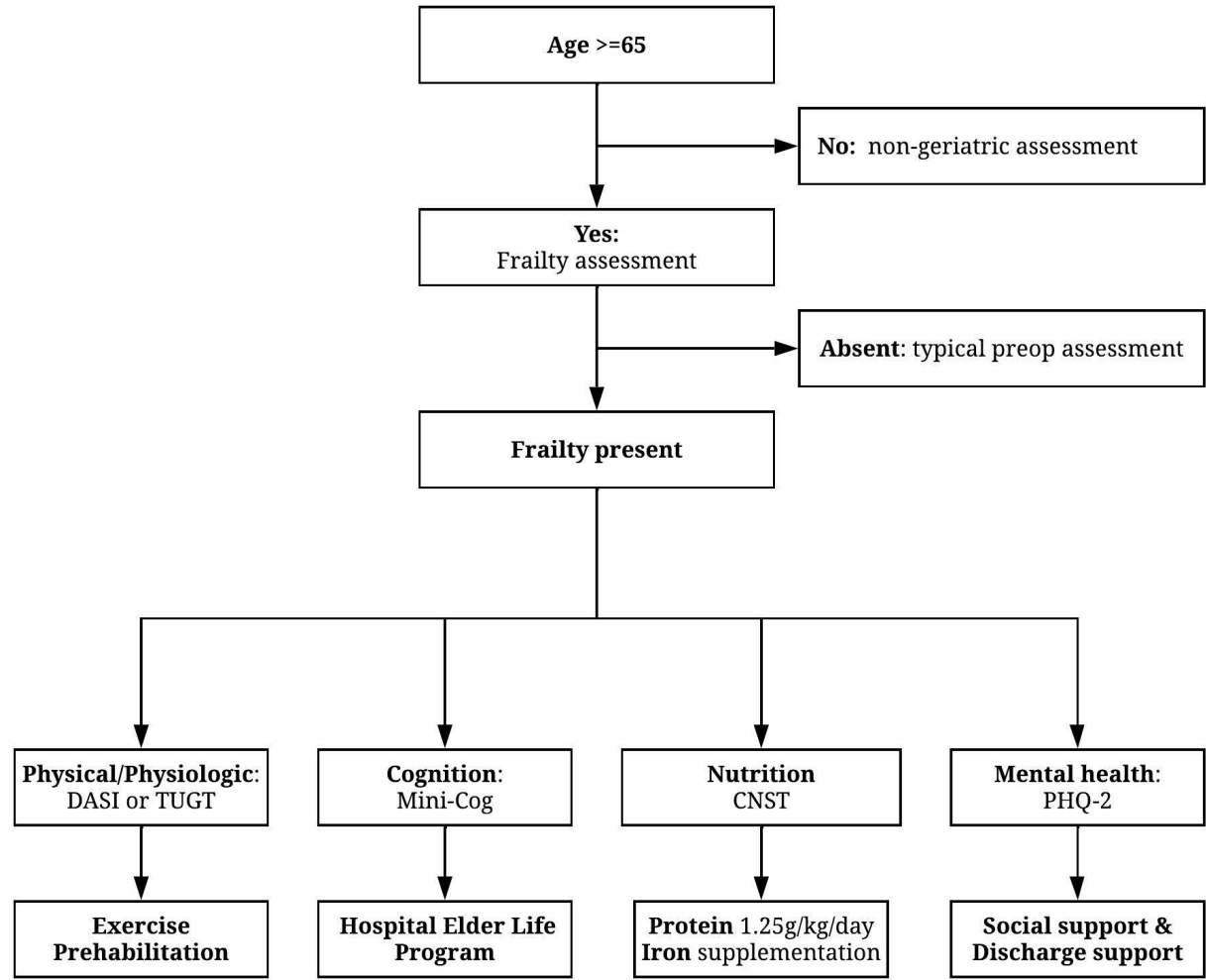


Contributors to frailty



Comprehensive Geriatric Assessment (CGA)

- Geriatric 5Ms
- Mobility
 - Multicomplexity
 - Meds
 - Mind
 - Matters Most



Contributors to frailty

Physical performance

Cognition

Malnutrition

Mental health

SYSTEM OPTIMIZATION



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SHARING IS CARING

Research

JAMA Surgery | **Original Investigation** | ASSOCIATION OF VA SURGEONS

Association of Routine Preoperative Frailty Assessment With 1-Year Postoperative Mortality

Patrick R. Varley, MD, MSc; Dan Buchanan, MS; Andrew Bilderback, MS; Mary Kay Wisniewski, MT, MACom; Jason Johanning, MD;
Joel B. Nelson, MD; Jonas T. Johnson, MD; Tamra Minnier, MSN, RN; Daniel E. Hall, MD, MDiv, MHSc

- 18% *relative* decrease in overall mortality (OR 0.82, 95%CI 0.72 to 0.92)
- 4% absolute decrease in mortality for those with frailty (-6% to -2%)



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CONSULT DIFFERENTLY

Research

JAMA Internal Medicine | [Original Investigation](#) | [LESS IS MORE](#)

Association of Preoperative Medical Consultation With Reduction in Adverse Postoperative Outcomes and Use of Processes of Care Among Residents of Ontario, Canada

Weiwei Beckerleg, MD, MPH; Daniel Kobewka, MD, MSc; Duminda N. Wijeyesundera, MD, PhD;
Manish M. Sood, MD, MSc; Daniel I. Mclsaac, MD, MPH

- Association with increased mortality
 - OR 1.19 (1.11 to 1.29)



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CONSULT DIFFERENTLY

Randomized clinical trial

Randomized clinical trial of comprehensive geriatric assessment and optimization in vascular surgery

J. S. L. Partridge^{1,3}, D. Harari^{1,3}, F. C. Martin^{1,3}, J. L. Peacock³, R. Bell², A. Mohammed¹ and J. K. Dhesi^{1,3}

- Geriatric consultation
 - 2.2 day reduction in LoS
 - 13% *absolute* decrease in delirium
 - 20% *absolute* decrease in medical complications



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CONSULT DIFFERENTLY

CLINICAL INVESTIGATION

Effect of Preoperative Geriatric Evaluation on Outcomes After Elective Surgery: A Population-Based Study

Daniel I. McIsaac, MD, MPH,^{†‡§}  Allen Huang, MD, MDCM,^{†¶**}  Coralie A. Wong, MSc,[‡]
Duminda N. Wijeyesundera, MD, PhD,^{†††‡‡§§} Gregory L. Bryson, MD, MSc,^{*†} and
Carl van Walraven, MD, MSc^{†‡§¶}*

- HR 0.81 (0.68 to 0.95)



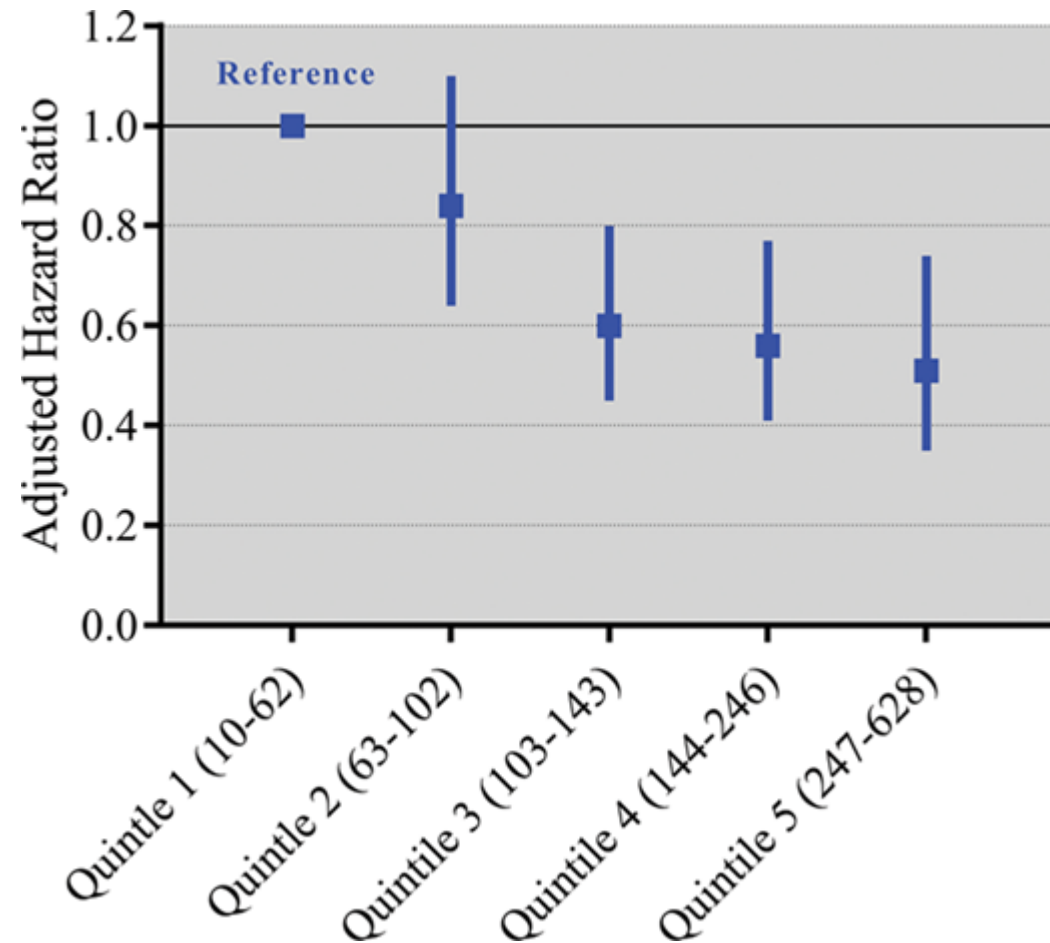
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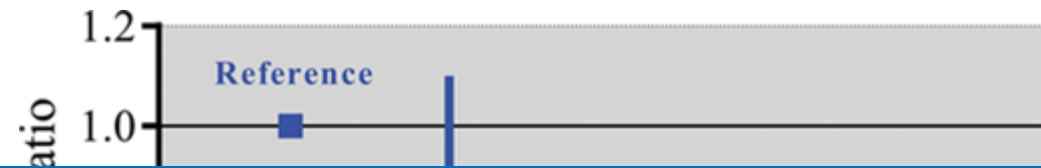
EXPERIENCE MATTERS

- High volume centers
 - Complex procedures
 - Complex patients

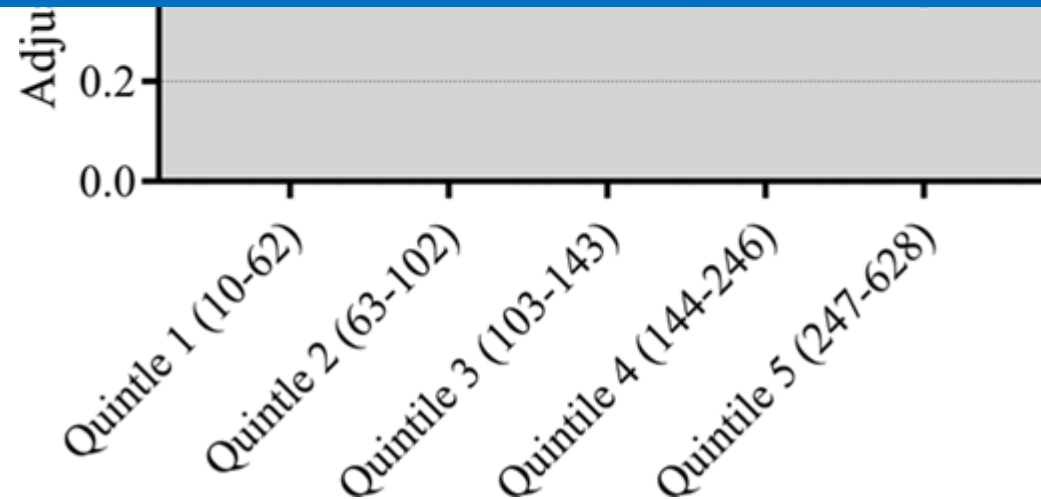


EXPERIENCE MATTERS

- High volume centers
 - Complex procedures
 - Complex patients



The more often a center cares for a patient with frailty...
...the more often they survive



WRAPPING UP



- The average surgical patient is an older adult
 - and often lives with frailty
- Good long-term outcomes are plausible
 - Requires
 - Patient-level optimization
 - System-level optimization



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LUNCH

PCAN PERIOPERATIVE
CLINICAL
ACTION
NETWORK

2024 PCAN SUMMIT

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VANCOUVER, BC





KEYNOTE

MINDSET EQUITY

JOE BRITTO

An Equity Mindset

Joe Britto

Mindset and Management Consultant at Innate Leaders

**MIND
SET VI**TM
Rethink Your Toughest Challenges



Presenter Disclosure

Presenter: Joe Britto

Relationships with commercial interests:

Grants/Research Support: None.

Speakers Bureau/Honoraria: Keynote Speakers

Consulting Fees: None.

Other: N/A



DIVERSITY
& INCLUSION



Equality



Equity





MIND
SET VI



LIBERAL



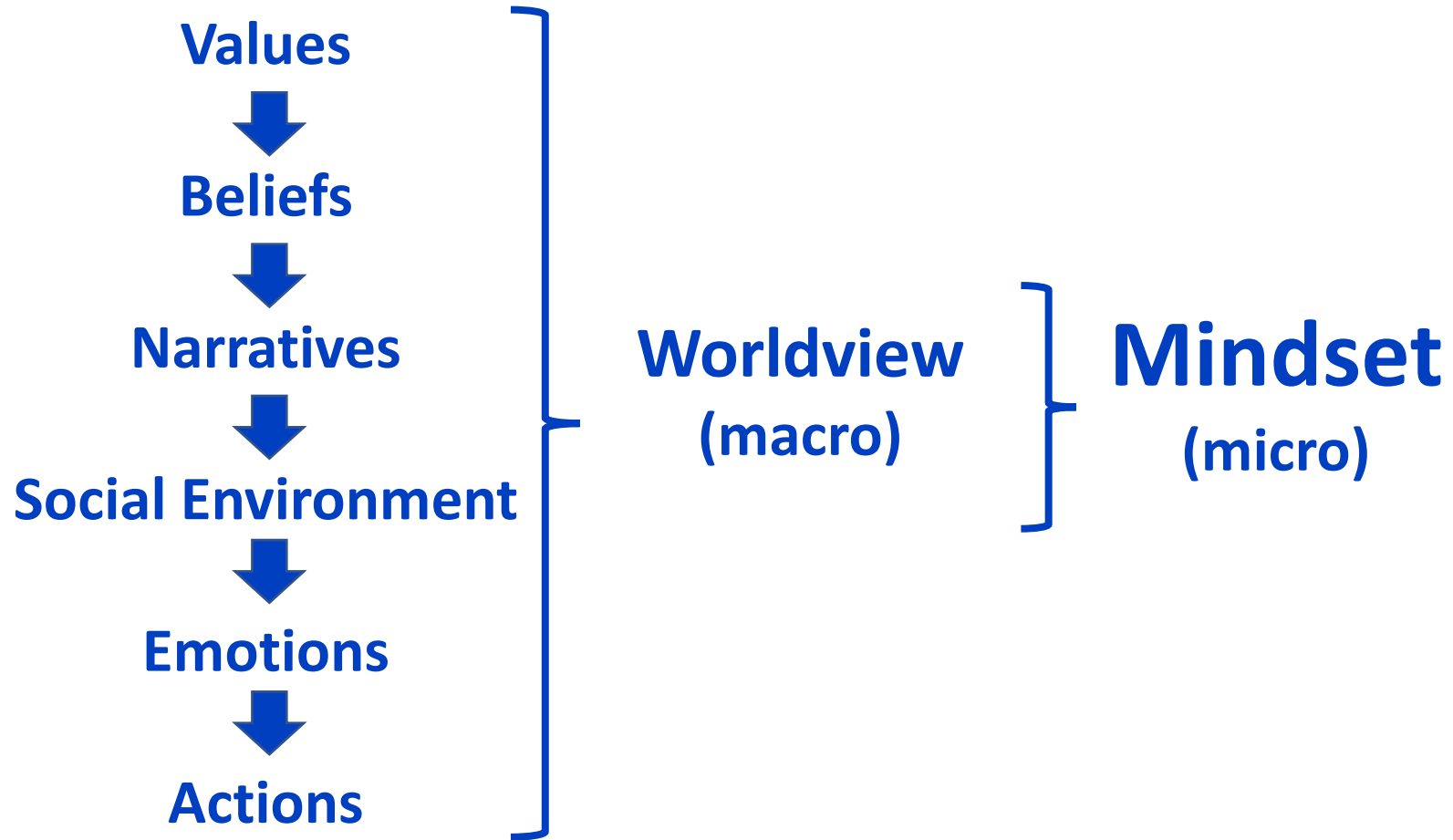
IT'S ALL
GOOD
HERE

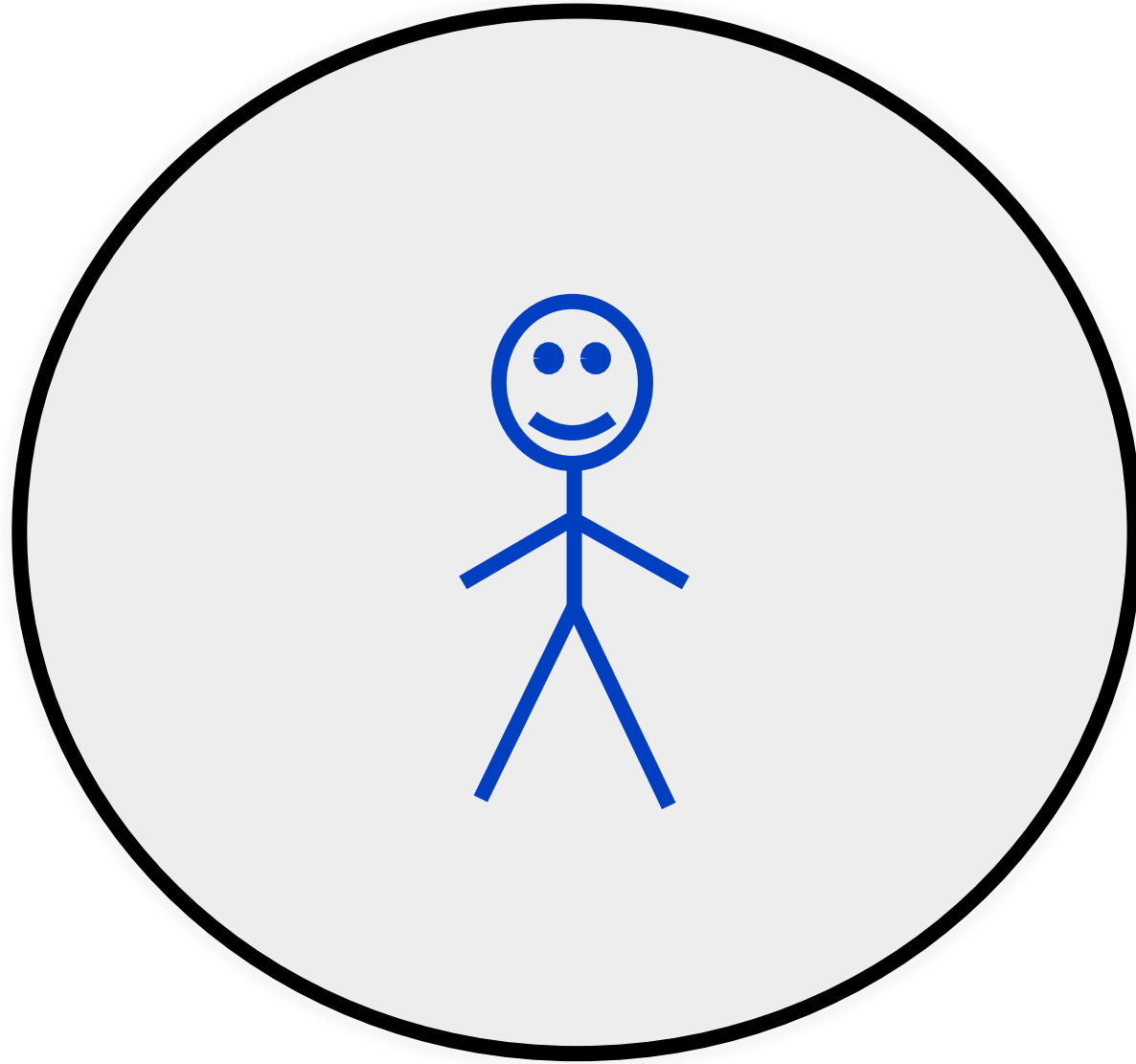






What is Mindset?





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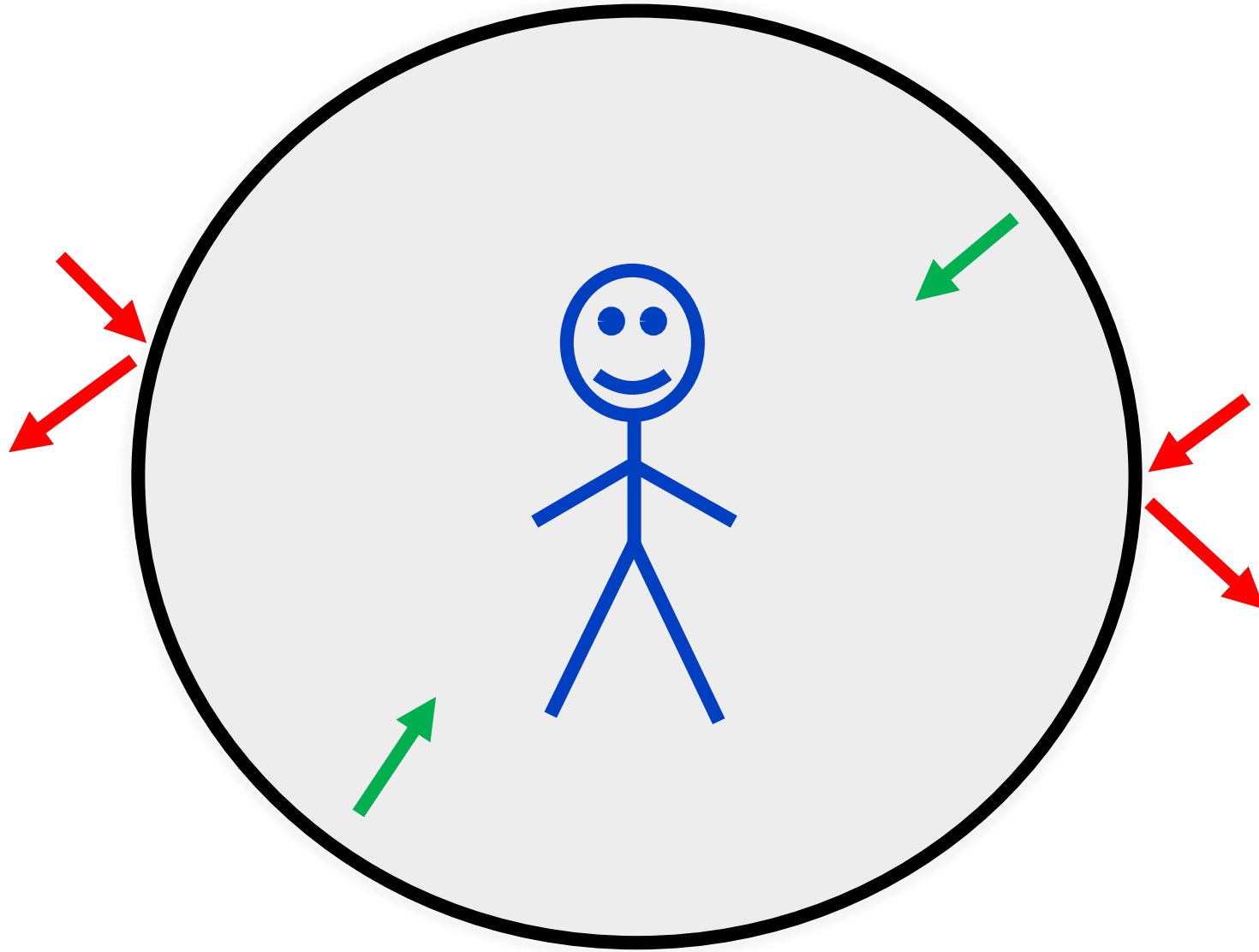
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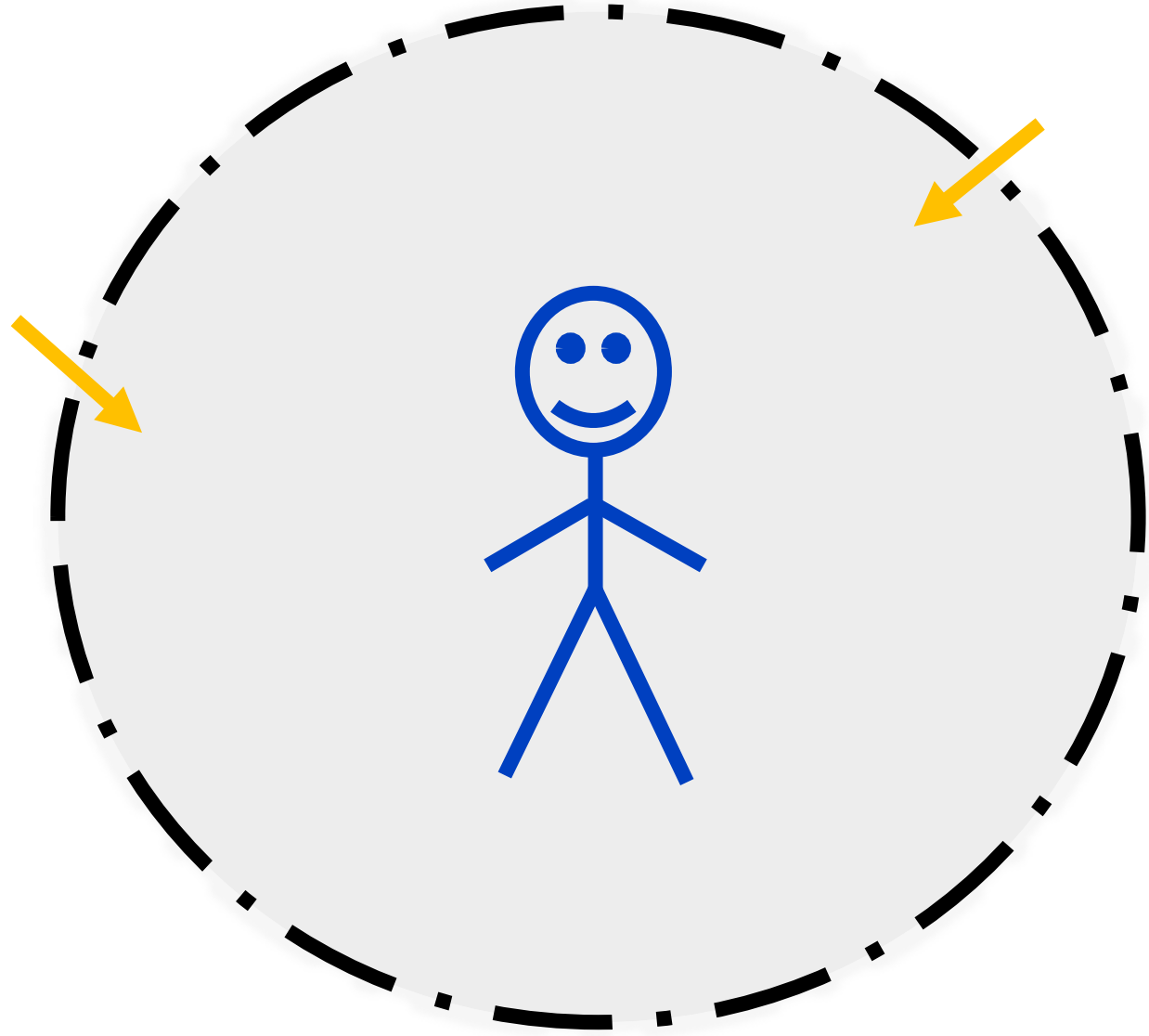


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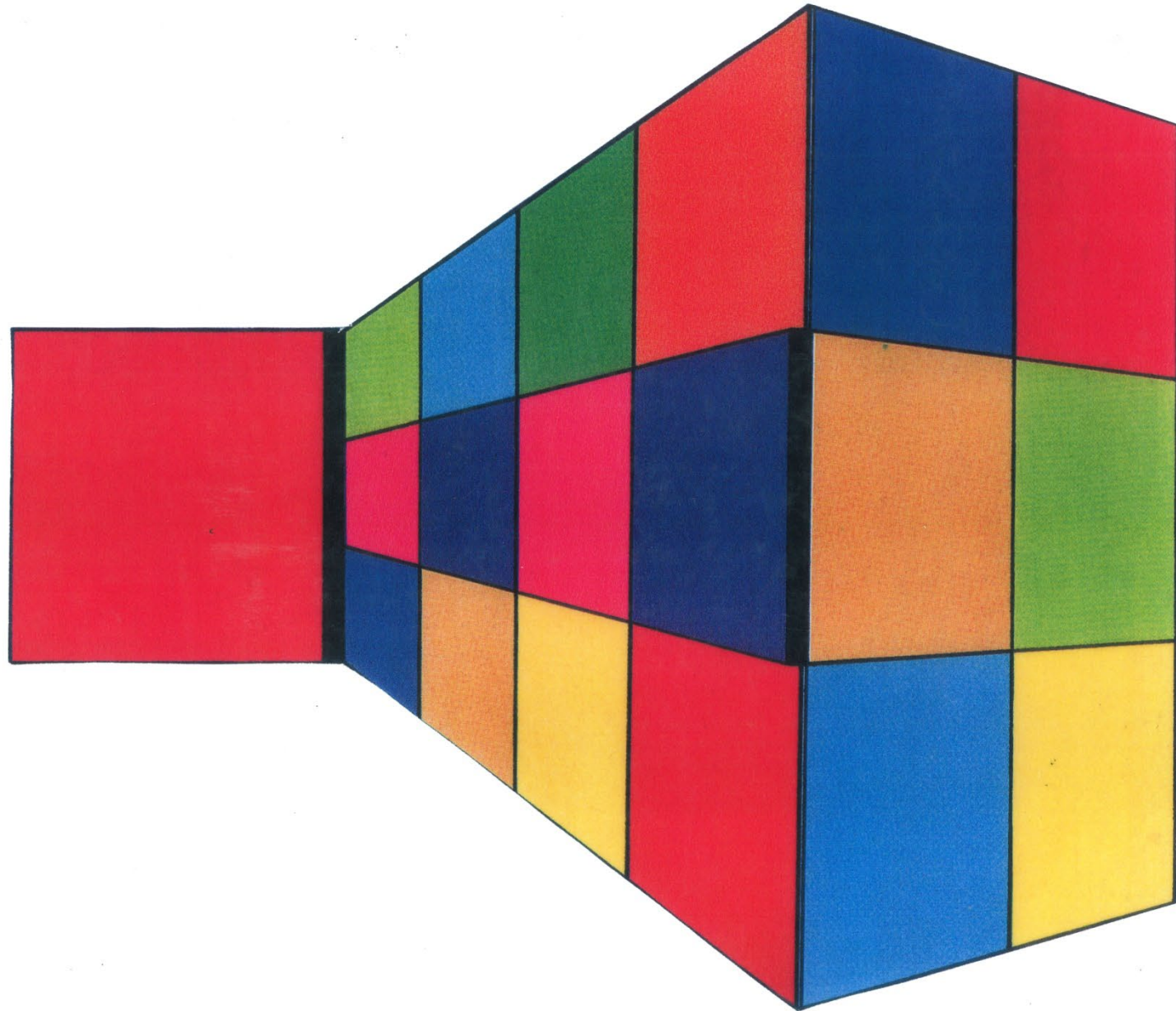




MIND
SET VI







MIND
SET VI



MIND
SET VI

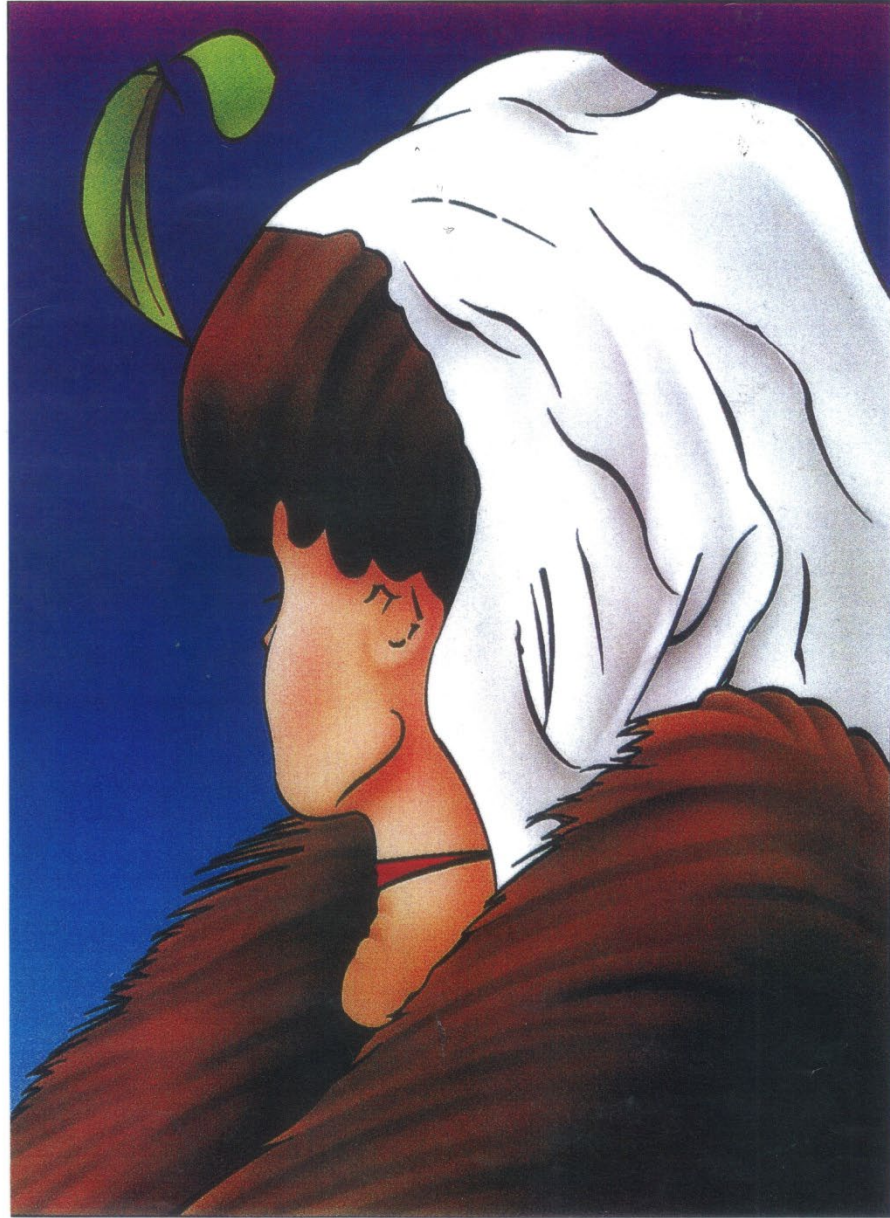




Likelihood of survival based on class & gender

Passenger	Number of Passengers	Number of Survivors	Survival Rate
First Class Men	175	57	33%
First Class Women	144	140	97%
First Class Children	6	5	83%
First Class Total	325	202	62%
Second Class Men	168	14	8%
Second Class Women	93	80	86%
Second Class Children	24	24	100%
Second Class Total	285	118	41%
Third Class Men	462	75	16%
Third Class Women	165	76	46%
Third Class Children	79	27	34%
Third Class Total	706	178	25%
Total	1,316	498	38%

Raw data from Takis L. Sandra (1999). Titanic: A Statistical Exploration.
Mathematics Teacher Volume 92: 8 pp. 660–664.



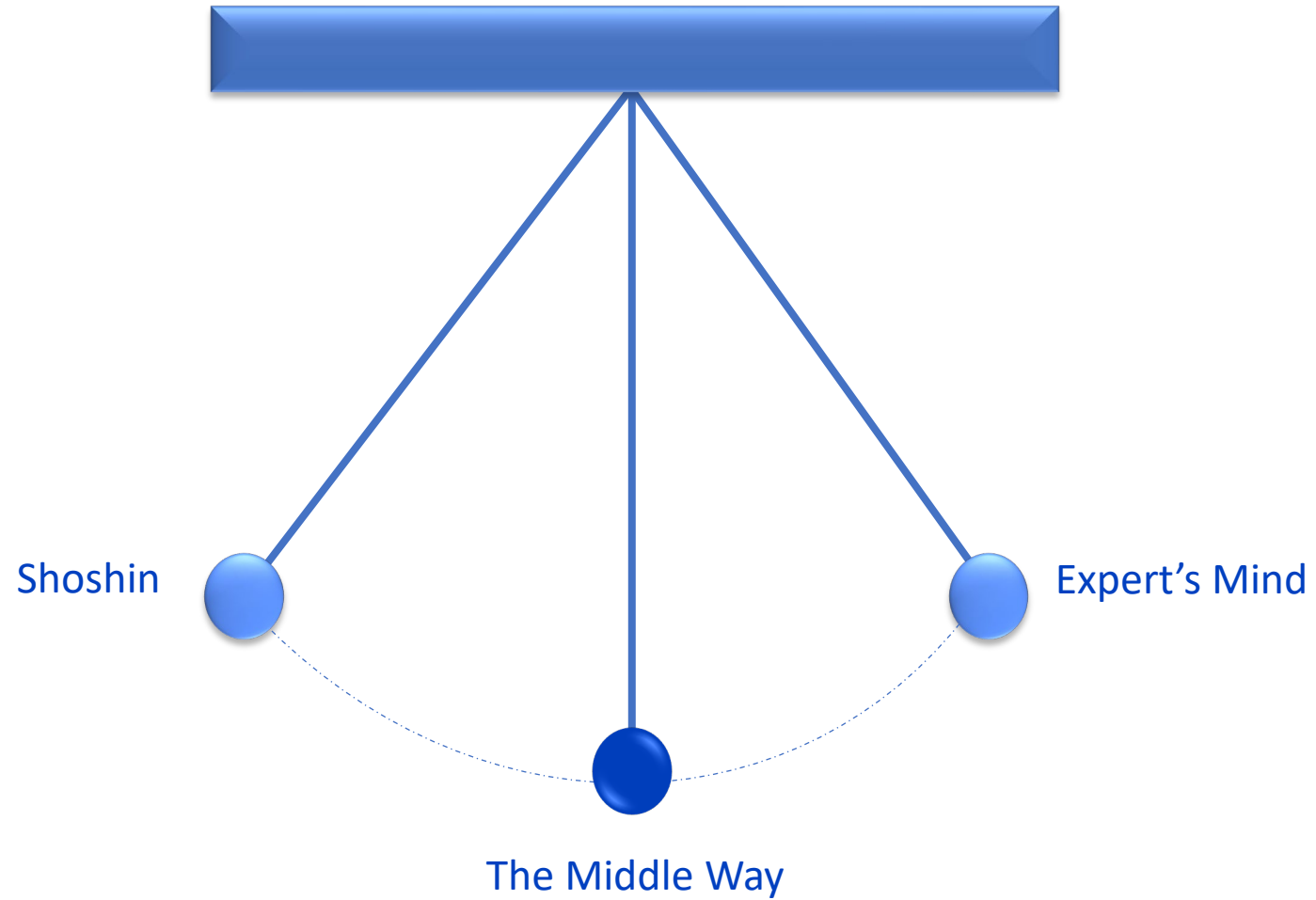




The Expert Mind & Shoshin



The Dance of Shoshin



FLEXIBILITY OF MIND

MINDFULNESS

RESILIENCE

GENUINE CURIOSITY

CREATING LEADERS

ENTERPRISE THINKING



SOME GENUINELY CURIOUS EQUITY QUESTIONS:

- Who's burdened the most by situation?
- Who benefits the most?
- Are we involving those affected in the way they want to be involved?
- Are those most affected by the issue involved in the solution?
- What institutions, groups, or departments are involved?
- How would we know if a policy is unfair?
- Do multiple policies or practices work together to create inequity?





MIND
SET VI







Functional Fixedness

Situational Fixedness

<https://www.forbes.com/sites/sallypercy/2021/03/08/six-ways-to-tackle-workplace-ine...>

[Six Ways To Tackle Workplace Inequality In 2021 - Forbes](#)

Mar 8, 2021 ... 1. Recognize that **tackling inequality** is not **the** role of one, it's **the** coming together of everyone · 2. Stop encouraging "mother's guilt" · 3.

[🔗 Visit in Anonymous View](#)

- **Move beyond representation and interpersonal relationship skills and consider systems/processes**
- **Interrogate all policies and practices**
- **Look for gaps of available resources**
- **Clearly define the issue, challenge, or policy**

<https://globalgoals.org/goals/10-reduced-inequalities/>

[Goal 10: Reduced inequalities - The Global Goals](#)

Does everyone at **your** place of work have access to healthcare? Find out what **your** rights are to work. Fight against **inequality**.

[🔗 Visit in Anonymous View](#)

<https://tacklinginequality.org/>

[The Business Commission to Tackle Inequality](#)

The Business Commission to **Tackle Inequality** is mobilizing **the** global **business** community to promote shared prosperity for all.

[🔗 Visit in Anonymous View](#)

https://www.ey.com/en_gl/about-us/corporate-responsibility/what-more-can-business-...

[What more can business do to tackle inequality? | EY - Global](#)



REVOLUTIONARY GENUINELY CURIOUS QUESTIONS

What if our ideas are variations on a theme?

Are we willing to disrupt the status quo?

Are we willing to let go of some power so others can gain a little?

What if the system is promoting inequity?

What if by filling our role in that system, we're individually adding to inequity?



all



A practical look at disrupting inequity



Thank you

A man in a light-colored sweater and glasses stands at the front of a room, pointing towards a whiteboard. He is holding a pen in his right hand. The whiteboard behind him displays several charts and diagrams, including a bar chart and a pie chart. A group of people, seen from behind, are seated in the foreground, listening to the presentation. The room has large windows on the right side, with potted plants on a shelf. The entire image is overlaid with a blue tint and horizontal white lines at the top and bottom.

BREAK OUT

BREAKOUTS!

BREAKOUT SESSION

SPEAKER

LOCATION

Exploring Equity

Joe Britto

Pinnacle Ballroom
(stay here)

Supporting Patient
Optimization –
Tools! Tools! Tools!

Geoff Schierbeck, Juliet
Batke, Sooky Moore, Lindi
Thibodeau, Kyra Siemens

Shaughnessy I
(down the hall)

EXPLORING EQUITY

JOE BRITTO



Innate
 Leaders



BREAK

PCAN PERIOPERATIVE
CLINICAL
ACTION
NETWORK

2024 PCAN SUMMIT

NOVEMBER 18, 2024
VANCOUVER, BC



SHARED DECISION MAKING

PANELISTS

Disclosures

- Name, Title
- I have nothing to disclose.

Panelists...

Dave Konkin • Moderator,
Regional Medical Director & Department Head of Surgery, Fraser Health Authority

Dan McIsaac, Anesthesiologist, Ottawa Hospital

Kelly Mason, Anesthesiologist, Vancouver Coastal Health

Dara Lewis, Registered Nurse, Vancouver Coastal Health

John Street, Surgeon, Vancouver Coastal Health

Shared Decision-Making in the Context of Surgery

Making a “best fit” decision in partnership with our patients

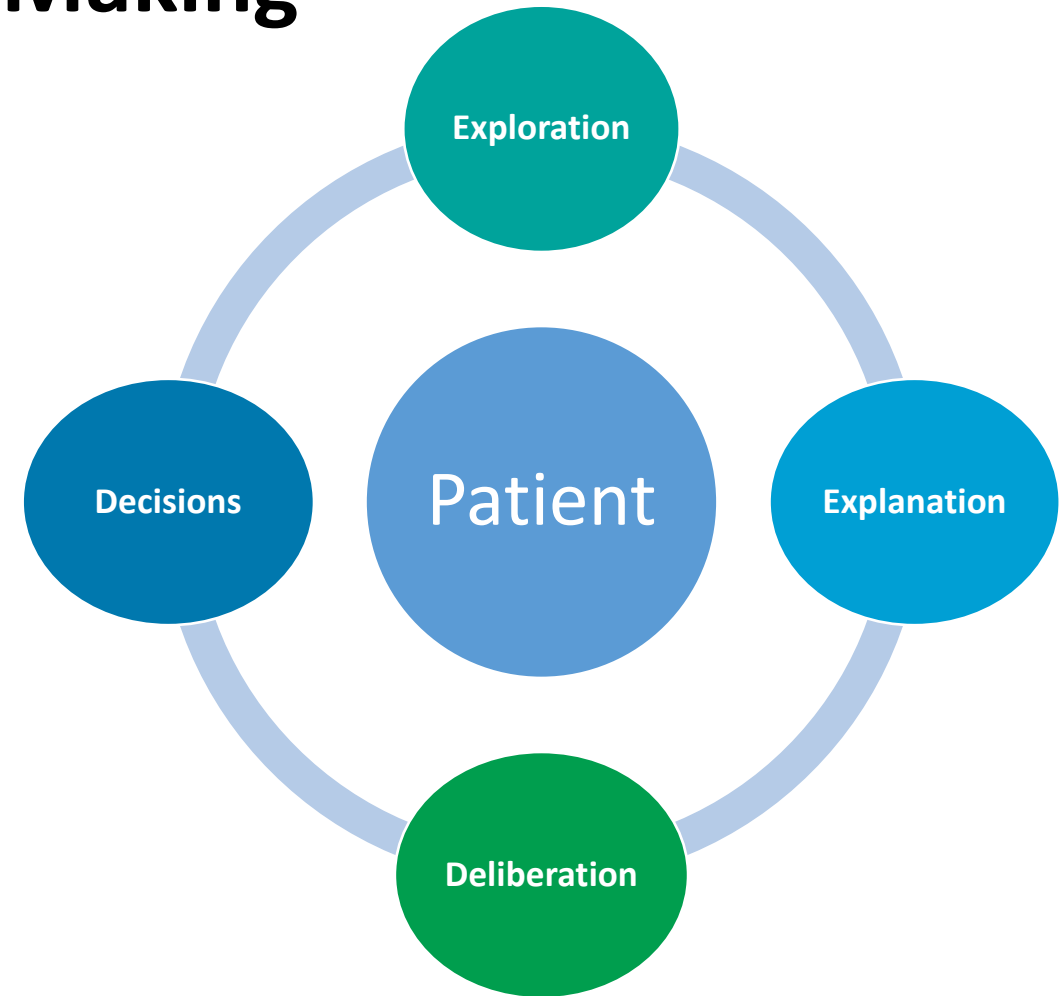


Dara Lewis

Regional Palliative Approach to Care Education (RPACE) lead
Vancouver Acute, Vancouver Coastal Health

Conceptualizing Shared Decision-Making

- Key feature of person-centred care
- Healthcare clinicians **working together** in partnership with patients
- Process of exploration, explanation, deliberation, and decision-making
- Meaningful **two-way dialogue** to reach the *best possible* decision for every person as an individual



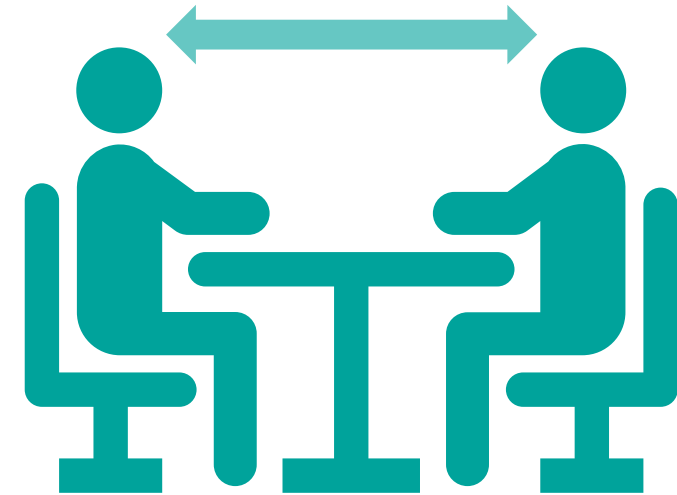
Ingredients for Success in Shared Decision-Making

- Acknowledgement that there is more than one way to treat a problem, including 'no treatment'

(Centre for Perioperative Care, n.d.)

- From both clinicians and patients:
 - Sharing your own expertise (clinical vs who am I)
 - Curiosity to learn from one another
 - Active listening
 - Problem-solving
 - Flexible thinking
 - Collaboration
 - Compassion for oneself and one another

(Montori et al., 2023)



Relevance of Shared Decision-Making in Surgery



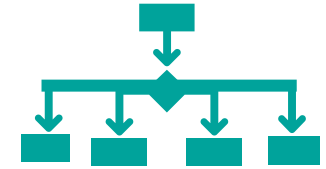
**Subjectivity of
benefits and
harms**



**Surgical stakes
and rates of
post-operative
conflict can be
high**



**Informed
decisions**



**Frontload
preparation for
post-operative
possibilities**

Why is this particularly relevant now?



The Bigger Picture

All patients with serious conditions can benefit from this approach, but these conversations are particularly relevant as we see...

An increase in those living with multiple co-morbidities and/or frailty...

posing greater risk of perioperative morbidity and mortality...

(Etzioni et al., 2003; McIsaac et al., 2016; Seib et al., 2017)

and more surgeries or surgical consults on those in final months or year of life

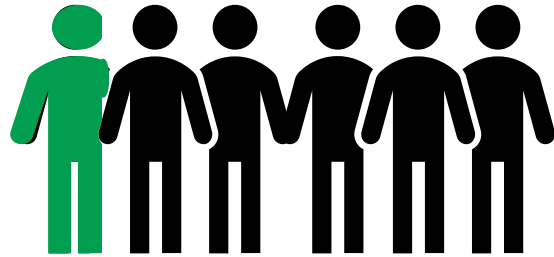
(Cooper et al., 2014)

By 2050, there will be 3x as many people age 80+ (UN, 2017)

Looking at Perioperative Regret

Amongst adult patients

A systematic review that included more than 70 articles from 10 countries, reported **perioperative regret in 1 in 6** of adult patients. (Wilson, Ronnekleiv-Kelly, & Pawlik, 2017)



Amongst next of kin decision-makers

An analysis of 23 studies showed 2-17% of next-of-kin decision-makers expressed **moderate to strong post-operative regret** in 10 of the studies. (Maillard et al., 2023)

Benefits of Shared Decision-Making in the Surgical Context



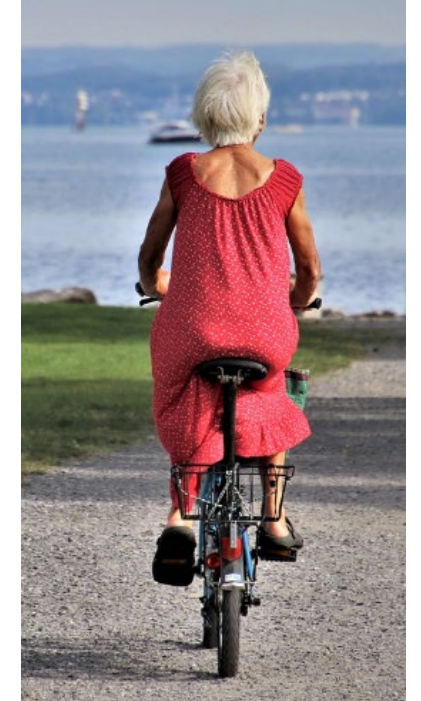
Clinician Benefits



Patient/Family Benefits



Systems Benefits



“We are all individuals, and one person’s plan may not be a good fit for another who... appears to be in a similar situation. Enabling people to be architects of their own solution is key to respecting their dignity.”

(Dr. Kathryn Mannix, 2018)

It’s not about *“can we do it”*, but *“should we do it”*

Thank you

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- Wilson, C. D., & Probe, R. A. (2020). Shared decision-making in orthopaedic surgery. *Journal of the American Academy of Orthopaedic Surgeons*, 28(23), e1032-e1041.

**PANEL
DISCUSSION
QUESTION &
ANSWER PERIOD**

JOIN AT:

**SLIDO.COM
#PCAN2024**



Help Us Help You! Evaluation of PCAN Summit 2024

Evaluation

TextStudio

The story of prevention...

“The power of prevention is that when it works, you don’t end up with a patient story. Someone who would otherwise have had to go through a grueling battle with ovarian cancer (that most people lose) will actually never know that they were previously on that path. That path gets interrupted by a simple addition of fallopian tube removal to another surgery, and they continue to live their lives without ever facing that ovarian cancer diagnosis. In some ways, it is the absence of personal stories that make this initiative powerful.”

Gillian Hanley PHD UBC

Next Steps



PCAN Innovation
Funding Applications
Opening December 1

Get the
Newsletter



**SAVE
THE
DATE!**

**2025 PCAN Summit
Vancouver BC**

Fall/Winter 2025



Thank You

Thank You



Thank you



Minh-Yen



Shauna



Eric



Lauren

***** BREAKOUT SESSION
SLIDES *****

THE WHAT & HOW TO REDUCE PATIENT WAIT TIMES

NOV. 18, 2024



Disclosures

- Laicy Ball, PCAN Advisory Co-Chair, Director of Surgical Quality & Results Management, MOH
 - I have nothing to disclose.
- Trevor Jarvis, Director Clinical Operations Surgical Services, Abbotsford Regional Hospital
 - I have nothing to disclose.
- Courtney Marusiak, Registered Nurse, PHSA, SPR
 - I have nothing to disclose.

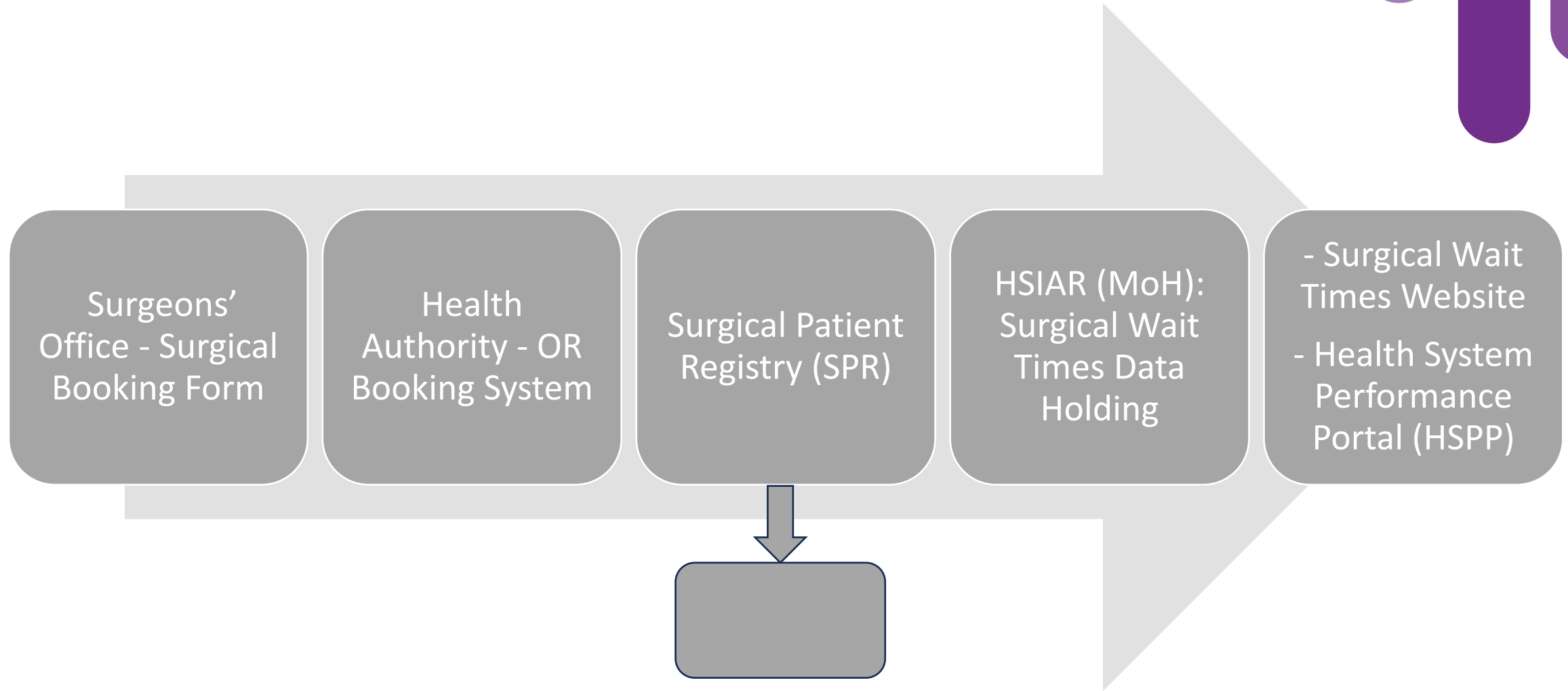
Wait Times - Metrics for monitoring

- **Ministry Goals:**
 - $\geq 80\%$ of **urgent** scheduled surgeries completed within 4 weeks
 - $\leq 5\%$ of **non-urgent** scheduled surgeries waiting longer than clinical benchmark
- **Key Metrics for Monitoring Progress:**
 - OR hours performed
 - Volumes completed
 - Cases completed within benchmark
 - Cases waiting over clinical benchmark
 - Long waiters: 2x clinical benchmark
 - Number cases cancelled due to waitlist audit

Data accuracy is important as Ministry, Health Authorities, and Specialists use data to:

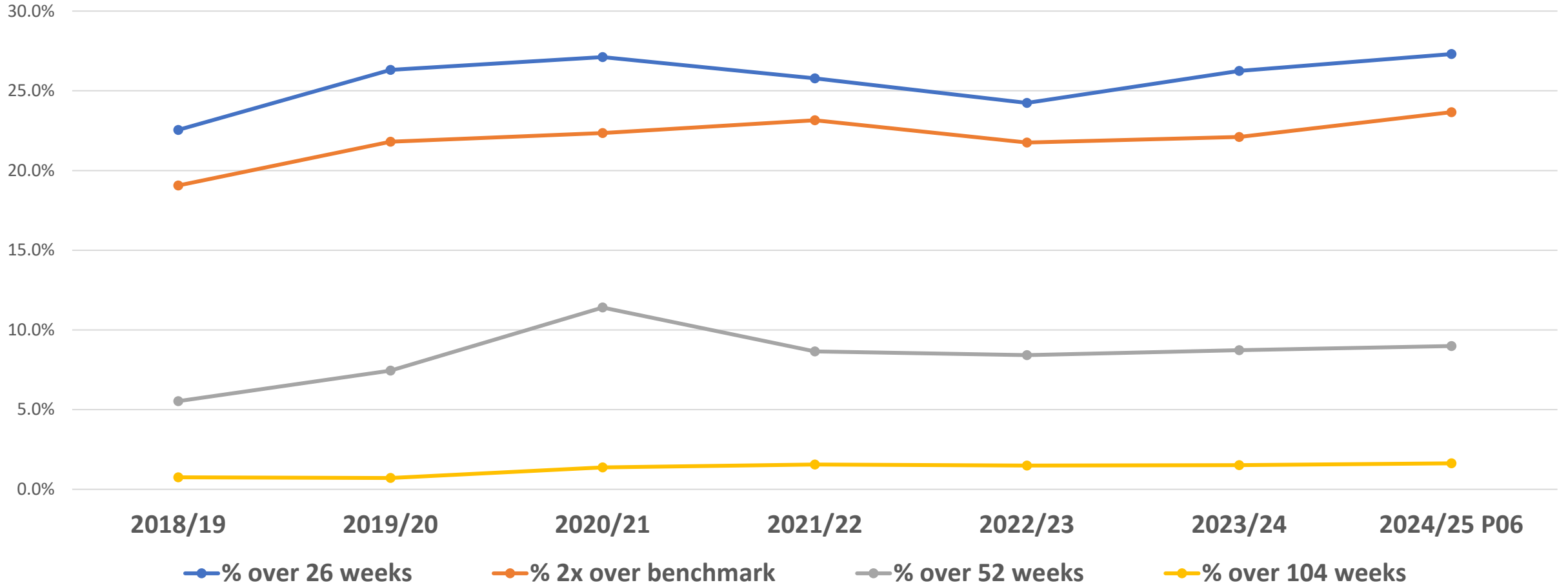
- Monitor performance, inform policy and decision-making to provide better patient outcomes
- Allocate HHR resources and OR time by specialty/surgeon
- Develop trust with stakeholders through transparency of results

Data Flow



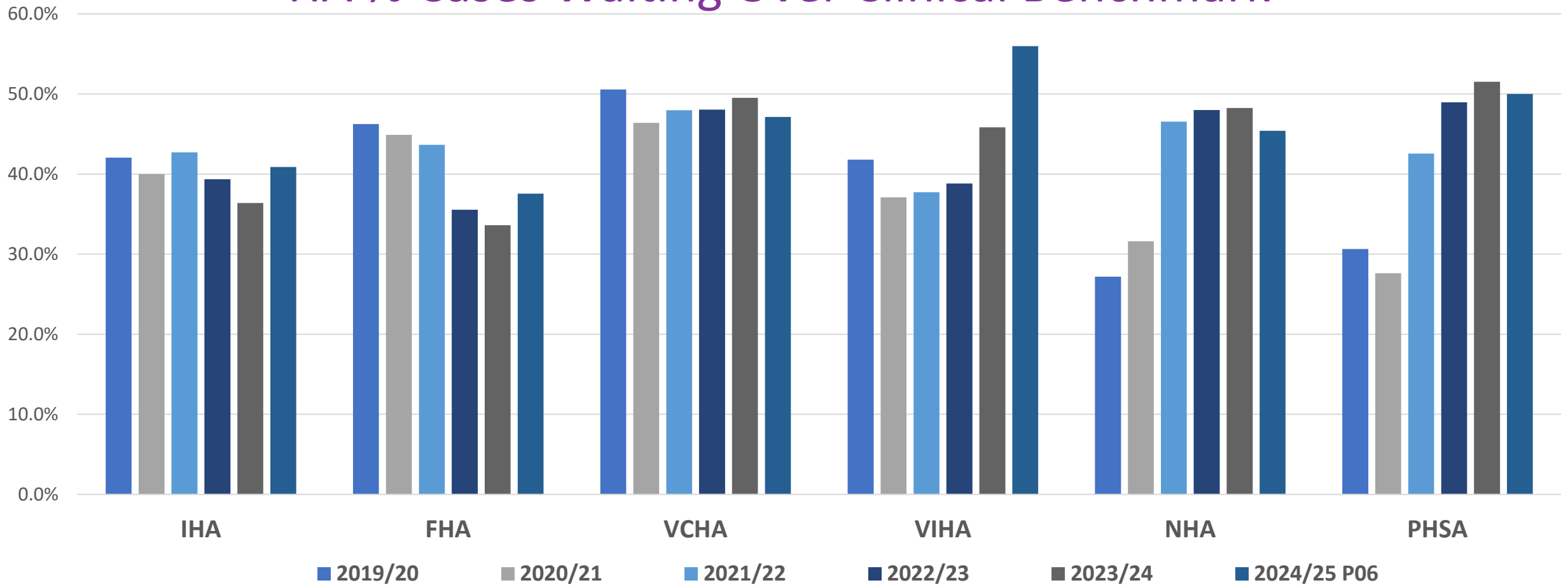
BC Surgical Wait Times

BC Long Waiters: Wait Time Metrics



BC Surgical Wait Times

HA % Cases Waiting Over Clinical Benchmark



OR Hours & Volumes

Fiscal Year	Cases Completed	OR Hours
2019/20	330,407	583,361
2020/21	316,430	568,502
2021/22	338,169	586,657
2022/23	350,833	613,534
2023/24*	361,959	652,845

*2023/24 Total OR Hours include all Northern Health Sites and Interior Health small sites.

HA	Planned Additional Hours 24/25	Total Cumulative Target 24/25	% Increase from Baseline 19/20
IHA	15,979	119,690	15.4%
FHA	21,536	166,757	14.8%
VCHA	9,788	177,621	5.8%
VIHA	8,776	124,739	7.6%
NHA	3,808	38,881	10.9%
PHSA	4,301	33,021	15.0%
BC	64,188	660,709	10.8%

Reducing Wait Times – Current Strategies

OR Utilization

- **Capacity utilized** considering patient in-room time and turnaround times (based on the case mix)

Opportunities:

- Decrease turnover times
- Improve efficiencies
- Fill every slate
- Decrease cancellations

OR Allocation

- Comparing surgeon-level utilization of OR time to **'need'** of OR time

Opportunities:

- Emergent case scheduling
- Increase overall surgical capacity
- Review division/specialty capacity
- Intra-divisional collaboration

Central Intake

- **Single point of entry** for specialist referrals or surgical booking forms combined with a first available surgeon

Opportunities:

- Enhance referral management
- Referral triage
- Expand choice for patients: selection of a specific specialist or option to accept next available

First In First out

- **Patient scheduling** considering surgery date, date added to the waitlist and clinical benchmark

Opportunities:

- Selection of BC Diagnosis Code
- Waitlist management practices
- Focus on long-waiting patients by increasing the percent of cases performed 'in turn'

Reducing Wait Times– Current Strategies

- First In First out (FIFO) Performance (% in turn) – Target 80%

Health Authority	2023/24	2024/25 YTD Actual	2024/25 YTD vs.	
			2023/24	Target
IHA	71%	74%	+3%	-6%
FHA	77%	78%	+1%	-2%
VCHA	71%	72%	+1%	-8%
VIHA	75%	76%	+1%	-4%
NHA	79%	79%	+0%	-1%
PHSA	73%	73%	+0%	-7%
BC	74%	75%	+1%	-5%

Note: This metric determines how closely each surgeon’s individual waitlist management practice follows a First-in, First-out (FIFO) approach. The methodology only includes scheduled cases (both urgent and nonurgent) and takes account of differing clinical benchmarks for each surgery.

*The Baseline and 2023/24 years account for the full fiscal year.

Reducing Wait Times– Current Strategies

- OR Utilization (% of capacity)

Health Authority	2023/24	2024/25 Target	2024/25 YTD Actual	2024/25 YTD vs.	
				2023/24	Target
IHA	86%	91%	86%	+0%	-5%
FHA	88%	92%	88%	+0%	-4%
VCHA	88%	92%	89%	+1%	-3%
VIHA	90%	92%	88%	-2%	-4%
NHA	85%	89%	84%	-1%	-5%
PHSA	83%	90%	83%	+0%	-7%
BC	88%	92%	87%	-0%	-4%

Note: This metric calculates how much of the operational capacity is actually utilized taking account of both patient in-room time and a reasonable allowance for turnaround times (based on the case mix). Ophthalmology is excluded from this metric due to the typically different profile of cases relative to other services.

*The Baseline and 2023/24 years account for the full fiscal year.

Reducing Wait Times – Current Strategies

BC Diagnosis Prioritization Code Selection

- Provincial **Diagnosis Code Review Project** co-led by Ministry, SPR, HAs, and DofBC
- Reviewing all **16 code sets** and updating as per current best practice standards
- **First 3 specialists** working groups: Cardiac, Pediatrics, & Gynecology-Obstetrics
- *SPR team to discuss further*

Waitlist Management & Audits

- Waitlist Management **Toolkit** under development by SSC
- Ministry Surgical and Endoscopy **Waitlist Management Policies** to be refreshed in 2024/25
- HAs prioritizing waitlist audits as part of 2024/25 Action Plan
- *FHA to discuss their Waitlist Audit process*

Presenter Disclosures

Susan Parkyn, Ganive Bhinder and Courtney Marusiak are all employees of the Provincial Health Services Authority.

Ganive Bhinder is a volunteer Board Member of the Canadian Society of Intestinal Research.



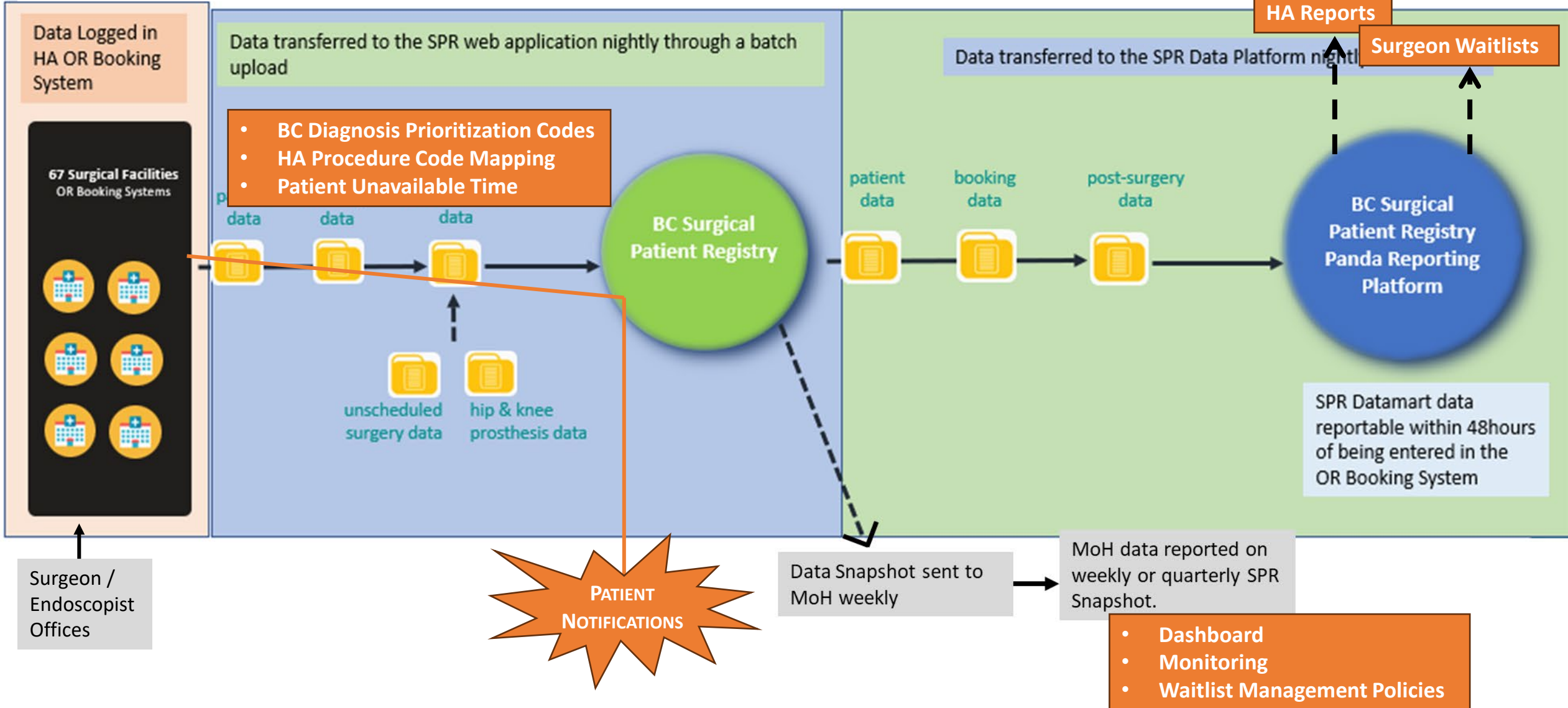
Surgical Patient Registry (SPR)

A province-wide system collecting and reporting surgical and gastrointestinal (GI) endoscopy data in BC

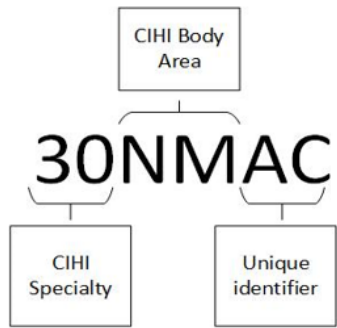
Core Function: collection and management of high quality, standardized data for surgical and GI Endoscopy bookings, wait times, and performed procedures.

- **Waitlist Management:** Support implementation of provincial Waitlist Management Policies and maintain the BC Diagnosis Prioritization Codes.
- **Collaboration:** Seamless integration with Health Authorities, provincial clinical programs and other health system partners.
- **Continuous Improvement:** Enhance data accuracy, support research, and provide timely reports.
- **Patient-Centered Care:** Support equitable and culturally safe healthcare.

Surgical Patient Registry (SPR)



What is a BC Diagnosis (dx) Code?



30 = General Surgery
 NM = Large Intestine
 AC = BC Dx Code unique identifier.
 30NMAC = Obstructing Crohn's Disease



BC Patient Condition and Diagnosis Descriptions

v2024-P1

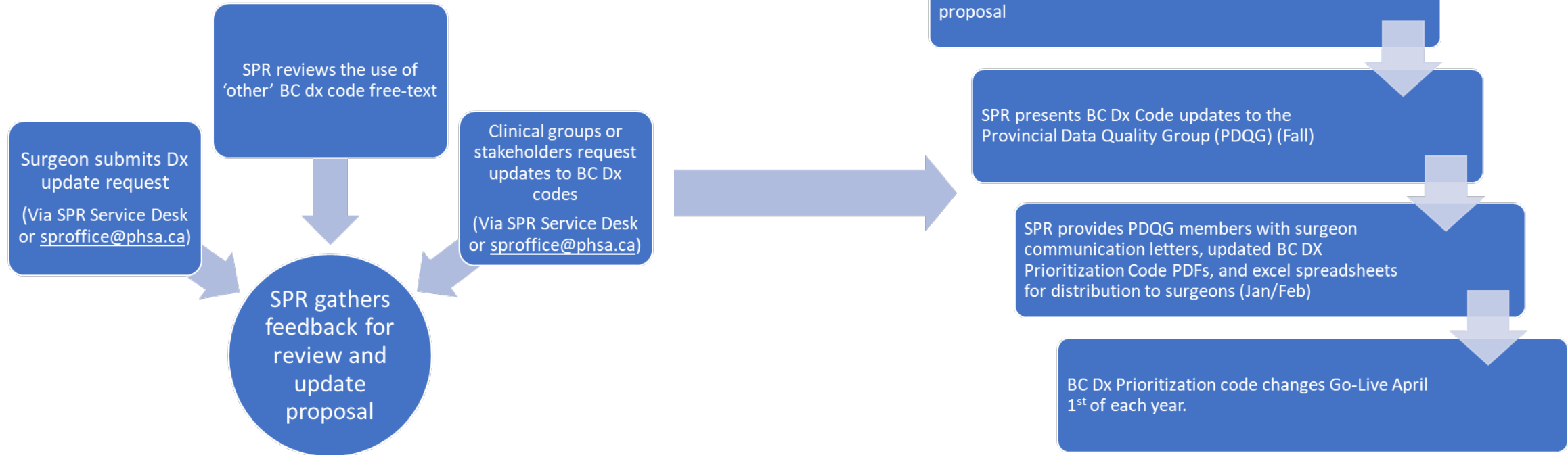
Gender Dysphoria Surgery - Adult (17 years and above on the date of decision)

Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Level	Wait Time Target In Weeks
Gender Dysphoria	39PZGC	Gender Dysphoria; urgent revisions for urinary complications	3	6
	35ZZGD	Gender Dysphoria; minor revisions and/or staging procedures	4	12
	35ZZGE	Gender Dysphoria; primary and/or non-urgent revisions	5	26

Background

- BC Dx Codes implemented in 2010
 - generic 'Other' Dx Codes included to identify gaps in code sets / facilitate ongoing review**
- Pediatric BC Dx Codes: one-to-one basis with Pediatric Canadian Access Targets for Surgery (PCATS) codes
- Adult BC Dx Codes comprehensive review and update last completed in 2015 (excluding cardiac surgery)
- Pediatric BC Dx Codes last updated in 2016 following a PCATS update (no further PCATS updates anticipated)
- An annual Adult BC Dx Code update process implemented in 2021 – supported by SPR
 - BC Dx Codes updated by request from surgeons, provincial clinical groups, review of 'other' utilization, and surgical policy.

BC Dx Codes Update Process



How is BC Dx Code Data Used?

- Standardizes wait time monitoring
- Supports Equitable access
- Case Type Identification
- Reporting and Data Modeling
- Waitlist Management Policy Support
- Funding and Resource Allocation
- Planning and Projection
- **BC Dx Codes must be assigned by the surgeon/specialist**

Comprehensive Dx Code Review Project

- Joint initiative by BC Ministry of Health, PHSA SPR, and Specialists Services Committee supported through Doctors of BC
- Comprehensive review of all **adult and pediatric** surgical specialties - update code sets, as required

Rationale:

- Time lapse since last reviews
- Analysis of 'other' Dx code utilization by specialty
- Requests from specialists

Project Start: Fall 2024

- Specialist Working Groups to review and provide updates proposal
- Up to 4 meetings per surgical specialty

Project Overview

- 'other' Dx code utilization analysis and feedback from Surgeons, as well as input from Specialist Services Committee and HA Surgical Leads determines order of specialty Dx codes sets review

In scope:

Revisions to or addition of Adult Dx Codes, by Specialty

Development of supplemental Pediatric Dx Codes, where needed

Implemented of revised Adult Dx Codes and supplemental Pediatric Dx Codes

Education and Training

Out of Scope

Addition/removal of priority levels or updates to current priority level definitions

Revisions to national PCATS code set

Emergent unscheduled priority codes

Revisions to HA procedure codes

Project Overview

Initial Specialty Dx Codes Set Reviews

- Cardiac
- Pediatrics
- Obstetrics and Gynecology

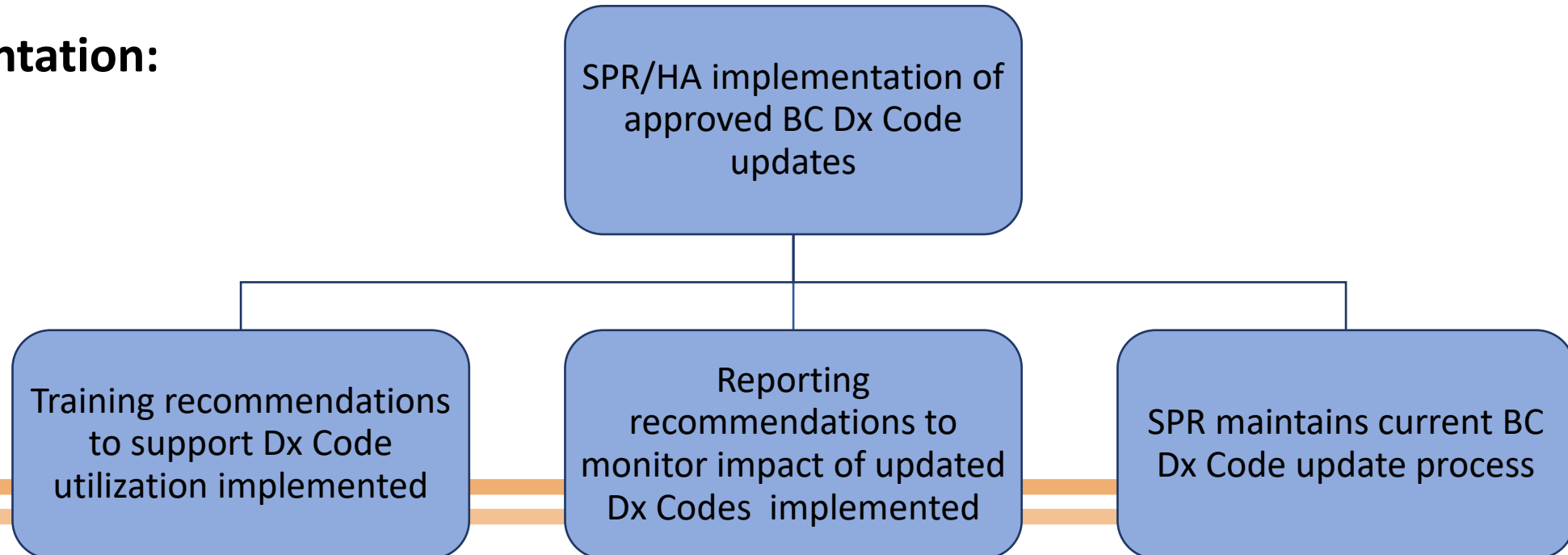


Propose code updates

Code leveling exercise

Draft evaluation plan and training recommendations

Implementation:



Contact Information



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Operations & Strategy Lead

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Courtney Marusiak

Provincial Clinical Lead

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UPCOMING EVENT:

**SPR ORIENTATION FOR
SURGEONS** *hosted by
Doctors of BC*

**JANUARY 25, 2025
4:00 – 5:00 PM**



Waitlist Management (Audits)

Surgery Information
Systems

Fraser Health Authority

FH Waitlist Model and Function

TEAM LEADER
PLUS LIAISON
STAFF

REVIEW DATA...

EDUCATION-
MINISTRY AND
SOFTWARE
WAITLIST RULES

OR BOOKING
OFFICE MEETINGS

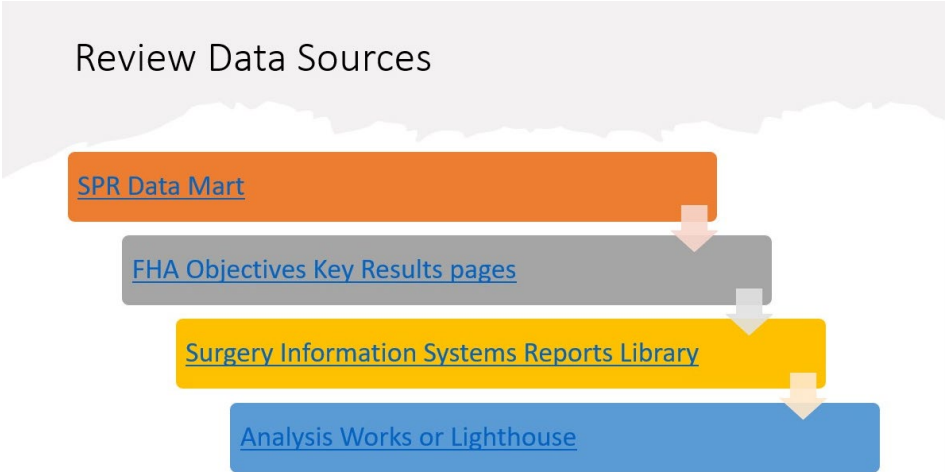
WAIT LIST
CLEANUP AT
OFFICES – MOA
EDUCATION

INTERNAL
ESCALATION
PROCESS WHEN
NEEDED

ADDING &
REMOVING A
PATIENT FROM
WAIT LIST

OR Booking Office (ORBO) Meetings & In Office meetings

OR BOOKING
OFFICE MEETINGS



Favorites **Browse**

Tiles

Folders (11)

- Central Office
- Data Sources
- Fraser Health
- Interior Health
- Ministry of Health
- Northern Health
- Provincial Health Services Authority
- Provincial Summary Reports
- Surgical Oncology Network
- Vancouver Coastal
- Vancouver Island

Paginated Reports (38)

- Active Waitlist by Surgeon
- Active Waitlist by Surgeon including Side and SPR Code
- Active Waitlist by Surgeon with Targets 
- Active Waitlist by Surgeon with Targets- CSV
- Active Waitlist by Surgeon with Targets- CSV_v2_DRAFT
- Active Waitlist Targets by Surgeon Extended
- Cancellations by Surgeon
- Cases Waiting and Completed Comparison by Wait Time Target
- Cases Waiting Over x Weeks 
- Cataract Cases Waiting Greater than 13 Weeks
- Cataracts Hips and Knee under and above PPF Target
- Comparison of Estimated vs Actual Performed Surgical Wait Times
- Current Wait Times for Surgeons
- Date of Decision for Surgery before 2005
- Deceased Patients Waiting or Booked
- Demo - Active Waitlist by Surgeon with Targets - No Patient Info
- Diagnosis Code Completeness Summary
- GI Endo Validation Report
- Hip and Knee Joint Replacements Waiting GreaterThan 23 Weeks
- Identify erroneous referral dates
- Milestone 1 Patient Notification Compliance by Fiscal Year Period
- Milestone 2 Patient Notification Compliance by Fiscal Year Period
- Milestone 2 Patient Notification Outcomes Report
- Patient Notification Compliance by Fiscal Year Period
- Performed Scheduled Cancer Cases
- Post Surgeries with Case Number generated by the SPR system
- SPR GI Endo Colonoscopy Case and Wait Times with FLAGS - Performed
- SPR GI Endo Colonoscopy Case and Wait Times with FLAGS - Waiting
- Surgeries Performed by Surgeon
- Surgeries Performed by Surgeon with Targets 
- Surgeries Performed by Surgeon with Targets - CSV
- Surgeries Scheduled - Add PostOp Information
- Surgery Booking Graph for Cases Waiting Performed and Cancelled...
- Surgical Waitlist Details of Cases Performed Waiting
- Urgent Cases Currently Waiting
- Use of Other Diagnosis Codes
- Wait 1 Wait Times
- Waiting Scheduled Cancer Cases

FHA Surgery OKR Dashboard

← FHA Overview

- FY24/25 P01 to FY24/25 P07

Facility ▼



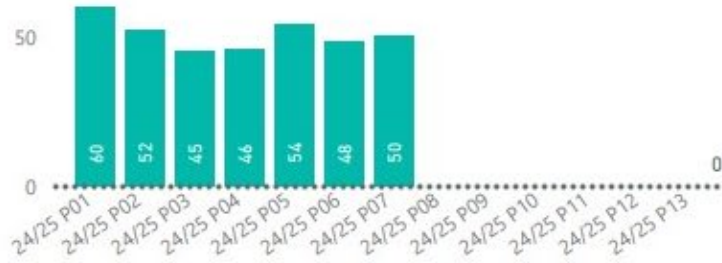
FRASER HEALTH
Surgery Information Systems

Patient Waiting over 36 Wks

50!

Goal: 0

Patient Waiting over 36 Wks Trend



Patient Waiting over 36 Wks Detail

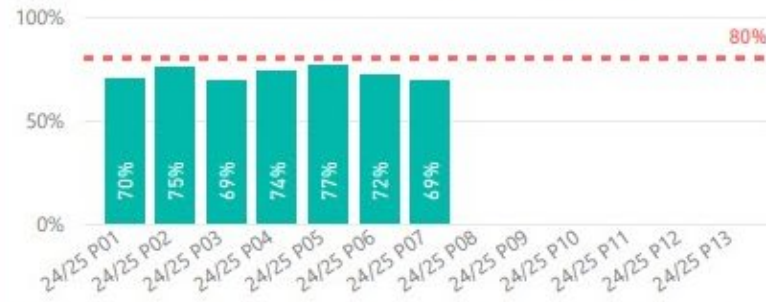
Division	Previous Period	Latest Period	Variance
Orthopedic Surgery	25	34	9
Neurosurgery	8	5	-3
Vascular Surgery	5	4	-1
Plastic Surgery	7	3	-4
General Surgery	1	2	1
Obstetrics & Gynaecology	2	2	0
Total	48	50	2

YTD % - Urgent Surgeries Completed within 28 days

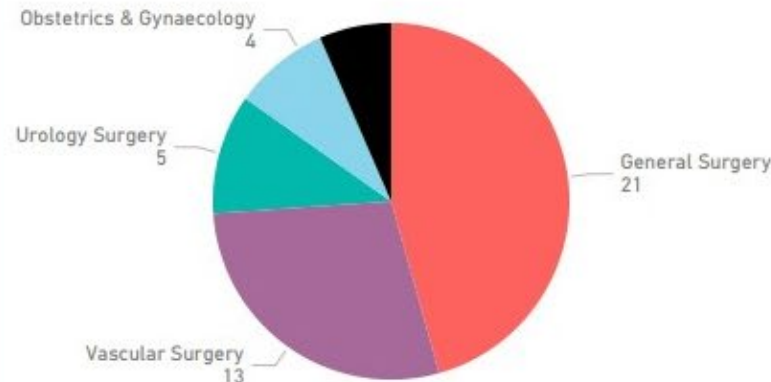
72%!

Goal: 80%

% Urgent Surgeries Completed within 28 Days Trend



Missed Opportunities: Urgent Cases Completed OVER 28 Days - Latest Period



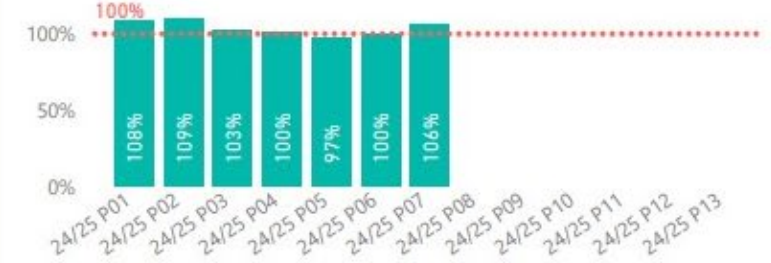
YTD % - Actual Surgical OR Hours Vs. Plan

106%✓

Goal: 100% (+5.59%)

Data from AnalysisWorks

% Trend - Actual Surgical OR Hours Vs. Plan



Actual Surgical OR Hours Vs. Plan - Detail

FY FP	Plan	Actual	Variance	%
24/25 P01	2022	2186	164	108%
24/25 P02	2240	2445	205	109%
24/25 P03	2303	2367	64	103%
24/25 P04	2157	2167	10	100%
24/25 P05	2300	2235	-65	97%
24/25 P06	2211	2209	-2	100%
24/25 P07	2018	2133	115	106%
Total	15251	15742	491	103%



Surveys

Lists

Surgical Analytics Redesign Survey

Libraries

Surgery Reports Library

Key Filters

Apply

Clear

Sites

Fiscal year

Fiscal Period / Calendar Month

Report name

SURGERY REPORTS LIBRARY

<input type="checkbox"/>	ID	Site	Fiscal year	Fiscal Period / Calendar Month	Report name	Type	Name
Publication : 202324.12 (10)							
	4926	All FH	2023/24	FP12			Slate Visualizer - GI endoscopy (FY202324 FP12)
	4927	All FH	2023/24	FP12			Slate Visualizer - OR (FY202324 FP12)
	4940	All FH	2023/24	FP12	First Case Start Time		FCST dashboard - updated to FY202324 FP12
	4923	All FH	2023/24	FP12	GI endoscopy cases waiting over 52 weeks		GI endo cases waiting over 52 weeks - FY202324 FP12
	4942	All FH	2023/24	FP08	Hip Fixations Within Target		Hip Fixations Percent within target FY202324 FP08
	4924	All FH	2023/24	FP12	Long-Waiting OR Cases		Long-waiting OR cases by site and surgeon - FY 202324 - FP12
	4941	All FH	2023/24	FP12	Main OR Workload Status Report		Main OR Workload Status Report - FY202324 FP12
	4925	All FH	2023/24	FP12	OR Cases waiting over 52 weeks		OR Cases waiting over 52 weeks - FY202324 FP12
	4967	All FH	2023/24	FP12	Surgical Case Volume Dashboard		Surgical Case Volume Dashboard - updated to FY202324 FP12
	4922	All FH	2023/24	FP12	Surgical Safety Checklist Completion		Surgical Safety Checklist Completion - updated to FY202324 FP12

Publication : 202324.11 (0)

Lighthouse or Analysis Works

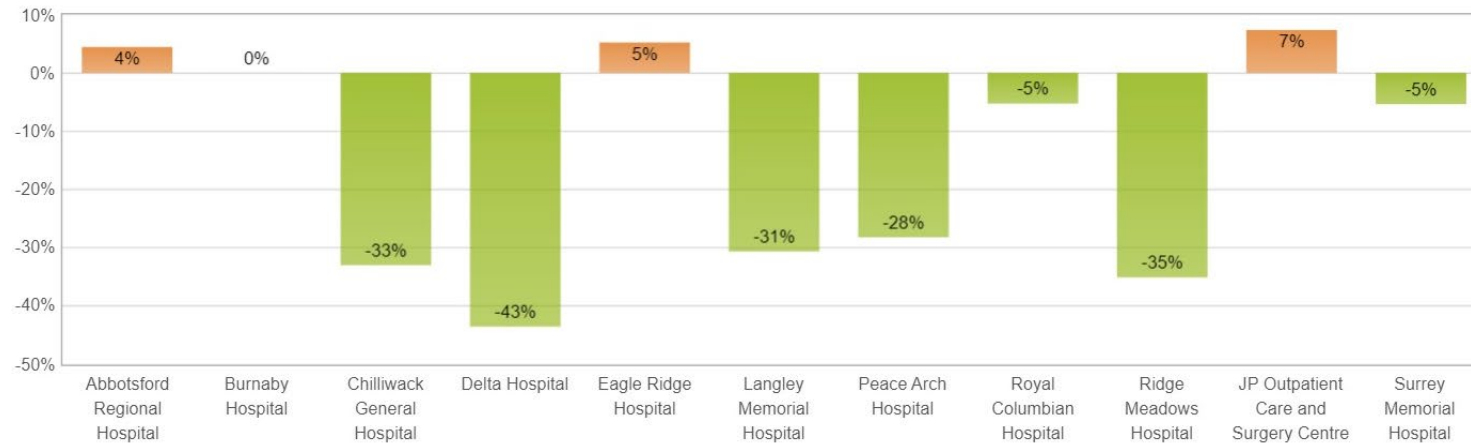
Fraser Health Authority: Average wait times are 14% shorter than target*


Based on scheduled volumes completed between 2023/24 P07 and 2023/24 P12

Cohorts: Bariatric, Cataract, C-Section, Cystoscopy, ESWL, Open Heart Surgery, Pacemaker, RVA, Total Hip, Total Knee, Vein, Endoscopy, Unspecified

How are these metrics calculated? 


 Out of Target  In Target  Hide Table





If you have received a temporary password from AnalysisWorks, enter your username and temporary password above.

[Forgot Password?](#)
Click the above link to reset your LightHouse password.

Powered By
 ANALYSISWORKS

Surgeon Visibility Reports

- Sent out to Surgeon's offices
- Turnaround time of 10 days
- Report update on top 25 pts
- Updates to Unavailability of pts
- Includes Cancellation codes
- Booking dates
- Benchmarks

Quick Reference Guide

August 2021

Sample Report – Top 25 cases

How long pt has been on FH WL in Meditech (wks)

Target comes from dx code entered on booking form (e.g. 30YMCC, 60RZBC, 34VGAO, etc.)

Enter updates here. Select applicable check box and enter details

- Unavailable date range
- Reasons for cancelling
- Surgery date

Surgeon Visibility Report (August 2021)
Demo, Dr Example

Please return via fax to 604-520-2151

Waitlist snapshot - Top 25 cases (as of Aug 01, 2021)

- with no scheduled date of surgery and not marked as unavailable

Please concentrate on booking any patients highlighted in pink.

Patient Full Name	Patient PHN	Primary Procedure	Site	Wait Time	Target	Unavailable?	Cancelled?	Booked?	Ready for start?	Details:
Patient 1	900000001	INCISIONAL HERNIA REPAIR	RCH	39	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unavail: When is pt avail again? Cancel: Reason of cancel? Booked: Surgery date?
Patient 2	900000002	INCISIONAL HERNIA REPAIR	RCH	37	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient 3	900000003	CHOLECYSTECTOMY - LAPAROSCOPIC	RCH	24	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient 4	900000004	INGUINAL HERNIA REPAIR - LAPAROSCO	ERH	21	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient 5	900000005	INGUINAL HERNIA REPAIR - LAPAROSCO	ERH	21	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient 6	900000006	INCISIONAL HERNIA REPAIR	ERH	21	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient 7	900000007	INCISIONAL HERNIA REPAIR - LAPAROSC	RCH	12	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient 8	900000008	INCISIONAL HERNIA REPAIR	RCH	12	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient 9	900000009	CHOLECYSTECTOMY - LAPAROSCOPIC	RCH	11	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient 10	900000010	UMBILICAL HERNIA REPAIR	ERH	3	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient 11	900000011	UMBILICAL HERNIA REPAIR	ERH	2	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Highlighted patients have already waited longer than most similar patients who have been given an OR date

Sample Report – Patients currently marked as unavailable

Surgeon Visibility Report (June 2021)
Ophthalmologist, Dr Sample

Waitlist snapshot - Patients marked unavailable (as of Jun 26, 2021)

- showing the next (up to) 25 patients to become available again for surgery - according to Meditech records
- please monitor this list as patient available dates approach, in particular patients who have already passed wait time target.
- indicate any updates to make in Meditech. E.g. extending unavailable dates, removing from waitlist, etc.

Patient Full Name	Patient PHN	Primary Procedure	Site	Wait Time	Target	Avail again	Updates for FHA OR Booking?
Patient 100	900000100	CATARACT EXTRACTION WITH IOL	BH	95	26	21 Jul	<input type="checkbox"/>
Patient 101	900000101	CATARACT EXTRACTION WITH IOL	BH	76	26	31 Jul	<input type="checkbox"/>
Patient 102	900000102	CATARACT EXTRACTION WITH IOL	BH	69	26	31 Jul	<input type="checkbox"/>
Patient 103	900000103	CATARACT EXTRACTION WITH IOL	BH	72	26	21 Aug	<input type="checkbox"/>
Patient 104	900000104	CATARACT EXTRACTION WITH IOL	BH	80	6	21 Nov	<input type="checkbox"/>
Patient 105	900000105	CATARACT EXTRACTION WITH IOL	BH	69	26	21 Nov	<input type="checkbox"/>

Date when patients become available

Enter any updates here

Program Successes

- Reduction of Regional pts waiting > 52 weeks from 2054 to 688
- Many sites close to meeting MoH wait time Benchmarks
- Surgeon's Office engagement & visits
- Increase in Actual Surgical Hours used across the Region
- Increase in Regional benchmark of Urgent Cases Waiting (>28 days)
- Decrease in Long Waiters > 52 weeks
- Acknowledgement of program success by Ministry Of Health
- 2 day Symposium in Northern Health to showcase our successes to assist the teams adapt our programs with their WM programs

Wait Times – Wait One

- HAs began collecting surgeon-reported Wait One data in 2014 through Surgical Booking Forms
- ***Wait One Definitions and Directions*** document developed by provincial working group over the past year
 - **Includes Referral Path Scenarios for surgery and endoscopy to support selection of dates for Wait One reporting**
- Next Steps:
 - **WG to endorse final edits to *document***
 - **System Partners review and endorsement**
 - **Provincial Communication Plan**
 - **Provincial Education & Training Plan**

SUPPORTING PATIENT OPTIMIZATION: TOOLS! TOOLS! TOOLS



PREHABILITATION AND ENHANCED RECOVERY IN BRITISH COLUMBIA



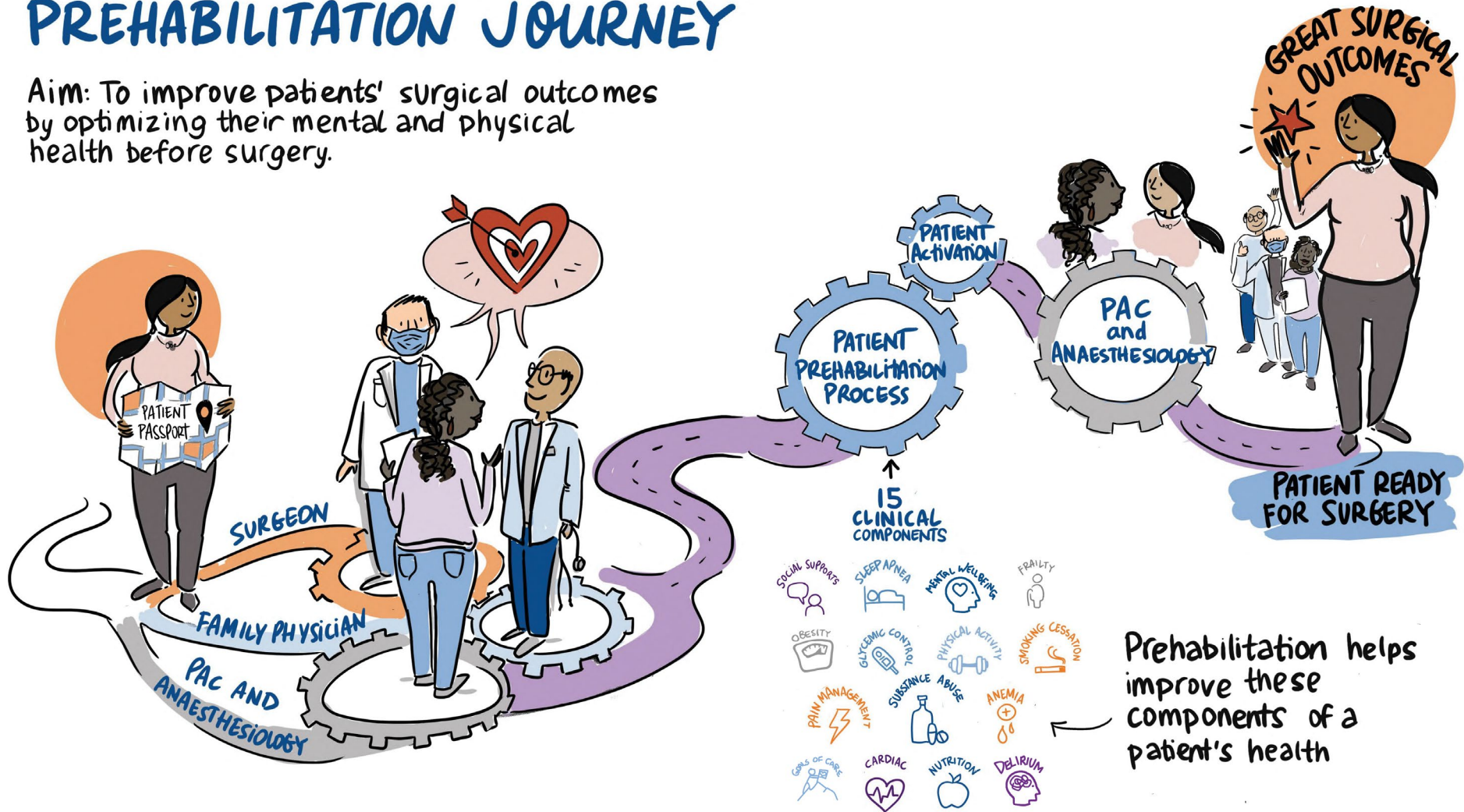
Prehabilitation and Optimization

- Improves surgical outcomes, reducing LOS and patient satisfaction
- 30-50% drop in post-op complications
- Motivate patients



PATIENT SURGICAL PREHABILITATION JOURNEY

Aim: To improve patients' surgical outcomes by optimizing their mental and physical health before surgery.



Prehabilitation Tools



Prehabilitation Tools



Enhanced Recovery After Surgery

ERAS Toolkit





Prehabilitation (1) + ERAS (1)

Synergistic = 3

Prehab and ERAS Toolkits

Updated Prehabilitation Toolkit

- Added sections for Cannabis Use, Illicit Substance Use, Delirium, and Goals of Care
- Updated screening tools based on current evidence-based guidelines
- Added actionable recommendations for prehabilitation and optimization

New ERAS Toolkit

- New ERAS Toolkit with key components applicable to all ERAS surgeries (Colorectal, Orthopedics, Gynecologic, and Cesarean Section) and surgery specific guidelines per Enhanced Recovery Canada pathways

ERAS to SPOC

2018 BC Surgical Summit

ENHANCED RECOVERY COLLABORATIVE OUTCOMES CONGRESS • JAN 12 2016

KEYNOTE: TRACY WASYLAK



SSC SURGICAL PATIENT OPTIMIZATION COLLABORATIVE (SPOC) LAUNCH



Current PCAN Prehabilitation & ERAS Projects

- **Fort St. John & Dawson Creek: Prehab Program Development and Implementation**
Implementing prehab programs to embed a culture of patient activation, helping patients use wait times effectively with structured, nurse-supported care.
- **Burnaby: Streamlined Surgery Prep**
Expanding prehabilitation success from joint replacements to general surgery, enhancing patient readiness and outcomes.
- **Abbotsford: Video Education Series**
Developing an accessible video series to empower patients, aligned with the local SPOC Patient Passport.

Current PCAN Prehabilitation & ERAS Projects

- **Langley: Colorectal Prehabilitation**

Optimizing ERAS pathways for colorectal surgery, with goals to reduce severe and medical complications by 50% by March 2025.

- **St Paul's: Supporting Primary Care in Optimizing Pre-Surgery Mental Health Care for Depression**

Develop a system that identifies and addresses patients' pre-surgical depression levels while minimizing the burden on healthcare providers.

- **Choose to Move: Adapting Choose to Move for Total Hip and Knee Replacement Patients**

Choose to Move is being adapted to enhance physical activity, mobility, and reduce isolation for patients on surgical waitlists for hip and knee replacements.

Canadian Prehabilitation Society

Linking prehabilitation teams and resources to support research, collaboration and implementation throughout Canada



Use the QR code to register for information or to be involved

**PERIOPERATIVE
CARE
ALIGNMENT and
DIGITAL
SCREENING
PROJECT**





SPECIALIST SERVICES
COMMITTEE

PCAN PERIOPERATIVE CLINICAL ACTION NETWORK

PCAN INNOVATION FUNDING

Supporting health authorities to meet provincial optimization standards

SPOC

SURGICAL PATIENT
OPTIMIZATION COLLABORATIVE

Supporting sites to establish or expand prehabilitation workflows.
Developing and maintaining BC Prehabilitation Resources including:

- BC Surgical Prehabilitation Toolkit
- Surgical Patient Prehabilitation Implementation Toolkit
- Patient Passport Surgical Prehabilitation
- Spread and Sustainability of Change Cards

PCADS

PERIOPERATIVE CARE ALIGNMENT
& DIGITAL SCREENING PROJECT

Developing and maintaining a Preoperative Risk Assessment
and Triage Tool (PRATT) to support prehabilitation by:

- Collecting patient health data at time of surgical decision
- Generating a tailored patient health summary that flags high-risk patients and facilitates prehabilitation and optimization during the preoperative waiting period

Current Preoperative Timeline

WAIT TIME



Future Preoperative Timeline

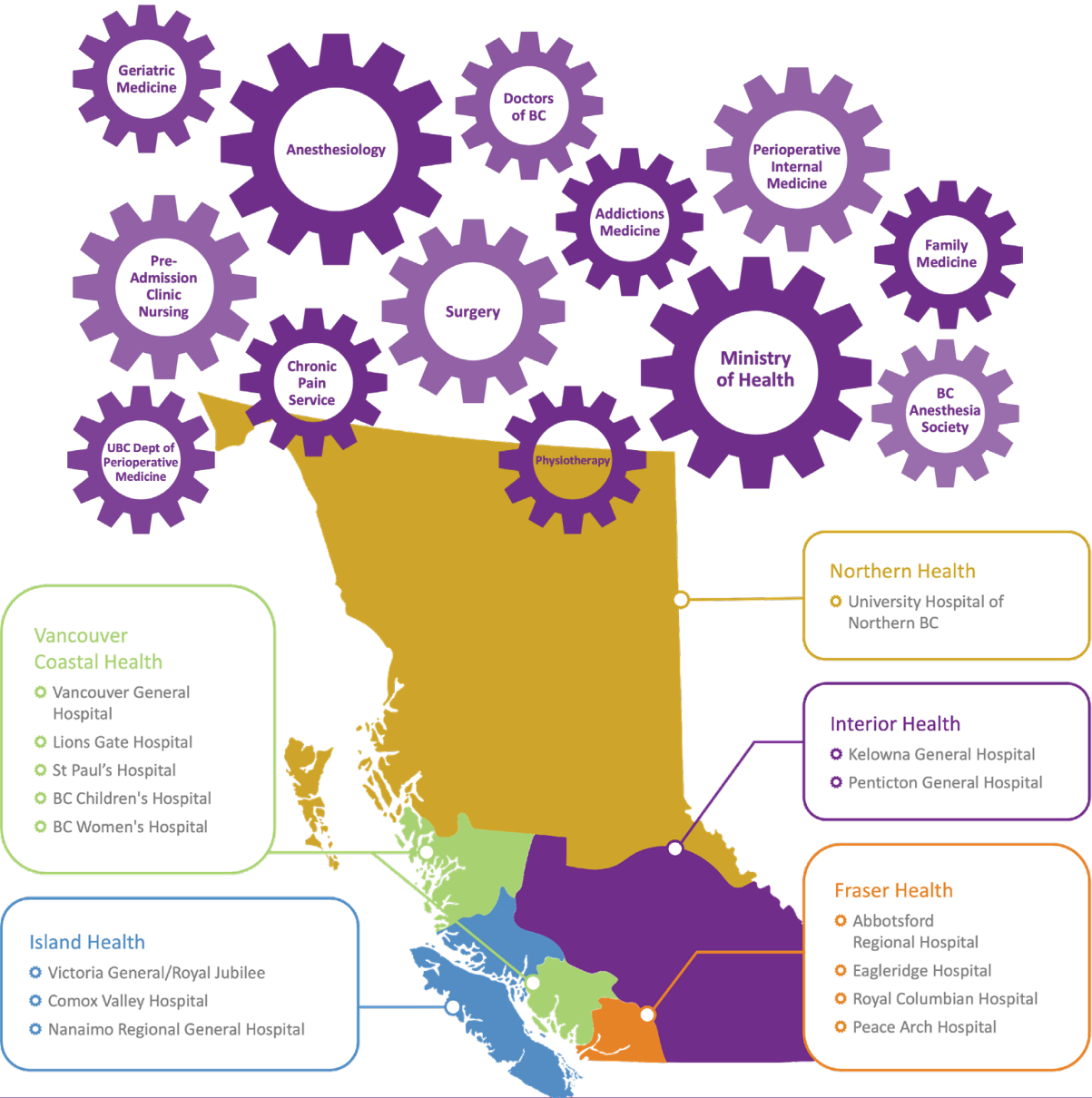
PREHAB

**DIGITAL PATIENT
SCREENER COMPLETED**

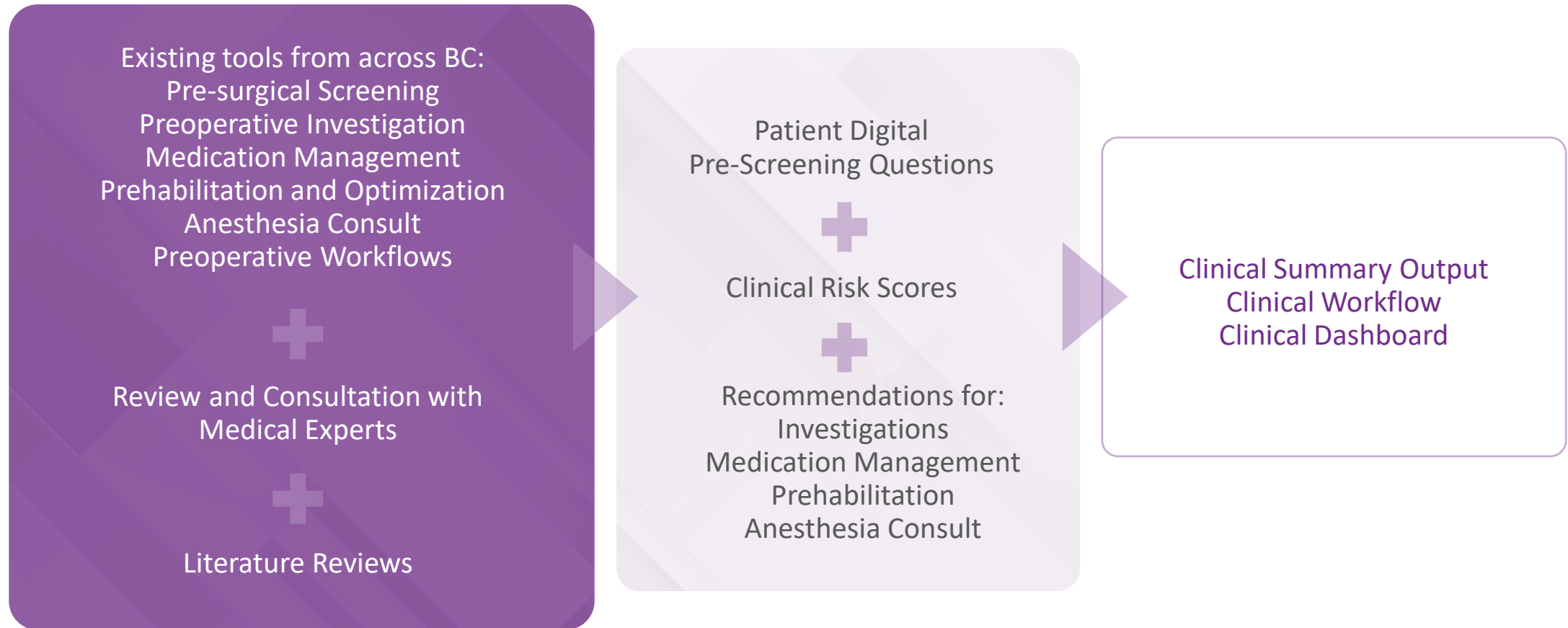
PAC REVIEW

ANESTHESIA CONSULT

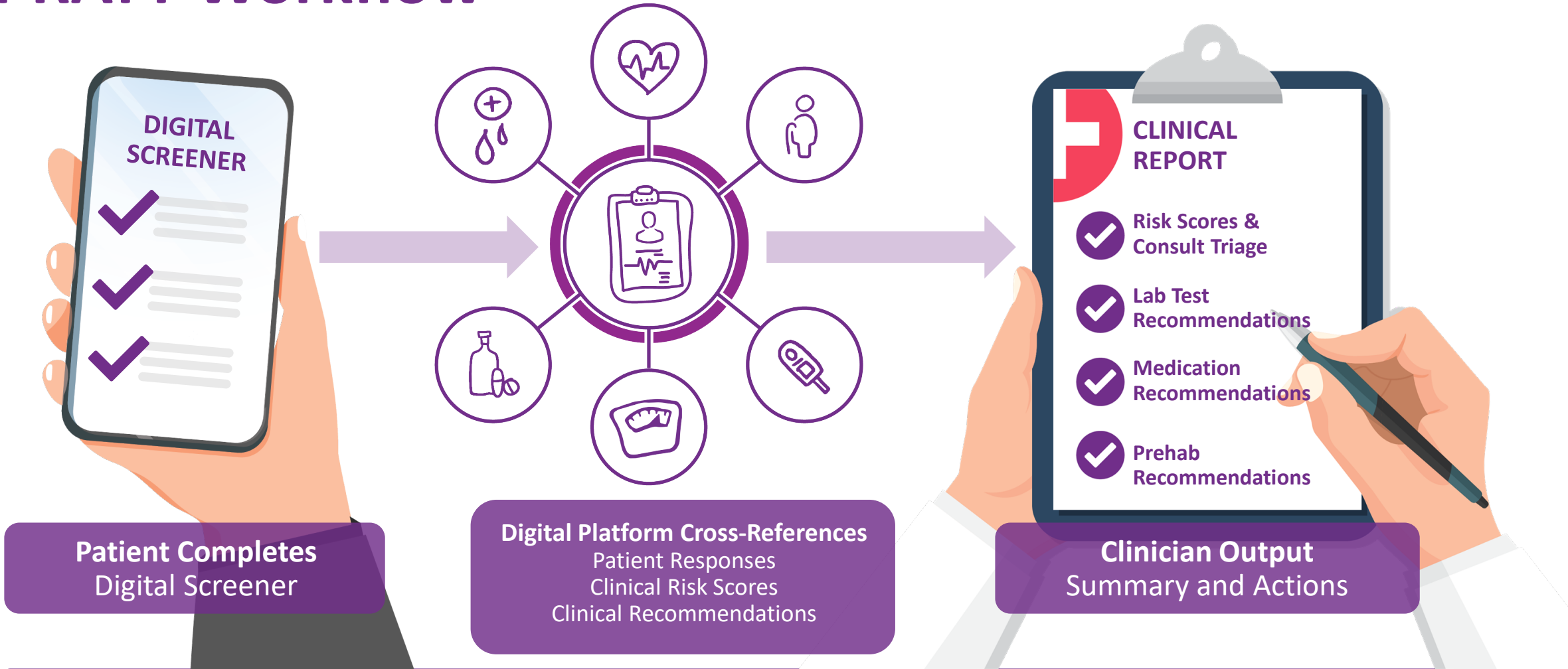
PCADS Committee

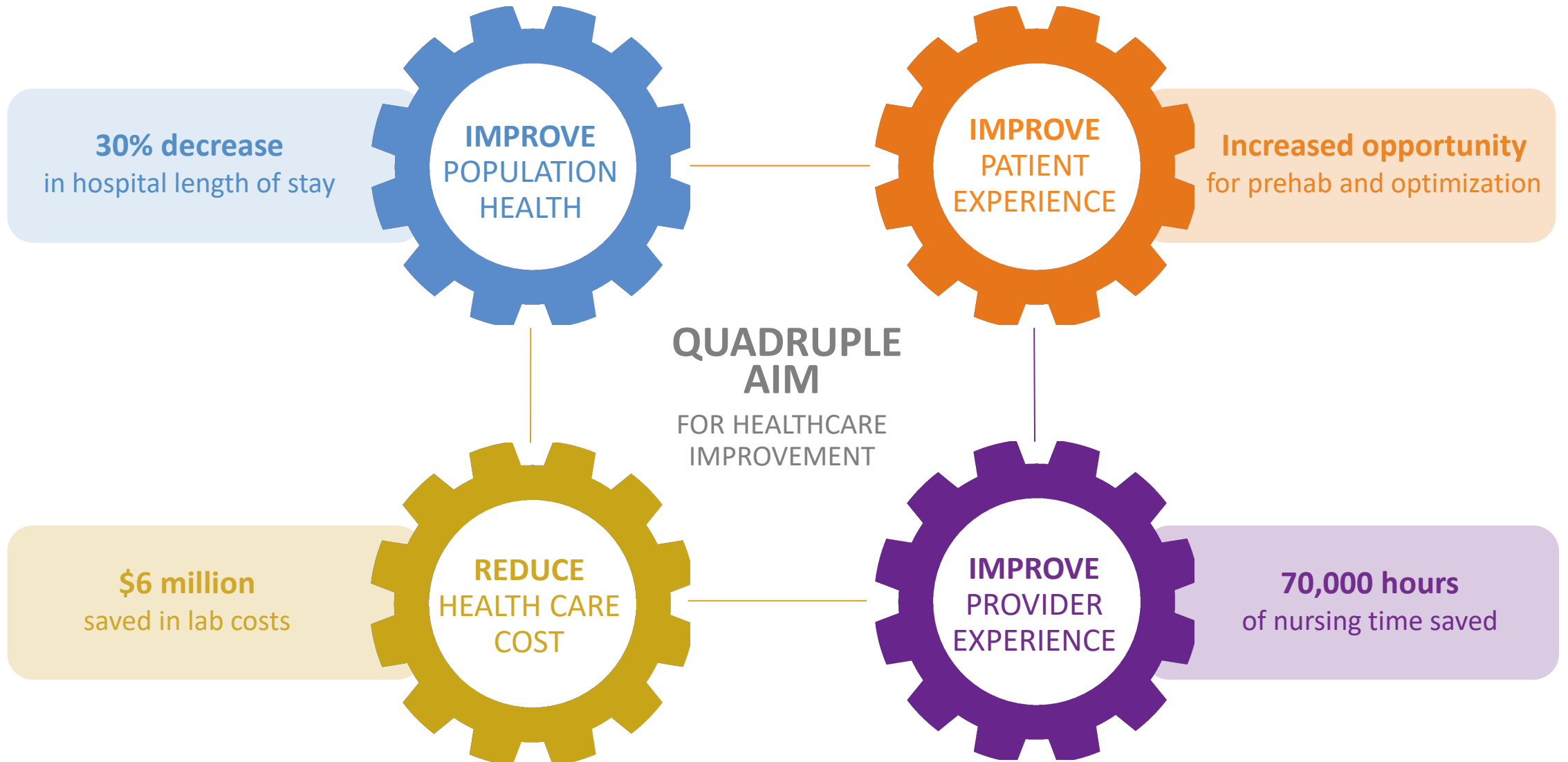


Preoperative Risk Assessment and Triage Tool (PRATT)



PRATT Workflow





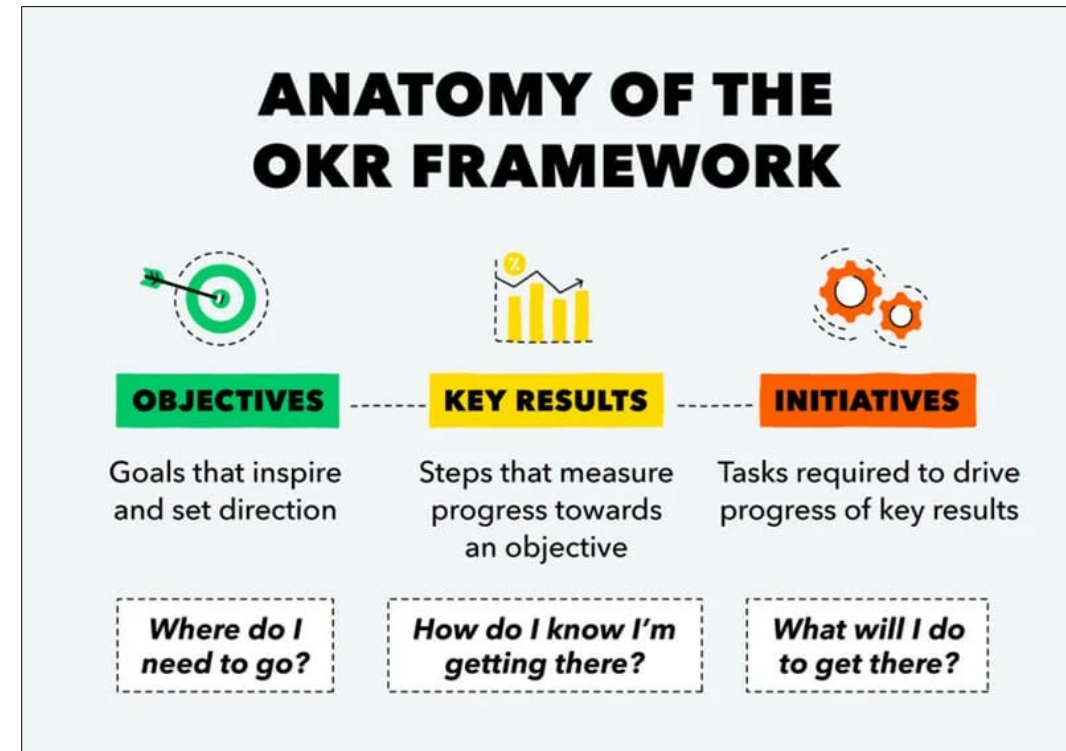
Quadruple Aim based on IHI's Triple Aim.

PROVINCIAL APPROACH

Ministry of Health Goal and Objective 2024 2025

GOAL: Provide clinically timely access to reduce surgical wait times in BC

OBJECTIVE: Ensure adequate surgical care capacity to meet current patient demand



Ministry of Health Optimization ACTION

Initiate development of a provincial surgical patient optimization and enhanced recovery strategy, standards and toolkit, to support site-level implementation of best practice standards in each HA, to enable timely patient access.

What has already been done?

- Surgical Patient Optimization Collaborative
 - Updated prehabilitation toolkit, ERAS toolkits
- Surgical Services Programs (SSPs)
 - Hip and Knee Replacement Programs
 - Key Attribute: Pre-Surgical Support

How will we get there?

- Develop a recommended path forward for digital enablement of pre surgical screening tool
- Understand the current state of prehabilitation and workflow of preadmission clinics
- Identify metrics (process and outcome) for optimization strategy
- Initiate a provincial surgical optimization working group

If all surgical patients received prehabilitation, what would that look like?

Add Slido content here

For a provincial approach to prehabilitation to be successful what is needed?

Consider these perspectives:

- Hospital Operations
- Surgeons
- Anesthesiologists
- Patients
- Family Physicians
- Other care providers

Add Slido content here

THANK-YOU!!

QUESTIONS??

THE WHAT & HOW TO REDUCE PATIENT WAIT TIMES

NOV. 18, 2024



Disclosures

- Laicy Ball, PCAN Advisory Co-Chair, Director of Surgical Quality & Results Management, MOH
 - I have nothing to disclose.
- Trevor Jarvis, Director Clinical Operations Surgical Services, Abbotsford Regional Hospital
 - I have nothing to disclose.
- Courtney Marusiak, Registered Nurse, PHSA, SPR
 - I have nothing to disclose.

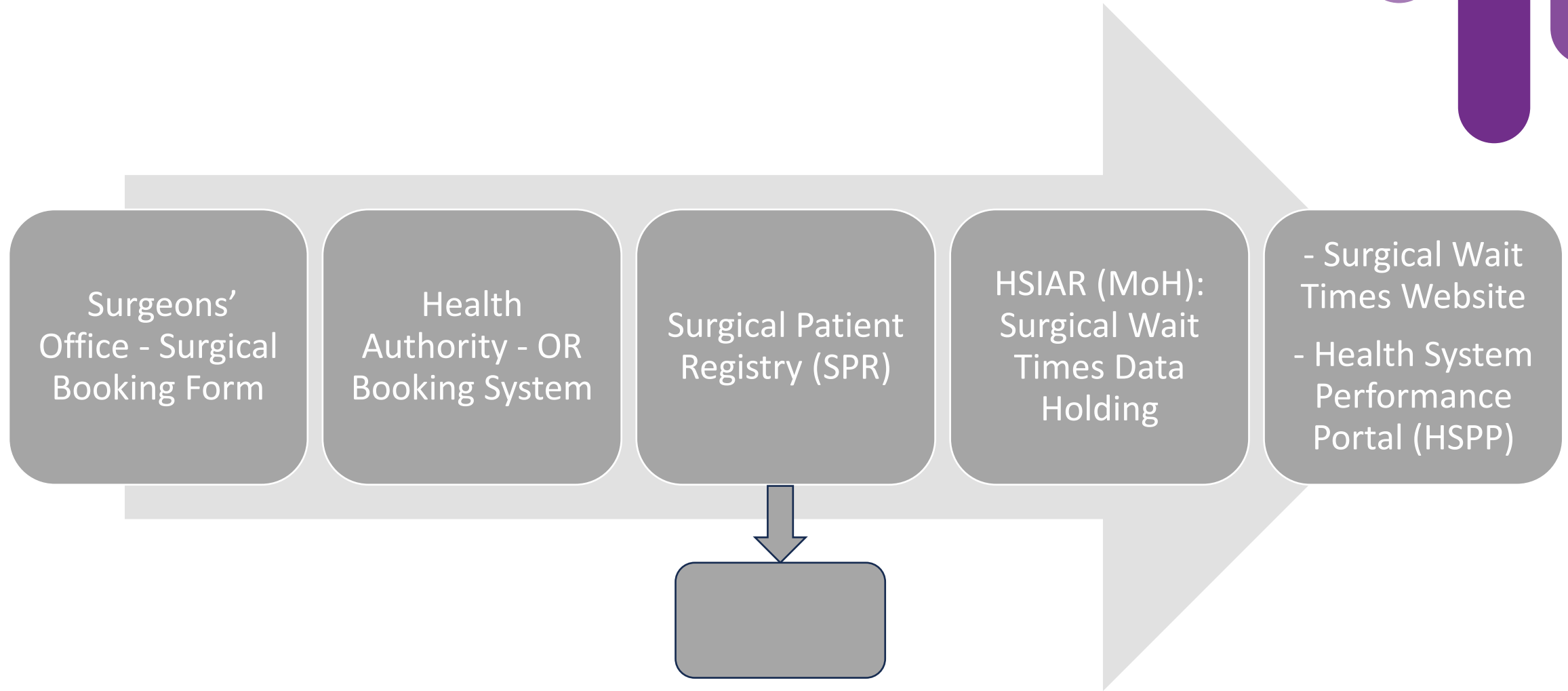
Wait Times - Metrics for monitoring

- **Ministry Goals:**
 - $\geq 80\%$ of **urgent** scheduled surgeries completed within 4 weeks
 - $\leq 5\%$ of **non-urgent** scheduled surgeries waiting longer than clinical benchmark
- **Key Metrics for Monitoring Progress:**
 - OR hours performed
 - Volumes completed
 - Cases completed within benchmark
 - Cases waiting over clinical benchmark
 - Long waiters: 2x clinical benchmark
 - Number cases cancelled due to waitlist audit

Data accuracy is important as Ministry, Health Authorities, and Specialists use data to:

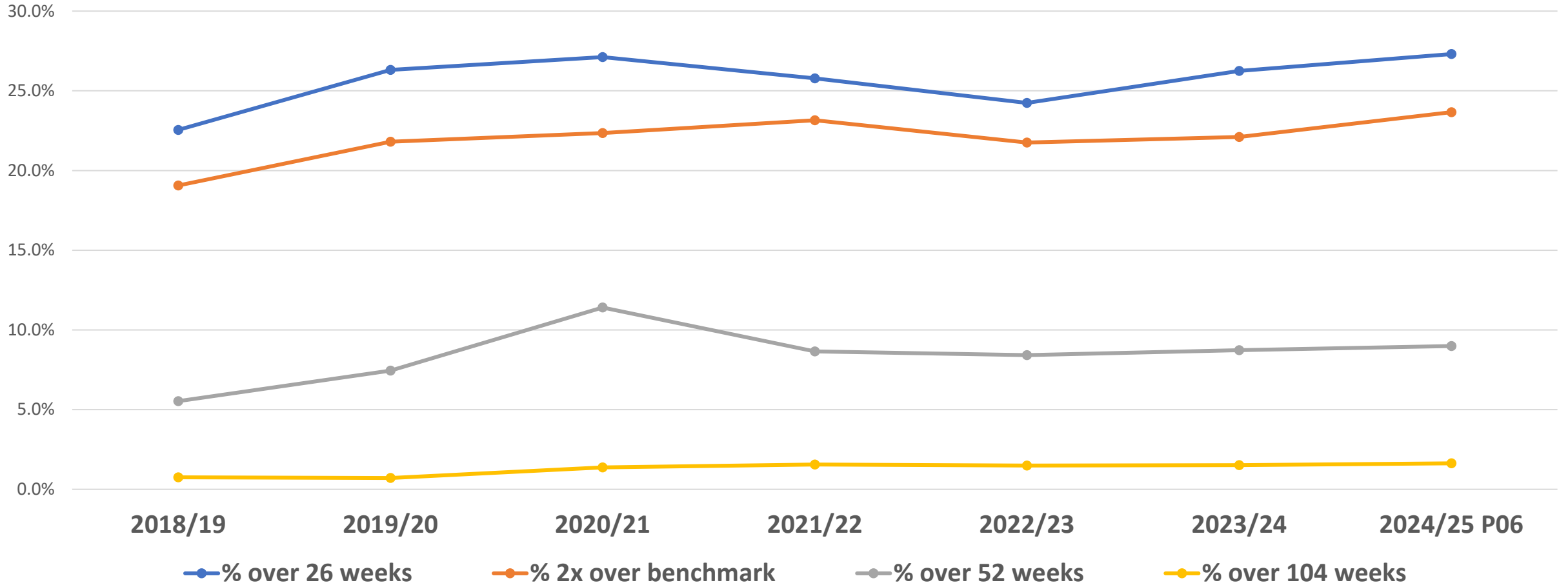
- Monitor performance, inform policy and decision-making to provide better patient outcomes
- Allocate HHR resources and OR time by specialty/surgeon
- Develop trust with stakeholders through transparency of results

Data Flow



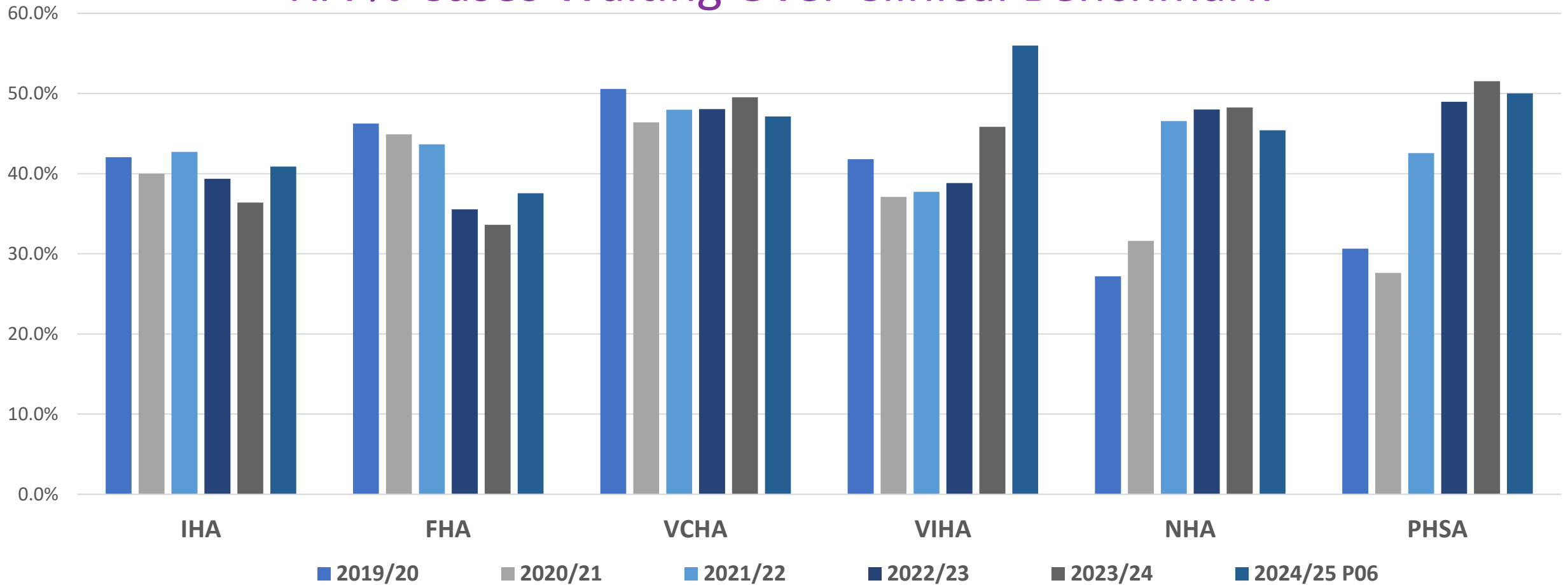
BC Surgical Wait Times

BC Long Waiters: Wait Time Metrics



BC Surgical Wait Times

HA % Cases Waiting Over Clinical Benchmark



OR Hours & Volumes

Fiscal Year	Cases Completed	OR Hours
2019/20	330,407	583,361
2020/21	316,430	568,502
2021/22	338,169	586,657
2022/23	350,833	613,534
2023/24*	361,959	652,845

*2023/24 Total OR Hours include all Northern Health Sites and Interior Health small sites.

HA	Planned Additional Hours 24/25	Total Cumulative Target 24/25	% Increase from Baseline 19/20
IHA	15,979	119,690	15.4%
FHA	21,536	166,757	14.8%
VCHA	9,788	177,621	5.8%
VIHA	8,776	124,739	7.6%
NHA	3,808	38,881	10.9%
PHSA	4,301	33,021	15.0%
BC	64,188	660,709	10.8%

Reducing Wait Times – Current Strategies

OR Utilization

- **Capacity utilized** considering patient in-room time and turnaround times (based on the case mix)

Opportunities:

- Decrease turnover times
- Improve efficiencies
- Fill every slate
- Decrease cancellations

OR Allocation

- Comparing surgeon-level utilization of OR time to **'need'** of OR time

Opportunities:

- Emergent case scheduling
- Increase overall surgical capacity
- Review division/specialty capacity
- Intra-divisional collaboration

Central Intake

- **Single point of entry** for specialist referrals or surgical booking forms combined with a first available surgeon

Opportunities:

- Enhance referral management
- Referral triage
- Expand choice for patients: selection of a specific specialist or option to accept next available

First In First out

- **Patient scheduling** considering surgery date, date added to the waitlist and clinical benchmark

Opportunities:

- Selection of BC Diagnosis Code
- Waitlist management practices
- Focus on long-waiting patients by increasing the percent of cases performed 'in turn'

Reducing Wait Times– Current Strategies

- First In First out (FIFO) Performance (% in turn) – Target 80%

Health Authority	2023/24	2024/25 YTD Actual	2024/25 YTD vs.	
			2023/24	Target
IHA	71%	74%	+3%	-6%
FHA	77%	78%	+1%	-2%
VCHA	71%	72%	+1%	-8%
VIHA	75%	76%	+1%	-4%
NHA	79%	79%	+0%	-1%
PHSA	73%	73%	+0%	-7%
BC	74%	75%	+1%	-5%

Note: This metric determines how closely each surgeon’s individual waitlist management practice follows a First-in, First-out (FIFO) approach. The methodology only includes scheduled cases (both urgent and nonurgent) and takes account of differing clinical benchmarks for each surgery.

*The Baseline and 2023/24 years account for the full fiscal year.

Reducing Wait Times– Current Strategies

- OR Utilization (% of capacity)

Health Authority	2023/24	2024/25 Target	2024/25 YTD Actual	2024/25 YTD vs.	
				2023/24	Target
IHA	86%	91%	86%	+0%	-5%
FHA	88%	92%	88%	+0%	-4%
VCHA	88%	92%	89%	+1%	-3%
VIHA	90%	92%	88%	-2%	-4%
NHA	85%	89%	84%	-1%	-5%
PHSA	83%	90%	83%	+0%	-7%
BC	88%	92%	87%	-0%	-4%

Note: This metric calculates how much of the operational capacity is actually utilized taking account of both patient in-room time and a reasonable allowance for turnaround times (based on the case mix). Ophthalmology is excluded from this metric due to the typically different profile of cases relative to other services.

*The Baseline and 2023/24 years account for the full fiscal year.

Reducing Wait Times – Current Strategies

BC Diagnosis Prioritization Code Selection

- Provincial **Diagnosis Code Review Project** co-led by Ministry, SPR, HAs, and DofBC
- Reviewing all **16 code sets** and updating as per current best practice standards
- **First 3 specialists** working groups: Cardiac, Pediatrics, & Gynecology-Obstetrics
- *SPR team to discuss further*

Waitlist Management & Audits

- Waitlist Management **Toolkit** under development by SSC
- Ministry Surgical and Endoscopy **Waitlist Management Policies** to be refreshed in 2024/25
- HAs prioritizing waitlist audits as part of 2024/25 Action Plan
- *FHA to discuss their Waitlist Audit process*

Presenter Disclosures

Ganive Bhinder and Courtney Marusiak are all employees of the Provincial Health Services Authority.

Ganive Bhinder is a volunteer Board Member of the Canadian Society of Intestinal Research.



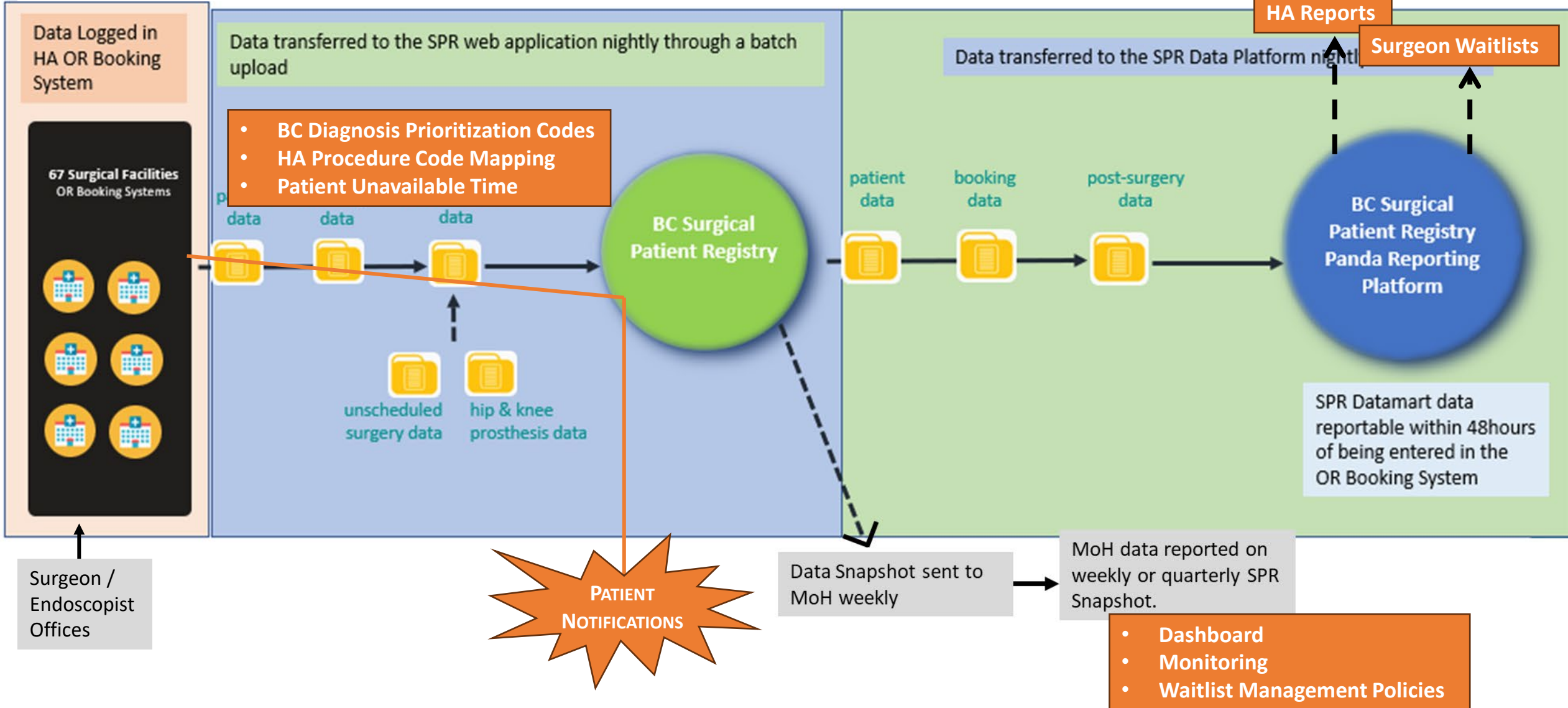
Surgical Patient Registry (SPR)

A province-wide system collecting and reporting surgical and gastrointestinal (GI) endoscopy data in BC

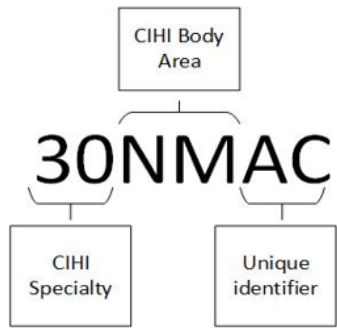
Core Function: collection and management of high quality, standardized data for surgical and GI Endoscopy bookings, wait times, and performed procedures.

- **Waitlist Management:** Support implementation of provincial Waitlist Management Policies and maintain the BC Diagnosis Prioritization Codes.
- **Collaboration:** Seamless integration with Health Authorities, provincial clinical programs and other health system partners.
- **Continuous Improvement:** Enhance data accuracy, support research, and provide timely reports.
- **Patient-Centered Care:** Support equitable and culturally safe healthcare.

Surgical Patient Registry (SPR)



What is a BC Diagnosis (dx) Code?



30 = General Surgery
 NM = Large Intestine
 AC = BC Dx Code unique identifier.
 30NMAC = Obstructing Crohn's Disease



BC Patient Condition and Diagnosis Descriptions

v2024-P1

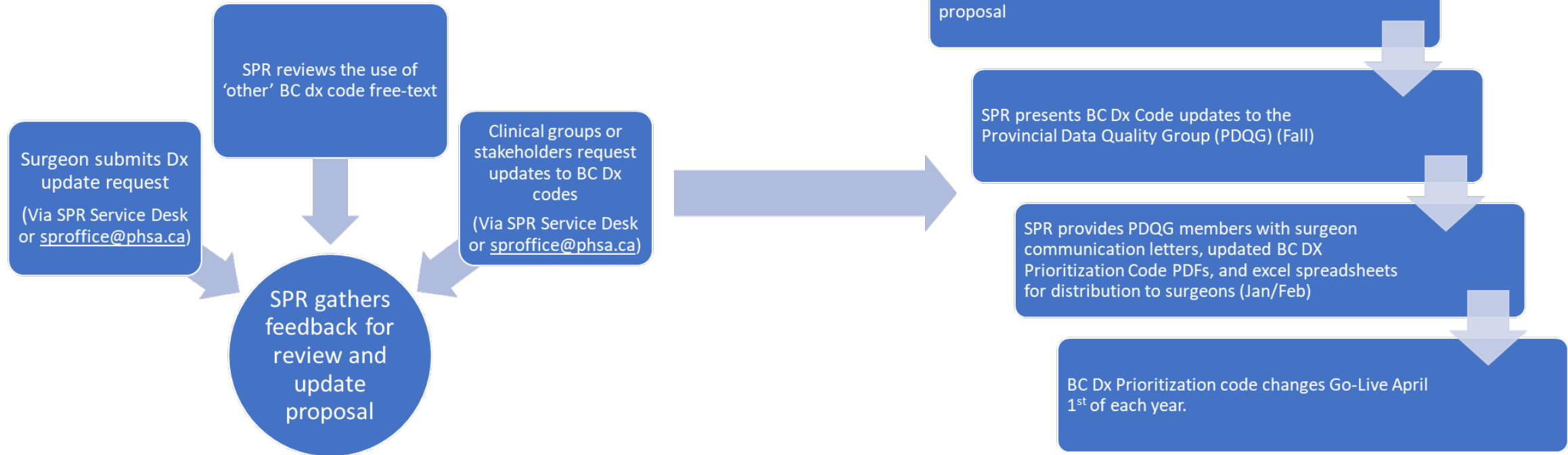
Gender Dysphoria Surgery - Adult (17 years and above on the date of decision)

Diagnosis Group	BC Diagnosis Code	Diagnosis Description	BC Priority Level	Wait Time Target In Weeks
Gender Dysphoria	39PZGC	Gender Dysphoria; urgent revisions for urinary complications	3	6
	35ZZGD	Gender Dysphoria; minor revisions and/or staging procedures	4	12
	35ZZGE	Gender Dysphoria; primary and/or non-urgent revisions	5	26

Background

- BC Dx Codes implemented in 2010
 - **generic 'Other' Dx Codes included to identify gaps in code sets / facilitate ongoing review**
- Pediatric BC Dx Codes: one-to-one basis with Pediatric Canadian Access Targets for Surgery (PCATS) codes
- Adult BC Dx Codes comprehensive review and update last completed in 2015 (excluding cardiac surgery)
- Pediatric BC Dx Codes last updated in 2016 following a PCATS update (no further PCATS updates anticipated)
- An annual Adult BC Dx Code update process implemented in 2021 – supported by SPR
 - BC Dx Codes updated by request from surgeons, provincial clinical groups, review of 'other' utilization, and surgical policy.

BC Dx Codes Update Process



How is BC Dx Code Data Used?

- Standardizes wait time monitoring
- Supports Equitable access
- Case Type Identification
- Reporting and Data Modeling
- Waitlist Management Policy Support
- Funding and Resource Allocation
- Planning and Projection
- **BC Dx Codes must be assigned by the surgeon/specialist**

Comprehensive Dx Code Review Project

- Joint initiative by BC Ministry of Health, PHSA SPR, and Specialists Services Committee supported through Doctors of BC
- Comprehensive review of all **adult and pediatric** surgical specialties - update code sets, as required

Rationale:

- Time lapse since last reviews
- Analysis of 'other' Dx code utilization by specialty
- Requests from specialists

Project Start: Fall 2024

- Specialist Working Groups to review and provide updates proposal
- Up to 4 meetings per surgical specialty

Project Overview

- 'other' Dx code utilization analysis and feedback from Surgeons, as well as input from Specialist Services Committee and HA Surgical Leads determines order of specialty Dx codes sets review

In scope:

Revisions to or addition of Adult Dx Codes, by Specialty

Development of supplemental Pediatric Dx Codes, where needed

Implemented of revised Adult Dx Codes and supplemental Pediatric Dx Codes

Education and Training

Out of Scope

Addition/removal of priority levels or updates to current priority level definitions

Revisions to national PCATS code set

Emergent unscheduled priority codes

Revisions to HA procedure codes

Project Overview

Initial Specialty Dx Codes Set Reviews

- Cardiac
- Pediatrics
- Obstetrics and Gynecology

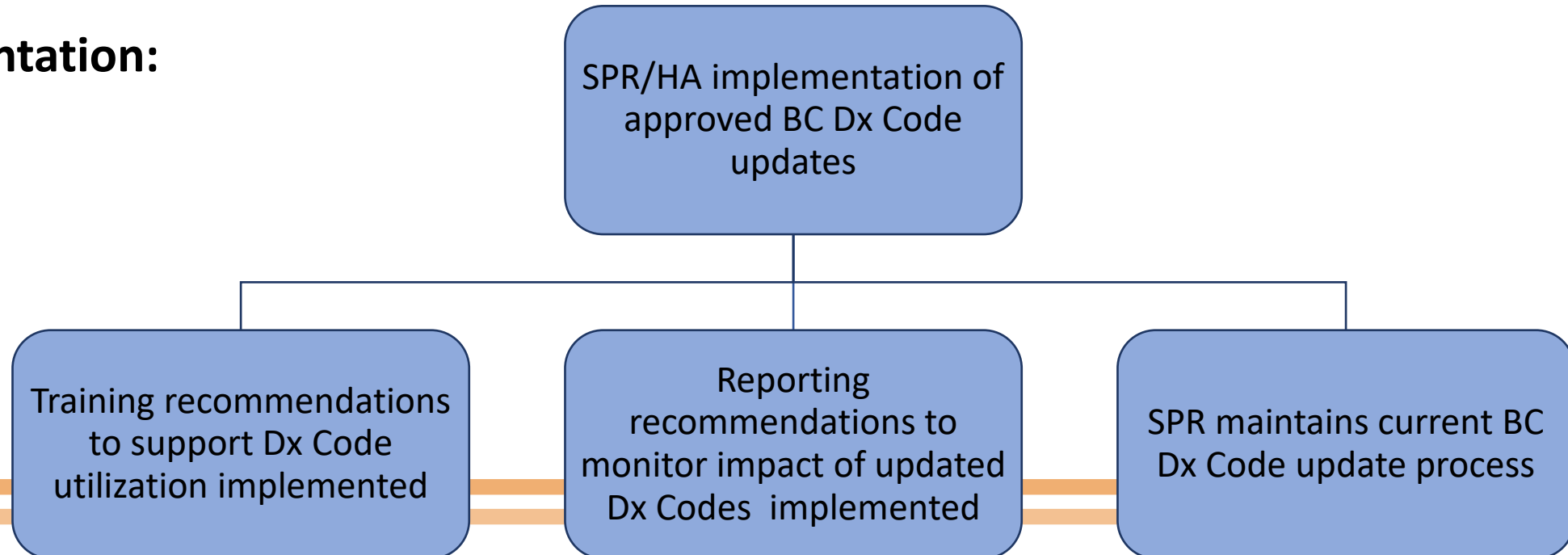


Propose code updates

Code leveling exercise

Draft evaluation plan and training recommendations

Implementation:



Contact Information



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Strategy & Development

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UPCOMING EVENT:

**SPR ORIENTATION FOR
SURGEONS** *hosted by
Doctors of BC*

**JANUARY 25, 2025
4:00 – 5:00 PM**



Waitlist Management (Audits)

Surgery Information
Systems

Fraser Health Authority

FH Waitlist Model and Function

TEAM LEADER
PLUS LIAISON
STAFF

REVIEW DATA...

EDUCATION-
MINISTRY AND
SOFTWARE
WAITLIST RULES

OR BOOKING
OFFICE MEETINGS

WAIT LIST
CLEANUP AT
OFFICES – MOA
EDUCATION

INTERNAL
ESCALATION
PROCESS WHEN
NEEDED

ADDING &
REMOVING A
PATIENT FROM
WAIT LIST

OR Booking Office (ORBO) Meetings & In Office meetings

OR BOOKING
OFFICE MEETINGS

Review Data Sources

[SPR Data Mart](#)

[FHA Objectives Key Results pages](#)

[Surgery Information Systems Reports Library](#)

[Analysis Works or Lighthouse](#)

Favorites **Browse**

Tiles

Folders (11)

- Central Office
- Data Sources
- Fraser Health
- Interior Health
- Ministry of Health
- Northern Health
- Provincial Health Services Authority
- Provincial Summary Reports
- Surgical Oncology Network
- Vancouver Coastal
- Vancouver Island

Paginated Reports (38)

- Active Waitlist by Surgeon
- Active Waitlist by Surgeon including Side and SPR Code
- Active Waitlist by Surgeon with Targets 
- Active Waitlist by Surgeon with Targets- CSV
- Active Waitlist by Surgeon with Targets- CSV_v2_DRAFT
- Active Waitlist Targets by Surgeon Extended
- Cancellations by Surgeon
- Cases Waiting and Completed Comparison by Wait Time Target
- Cases Waiting Over x Weeks 
- Cataract Cases Waiting Greater than 13 Weeks
- Cataracts Hips and Knee under and above PPF Target
- Comparison of Estimated vs Actual Performed Surgical Wait Times
- Current Wait Times for Surgeons
- Date of Decision for Surgery before 2005
- Deceased Patients Waiting or Booked
- Demo - Active Waitlist by Surgeon with Targets - No Patient Info
- Diagnosis Code Completeness Summary
- GI Endo Validation Report
- Hip and Knee Joint Replacements Waiting GreaterThan 23 Weeks
- Identify erroneous referral dates
- Milestone 1 Patient Notification Compliance by Fiscal Year Period
- Milestone 2 Patient Notification Compliance by Fiscal Year Period
- Milestone 2 Patient Notification Outcomes Report
- Patient Notification Compliance by Fiscal Year Period
- Performed Scheduled Cancer Cases
- Post Surgeries with Case Number generated by the SPR system
- SPR GI Endo Colonoscopy Case and Wait Times with FLAGS - Performed
- SPR GI Endo Colonoscopy Case and Wait Times with FLAGS - Waiting
- Surgeries Performed by Surgeon
- Surgeries Performed by Surgeon with Targets 
- Surgeries Performed by Surgeon with Targets - CSV
- Surgeries Scheduled - Add PostOp Information
- Surgery Booking Graph for Cases Waiting Performed and Cancelled...
- Surgical Waitlist Details of Cases Performed Waiting
- Urgent Cases Currently Waiting
- Use of Other Diagnosis Codes
- Wait 1 Wait Times
- Waiting Scheduled Cancer Cases

FHA Surgery OKR Dashboard

← FHA Overview

- FY24/25 P01 to FY24/25 P07

Facility ▼



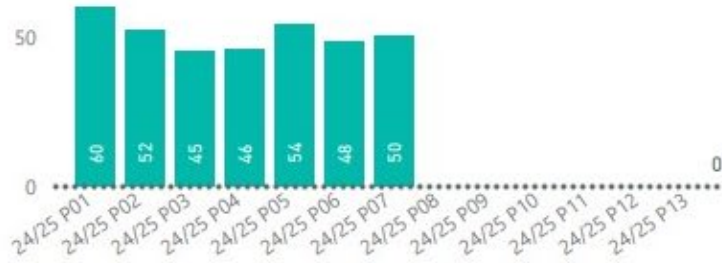
FRASER HEALTH
Surgery Information Systems

Patient Waiting over 36 Wks

50!

Goal: 0

Patient Waiting over 36 Wks Trend



Patient Waiting over 36 Wks Detail

Division	Previous Period	Latest Period	Variance
Orthopedic Surgery	25	34	9
Neurosurgery	8	5	-3
Vascular Surgery	5	4	-1
Plastic Surgery	7	3	-4
General Surgery	1	2	1
Obstetrics & Gynaecology	2	2	0
Total	48	50	2

YTD % - Urgent Surgeries Completed within 28 days

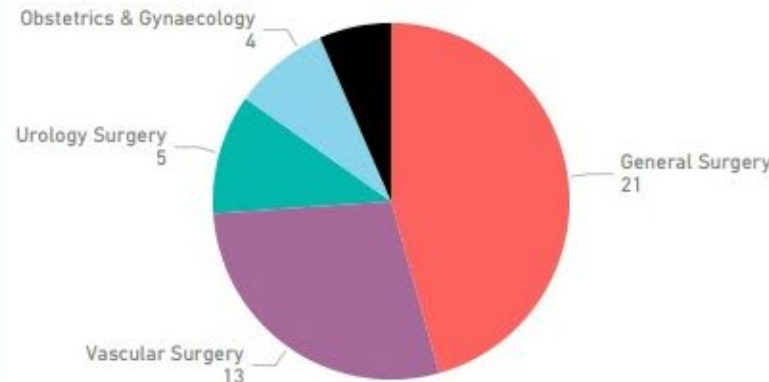
72%!

Goal: 80%

% Urgent Surgeries Completed within 28 Days Trend



Missed Opportunities: Urgent Cases Completed OVER 28 Days - Latest Period



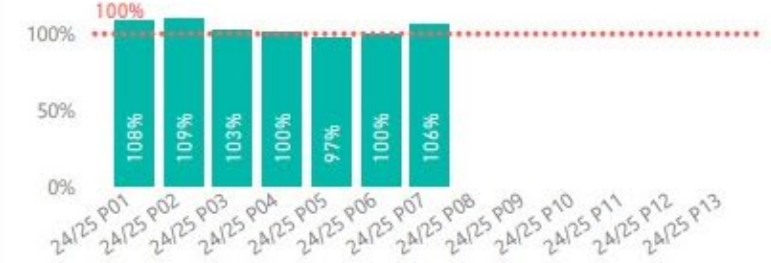
YTD % - Actual Surgical OR Hours Vs. Plan

106%✓

Goal: 100% (+5.59%)

Data from AnalysisWorks

% Trend - Actual Surgical OR Hours Vs. Plan



Actual Surgical OR Hours Vs. Plan - Detail

FY FP	Plan	Actual	Variance	%
24/25 P01	2022	2186	164	108%
24/25 P02	2240	2445	205	109%
24/25 P03	2303	2367	64	103%
24/25 P04	2157	2167	10	100%
24/25 P05	2300	2235	-65	97%
24/25 P06	2211	2209	-2	100%
24/25 P07	2018	2133	115	106%
Total	15251	15742	491	103%



Surgery Information Systems > Surgery Reports Library > All Documents

Surveys

Lists

Surgical Analytics Redesign Survey

Libraries

Surgery Reports Library

Key Filters

Apply

Clear

Sites

Fiscal year

Fiscal Period / Calendar Month

Report name

SURGERY REPORTS LIBRARY

<input type="checkbox"/>	ID	Site	Fiscal year	Fiscal Period / Calendar Month	Report name	Type	Name
Publication : 202324.12 (10)							
	4926	All FH	2023/24	FP12			Slate Visualizer - GI endoscopy (FY202324 FP12)
	4927	All FH	2023/24	FP12			Slate Visualizer - OR (FY202324 FP12)
	4940	All FH	2023/24	FP12	First Case Start Time		FCST dashboard - updated to FY202324 FP12
	4923	All FH	2023/24	FP12	GI endoscopy cases waiting over 52 weeks		GI endo cases waiting over 52 weeks - FY202324 FP12
	4942	All FH	2023/24	FP08	Hip Fixations Within Target		Hip Fixations Percent within target FY202324 FP08
	4924	All FH	2023/24	FP12	Long-Waiting OR Cases		Long-waiting OR cases by site and surgeon - FY 202324 - FP12
	4941	All FH	2023/24	FP12	Main OR Workload Status Report		Main OR Workload Status Report - FY202324 FP12
	4925	All FH	2023/24	FP12	OR Cases waiting over 52 weeks		OR Cases waiting over 52 weeks - FY202324 FP12
	4967	All FH	2023/24	FP12	Surgical Case Volume Dashboard		Surgical Case Volume Dashboard - updated to FY202324 FP12
	4922	All FH	2023/24	FP12	Surgical Safety Checklist Completion		Surgical Safety Checklist Completion - updated to FY202324 FP12

Publication : 202324.11 (0)

Lighthouse or Analysis Works

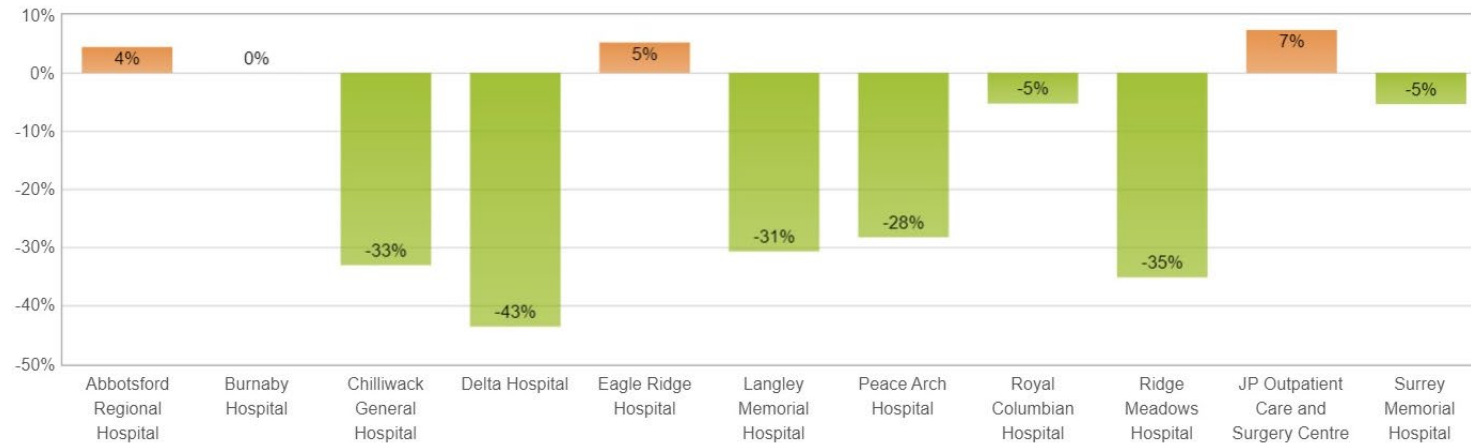
Fraser Health Authority: Average wait times are 14% shorter than target*


Based on scheduled volumes completed between 2023/24 P07 and 2023/24 P12

Cohorts: Bariatric, Cataract, C-Section, Cystoscopy, ESWL, Open Heart Surgery, Pacemaker, RVA, Total Hip, Total Knee, Vein, Endoscopy, Unspecified

How are these metrics calculated? 


 Out of Target  In Target  Hide Table





If you have received a temporary password from AnalysisWorks, enter your username and temporary password above.

[Forgot Password?](#)
Click the above link to reset your LightHouse password.

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 ANALYSISWORKS

Surgeon Visibility Reports

- Sent out to Surgeon's offices
- Turnaround time of 10 days
- Report update on top 25 pts
- Updates to Unavailability of pts
- Includes Cancellation codes
- Booking dates
- Benchmarks

Quick Reference Guide

August 2021

Sample Report – Top 25 cases

How long pt has been on FH WL in Meditech (wks)

Target comes from dx code entered on booking form (e.g. 30YMCC, 50RZBC, 34VGAO, etc.)

Enter updates here. Select applicable check box and enter details

- Unavailable date range
- Reasons for cancelling
- Surgery date

Surgeon Visibility Report (August 2021)
Demo, Dr Example

Please return via fax to 604-520-2151

Waitlist snapshot - Top 25 cases (as of Aug 01, 2021)
- with no scheduled date of surgery and not marked as unavailable

Please concentrate on booking any patients highlighted in pink.

Work Sheet	Patient Full Name	Patient PHN	Primary Procedure	Site	Wait Time	Target	Unavailable?	Cancelled?	Booked?	Ready for start?	Details: Unavail: When is pt avail again? Cancell: Reason of cancell? Booked: Surgery date?
<input type="checkbox"/>	Patient 1	900000001	INCISIONAL HERNIA REPAIR	RCH	39	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Patient 2	900000002	INCISIONAL HERNIA REPAIR	RCH	37	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Patient 3	900000003	CHOLECYSTECTOMY - LAPAROSCOPIC	RCH	24	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Patient 4	900000004	INGUINAL HERNIA REPAIR - LAPAROSCO	ERH	21	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Patient 5	900000005	INGUINAL HERNIA REPAIR - LAPAROSCO	ERH	21	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Patient 6	900000006	INGUINAL HERNIA REPAIR	ERH	21	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Patient 7	900000007	INCISIONAL HERNIA REPAIR - LAPAROSC	RCH	12	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Patient 8	900000008	INCISIONAL HERNIA REPAIR	RCH	12	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Patient 9	900000009	CHOLECYSTECTOMY - LAPAROSCOPIC	RCH	11	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Patient 10	900000010	UMBILICAL HERNIA REPAIR	ERH	3	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Patient 11	900000011	UMBILICAL HERNIA REPAIR	ERH	2	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Highlighted patients have already waited longer than most similar patients who have been given an OR date

Sample Report – Patients currently marked as unavailable

Surgeon Visibility Report (June 2021)
Ophthalmologist, Dr Sample

Waitlist snapshot - Patients marked unavailable (as of Jun 26, 2021)
- showing the next (up to) 25 patients to become available again for surgery - according to Meditech records
- please monitor this list as patient available dates approach, in particular patients who have already passed wait time target.
- indicate any updates to make in Meditech. E.g. extending unavailable dates, removing from waitlist, etc.

Patient Full Name	Patient PHN	Primary Procedure	Site	Wait Time	Target	Avail again	Updates for FHA OR Booking?
Patient 100	900000100	CATARACT EXTRACTION WITH IOL	BH	95	26	21 Jul	
Patient 101	900000101	CATARACT EXTRACTION WITH IOL	BH	76	26	31 Jul	
Patient 102	900000102	CATARACT EXTRACTION WITH IOL	BH	69	26	31 Jul	
Patient 103	900000103	CATARACT EXTRACTION WITH IOL	BH	72	26	21 Aug	
Patient 104	900000104	CATARACT EXTRACTION WITH IOL	BH	80	6	21 Nov	
Patient 105	900000105	CATARACT EXTRACTION WITH IOL	BH	69	26	21 Nov	

Date when patients become available

Enter any updates here

Program Successes

- Reduction of Regional pts waiting > 52 weeks from 2054 to 688
- Many sites close to meeting MoH wait time Benchmarks
- Surgeon's Office engagement & visits
- Increase in Actual Surgical Hours used across the Region
- Increase in Regional benchmark of Urgent Cases Waiting (>28 days)
- Decrease in Long Waiters > 52 weeks
- Acknowledgement of program success by Ministry Of Health
- 2 day Symposium in Northern Health to showcase our successes to assist the teams adapt our programs with their WM programs

Wait Times – Wait One

- HAs began collecting surgeon-reported Wait One data in 2014 through Surgical Booking Forms
- ***Wait One Definitions and Directions*** document developed by provincial working group over the past year
 - **Includes Referral Path Scenarios for surgery and endoscopy to support selection of dates for Wait One reporting**
- Next Steps:
 - **WG to endorse final edits to *document***
 - **System Partners review and endorsement**
 - **Provincial Communication Plan**
 - **Provincial Education & Training Plan**



BREAK

SUPPORTING PATIENT OPTIMIZATION: TOOLS! TOOLS! TOOLS



PREHABILITATION AND ENHANCED RECOVERY IN BRITISH COLUMBIA



Disclosures

- Geoff Schierbeck, Liaison, Specialist Services Committee
 - I have nothing to disclose.
- Juliet Batke, Director of Surgical Strategy & Innovation, MoH
 - I have nothing to disclose.
- Sooky Moore, Project Specialist, Arcterk Pro
 - I have nothing to disclose.
- Lindi Thibodeau, Anesthesiologist, Comox Valley Hospital
 - I have nothing to disclose.
- Kyra Siemens, Director Surgical Services Operations & Policy, MoH
 - I have nothing to disclose.

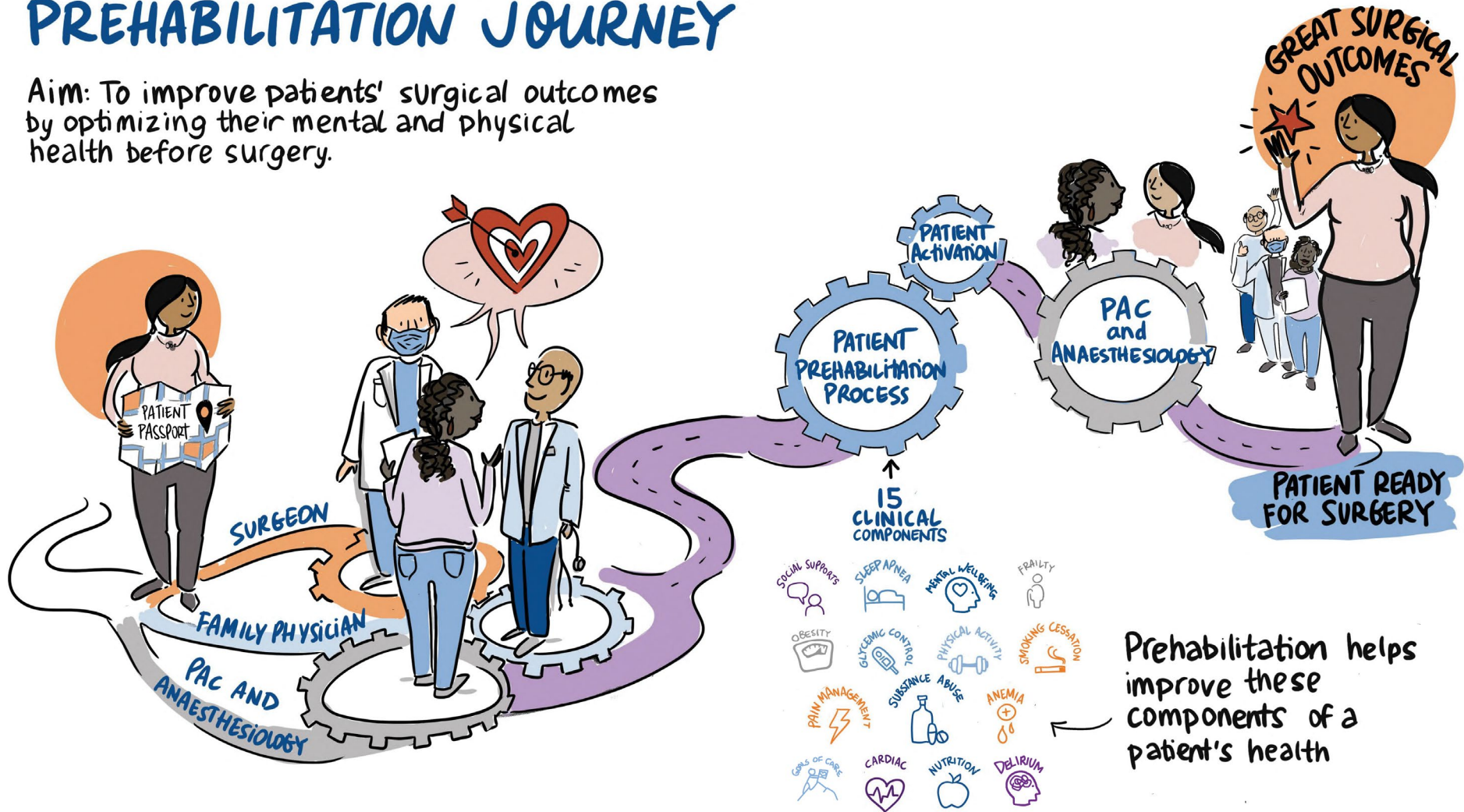
Prehabilitation and Optimization

- Improves surgical outcomes, reducing LOS and patient satisfaction
- 30-50% drop in post-op complications
- Motivate patients



PATIENT SURGICAL PREHABILITATION JOURNEY

Aim: To improve patients' surgical outcomes by optimizing their mental and physical health before surgery.



Prehabilitation Tools



Prehabilitation Tools



Enhanced Recovery After Surgery

ERAS Toolkit





Prehabilitation (1) + ERAS (1)

Synergistic = 3

Prehab and ERAS Toolkits

Updated Prehabilitation Toolkit

- Added sections for Cannabis Use, Illicit Substance Use, Delirium, and Goals of Care
- Updated screening tools based on current evidence-based guidelines
- Added actionable recommendations for prehabilitation and optimization

New ERAS Toolkit

- New ERAS Toolkit with key components applicable to all ERAS surgeries (Colorectal, Orthopedics, Gynecologic, and Cesarean Section) and surgery specific guidelines per Enhanced Recovery Canada pathways

ERAS to SPOC

2018 BC Surgical Summit

ENHANCED RECOVERY COLLABORATIVE OUTCOMES CONGRESS • JAN 12 2016

KEYNOTE: TRACY WASYLAK



SSC SURGICAL PATIENT OPTIMIZATION COLLABORATIVE (SPOC) LAUNCH



Current PCAN Prehabilitation & ERAS Projects

- **Fort St. John & Dawson Creek: Prehab Program Development and Implementation**
Implementing prehab programs to embed a culture of patient activation, helping patients use wait times effectively with structured, nurse-supported care.
- **Burnaby: Streamlined Surgery Prep**
Expanding prehabilitation success from joint replacements to general surgery, enhancing patient readiness and outcomes.
- **Abbotsford: Video Education Series**
Developing an accessible video series to empower patients, aligned with the local SPOC Patient Passport.

Current PCAN Prehabilitation & ERAS Projects

- **Langley: Colorectal Prehabilitation**

Optimizing ERAS pathways for colorectal surgery, with goals to reduce severe and medical complications by 50% by March 2025.

- **St Paul's: Supporting Primary Care in Optimizing Pre-Surgery Mental Health Care for Depression**

Develop a system that identifies and addresses patients' pre-surgical depression levels while minimizing the burden on healthcare providers.

- **Choose to Move: Adapting Choose to Move for Total Hip and Knee Replacement Patients**

Choose to Move is being adapted to enhance physical activity, mobility, and reduce isolation for patients on surgical waitlists for hip and knee replacements.

Canadian Prehabilitation Society

Linking prehabilitation teams and resources to support research, collaboration and implementation throughout Canada



Use the QR code to register for information or to be involved

**PERIOPERATIVE
CARE
ALIGNMENT and
DIGITAL
SCREENING
PROJECT**





SPECIALIST SERVICES
COMMITTEE

PCAN PERIOPERATIVE CLINICAL ACTION NETWORK

PCAN INNOVATION FUNDING

Supporting health authorities to meet provincial optimization standards

SPOC SURGICAL PATIENT OPTIMIZATION COLLABORATIVE

Supporting sites to establish or expand prehabilitation workflows.
Developing and maintaining BC Prehabilitation Resources including:

- BC Surgical Prehabilitation Toolkit
- Surgical Patient Prehabilitation Implementation Toolkit
- Patient Passport Surgical Prehabilitation
- Spread and Sustainability of Change Cards

PCADS PERIOPERATIVE CARE ALIGNMENT & DIGITAL SCREENING PROJECT

Developing and maintaining a Preoperative Risk Assessment
and Triage Tool (PRATT) to support prehabilitation by:

- Collecting patient health data at time of surgical decision
- Generating a tailored patient health summary that flags high-risk patients and facilitates prehabilitation and optimization during the preoperative waiting period

Current Preoperative Timeline

WAIT TIME



Future Preoperative Timeline

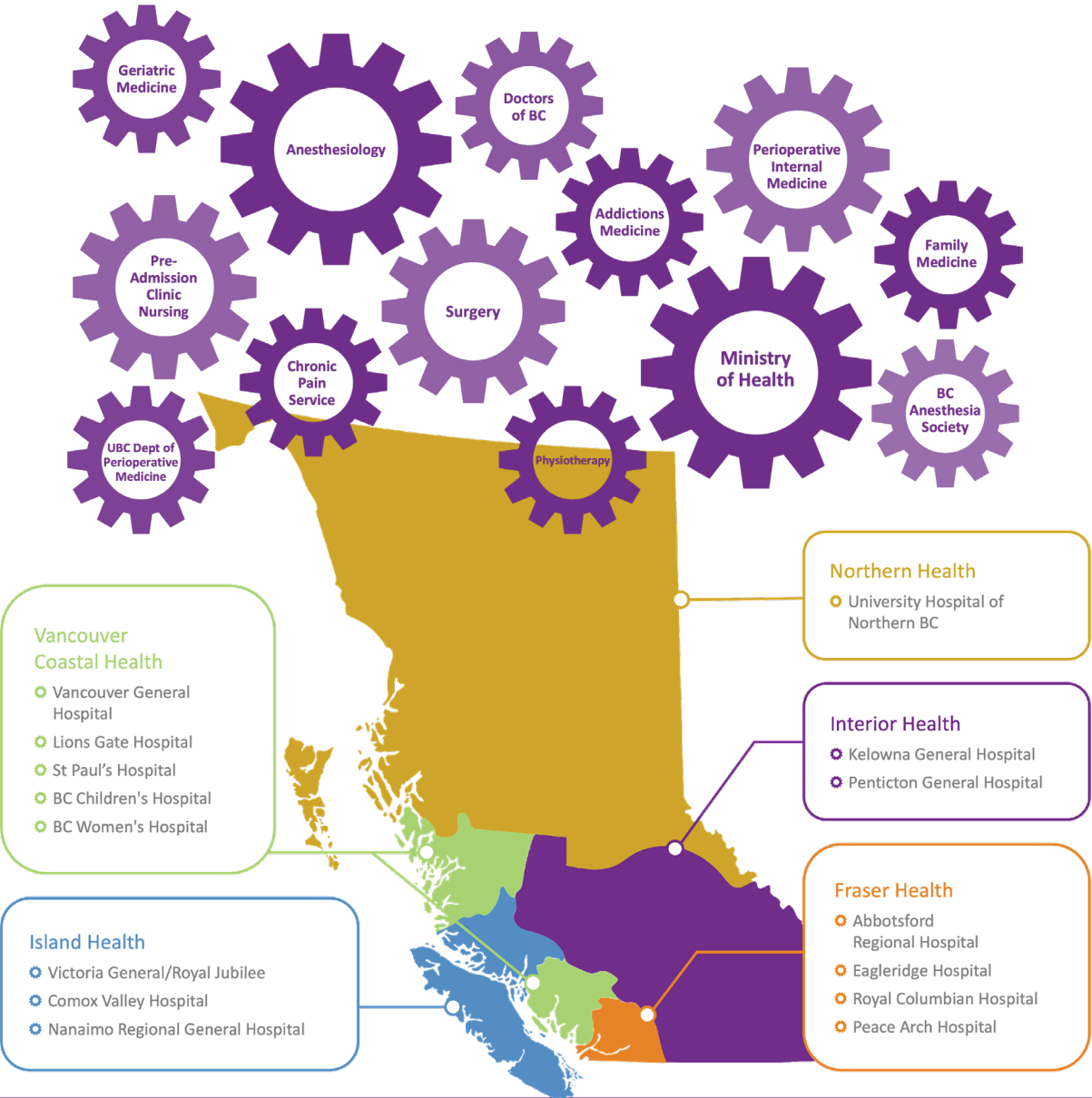
PREHAB

**DIGITAL PATIENT
SCREENER COMPLETED**

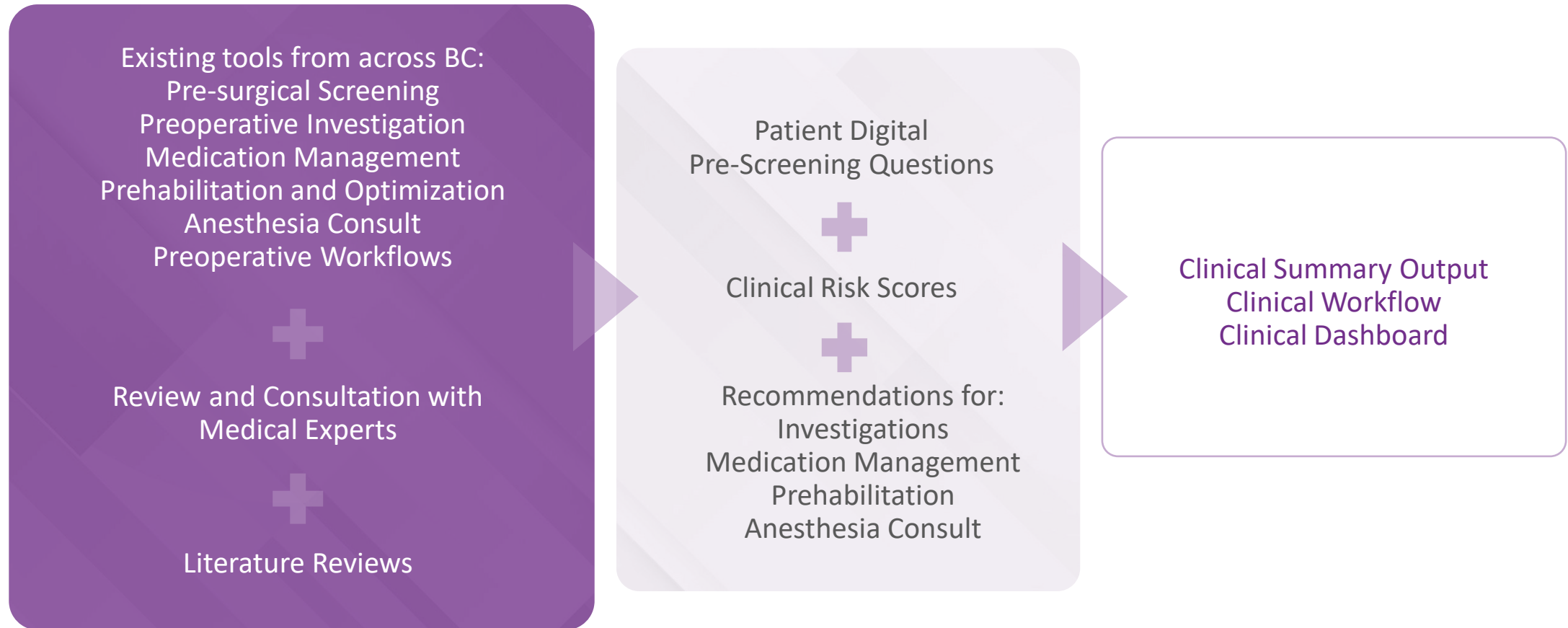
PAC REVIEW

ANESTHESIA CONSULT

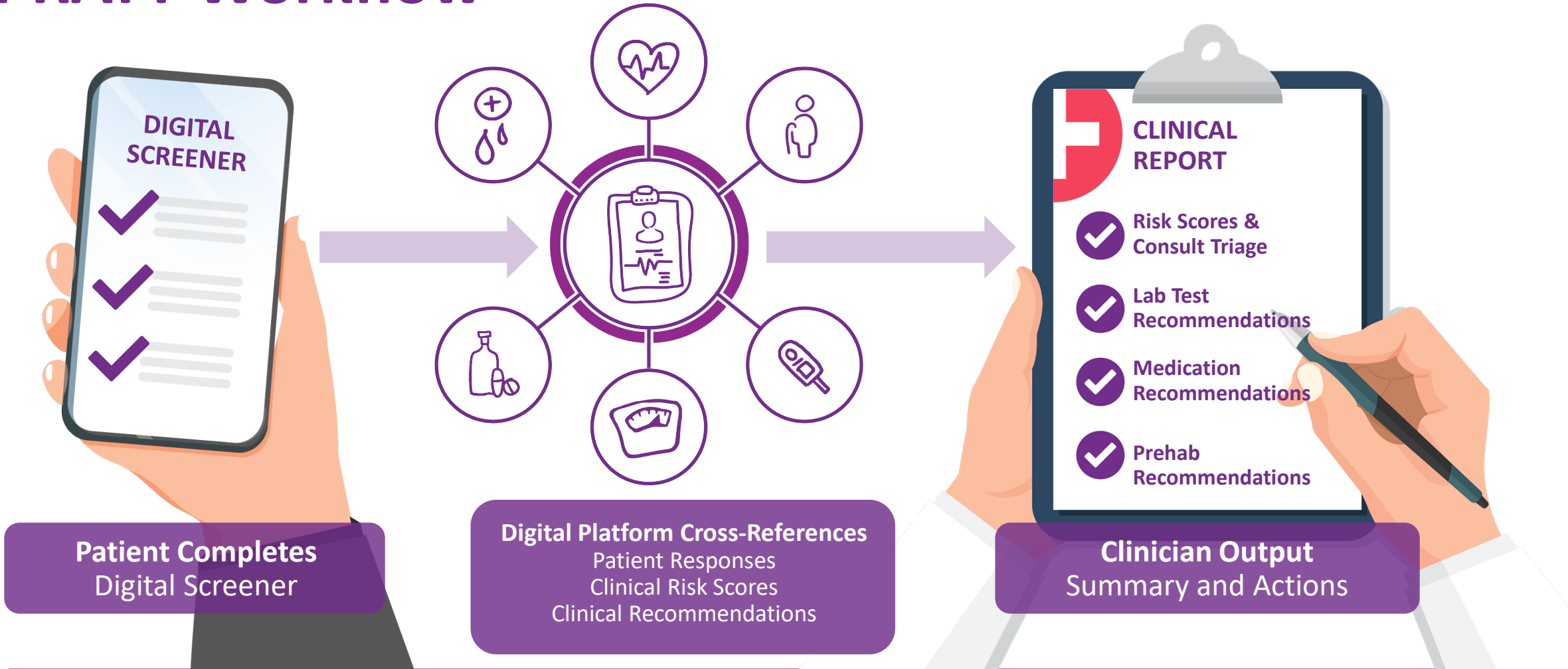
PCADS Committee

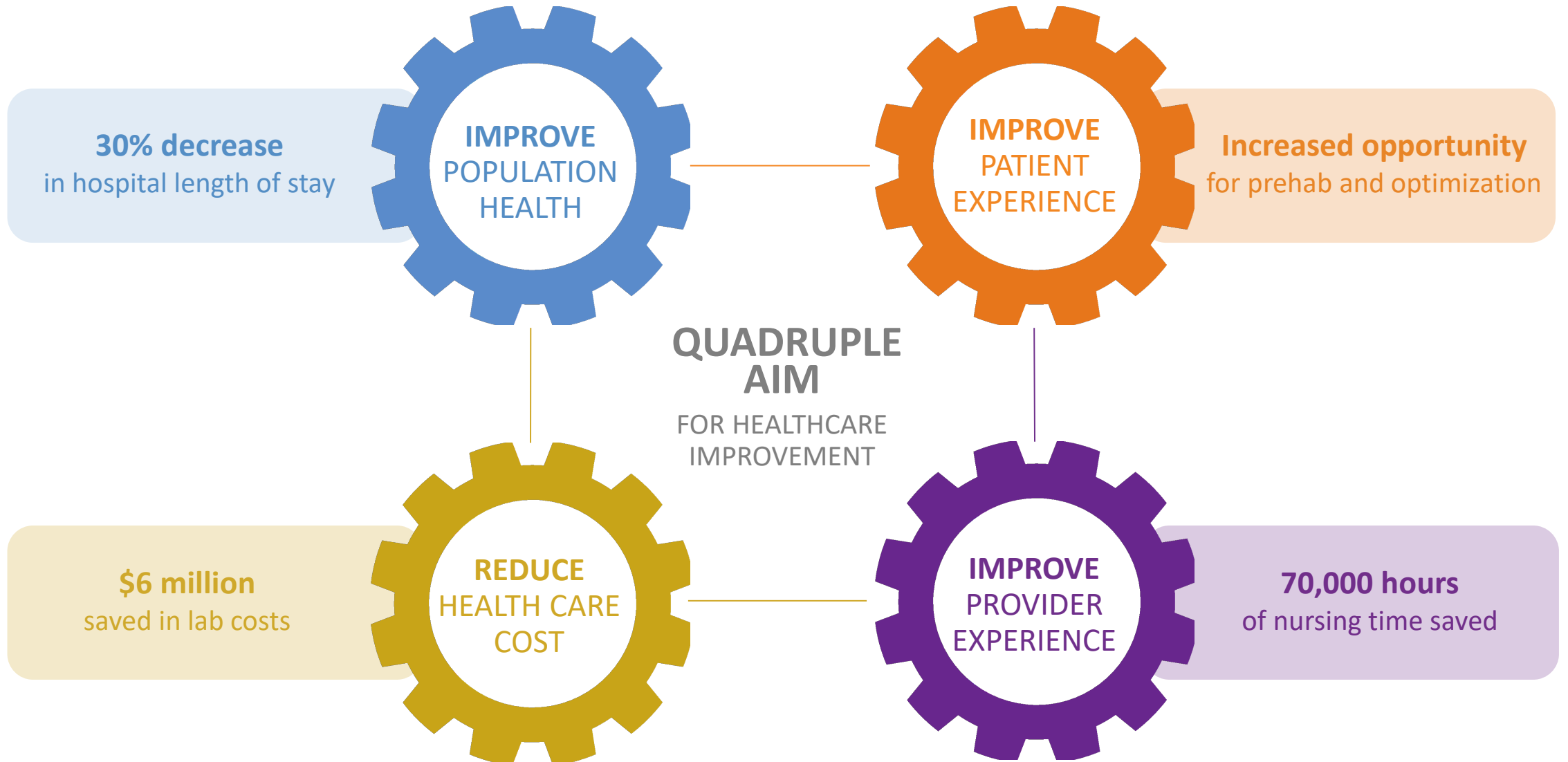


Preoperative Risk Assessment and Triage Tool (PRATT)



PRATT Workflow





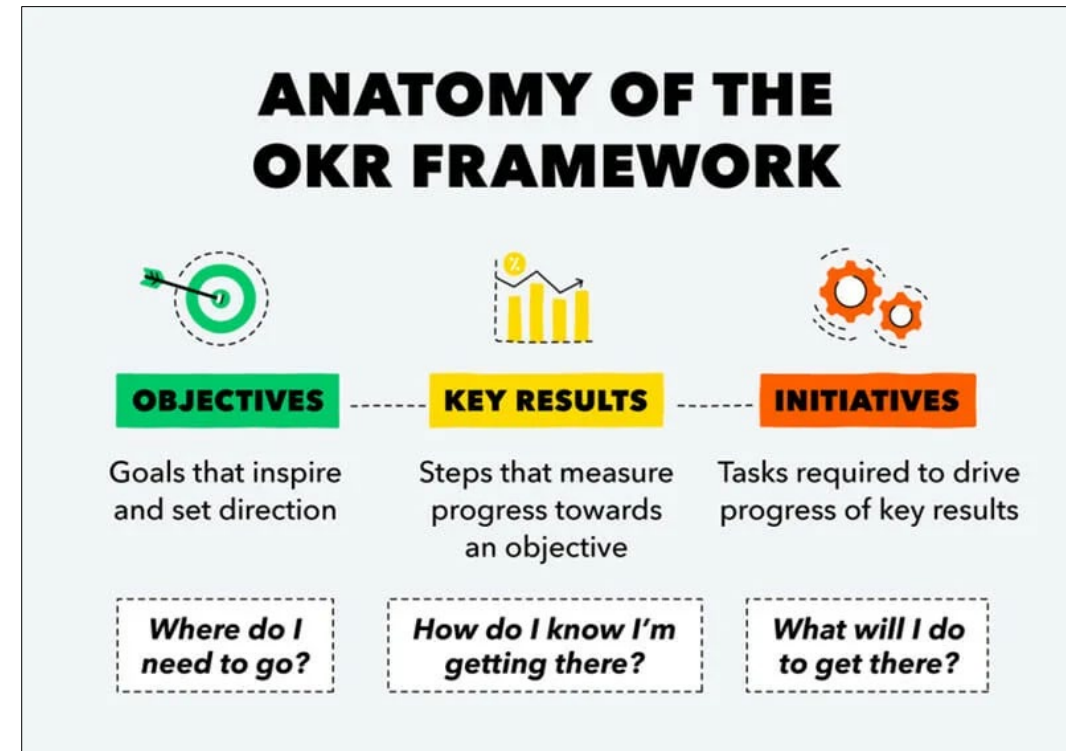
Quadruple Aim based on IHI's Triple Aim.

PROVINCIAL APPROACH

Ministry of Health Goal and Objective 2024 2025

GOAL: Provide clinically timely access to reduce surgical wait times in BC

OBJECTIVE: Ensure adequate surgical care capacity to meet current patient demand



Ministry of Health Optimization ACTION

Initiate development of a provincial surgical patient optimization and enhanced recovery strategy, standards and toolkit, to support site-level implementation of best practice standards in each HA, to enable timely patient access.

What has already been done?

- Surgical Patient Optimization Collaborative
 - Updated prehabilitation toolkit, ERAS toolkits
- Surgical Services Programs (SSPs)
 - Hip and Knee Replacement Programs
 - Key Attribute: Pre-Surgical Support

How will we get there?

- Develop a recommended path forward for digital enablement of pre surgical screening tool
- Understand the current state of prehabilitation and workflow of preadmission clinics
- Identify metrics (process and outcome) for optimization strategy
- Initiate a provincial surgical optimization working group

Question one:
If all surgical patients received prehabilitation, what would that look like?

Question two:
For a provincial approach to prehabilitation to be successful what is needed?

Consider these perspectives:

- Hospital Operations, Surgeons, Anesthesiologists, Patients, Family Physicians, Other care providers

JOIN AT:

SLIDO.COM

#OPTIMIZATIONTOOLS



THANK-YOU!!

QUESTIONS??