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Message from the Chair

Health regions and surgeons now have access to the facts. Thanks to the Surgical Patient Registry, they know who is waiting for which surgical procedures, and their level of need.

The emerging challenge is to use this information to better match patients with available human and financial health resources.

With that in mind, health regions are finalizing their surgical plans and outlining in detail how to achieve the vision of timely, appropriate care for all Saskatchewan residents. Key goals will be to increase the number of patients having surgery, and drastically reduce the number of patients waiting over 18 months for inpatient and 12 months for day surgeries. To assist in this endeavour, Saskatchewan Health has provided \$8.9 million for 2005-06 -- \$6.5 million for health regions to improve surgical capacity and throughput, and \$2.4 million for improved management such as surgical registry reporting and access manager support.

In addition, the Saskatchewan Surgical Care Network (SSCN) will shift its focus from developing surgical care system initiatives in the province (the Registry, the new Patient Assessment Process and Target Time Frames for Surgery), to encouraging use of these new tools in management of day-to-day activities. The SSCN has changed its structure to accommodate the new focus, and I am pleased to welcome Dr. Rob Weiler from Saskatoon as my co-chair on the SSCN. As well, seven additional specialists have been appointed to the Surgical Subcommittee of the SSCN, which will now be chaired by Dr. Mark Ogrady. Almost every surgical specialty has now agreed to participate in the leading edge initiatives occurring under the rubric of the SSCN. These recent appointments signal the importance of administrators and clinicians working closely together to improve surgical access.

You will see in this issue of E-News that a similar approach is being used to address diagnostic imaging challenges in the province.

Much more can be done to improve the surgical care and diagnostic imaging services provided by the current public health system. Saskatchewan is leading all other provinces in making those changes.

*Peter Glynn, Ph.D.
Co-Chair,
Saskatchewan Surgical Care Network*

Progress on 'Long Wait' Surgeries

Health regions have been making significant progress in reducing the number of long-waiting patients. In both 2004-05 and 2005-06, funding to reduce waits for surgery has been directed to the two largest health regions, which have most of the longest waiting patients.

In 2004-05, the number of patients waiting for surgery in Saskatoon and Regina who had been on the wait list longer than a year decreased by almost 2,000. Patients waiting longer than 18 months were targeted and accounted for almost all of the decrease in long waiters in 2004-05. The number of long-waiting inpatients and day surgery patients were reduced about equally.

Resources continue to be directed to surgical access. In 2005-06, \$6.5 million has been invested to increase surgical capacity, and \$2.4 million to improve management of surgical wait lists. Health regions are targeting not only patients waiting more than 18 months for surgery, but also those waiting more than 12 months.

In the first six months of 2005-06, the number of patients waiting for surgery in Saskatoon and Regina who had been on the wait list for longer than a year decreased by about 600 cases. The decrease was split about 30/70 between patients waiting longer than 18 months and patients waiting 12 to 18 months. Most of the reduction to date has been to the number of long-waiting patients.

By specialty, the greatest change in both years occurred in orthopaedics, an area identified as a high priority. In both years, the focus in orthopaedics has been on the longest waiters – those waiting longer than 18 months. In 2004-05, the number of patients waiting for orthopaedic surgery in Regina and Saskatoon who had been on the wait list for longer than 18 months decreased by nearly 1,100 cases. In the first six months of 2005-06, the number of orthopaedic patients who had been on the wait list longer than 18 months in Regina and Saskatoon has decreased by more than 400 additional cases. The total decrease over the entire 18-month period was about 60 percent.

Web Site Data

The SSCN Web site, www.sasksurgery.ca, has been updated to include all provincial surgical data to September 30, 2005.

The Web site shows a long-term trend downward in the total number of patients waiting for surgery, though there have been some seasonal increases. At September 30, 2005 there were about 30,200 people waiting for surgery in the province's seven largest health regions – about 26,500 of them in Saskatoon and Regina Qu'Appelle.

Confirmation Letter Notification Expands to Mid-size Regions

New patients in Saskatchewan wanting reassurance that they've been placed on a wait list for surgery are beginning to receive confirmation notices in the mail from their health regions.

This new way of communicating with patients has been successfully piloted in Five Hills Health Region and is now expanding to other areas of the province.

Automated patient confirmation letters generated by the Surgical Patient Registry will soon be sent out to surgical patients in all mid-sized health regions, verifying that the regions have received their patient information and has placed them on the surgical wait list for a specific procedure. The letters also provide key contact numbers for more information.

Surgical patients who will receive their procedures within two weeks and those who indicate they do not wish to receive this confirmation will not receive these letters.

Implementation in Regina Qu'Appelle and Saskatoon Health Regions will follow.

Patient Assessment Process Tested

Two recent studies show that Saskatchewan's Patient Assessment Process has a good degree of reliability and validity overall. The research represents the first empirical evidence in support of the groundbreaking system of assessing and classifying surgical patients based on need.

The research was done by Dr. Barb Spady of the Western Canada Wait List Project (validity testing) and Dr. Sheena McRae from Saskatchewan Health (reliability testing). The reports show good rates of validity and reliability in most of the categories tested. A single exception was in Otolaryngology (ear, nose and throat), where some refinements are required.

The validity study compared scores produced by the new assessment process to the visual analog scale (VAS) and the opinions of individual surgeons about the maximum acceptable wait time. Comparisons were also made between the new scoring system and existing classification systems used by surgeons. The reliability study was based on a wide range of paper cases developed by surgeons specializing in plastic surgery, obstetrics/gynaecology, otolaryngology, urology and orthopaedics. Each case was scored, and the outcome of assessments between different surgeons on the same cases was compared.

The complete reports, including methodologies, findings and recommendations are available at www.sasksurgery.ca.

Update on SSCN Surgical Services Sub-Committee Membership

The Surgical Services Sub-committee has been revitalized with the addition of several new members and new responsibilities. This subcommittee oversees issues related to the provision of surgical services, levels of service in the Regional Health Authorities and review of surgical registry information and clinical assessment tools. It identifies surgical service issues and provides strategies and direction for areas such as target time frames, information analysis, outcomes and evaluation processes. It is also now responsible for the evaluation and further development of the patient assessment questionnaires and process.

The subcommittee is as follows: (*new members)

SSCN Surgical Services Subcommittee

- * Dr. Mark Ogrady, Otolaryngologist and Head of the Department of Surgery, Regina Qu'Appelle RHA (Chair)
- Dr. Rob Weiler, Anaesthetist, Saskatoon
- Cheryl Craig, Program Director, Clinical Services Five Hills RHA
- Diane Larrivee, VP of Specialty Care, Regina Qu'Appelle RHA
- Susan Bazylewski, VP Hospital Services, Saskatoon RHA
- Laurie Gander, Program Director, Health Quality Council
- Dr. David Popkin, Executive Director, Saskatoon Cancer Centre
- *Dr. Joseph Buwembo, Neurosurgeon, Regina
- Dr. George Carson, Obstetrician/Gynecologist, Regina
- *Dr. Joy Dobson, Anaesthetist, Regina
- Dr. Randy Friesen, General Surgeon, Prince Albert
- Dr. Gary Groot, General Surgeon, Saskatoon
- *Dr. Geoff Johnston, Orthopaedic Surgeon, Saskatoon
- *Dr. Stephen Korkola, Cardio-Thoracic Surgeon, Regina

*Dr. Lindsay Ong-Tone, Ophthalmologist, Regina
*Dr. Kishore Visvanathan, Urologist, Saskatoon
Lauren Donnelly, Exec. Director, Acute & Emergency Services,
Saskatchewan Health
Jeff Brown, Surgical Registry Office

New Diagnostic Imaging Network Underway

Saskatchewan continues to lead the country in health care management innovations with the creation of a Diagnostic Imaging (DI) Network.

Building upon the SSCN's experience and success, the DI Network will develop and implement a long-term strategy for improved delivery of diagnostic imaging services.

That strategy is expected to include a diagnostic imaging patient registry, similar to the SSCN's Surgical Patient Registry. In addition it will:

- Develop a *diagnostic imaging capital equipment plan* that will include a comprehensive review of diagnostic imaging equipment in all public facilities in Saskatchewan;
- Conduct a *wait list review* to develop a provincially standardized format for diagnostic imaging wait lists and patient prioritization categories, to audit provincial wait lists, and to evaluate case complexity for MRI and CT procedures in different centers and compare to best practices;
- Oversee the creation of a province-wide plan for a Radiology Information System (RIS) and a Picture Archival and Communication System (PACS). The RIS/PACS initiative will allow for diagnostic images and results to be accessed regardless of where the study was performed or the patient was presenting; and
- Evaluate the potential use of decision support tools that will assist the referring physician in ordering the right test the first time, assist in assigning test urgency, and integrate into the provincial Radiology Information System for patient booking and scheduling.

Dr. Peter Glynn is chairing the advisory panel, which includes:

Sandra Blevins, VP, Clinical/Operations Support, Saskatoon RHA

Dr. Brent Burbridge, Medical Imaging, Saskatoon RHA
Dr. Haji Chalchal, Medical Oncologist, Regina Qu'Appelle RHA
Lauren Donnelly, Saskatchewan Health
Cliff Erickson, Public Representative, Watrous
Dr. Brian Geller, Saskatchewan Medical Association
Max Hendricks, Saskatchewan Health
Dr. Tyrone Josdal, Medical Consultant, Saskatchewan Health
Dr. Dennis Kendel, Registrar, College of Physicians and Surgeons
of Saskatchewan
Diane Larrivee, VP Specialty Care, Regina Qu'Appelle RHA
Suann Laurent, Exec. Director of Health Services, Sunrise RHA
Dr. Ted Lembke, Radiologist, Regina Qu'Appelle RHA
Dr. Glenn Ollenberger, Head of Nuclear Medicine, Regina
Qu'Appelle RHA

The DI Network began its review of Diagnostic Imaging Steering
Committee recommendations at its inaugural meeting in June.

For More Information

Visit: www.sasksurgery.ca

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