The momentum is building! Year one of the Saskatchewan Surgical Initiative laid the groundwork and year two has shown what dedicated patients, providers, leaders, and government can do to improve surgical patient experiences. As of March 31, 2012, 97 per cent of patients received their surgery within 12 months, all regions were using the Surgical Safety Checklist more often and more accurately, and clinical pathway development expanded to prostate cancer and urogynecology conditions. In addition, three more groups of surgeons were pooling referrals, 124 physicians and their offices were participating in Clinical Practice Redesign™, and more people were visiting the revamped online Specialist Directory to find surgeon wait time information to assist in their decision making.

The progress to date has been excellent but there is a long way to go to ensure all patients have the option of receiving surgery within three months by 2014, and that they receive patient- and family-centred, quality care every time.

Saskatchewan’s online Specialist Directory is now more interactive and easier to use, thanks to feedback from primary care physicians and patients. Now, within two mouse clicks, family physicians, nurse practitioners and patients can see which surgeons perform a particular procedure, and who has the shortest wait times. Province-wide promotion of the improved Specialist Directory in February and March of 2012, including a TV ad campaign featuring Dr. David Stoll (above right), resulted in a 200 per cent increase in website traffic. The directory is proving to be a valuable resource for shared decision-making between family physicians and patients. Now they work together to choose the most appropriate surgeon based on what is most important to the patient – wait time, surgeon or location. In the future, the goal is to add all non-surgical specialties to the directory.
The Saskatchewan Surgical Initiative’s Year Two target was that every surgical patient should be offered a surgical date within 12 months. Wait times are coming down and seven of the 10 health regions that provide surgeries succeeded in reaching the goal.

The most recent data shows that provincially, 97 per cent of surgical patients – including emergency cases – received their surgery within 12 months, and 88 per cent received their surgery within six months.

<table>
<thead>
<tr>
<th>Saskatchewan Surgical Patients</th>
<th>November 2007</th>
<th>March 31, 2010 (Start of SkSI)</th>
<th>March 31, 2012 (End of Year 2)</th>
<th>% Change Nov 07 - Mar 12</th>
<th>% Change Apr 10 - Mar 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients waiting over 12 months</td>
<td>5,126</td>
<td>3,997</td>
<td>914</td>
<td>↓ 82%</td>
<td>↓ 77%</td>
</tr>
<tr>
<td>All patients waiting over 6 months</td>
<td>10,637</td>
<td>9,875</td>
<td>4,517</td>
<td>↓ 58%</td>
<td>↓ 54%</td>
</tr>
</tbody>
</table>

The improvements in wait times are due largely to the cooperative efforts of the health care community in Saskatchewan. The Saskatoon and Regina Qu’Appelle health regions increased their surgical volumes, as did some of the smaller surgical centres. Surgeons with very long wait lists have worked with their colleagues to redistribute patients among other surgeons. Operating room efficiencies have been gained by improving turnover time, and OR allocation and better discharge planning has improved patient flow. New tools such as the Specialist Directory have been introduced, as well as processes that help health providers improve their clinical practices.
Health and safety risks for surgical patients in Saskatchewan are typically low. However, Saskatchewan is working to further reduce those risks by consistently following practices that have been proven to increase patient safety before, during and after surgery.

As surgical procedures and techniques become increasingly complex, even an experienced operating room team can miss a simple step during a procedure. Sometimes, a seemingly minor “miss” can have serious consequences for patients. The surgical safety checklist is proven effective in preventing those occurrences.

The checklist assists with three things that are important to the surgical patient: 1) improving teamwork and communication, 2) increasing efficiency and 3) reducing complications.

In 2011-2012, surgical teams using the checklist prevented wrong site surgeries, identified previously unknown allergies prior to administering an antibiotic, corrected the labeling of surgical specimens, and identified incorrect instrument trays in the operating room.

Seven out of 10 health regions that perform surgery have achieved over 80 per cent compliance. Saskatoon Health Region has achieved near-perfect compliance rates. Surgical teams continue to adapt the checklist to their respective surgical needs and are working towards using the checklist for 100 per cent of surgical procedures performed.

Work is ongoing to implement all of the Safer Healthcare Now! surgical site infection guidelines, which will allow regional health authorities to measure and monitor their progress in reducing infections that result from surgery.

Health regions continue to introduce medication reconciliation at admission to acute care. This improves tracking of the medications being taken by patients and reduces the potential for medication errors that can occur as patients move through the system.

Building on the success of last year, all long term care facilities in Saskatchewan health regions have implemented falls prevention protocols, and many regions participated in a learning collaborative aimed at reducing falls. Work continues in this area to prevent falls, with a focus on seniors in long term care.

“It all happened fairly quickly. In mid November, after three weeks, I had my consult. When I received my surgical date, it was March 12. That’s barely four months, start to finish.”

Val Lovick, surgical patient
“One of our resource nurses said to me, ‘A horrible thing happened the other day. We forgot to do the pre-surgical briefing checklist and everybody felt awful.’ I told her just to think how far we’ve come. A year and a half ago, it would have been no big deal. Now it’s become so inherent in what we do that it’s a big deal if it’s forgotten.”

Lynn Cushway,
Clinical Nurse Educator,
RUH

The Surgical Information System has been introduced in Prairie North and Five Hills health regions. These hospitals join those in Prince Albert Parkland and Cypress to better schedule surgical patients, track patient care during surgery, and manage equipment and supplies. This results in improved communication and patient safety. Preliminary work has begun to incorporate surgical site infection protocols and the surgical safety checklist into the system. Pictured: Crystal McKaig, Manager of Surgical Services for Cypress Health Region

Smarter

Clinical care “pathways” are an integral part of Saskatchewan’s commitment to providing sooner, safer, smarter surgical care. Pathways are consistent processes that help streamline and coordinate each step in a patient’s journey, from the time they see a primary care provider until they have completed rehabilitation following surgery.

Saskatchewan’s hip and knee pathway has improved patient wait times for assessment and surgery. Between March 2008, when the pathways began, and March 2012, there has been a 95 per cent reduction in patients waiting over 18 months for hip or knee replacement surgery. The number of patients waiting over 12 months was reduced 79 per cent in the same period.

Saskatchewan’s spine pathway is reducing wait times for specialist consultations. Fifty-seven per cent of family physicians have completed training in a new way of assessing and treating low back pain. As a result, many patients now receive more timely care, often within their home community, and unnecessary referrals and tests have been avoided. Individuals who need additional support can be referred to regional clinics in Saskatoon and Regina. The prostate cancer pathway has been developed and should be launched early in 2012-13 and development of the urogynecology pathway is underway.

Pathway patients report a 30 per cent increase in activity six months after surgery, compared to similar patients who did not use the pathway process.
Ensuring the right health system staff is in place is key to delivering timely, effective health care. Since the Saskatchewan Surgical Initiative began, 58 more nurses have completed, or are completing, the program to become perioperative nurses. This training is in addition to the 18 graduates per year in the regular SIAST program.

**Clinical Practice Redesign™ (CPR)** aims to improve access to care, communication and office efficiencies. Throughout the province, 124 physicians and over 300 practice staff work with coaches to improve the quality and timeliness of the care they provide. CPR is designed to achieve better patient and staff experiences, and improved access and efficiency within and between practice settings.

The expanding use of **pooled referrals** is helping to streamline surgical referrals. New patients can see a specialist more quickly by choosing to see the next available specialist who is able to treat their condition. Pooled referrals are being used for spine pathway patients in the neurosurgery departments in Saskatoon and Regina, in the orthopedic surgery department in Prince Albert, and the Department of Obstetrics and Gynecology in Regina. Other groups will be following in 2012-13.

**DID YOU KNOW?**

The 2012-13 provincial budget included a $60.5 million investment in the Saskatchewan Surgical Initiative. Health regions will use the funding to improve access to surgery by providing additional surgeries and implementing quality innovations that enhance surgical care.

“**At the time, I didn’t know Clinical Practice Redesign was going on. I got a phone call right away to come in. I was blown away. When I arrived, I was so impressed. There was less of a feeling of administrative chaos than there was back in 2005. I could tell that things had changed.”**

Keith Leippi,
Regina Sleep Clinic patient
2012-13 Targets

- Continue to shorten surgical wait times so that all patients are offered a date for their surgery within six months.
- Identify and reduce clinical variation in two surgical areas and one diagnostic specialty area.
- Develop a Shared Decision Making framework to assist patients and families to become more involved in health care decisions.
- Develop and implement two new pathways. One will assess and support men in the diagnosis and treatment of prostate cancer. The other will be a uro-gynecological pathway that assists women who experience incontinence and other gynecological complaints.
- Continue efforts to improve patient safety by increasing the use of the Surgical Safety Checklist, improving the measurement of surgical site infections, increasing the use of medication reconciliation, and developing a provincial strategy to measure patient harm.
- Expand the number of specialty groups using pooled referrals to a total of 15.
- Increase the number of surgeons involved in Clinical Practice Redesign™.
- Continue to train additional OR nurses and plan the future supply of OR nurses to meet surgical demand.

Much has been accomplished. While surgical system partners have reduced wait times, enhanced safety, improved efficiencies and pursued the highest level of quality care, there are still patients waiting for their surgeries for extended periods. That means the job is far from finished. The next two years will focus on fulfilling the commitment that no one in Saskatchewan waits longer than three months for safe, quality care.

For more information, call (306)787-9901 or visit www.health.gov.sk.ca/surgical-initiative.